1. Opening

The Chair welcomed everyone to the open portion of the Board meeting.

1.1 Quorum

Quorum was established.

1.2 Declarations of Conflict of Interest

There were no conflicts of interest declared.

1.3 Adoption of the Agenda

The Chair requested a motion to adopt the open portion of the agenda.

It was moved by Dr. Terry Shields and seconded by Richard Koroscil that the Board adopt the Agenda for the open portion of the meeting.

CARRIED
1.4 Approval of the Minutes from the February 22, 2018 meeting

It was moved by Bill Laidlaw and seconded by Norm Col that the minutes from the February 22, 2018 meeting be approved as distributed.

CARRIED

2. Quality Committee Meeting – March 20, 2018

Mary Volk provided an overview of the items that were on the agenda for the Quality Committee meeting held on March 20, 2018. Mary advised that the Committee is seeking Board approval on one item and receiving two items.

2.1 Quality Improvement Plan Q3 – 2018 03 QC-010

Mary Volk provided an overview of the Quality Improvement Plan Q3 performance.

Mary advised that the Committee meeting had included a patient story in letter format complimenting doctor and staff patient relations. It was acknowledged that many compliments are received directly and that one compliment call could involve several departments. Mary advised that the use of the toolkit at Committee was resulting in discussion and good ideas to expand and leverage patient experience. Mary reported that of the seven metrics, all but one metric was moving in the right direction.

The following motion was moved by Mary Volk and seconded by Norm Col:

THAT the Board of Directors receives for information the 2017-18 Q3 performance report on the 2017-18 Quality Improvement Plan (QIP) indicators as set out in Report 2018 03 QC-010.

CARRIED

Dr. Yusuf joins the meeting.

The Chair introduced Dr. Yusuf to the meeting and invited him to present to the Board.

Education Session: The Structure, History and Importance of Research at HHS and McMaster

Dr. Yusuf presented the Education Session on The Structure, History and Importance of Research at HHS and McMaster.

Dr. Yusuf shared his insight from his 30 years of experience with research and medicine including his own involvement in medical breakthroughs. He acknowledged a symbiotic relationship between the university and hospital. Dr. Yusuf advised that research is essential to clinical practice; it saves lives and money and is integral to academic teaching. He highlighted research benefits with respect to the Hamilton area and worldwide.
The Chair concurred that research is essential to clinical practice, saves money and is essential to the future health of Hamilton. There was discussion on communicating and educating the government and general population in terms of the importance of research to save lives, improve system effectiveness thereby reducing costs to the system.

Dr. Yusuf agreed that communication is essential and collectively HHS and McMaster along with PHRI could build a strategy for successful communication and fundraising for research.

The Board expressed appreciation for Dr. Yusuf’s research efforts and accomplishments benefiting the organization and global population.

Discussion ensued on collaboration regarding clinical trials and big pharma funded research.

*Keith Monrose joined the meeting.*

Dr. Yusuf explained challenges with respect to funding related to clinical trials noting only a part of the funding is allocated to clinical research. He further advised that working extensively with the pharmaceutical sector was 1/3 through personal connections between scientists. He also noted that Canada is a small population and that his group is working with other countries to collaborate and share results from clinical trial research thereby benefiting the global population. Utilizing personal connections between doctors and scientists is what drives the studies forward. Dr. Yusuf advised that because of these factors, research and clinical trials are global initiatives.

Dr. Yusuf was thanked for providing an excellent presentation to the Board.

### 2.2 2018/19 Quality Improvement Plan Approval – 2018 03 QC-011

Mary Volk provided an update on 2018/19 Quality Improvement Plan Approval.

Mary recognized staff for preparing an excellent Report to the Quality Committee. The ALC portion of variable compensation is being reduced from 20% to 10% due to the fact that the ALC rate is not fully within the control of management. The Chair advised that a robust discussion had occurred on this issue at the Quality Committee and stated that the variable compensation portion is small in terms of the total contributions staff have made. ALC rate is recognized as a system-wide issue and Health Quality Ontario is looking into setting parameters around the ALC rate.

Concerns were expressed with the parameters surrounding variable compensation targets and setting targets that cannot be achieved. The Chair echoed the concerns raised and discussion ensued.

The Chair advised that most factors affecting the ALC rate are not within Management’s control. Discussion ensued on having the ALC indicator remain on the QIP and revisiting the ALC rate at this point next year. This will be recorded as an action item for the Board to revisit next year.
The following motion was moved by Mary Volk and seconded by Shirley Thomas-Weir:

**THAT the Board of Directors approves the targets for the 2018-19 Quality Improvement Plan (QIP) as outlined in this Report 2018 03 QC-011, including the executive compensation weightings.**

**CARRIED**

2.3 Patient Experience / Relations Semi-Annual Report, including Declaration of Values process confirmation – 2018 03 QC-014

Mary provided an overview of the Report and noted that the Declaration of Values does not require annual confirmation.

