

ATTENDEES:

(P) Jane McMullan	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(P) Kulvir Singh Gill	(R) Linda Franklin	(P) Mark Beckles	(R) Vanita Varma
(P) Pardeep Singh Gill	(P) Geoffrey Ritchie	(P) Dr. Brendan Carr	(P) Dr. Frank Martino
(P) Tiziana Rivera	(P) Dr. Michael Van Gulik	(P) Dr. Hany Youssef	(P) Brenda Bushey (Resource)
Valerie Carter	Ann Ford	Kiki Ferrari	Florine Lobo
Ken Mayhew	Dr. Naveed Mohammad	Saleem Chattergoon	

1.0 CALL TO ORDER & DECLARATION OF CONFLICT

The meeting was called to order. No declarations of conflict were made.

MOVED, Seconded

That the agenda be approved as presented – CARRIED

The elected members of the Board met prior to the meeting to discuss the CEO transition. A meeting will be scheduled tomorrow with members of the Executive Committee to further discuss the search process that will be required. In addition, the Chair and Vice Chair will meet with individual members of the Senior Leadership Team to discuss the transition.

2.0 ONTARIO HEALTH TEAM

Saleem Chattergoon joined the meeting for this agenda item. As noted during a special Board teleconference last week, a motion will be required to authorize the Board Chair to sign the Application Submission for the Brampton/Etobicoke and Area Ontario Health Team on behalf of William Osler Health System. The Submission is due on October 9, 2019. No substantive changes have been made to the submission since the September 18 teleconference. The floor was opened for questions.

Q: Have all partners signed off and has there been any major feedback?

A: Sign-offs have been received from approximately 20-30 physicians and a number of partner organizations. The feedback received to date has largely focused on enhancements to specific portions of the submission, however nothing substantial enough to warrant a further review. The final application will be shared with all partners and will be shared with the Board of Directors. If there is a need for Board involvement going forward the Board will be advised.

Q: What are the next steps?

A: Although the partners are expecting to hear something by November regarding next steps, no firm timeframe has been communicated. In the meantime, Osler will continue to work with partner organizations to advance this initiative. Teams are already meeting to discuss the implementation requirements, milestones and related timeframes.

Q: What will the site visit look like?

A: There are no specific details available at this time regarding the site visit requirements. Once more information is available, it will be shared with the Board.

Q: Has there been any further conversations regarding the proposed governance model?

A: A collaborative approach will be used for the governance model that will utilize representatives from the various partner organizations.

MOVED, Seconded

That the Board of Directors authorize the Chair of the Board to sign the Application Submission for the Brampton/Etobicoke and Area Ontario Health Team on behalf of William Osler Health System as per the requirements identified by the Ministry of Health – CARRIED

The Board expressed their gratitude and congratulated the team on achieving this significant milestone. A special note of thanks was extended to Saleem Chattergoon for his leadership, dedication and contributions towards this project.

3.0 LIVING THE VISION

Mark Beckles provided highlights pertaining to *Living the Vision*. A tour of the Reactivation Care Centre located at the Humber-Church Street Site, was undertaken. Osler operates a 30-bed unit for patients who require restorative care while waiting to transition to other care facilities or home. This centre is instrumental in enabling patient flow at both Brampton and Etobicoke hospitals.

The presentation touched on personal reflections and the care that is needed to support individuals in their transitional care journey. It was obvious that Osler has given intentional thought towards the alternative care models and the various ways to serve the needs of its population.

The 30-bed unit is supported by an inter-disciplinary team. It was obvious from the visit that a high level of quality of care is provided at this facility. Family engagement was evident within the unit. It was noted that the absence of code alerts was evident which provided for a quieter and more relaxed environment. The Board was advised that volunteers from Osler will be joining the care team in the near future.

There has been relatively little push back from families/patients that have been relocated to the Reactivation Care Centre. Overall this new service has been positively accepted.

4.0 CONSENT AGENDA

One motion is required to approve all items included in the Consent Agenda. Members were reminded that any item may be removed and placed on the regular meeting agenda for additional discussion or clarity.

A question was raised relating to a motion that was passed in the June Medical Advisory Committee minutes relating to corporate credentials. Two abstentions were noted. It was stated that votes are by majority. If the appointments are not unanimously accepted, it is recorded as such. [REDACTED]

[REDACTED] A request was made that in future these items be highlighted within the Chief of Staff's Report that will include additional detail.

A question was made relating to the accreditation process and whether there is a distinctly different process for physicians. The accreditation process includes everyone in the organization including staff, physicians and volunteers. Physicians are actively engaged with the quality team to launch the accreditation go plan and are focusing on the standards that are applicable to them. During the last accreditation "Do Not Use Abbreviations" was identified as an area that was non-compliant. Since that time significant traction has been made to improve these results.

