

Meeting of the Board of Directors

Monday, April 27, 2020

3:30 pm start time

Via WebEx video/tele-conference

MINUTES

Call to Order – Howard Rundle

T. Cook conducted roll-call of members who joined via teleconference as those on videoconference were self-identified.

The reflection was provided by Bill Wilkinson.

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

A clarifying question was raised to understand the rationale behind the removal of St. Joseph's Health Care Society (Society) representatives on various hospital Committees of the Board (consent agenda items B2, B3 and B4). It was confirmed removing these representatives was done in consultation and endorsement of the Society.

It was MOVED and SECONDED that the Consent Agenda for the April 27, 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 welcomed Neil Johnson, Acting President and CEO of LHSC and, on behalf of St. Joseph's Board, offered thoughts to P. Woods in his recovery. He further welcomed Dr. John Yoo, incoming Dean Schulich School of Medicine & Dentistry who commences this role May 1st. Finally, H. Rundle recognized the departure of Dr. Davy Cheng, Acting Dean Schulich School of Medicine & Dentistry. He offered appreciation to D. Cheng for his contributions to St. Joseph's Board over the last two years.



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 (R)
Fr. Frank O'Connor
Nawaz Tahir
Gary West, CPA
Bill Wilkinson, FCMC
Susan Wolnik

NON-VOTING

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

Guests

St. Joseph's Senior Leaders
John Yoo, Incoming Dean of Schulich

LHSC

Neil Johnson, Acting, President & CEO
Matthew Wilson, Vice-Chair

Recorder

Terri-Lynn Cook
R = regrets / A = absent

2.2 President and Chief Executive Officer

Dr. Kernaghan responded to questions raised from the written report that had been pre-circulated. She then provided an update, from a regional perspective, related to COVID-19:

- Initially due to the pandemic there was a lot of focus on acute care hospitals and stopping of services to create capacity. Acute care hospitals are currently running at 60-65%. Ontario has not seen the demand on hospital systems as predicted;
- The region is however seeing impact in long-term care (LTC) and retirement homes. The province has implemented an incident management structure for LTC homes which are to be considered extensions of hospital work places and hospitals are to deploy staff where needed. This is the substantial focus right now;
- LTC homes are classified red/yellow/green based on criteria (i.e.: active spread, problems with personal protective equipment and infection prevention and control, and staffing). Once a home is deemed red, a hospital partner is assigned to it for support. There is one LTC and one retirement home deemed to be a “code red” in our community. The focus is to stabilize the homes and keep residents in the home however if a crisis arises, homes would move residents into vacant hospital space;
- St. Joseph’s continues to monitor its costs related to the pandemic;
- There is no change in the criteria for the services St. Joseph’s currently offers. St. Joseph’s will reintroduce services once the announcement is made by the government;
- The region is waiting for test results to come back from LTC homes; both residents and staff are being tested. This will help determine how much capacity needs to be retained in the hospital;
- The Premier announced “pandemic pay” increases for front-line workers during the COVID crisis. It is not clear at the moment as to who that specifically applies to. It would appear that some of St. Joseph’s staff would be eligible and some would not. There are a lot of conversations happening with Chief Human Resource Officers across the province to seek clarity on this additional pay.

G. Kernaghan then invited K. Perkin to provide the Board with a local update related to COVID-19:

- St. Joseph’s has accepted a number of patients from LHSC to create capacity. We have 40 patients at Parkwood in sub-acute medicine beds;
- Urgent and emergent surgical patients are being serviced in St. Joseph’s surgical day care space;
- St. Joseph’s continuing to monitor its ability to assist in working city-wide, where it can support;
- St. Joseph’s continues to fight the balance around the use of personal protective equipment (PPE).

Discussion ensued and the following comments were recorded:

- The Ontario Hospital Association (OHA) has been very engaged and very involved and St. Joseph’s has every confidence OHA will step in for funding advocacy when the time is right;
- It was confirmed a decision was made in LTC to test everyone (residents and staff) whether they are showing symptoms or not;
- Today’s provincial announcement about the phased in approach to back to normal was not very descript. No other information has been provided to hospitals, directly, at this time.