The following motion was moved by Mary Volk and seconded by Charles Criminisi:

**THAT the Board receives for information an overview of patient relations activity for Q1 and Q2 2017/2018 in accordance with the Excellent Care for All Act as set out in Report 2018 03 QC-014.**

**CARRIED**


Mary Volk provided an overview of the Quality Improvement Plan (QIP) 2018-19 to the Board, noting that the final QIP includes Executive Compensation and will be posted on the Health Quality Ontario website by April 1, 2018.

Mary acknowledged staff for various significant achievements made throughout the year. Mary provided an overview of the changes to the indicators noting the addition of Work Place Violence and Emergency Department time to Physician initial assessment.

The following motion was moved by Mary Volk and seconded by Bill Laidlaw:

**THAT the Board of Directors receives for information the 2018-19 Quality Improvement Plan (QIP) attached as Appendix A to Report 2018 03 BD-005;**

**AND THAT the Board of Directors approves the targets set forth in the 2018-19 Quality Improvement Plan;**

**AND THAT the Board of Directors approves the linkage of Executive Compensation to the Quality Improvement Plan Targets as outlined in Appendix B.**

**CARRIED**
4. Medical Advisory Committee Meeting

4.1 MAC Board Report – March 7, 2018

Dr. Miller provided a brief overview of the Report to the Board.

The following motion was moved by Dave Lazzarato and seconded by Scott Maki:

THAT the March 7, 2018 MAC Board Report be accepted as distributed.
CARRIED

5. CEO Report

Rob MacIsaac presented the CEO Report to the Board.

Rob acknowledged that there have been two budget announcements since the last Board meeting.
Rob shared that Aaron Levo and Wes Stephen were communicating with the mayor about ambulance offloads and that Wes continues to work with the city on issues affecting healthcare.

Rob advised that he and Aaron Levo met with local MPPs, Eleanor McMahon and Ted McMeekin, regarding the Provincial landscape and although the provincial budget offers some financial relief for HHS, it is not enough to offset the pressures facing HHS.

Rob advised that he is meeting with the Ministry on April 17th, where he would be reporting the results that HHS has achieved. HHS will be seeking further direction and raising the issue of possible financings with respect to capital.

Dave McCaig reported on the Budget for 2018 highlighting investments including funding for surge beds. Dave advised that a different mechanism being introduced is increased home care funding, he also highlighted PSW workforce challenges. Although the anticipated budget is better than expected, a funding gap for HHS will remain. From a financial perspective, the organization continues to work on initiatives to improve patient flow and surge planning while focusing on cost savings.

Dave advised that Bill 148 introduced a slew of provisions which include part time employment, emergency leave days, unionized employees, benefit structure.

Rob MacIsaac requested that Ted take us through the Federal budget.

Ted Scott provided a high level overview of the Federal Budget as it relates to health, research and hospitals.

Rob advised that, with a view to Dr. McLean’s retirement and to organizational design, it is good practice to examine portfolios. Rob advised that the organizational design is appropriate for driving strategy, as it has evolved over the last couple of years, including executive leadership and reviewing goals for the future.
Rob advised that in regards to public affairs, HHS was recognized by Accreditation Canada. Some examples for media coverage were provided. Rob advised that he was proud of this work and congratulated Aaron for his efforts.

Rob referenced the Centre for People Development, established in 2015, which has been invited to present in Newfoundland at a leadership healthcare conference. This program is recognized by the Chief Medical Executive and doctors attending receive continuing professional development credits.

There was discussion that a change in government would not have any immediate impact on proposed healthcare funding. Although an audit would be useful for transparency, it would be unlikely. Concerns were raised regarding changes to funding and the impact thereof in the future.

Dave McCaig advised that with all the effort going into funding models and because of the way the numbers were released, the last thing that government would take off the table is the promised funding for staffing and operating expenses. Dave advised that he was less concerned about this year, rather the impact would be in several years.

Rob MacIsaac advised that HHS is carrying on with efficiency initiatives and that surplus doesn’t change the need to address the capital backlog.

The Chair agreed that the serious impact in funding would be a couple of years out and that HHS won’t see the effects immediately.

6. **WLMH CAC Report to the Board**
7. **HHS Foundation Report to the Board**
8. **HHSVA – Inner Circle Newsletter – Winter 2018**

Rob MacIsaac advised that WLMH CAC Report to the Board, the HHS Foundation Report to the Board and the HHS Volunteer Association Newsletter have been included in the package.

The following motion was moved by Dr. Terry Shields and seconded by Dave Lazzarato:

**THAT the WLMH CAC Report, the HHS Foundation Report and the HHS Volunteer Association Newsletter be accepted as distributed.**

**CARRIED**

9. **Adjournment**

It was moved by Mary Volk and seconded by Richard Koroscil that the meeting be adjourned.

The meeting adjourned at 6:08 pm.
10. **Independent Directors Session and CEO**

Following the adjournment, the Independent Directors met with the CEO and General Counsel.

11. **Independent Directors Session**

Following the Independent Directors Session and CEO, the Independent Directors met.

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Julia Kamula               Scott Maki
Chair                      Secretary / Treasurer