

Meeting of the Board of Directors

Monday, March 30, 2020

3:30 pm start time

Via teleconference

MINUTES

Call to Order – Howard Rundle

T. Cook conducted roll-call of members on teleconference.

The reflection was provided by Hanny Hassan.

1. Full Agenda / Consent Agenda

1.1 Adoption of Full Agenda

It was MOVED and SECONDED the agenda be adopted as circulated. CARRIED.

1.2 Approval of Consent Agenda

It was MOVED and SECONDED that the Consent Agenda for the March 30, 2020 Board meeting, consisting of the recommendations and reports found in Appendix 1, be approved and/or received for information by St. Joseph's Board of Directors. CARRIED.

2. Reports

2.1 Board Chair Remarks

H. Rundle on his own behalf and on behalf of the Board of Directors expressed appreciation to health care workers, support staff and leaders who are tirelessly serving the community amidst the COVID-19 pandemic. He further acknowledged K. Perkin, P. Hoffer and their support teams for the open communications the Board is receiving related to the pandemic. It is important for the Board to be apprised of the situation internally and externally from a reliable source.

2.2 President and Chief Executive Officer

Dr. Kernaghan responded to questions raised from the written report that had been pre-circulated. She further highlighted the letter of thanks that has been received from the Mount Hope Family Council which gives recognition to the "hidden heroes" among us during this difficult time.

COVID-19 Update

G. Kernaghan provided the following information, from a regional perspective, related to COVID-19. These items have developed since the writing of the CEO's monthly report which was circulated in the agenda package:



2019/20 Membership

VOTING

Howard Rundle, PhD (Chair)
Jonathan Batch (Vice-Chair)
*Paul Dugsin, MBA
Mary Gillett
Phil Griffin, CPA, CA
Hanny Hassan, C.M., PEng
Margaret Kellow, PhD
Maria Knowles
Donna Ladouceur
Brenda Lewis
Don MacDonald, FCPA, FCA
Fr. Frank O'Connor
Nawaz Tahir
Gary West, CPA
Bill Wilkinson, FCMC
Susan Wolnik

NON-VOTING

*Davy Cheng, MD (A)
*Richard Corneil
*Darren Drosdowech, MD (A)
*Gillian Kernaghan, MD
*Karen Perkin
*Brian Rotenberg, MD
*David Sommerfreund, MBBS
*ex-officio

Guests

St. Joseph's Senior Leaders

LHSC

Paul Woods, MD, President & CEO
Matthew Wilson, Vice-Chair

Recorder

Terri-Lynn Cook
R = regrets
A = absent

- The provincial health system has changed to a command and control model. There is a provincial command centre with five regional tables. G. Kernaghan participates on the South West Region table which is led by P. Woods;
- G. Kernaghan is the lead for the Regional Long-Term Care planning team;
- The government has taken control of supply chain (i.e. masks, gowns, hand sanitizer, etc.) because this has proven to be a serious challenge during this crisis. Government has mandated Personal Protective Equipment (PPE) conservation measures, and is dictating how supplies will be deployed to areas of highest need/highest risk;
- A physician redeployment strategy is being developed to serve both London and the region with the goal to create sustainability across the region. As more direction is provided related to this piece of work, it will be shared with the Board;
- It was confirmed there is existing language in the Credentialed Professional Staff By-Law for the granting of temporary appointments to Professional Staff;
- The Ministry has asked all hospitals to capture and submit their costs (capital and operating) as it relates to COVID-19 (i.e. staffing the assessment centre, additional screening measures, etc.). Over the last two weeks St. Joseph's costs are approximately \$1.8M-\$1.9M;
- St. Joseph's Health Care Foundation has launched a Health Crisis Fund to support local COVID-19 research. A copy of this communication was released in local media today. G. Kernaghan invited P. Dugsin to say a few words about the fund. He informed the new fund will speed and match research related to COVID-19 and the research will be done at Lawson Health Research Institute. The digital launch was earlier today and within an hour of its launch 30 donations have been received.

