

MINUTES OF THE MEETING OF THE LAKERIDGE HEALTH BOARD OF TRUSTEES HELD ON THURSDAY, NOVEMBER 15, 2012 AT 1820H. IN THE ACADEMIC HEALTH SCIENCES LIBRARY, LAKERIDGE HEALTH OSHAWA

Present: B. St. George, D. Allingham, M. Ashcroft, J. Attersley, J. Clapp, C. Galpin, H. Hall, D. Kingelin, V. Lovekin, J. Marshall, C. McGuigan, P. McNeil, M. Simpson, R. Spearing, K. Empey, L. Shiozaki, Dr. T. Stone, M. Vanginhoven, Dr. P. Narini, Dr. M. Mitchell

Regrets: T. Koseck

SECTION A – CALL TO ORDER

The meeting was called to order at 1820h.

1. Approval of Agenda

MOTION: It was MOVED by D. Allingham and SECONDED by C. Galpin to approve the agenda for the Lakeridge Health Board of Trustees' meeting held November 15, 2012, with the following revisions:

- Item #15 Request for CT Scanner at Lakeridge Health Port Perry moved in-camera
- Item #16 CEO Report moved in-camera

CARRIED

Declaration of Conflict of Interest – n/a

SECTION B – BUSINESS ARISING

2. Board Retreat Follow-Up

- *Board Retreat Report and Evaluation Summary*

The Meeting Summary Report and Retreat Evaluation from Mulmur Consulting Group were distributed for information.

- *Board Retreat – Agenda Management – Committee Reports*

Information from the Retreat will be brought forward in manageable pieces. One matter was how to ensure information is effectively shared, particularly as it relates to the work of the Board at the Committee level. After discussion, there was consensus that more fulsome committee reports be submitted, with the latitude that Committee Chairs provide verbal reports where necessary. It was agreed that this be adopted as practice.

- *Board Retreat – In-Camera Agenda Items*

There was also feedback from the Retreat about the appropriateness of how in-camera items are allocated and who needs to be in the room. This was addressed by Bev Behan at the Retreat, who suggested that the in-camera agenda be sub-divided as follows:

- CEO and no other non-voting Board members
- Voting, independent members only

Discussion followed on the implementation of this recommendation and trustees agreed to trial a monthly in-camera session with the voting members only in December; the Chair to check if there is a requirement with the trustees in the regular in-camera session.

- *Code of Conduct*

The existing policy, which discusses roles and responsibilities to each other and to staff was distributed. Discussion continued to determine if there is a need for a charter or guide for conduct. Trustees noted several items which are not addressed in the existing policy:

- Attendance (which is referred to in the By-laws and a separate policy)
- Behaviours/following the values of the corporation

MOTION: It was MOVED by J. Clapp and SECONDED by H. Hall to refer the review of the Conduct; Duties and Expectations; and Conflict of Interest policy to the Lakeridge Health Governance Committee to determine if the policy meets best practice.

CARRIED

- *Board Retreat – Board Member Contribution to Agenda*

Feedback from the Retreat reflected that some trustees would like to see more transparency relating to how the agenda is developed, as well as more opportunities to include items on the agenda.

At present trustees can contact the Chair to add an item to the agenda. It was suggested to put a footnote on the agenda that trustees can add items to the agenda by contacting the Board Chair or they can also add an item at the point in the meeting where the agenda is approved. It was also suggested to send an email message to trustees asking for agenda items and including the draft agenda.

- *Board Retreat – Electronic Packages*

The current Board agenda package is labour intensive to put together. Three trustees have volunteered to participate in a pilot project and receive all information electronically. Work is underway to determine what equipment will be used and how to best ensure the material is secure.

Discussion on Generative Discussion items will come back in December; a list of items that could be tackled will be drafted.

3. Foundations Next Steps

Mr. Empey shared feedback from the Foundations in relation to the motion passed at the LH Board on June 21, 2012. The Lakeridge Health Whitby Foundation has made changes to their By-Laws to accommodate the requests in the motion. The Oshawa Hospital Foundation is moving in that direction. The Memorial Hospital Foundation – Bowmanville and Port Perry Hospital Foundations are in the process of creating an opportunity to ask the question formally of their Boards; initial feedback is a preference to remain with the status quo.

Governance is scheduled to report back to the Board in December 2012.

The Board requested the CEO to draft a charter outlining expectations from all parties concerned and to attend upcoming meetings of the foundations.

4. Q2 Performance Report

Mr. Empey provided a progress report on the second quarter corporate performance report, highlighting successes and opportunities and reminding trustees that all targets are year-end targets.