MOVED, Seconded

That the items listed within the consent agenda be approved – CARRIED

5.0 BUSINESS ARISING

5.1 CEO Report

It has been noted that a mid-cycle report from the CEO should have been distributed to the Board during the summer months. In future, this report as well as a mid-summer teleconference call will be scheduled with the Board to keep them apprised of summer activities. As a result, the September CEO Report is more fulsome

5.1a Drug Diversion/Class Action Proceedings

[REDACTED]

[REDACTED]

[REDACTED]

5.1b Strategic Go Plan Update

The Strategic Plan has generated a substantial amount of work for the organization. With the addition of the Ontario Health Team, workload continues to expand. Two questions have been considered: *What is the capacity to accomplish everything we have set out to do, and is the OHT work reflected in the Plan?* In order to manage the activities, the organization focused on streamlining the many points of activities and intentionally brought everything into a single plan otherwise referred to as the Strategic Go Plan. Refocussing everything into a single plan has also provided for greater transparency of goals, objectives and work streams across the organization. There are 20 large scale initiatives and 53 sub-initiatives included in the Plan. Alignment of the initiatives contained within the Plan are also aligned to the activities of the OHT. Sense is what we have mapped incorporate the year 1 objectives for the OHT.

A request was made to explain the large scale initiatives. In addition, it was requested that further information be shared with the Board regarding the 21 initiatives that were removed from the Plan and how decisions to remove them were made.

A discussion ensued regarding the cascading of plans to ensure appropriate accountability. The process for cascading information includes three specific areas: goals, team and leadership. It was also noted that accountability measures have been shared with physician leaders as part of their mandate letters.

Other

A comment was made regarding the recent malware attacks on a number of Ontario hospitals including Michael Garron Hospital. Cyber-attacks are a concern for all hospitals due to the sensitive nature of the data and information held within the organizations. Mitigation strategies are in place to help protect the organization from these types of attacks.

5.2 Chief of Staff Report

Results of the physician engagement survey were discussed at the August Medical Advisory Committee meeting. Response rates were significantly higher this time with 74% compared to 67.1% for the previous survey. Physician burnout and overall stress rate results have decreased since the last survey which is a very positive outcome. Dr. Michael Kaufmann has been recruited as consultant at Osler to support the physician's wellness program. In addition, a number of initiatives to improve overall morale, satisfaction and wellness have been rolled out including: developing a more robust onboarding process, increase for call room availability, developing one bill payment system for uninsured patients, and creating MSO News which is a communications vehicle for physicians. Dr. Martino was thanked for addressing the physician engagement and wellness initiative.

Dr. Tajinder Kaura and Dr. Brandon Sheffield received Brampton Board of Trade's 'Top 40 under 40' Award in recognition of their contributions to the local community and their accomplishments as Brampton's young

community leaders. Dr. Tajinder Kaura, is an emergency medicine physician at Brampton Civic, advocating for and promotes healthier lifestyles for patients and local residents. Dr. Brandon Sheffield, is the Medical Director of Molecular Pathology, Laboratory Medicine, and is a nationally-recognized expert in the field of biomarker testing. Congratulations was extended to both physicians on behalf of the Board.

5.3 Committee Chairs' Reports

a. Governance & Nominating Committee

A summary of the September 10 discussions that transpired at the Governance & Nominating Committee was circulated. The results of the 2019 Board assessment survey has been reviewed by the committee. Education continues to be identified as an area for greater focus. It was suggested that the Board feedback suggestions to create additional education opportunities.

b. Health Services & Quality Committee

Susan Britton Payne provided an update on discussions that transpired at the September 4 Health Services & Quality Committee meeting. A comprehensive orientation was provided to the committee. There has been considerable effort made to increase the focus of the committee on quality and risk. The new scorecard and operational dashboards will provide enhanced information and real-time data. Emerging issues has also been added to the agendas. This item will allow for discussion of any pressing or current issues that may be facing the community and/or organization. It was suggested that the Chair's Report be made available to the Committee members as some of the members, specifically the community representatives, do not have the advantage of seeing this information.

Accreditation will be a focal point of discussion this year as the organization prepares for the on-site survey next October. Thanks was given to Kiki Ferrari for reworking the agenda and committee work plan to increase the focus of discussions. Kiki for redeveloping the agenda and work of health services & quality.

c. Resources & Audit Committee

Geoff Ritchie provided an update on discussions that transpired at the September 12 Resources & Audit Committee meeting. The Q1 performance reflect a favourable position to date. The Board was advised that a signed Hospital Services Accountability Agreement is required by September 30. A letter will accompany the agreement stating that there are stated objectives that Osler will not be able to meet. A discussion ensued regarding the expectations of the LHIN and need for setting of realistic metrics. It was suggested that management needs to reiterate at every opportunity that Osler is underfunded which continues to contribute to the day-to-day pressures of the organization.

6.0 ADJOURNMENT

MOVED, Seconded

That the meeting be adjourned – CARRIED