K. Perkin then provided the following information from St. Joseph's-specific perspective, related to COVID-19:

- K. Perkin is the incident manager for St. Joseph's and the incident management team was formally struck at the end of January;
- The City of London has an emergency management team and St. Joseph's has a liaison who is linked in there;
- Physician advisors are Dr. Michael Silverman and Dr. William Sischek;
- COVID-19 is the only work St. Joseph's leaders have been doing. It is occupying 150% of their time, 24/7. There is no time to devote to any other tasks at present;
- Perimeter screening is set up across St. Joseph's sites and separate staff entrances have been established. St. Joseph's is doing its part to conserve PPE by having installed Plexiglas for the screeners. Over 80 students have been hired to help with screening;
- New visitor restrictions are in place which only allow visitors for critical ill or dying patients/residents. There are challenges in being consistent with this directive in certain areas;
- All staff returning from international travel are required to self-isolation for 14 days even if they do not have symptoms. The only exemption is if the staff member cannot be replaced and they are asymptomatic;
- Community assessment centres were up and running early (Oakridge arena and Carling Heights Optimist Community Centre). LHSC took the lead in getting these in place in the community. St. Joseph's has assisted with staffing. The assessment centres have recently been taken over by the Family Health Team. Hours for the Oakridge centre may be changing as visits have reduced. Carling Heights will be the central assessment centre;
- St. Joseph's is currently operating at 25% for surgical cases (urgent and emergent cases only) which means surgical/surgical-related staff can be redeployed; Reducing surgical visits is only one strategy to assist in the conservation of PPE;
- St. Joseph's has hired 14 registered nurses as of today;
- St. Joseph's is working closely with LHSC to define its role in critical care. Could St. Joseph's open a critical care area? This would require a dedicated physician and staff (24 hours a day) as St. Joseph's does not currently have critical care;
- St. Joseph's Urgent Care Centre (UCC) is expanding to support COVID-19 cases. Interestingly visits to UCC are down because people are staying home. This is good, but preparations are under way regardless;
- There is increased focus on virtual care. This is work that was under way, but has been pushed to the forefront. A team led by Dr. Sarah Jarmain along with members from Information Technology Services are working to smooth out processes related to virtual care;

- At Parkwood Main, ambulatory care has stopped and patients have been discharged where they can be (i.e. amputee unit has been fully discharged). A 14- bed Sub-Acute Medical Unit (SAMU) will be opening. 10 patients from LHSC have moved to this SAMU. Also looking at other areas at Parkwood Main to expand this.
- At Parkwood Mental Health there are plans to move into areas like the gymnasium if a pandemic surge hits;
- Southwest Centre has not changed services at this time;
- St. Joseph's has shared services/purchases with LHSC to improve testing of COVID-19;
- Related to supplies, the focus is on conservation. New guidelines from the Ministry talk about different phases and St. Joseph's is currently at Phase 1. A group has been pulled together to begin to identify the priority areas as it is expected hospitals will move to increased phases shortly (i.e. where is the greatest risk/greatest need, what is the discernment in process);
- In terms of support for staff, a planning team is looking at augmenting support as this pandemic is hugely stressful on everyone in the system. St. Joseph's has an Employee and Family Assistance provider but the mental health team has offered additional support;
- The community has been tremendously helpful with outpourings of support. These offerings are being responded to by St. Joseph's Health Care Foundation;
- Child care is a concern for staff and the Ministry has come forward and offered to open child care, locally, for front line workers who need it;
- Two research studies have been started locally, by Dr. Michael Borrie and Dr. Michael Silverman in terms of treatment post COVID-positive diagnosis;
- There are concerns regarding the vulnerable patient populations in our facilities (i.e. outbreak in long-term care);
- St. Joseph's has experienced some work refusals, by staff, and had to work with the Ministry of Labour through these. This may be a continued challenge as we go forward.

Discussion ensued and the Board of Directors unanimously expressed gratitude to all levels of staff at St. Joseph's sites. The Board would like this conveyed to staff via a staff communication and to continue to send messages of support at the appropriate times during the pandemic.

G. Kernaghan and K. Perkin offered to also share the Board's message during upcoming virtual town halls with staff.

2.3 Medical Advisory Committee Chair

B. Rotenberg expressed how impressed he is in the management of issues related to the pandemic by the incident management team and leaders at St. Joseph's. They have been responding in a calm, compassionate and courageous manner and it means a lot to physicians in this tough time.

He reported that overall hospital occupancy is down with only the most urgent of consults taking place in order to respond to COVID-19. He acknowledged R. Caraman and T. Pace in Medical Affairs for the work they have done to create a process for physician redeployment during COVID-19. This document will be circulated to City-Wide Chiefs later this week and provides Chiefs with principles and processes for the redeployment of physicians. He stressed that "all" physicians are eligible for redeployment. He also expressed gratitude to B. Sischek, IVP Medical, for his leadership in this time of crisis.