Of the 21 indicators, 10 are trending green; 6 yellow; and 5 red. Focus is on sustaining the green and Management attention is directed to driving the yellow and red. A further breakdown reflects:

- “Our Patients”: Of the 9 indicators, 3 are trending green; 3 yellow; and 3 red. 4 indicators are moving in the intended direction and 5 are moving away from the intended direction.
- “Our Processes”: Of the 4 indicators, 1 is trending green; 2 yellow; and 1 red. All 4 are moving in the intended direction.
- “Our People”: Of the 3 indicators, 2 are trending green; 0 yellow; and 1 red. 1 indicator is moving in the intended direction and 2 are moving away from the intended direction.
- “Our Enablers”: of the 6 indicators, 4 are trending green; 1 yellow; and 0 red. 1 indicator is moving in the intended direction and 1 is moving away from the intended direction.

Key successes include:

- 90th percentile ED Length of Stay admitted patients decrease of 24%
- 90th percentile turnaround time from order to dictation for inpatient and ED (angiogram, CT, ultrasound) decrease of 30%
- Lost time injuries for top 3 WSIB categories decrease of 16%
- Mental health patients with an unplanned ED revisit within 30 days decrease of 2%

Key opportunities include a campaign to ensure reporting and a program to better manage and prevent falls. Management continues to try to ensure all critical and serious medication incidents are reported; key is management of the incident. Management will concentrate on employee and physician workplace experience survey. Results of the most recent survey reflect a drop in the employee score and a minor increase in the physician score.

Mr. Empey asked the Board to provide any feedback on their comfort with the level of performance presentation, with a focus on trending, context and action planning at the committee level.

SECTION C – CONSENT AGENDA – Decision Items

MOTION: It was MOVED by D. Allingham and SECONDED by J. Attersley to approve the Lakeridge Health Board of Trustees November 15, 2012 consent agenda decision items, as follows , with Items 6, 7, 8, 9,12, 14 separated for discussion:

Decision Items:

5. Minutes of October 18 and 31, 2012 Board Meetings
10. Contract for Radiopharmaceuticals
 - Approve the contracts for Radiopharmaceuticals with Lantheus – approximately \$555k; Cardinal – approximately \$87k; and Jubilant Draximage - \$21k for 3 years plus an option for 2 additional years. The total 5 year contract value is \$1.1m.
11. Balanced Scorecard Target for Inpatient Cost per Patient day Goal
 - Approve changing the Balanced Scorecard Indicator target for Inpatient Cost per Inpatient Day to \$443.95.
13. Board Standing Committee Terms of Reference
 - Approve revised terms of reference for the Governance, Audit and Resources Committees

CARRIED

It was suggested that approval of the previous minutes not be included in the consent agenda in future.

6. Working Capital Performance Report and Attestation Approval

Clarification was asked regarding the inclusion of the four LHIN-required indicators in LH's corporate performance report. Mr. Empey advised that there are many accountabilities with the LHIN, which are reported at the Resources Committee as part of the Hospital Service Accountabilities Agreement (H-SAA).

7. Community Accountability Planning Submission (CAPS)

Management clarified that the LHIN provided direction to Lakeridge to complete the templates assuming a 0% increase in funding. The template was provided to the Resources Committee members for their review.

MOTION: It was MOVED by P. McNeil and SECONDED by M. Simpson that the Lakeridge Health Board of Trustees approves the recommendation of the Resources Committee to submit the CAPS templates showing a potential reduction in staffing and volumes for Community Mental Health and Addictions, if savings are not found in supplies.

CARRIED

8. Contract for Surgical and Examination Gloves

In response to questions from the Board, N. Hovey reviewed the procurement process leading to the recommendations for approval of these contracts. It was noted that there are separate contracts for surgical and examination gloves.

9. Contracts for Distribution of Non-National Brand Products

A question was raised as to the significance of non-compliance with the Broader Public Sector (BPS) directives. A two year extension is requested for these contracts to allow for more time to commit to the relevant HealthPRO agreements or conduct local or multi-hospital RFQs. This also secures pricing until June 30, 2013. Although this is good business practice, it is not BPS compliant, as the extensions were not contemplated in the original contract. Any contracts where the hospital is not materially BPS compliant must be disclosed; discussion will be brought forward to the Board at year end in order to have a discussion about materiality, which is not stipulated in the legislation.

12. Quorum at Standing Committees

Questions of clarification were asked relating to the implementation of the proposed change to quorum.

14. Board Chair Selection Task Force

B. St. George advised that all members of the task force, struck earlier this year, have confirmed their participation with the exception of V. Lovekin. Ms. St. George has absented herself from the task force.