2.3 Medical Advisory Committee (MAC) Chair

B. Rotenberg offered to answer any questions arising from the draft MAC minutes of April 8th and then highlighted the following:

- Item 9.4 in the MAC minutes was to come forward this month to the hospital Boards for approval but is being deferred. Both Board Governance Committees are going to review the recommendation in further detail and it will come back to the Boards in due course;
- From the physician perspective, there has been a tremendous move forward in virtual care as a result of the pandemic. Patients are appreciative of it however it does not allow for all forms of diagnosis or follow-up as an in-person appointment would;
- Another positive is there have been new and improved linkages between hospital leadership and physicians, as well as between hospital-based physicians and services in the community;
- The pandemic has raised a challenge for graduating Residents because their Royal College exams have been deferred to September and their residency in hospitals concludes June 30th. The College of Physicians and Surgeons of Ontario has come forward with a way Residents can move forward and

become almost independent physicians between June 30th and when they write their exams which will enable them to continue working in this time of need for clinicians;

- Medical Affairs has developed principles for redeployment of physicians. It has not been utilized to date, but is now ready if the need arises. They are now working on a regional physician redeployment plan;
- There is a growing concern amongst physicians about the fact they are not able to provide regular care to their patients; only urgent and emergent care is being provided. These are very real concerns that the level of care patients will eventually need will be greater than they would have if they had their treatment in the regularly scheduled time. This evidence is supported from other countries that are farther along in the pandemic than Canada. There is no doubt the pausing of care during the pandemic will change overall level of treatment required post pandemic.

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. Jodi Younger, VP Patient Care and Quality, submitted a written patient story which was circulated in the agenda package. This story outlined a patient's experience in the dual diagnosis program at Parkwood Institute Mental Health Building and is an example of when St. Joseph's has not gotten care 100% right and but more importantly what St. Joseph's has done to do better.

The Board thanked J. Younger and the patient's family for their willingness to share this story with the Board.

G. Kernaghan offered to share another story, off-line, in the form of a letter received today from the President of the Mount Hope Family Council. This letter shows appreciation for the dual role staff are now playing for Residents at Mount Hope as family cannot visit their loved ones right now.

2.5 London Health Sciences Centre

M. Wilson reported LHSC Board meets next Wednesday. He confirmed one recommendation the Board will be considering is a deferral of the approval of the Quality Improvement Plan for 2020/21. Rationale behind this recommendation is to allow for leadership to conduct another review of the proposed metrics based on the current reality.

M. Wilson then advised LHSC Governance Committee reviewed a request from the MAC for an expedited credentialing process due to the pandemic. It was realized the Credentialed Professional Staff (CPS) By-Law currently does not allow for divergence from the credentialing process as outlined in the current By-Law for any reason. Therefore, the By-Law needs to be amended first, to allow for different credentialing processes in extreme circumstances, before considering approving an expedited credentialing process due to COVID-19. He stressed the expedited credentialing is not related to temporary credentialing, which continues to apply. He further stressed LHSC Board is fully supportive of this recommendation, but acknowledges the need to go through proper process. LHSC Board is willing to meet on short notice to consider recommendations related to this matter once the wording has been determined.

Question arose whether LHSC Governance was supportive of all the other CPS By-Law amendments as they are currently being reviewed. M. Wilson confirmed there is support for the other amendments. It was suggested both Boards approve the other CPS By-Law amendments at their respective annual meetings this June irrespective of whether the language for deviating from the written credentialing process has been determined or not. That language can be added post the annual meeting and then ratified at the next annual meeting. This would at least not hold up the entire CPS By-Law annual review process.

N. Johnson confirmed LHSC's response to COVID-19 has been coordinated with St. Joseph's as they together look at the impact of essential services. He further affirmed LHSC's commitment to continue working with St. Joseph's post-COVID-19 on what the new normal will be, based on direction from government. A focus for LHSC is communications to the public; LHSC is emphasizing they are open and it is safe to come to the hospital if you need it. LHSC is also publicly posted COVID-19 numbers on their website (patient cases and staff infections).

N. Johnson left the meeting at 4:27 pm.

3. New Business / Recommendations

No discussion was held.

4. Other Business Arising

4.1 Chair updates - Standing Committees of the Board

(a) Stoplight Report from Governance Committee of the Board

H. Rundle invited questions from Members regarding the report presented from 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 4:32 pm.
CARRIED.

The regular meeting of the Board of Directors resumed at 5:12 pm. There was no report from the in-camera meeting.

6. Adjournment

The Chair declared the meeting adjourned at 5:13 pm.

Howard Rundle, PhD, Chair

Dr. Gillian Kernaghan, Secretary