B. Rotenberg stated that physician well-being has been impacted by COVID-19, especially in households where both spouses work at the front line. In addition, physician incomes have been affected with the reduction in services. The Ministry has come forward with some modifications and introduced a new OHIP billing code to allow physicians to conduct consults over the phone, but this will not fully mitigate physicians' income.

He concluded by confirming there is a lot of misinformation being circulated, as it relates to COVID-19, particularly via social media. He employed Board Members to seek reputable sources, such as the email circulations from St. Joseph's Communication Team, for COVID-19 information.

2.4 Quality Report

(a) Patient, Resident, Caregiver story

As part of the Board's focus on Quality, the Board has been receiving updates/stories from the senior leaders at St. Joseph's. Patricia Hoffer, Chief Communications Officer, submitted a written patient story which was circulated in the agenda package. This story outlined the inspiring and creative ways in which staff are responding to the emotional and psychological needs of Residents at Veteran's Care Program during the COVID-19 pandemic.

(b) 2020/21 Quality Improvement Plan

B. Lewis, Chair of Quality Committee, introduced the draft Quality Improvement Plan (QIP) for 2020/21 and extended thanks to V. Capewell and J. Younger for leading the effort and development of the QIP. She further expressed gratitude to the stakeholders and clinical teams across the organization who had input to the plan. She then highlighted the following:

- The 2020-21 QIP, has a focus on themes of effective transitions, patient and staff safety, and patient partnerships. The QIP Narrative highlights several new initiatives related to Ontario Health themes to address system-wide issues, including St. Joseph's collaboration with external partners to develop supportive housing for transition of mental health inpatients after discharge;
- The Hospital Workplan includes eight indicators: Four are continuing from 2019-20 and four new goals have been added:
 - The time for discharge summaries to be sent to primary care providers is an Ontario Health priority indicator and a new multi-year goal. The first year will focus on addressing factors impacting long turnaround times and reducing the average time;
 - The QIP includes a new goal related to recruitment and on-boarding of patient partners, as well as continuation of a target for survey responses related to receiving enough information about what to do if there are concerns after discharge in our Rehabilitation Programs;
 - The number of workplace violence events continues as a mandatory indicator with a target to further increase reporting. In the corporate scorecard, a supporting indicator has been added, the percent of workplace violence events reported that are "Near Miss - No Injury", with a target to sustain increased staff reporting of near miss events;
 - Four indicators reflect St. Joseph's focus on patient safety. The organizations goal to eliminate wrong drug / wrong patient medication errors continues, and a time-specific target related to completing structured debriefs following medication errors has been added. A new goal to increase medication reconciliation in specific ambulatory clinics will build on processes to collect best possible medication history. The target for completion of the Columbia Lifetime Suicide Severity Rating Scale for mental health inpatients will continue and aligns with St. Joseph's Zero Suicide Strategic Priority.
- The Long-Term Care Workplan includes 4 Ontario Health priority indicators. Three indicators continue from 2019-20.
 - The goal to further reduce emergency department visits for specific ambulatory conditions supports system-wide issues in emergency departments and urgent care. The long-term care indicators include two resident survey questions related to the voice of the resident and being able to express opinions.
 - A new indicator - documented assessment of palliative care needs among residents identified to benefit from palliative care, has been added for 2020-21.

Discussion ensued and the following comments were recorded:

- With respect to mandatory QIP indicator related to reporting/increasing benchmark for workplace violence issues has there been any discussion about when the indicator can be moved to remediation or prevention? Reply was given that while the current QIP indicator continues to focus on making it safe for staff to tell St. Joseph's about incidents both Quality Committee and People & Mission Committee have been reviewing strategies that can be implemented to reduce workplace violence incidences. Culture change takes time however it is anticipated that the threshold of reporting may be concluded in 2020/21. This topic will be deliberated both Committees of the Board in the next meeting cycle;

- It was raised whether the Board should reconsider the indicators tied to compensation in consideration of the COVID-19 pandemic? If 100% of leader effort is needed for pandemic planning, there will not be time to put effort toward some of these indicators. Should the Board have any leigh way related to the external environment and the achievement of goals?
- It was confirmed executive compensation is a requirement of the QIP;
- Members agreed to document the fact that the Board is cautious about reaching these goals in a pandemic situation, but the goals are the right approach;
- It was suggested a statement be added on page 9, under the executive compensation chart, which would allow Board some discretion around compensation relative to the achievement of these goals. The following wording was supported: “With consideration to the significant and potentially ongoing impact of COVID-19, the Board reserves the right to reconsider the executive compensation relative to the achievement of the four indicators listed.”