MOTION: It was MOVED by V. Lovekin and SECONDED by C. Galpin to approve the Lakeridge Health Board of Trustees November 15, 2012 consent agenda decision items, as follows :

6. Working Capital Performance Report & Attestation Approval
 - Authorize the Board Chair to sign the Hospital Working Funds Initiative Quarterly Report for the quarter ending September 2012
8. Contract for Surgical and Examination Gloves
 - Approve the contracts for surgical and examination gloves to Ansell Canada (\$675k) and Medline Canada (\$1665k) for a period of 5 years with an option to extend for 2 additional years upon approval from all Plexus members. The total 7 year contract value is \$3.3m (includes tax).
9. Contract for Non-National Brands
 - Approve the Amending Agreements and Single Source with Cardinal Health in the amount of \$344k, Canadian Hospitals Specialties in the amount of \$312k, Medical Mart in the amount of \$376k and Stevens in the amount of \$226k; for a total of \$1.3m.
12. Quorum at Standing Committees
 - That the Board Chair and Chief Executive Officer be ex-officio, non-voting members of all Board Standing Committees and not included in quorum, unless required by law.
14. Board Chair Selection Task Force
 - That the Board Chair Selection Task Force be resurrected and the membership confirmed as follows:
 - Doug Allingham
 - Janice Attersley
 - Mary Simpson
 - Ruth Spearing
 - Dr. Phil Narini
 - Kevin Empey

CARRIED

SECTION D – GENERATIVE DISCUSSION ITEMS

This item is feedback from the Retreat; discussion will be incorporated into the December 2012 agenda to include proposals and proposed topics.

SECTION E – CONSENT AGENDA – Information Items

MOTION: It was MOVED by J. Clapp and SECONDED by H. Howard to receive the Lakeridge Health Board of Trustees November 15, 2012 consent agenda information items, as follows, with Item 16 (Clinical Quality of Care Committee) separated for discussion:

Information Items:

16. Standing Reports
 - Report of the Board Chair
 - Report of the Chief of Staff
17. Committee, Sub-Committee & Task Force Reports
 - Governance Committee Report
 - Quality Committee Report
 - Resources Committee Report
 - Audit Committee Report
 - Communications Task Force Report

CARRIED

16. Report of the Chief of Staff

Dr. Stone advised that work is underway to advance the LH quality improvement framework. Enhancements have been directed at formalizing a structure for monitoring and reviewing quality of care issues and for operationalizing recommendations. A Clinical Quality of Care Committee (CQCC) has been formed to serve this function.

It was clarified that the CQCC would identify systemic/recurring quality of care issues and issues relating to the quality of care provided in the hospital by the privileged staff and other members of the interdisciplinary team. The CQCC would make recommendations about those issues to the LH leaders, SMT and other LH Committees, including the Medical Advisory Committee. Any critical incidents would be channelled through the Medical Advisory Committee for a robust review prior to coming to the Quality Committee of the Board. Information will flow up to the Board Quality Committee through the Chief of Staff/CQCC.

Trustees were advised that much of the discussion will be protected under the Quality of Care Information Protection Act (QCIPA). The Board will not be entitled to receive all the details; they will receive the recommendations only as the legislation protects the details.

J. Marshall was excused from the meeting at 2005h.

SECTION F – OTHER BUSINESS

Next Meeting Date: **December 20, 2012**

Adjournment:

MOTION: It was MOVED by C. Galpin and SECONDED by D. Kingelin to adjourn the meeting at 2010h.

CARRIED

Call to Order and Motion to go In-Camera

MOTION: It was MOVED by R. Spearing and SECONDED by M. Simpson to go in-camera at 2010h.

CARRIED

SECTION G – IN-CAMERA – Decision Items

18. In-Camera Minutes of October 18, 2012 Board Meeting
19. Medical Privileges – Appointments, Changes, Temporary Appointments and Medical Trainees
20. Critical Incident
21. Chief of Staff Contract
22. CT Scanner

Motion to come out of Camera

MOTION: It was MOVED by D. Kingelin and SECONDED by R. Spearing to come out of camera at 2120h.

CARRIED

Motion to Approve Actions taken In Camera

MOTION: It was MOVED by D. Allingham and SECONDED by C. Galpin to approve the actions taken in camera.

CARRIED

15. Request for CT Scanner at Lakeridge Health Port Perry

MOTION: It was MOVED by D. Allingham and SECONDED by V. Lovekin to table the request for CT Scanner at Lakeridge Health Port Perry until such time as there is a communications strategy, agreed to by the Board of Trustees. The Board directs Management to come back with a communications plan and priorities for Lakeridge Health Port Perry for investments.

CARRIED

Adjournment

MOTION: It was MOVED by H. Hall to adjourn the meeting at 2125h.

CARRIED

Bonnie St. George, Interim Board Chair