It was MOVED and SECONDED St. Joseph’s Board of Directors approve the 2021-21 Quality Improvement Plan for St. Joseph’s Health Care London and Mount Hope Centre for Long Term Care, as amended. CARRIED.

2.5 London Health Sciences Centre

M. Wilson reported LHSC Board had its monthly meeting last week. The LHSC Board meeting was also conducted by teleconference and the Board is researching video-conferencing as an option moving forward. Committee of the Board work has been limited to some extent but the Board continues to meet contractual and legislated requirements. Otherwise LHSC Board has been focused on the pandemic matter. LHSC Board and Committees of the Board participate on a weekly teleconference to receive updates on COVID-19.

P. Woods, confirmed LHSC does have COVID-19 positive cases in hospital and reported deaths due to COVID-19. Researchers predict the crest of the pandemic to occur around April 15th and the province is ramping up capacity plans. Overall, there is a bed shortage in the province (~1000) to be able to deal with the pandemic. On the positive side, organizations/the region/the province are rapidly becoming a more integrated health system. Partners have been stepping up and there is great autonomy to make decisions for the collective good.

P. Woods further commented Jackie Schleifer-Taylor, VP of Patient Centred Care, is overseeing all clinical operations related to the pandemic and is managing it very well. Adam Dukelow and Carol Young-Ritchie lead LHSC’s incident management team which provides P. Woods with the space to undertake the regional work he has been asked to lead.

M. Wilson, P. Woods and B. Rotenberg left the call at 4:58pm.

3. New Business / Recommendations

3.1 Strategic Priorities 2020/21

G. Kernaghan spoke to items (a) through (c) as a whole, prior to the motion being addressed.

(a) Strategic Plan 2018-2021 with year 3 priorities

G. Kernaghan advised the senior leadership team (SLT) has drafted a proposal regarding what the priorities should be for year three of the corporate strategic plan. It was confirmed 2020/21 is the last year of the three-year plan. G. Kernaghan did provide the caveat that the priorities were developed prior to the pandemic. SLT continues to believe these are the right priorities to work toward achieving in 2020/21 however, SLT may not move the dial as far as it could because of the pandemic. In all likelihood there could be no movement toward the goals in the first quarter report that is reported to the Board. Specific goals would not change, but direction could be modified based on what can be achieved due to COVID-19.

(b) 2020/21 Corporate Scorecard

The CEO stated the draft 2020/21 Corporate Scorecard is aligned to the 2020/21 QIP. She reminded Members there are many other indicators monitored in the organization that do not appear on this scorecard.

Clarifying questions were asked by Board Members specifically related to their understanding of the baseline number versus the target number and why the target number is sometimes lower than baseline? Reply was given the baseline number is the most recent result to date. Some of those results are a quarter behind and some are only recorded once a year. What is not reflected on the scorecard is the goal set for 2019/20 which could then be more easily compared to the target set for 2020/21 and in fact would reflect SLT's desire to either sustain or improve the target. It was agreed this would be included in future reports of this kind.

(c) 2020/21 Board Accountability Reference Sheet

The CEO recalled for the Board this document has been created to assist the Board in understanding its accountability, governance and oversight as it relates to the strategic plan. The reference sheet will be posted on the Board's governance website.

It was MOVED and SECONDED St. Joseph's Board of Directors approves the year 3 priorities of the Strategic Plan 2018-2021 and the Scorecard for 2020/21, and receives for information the Board Accountability Reference Sheet. CARRIED.

4. Other Business Arising

4.1 Chair updates - Standing Committees of the Board

- (a) Stoplight Report from Nominating Subcommittee of the Governance Committee of the Board
H. Rundle invited questions from Members regarding the report presented from the Nominating Subcommittee of the Governance Committee of the Board. No discussion was held.

5. In-Camera Meeting

It was MOVED and SECONDED the meeting of the Board of Directors move in-camera at 5:06 pm. CARRIED.

The regular meeting of the Board of Directors resumed at 5:32 pm.

Rising from the in-camera meeting of the Board of Directors, the Chair reported the Board was briefed on the new responsibilities of HMMS and is of the understanding the Ontario Health West CEO is committed to reimbursing costs related to the pandemic. The Board of Directors is supportive of this direction.

6. Adjournment

The Chair declared the meeting adjourned at 5:33 pm.

Howard Rundle, PhD, Chair

Dr. Gillian Kernaghan, Secretary