

**Hamilton Health Sciences  
Board of Directors**

**Minutes**

**DATE:** December 6, 2018

**TIME:** 4:30 to 6:30 PM

**LOCATION:** Sheraton Hotel, Heritage Room, Lower Level, 116 King Street West, Hamilton, ON

**IN ATTENDANCE:** Julia Kamula (Chair), David Collie, Charles Criminisi, Richard Koroscil, Bill Laidlaw, Dave Lazzarato, Scott Maki, Keith Monrose, Dr. Terry Shields, Shirley Thomas-Weir (partial), Mary Volk, Kurt Whitnell (partial), Kirsten Krull, Rob Maclsaac, Dr. Paul Miller, Dr. Dereck Hunt, Anna Ventresca (General Counsel), Adrianna Bogris (Recording Secretary)

**GUESTS:** Michele Beals, Kelly Campbell, Mark Farrow, Dr. Peter Fitzgerald, Cynthia Janzen (partial), Dr. Stephen Kelly, Aaron Levo, Dr. Barry Lumb, Dave McCaig, Dr. Ralph Meyer, Sharon Pierson, Sandra Ramelli, Rebecca Repa, Dr. Ted Scott, Teresa Smith, Dr. Michael Stacey, Dr. Wes Stephen

**EXTERNAL GUESTS:** Josslyn Richardson, Norman Richardson, Cindy Toth

**REGRETS:** Indy Butany-DeSouza, Dr. O'Byrne

**1. Opening**

The Chair welcomed everyone to the open portion of the Board meeting noting that the meeting is being held in a different location to accommodate public guests who have registered to attend the meeting. Recent planning at the West Lincoln Memorial Hospital (WLMH) site has caused concerns in the West Niagara community. She confirmed that the Board was not making any formal decisions at the Board meeting related to planning at the WLMH site. HHS has received numerous inquiries about the process for delegations and public attendance at this particular board meeting. The Chair introduced and thanked the members of the public in attendance and turned the meeting over to Rob Maclsaac to make a few remarks to update the Board on the planning underway at the WLMH site.

Rob Maclsaac provided an update noting the HHS hosted the Minister's visit to the WLMH site last week to announce new funding to support the site namely \$8.5M to improve infrastructure at the site, including plumbing, ventilation and electrical and \$500K to allow HHS to continue its planning for the rebuild. Plans are underway to obtain a contractor to commence that work in 2019.

He advised that longer term re-building will require approval by the Ministry of Health, Capital Branch. The proposed planning grant will not take planning to Stage 2 but will take us through Stage 1. HHS is seeking clarity and expectations from the Ministry regarding next steps. Rob noted there are concerns with ensuring patient safety during the upgrades. He noted that currently

the operating rooms are underutilized. HHS does not want to move services out of the site but is working to find a way to offer those services safely and sustainably. He advised that a Transition Working group was formed and comprised of a number of medical staff, administrative leaders and midwives. The working group is led by Dr. Stacey, who will work with the group to propose possible solutions to maintain patient safety in the operating rooms and the surgical support areas.

He acknowledged that the heightened uncertainty has been difficult for the community, senior leadership and the Board. HHS is committed to striking a balance while ensuring that patient safety is at the forefront. Community concerns have had a strong impact and maintaining focus on safety during re-build will be a primary focus. The Board will continue to support the re-build of the WLMH site. There was discussion on the timeframe to carry out the planning of the re-build. Kelly Campbell advised that HHS has not yet received approval on the Stage 2 planning process. She provided an overview of the timelines should the Ministry approve Stage 2 noting that it would take approximately 9 months for the approval process of the plan, with three years of planning followed by 18 months to three years on construction.

The Board Chair noted that \$8.5M will be required to upgrade the surgical units, which funding has not received approval from the Ministry. It was noted that the approved funding will go toward helping the site through the next five years. Dr. Stacey and the Transition Working group will work together with physicians at the site to find work arounds that meet standards and offer solutions.

Discussion ensued on the upcoming Accreditation and the WLMH site not meeting current standards. It was noted that the Ministry relies on the organization to ensure that we are meeting standards and it is up to the Management Team and the Board. If issues at the site are not being addressed it could possibly have an impact on the rating. It was noted that the organization must ensure that upgrades are made to maintain patient safety as doing nothing will result in increased risks to patient safety.

The Chair noted that a significant amount of information on the site is going around, some of which is inaccurate information. She noted meeting protocol regarding members of the public to participate in the Board meeting. Given the circumstance, the Chair invited members of the public to address the Board. Cindy Toth advised that the WLMH site has been in this position before and the community is very concerned. They are working together to support the re-build of the site. She encouraged the Board to check out the WLMH Community Action Group website / Facebook page.

Norman Richardson requested an update on the steps required to get to the end of Stage 1 and what is needed to get to the approval of Stage 2 planning. Rob MacIsaac advised that Stage 1 is to arrive at a vision for the site. The province is seeking refinements and the organization is waiting for those refinements of the vision before it can proceed further.

The Chair invited the members of the public to stay for the remainder of the open session.

### **1.1 Quorum**

Quorum was established. The Chair noted regrets from Indy Butany-DeSouza, Dr. Paul O'Byrne, Shirley Thomas-Weir and Pearl Veenema.

## **1.2 Declarations of Conflict of Interest**

There were no conflicts of interest declared.

## **1.3 Adoption of the Agenda**

**It was moved by David Collie and seconded by Richard Koroscil that the Board adopt the Agenda for the open portion of the meeting as distributed.**

**CARRIED**

## **1.4 Approval of the Minutes from the October 11, 2018 Meeting**

It was noted that the October 11th Board Minutes contained an error with respect to section 12, the MAC Report refers to West Lincoln Memorial Hospital Community Advisory Committee.

**It was moved by Kurt Whitnell and seconded by Charles Criminisi that the minutes from the October 11, 2018 meeting be approved as corrected.**

**CARRIED**

## **2. Education Session**

### **2.1 HHS and the HNHB Regional Cancer Program – 2018 12 BD-015**

Dr. Meyer presented the education session on the HNHB Regional Cancer Program as outlined in the report and presentation. He provided context on the Cancer Care Continuum and reviewed the regional cancer program organizational structure. He walked through a patient's course of treatment and experience to illustrate Cancer Care Ontario Quality Metrics and HNHB Regional Cancer Program and HHS Cancer Program strategies. He noted strategies in place including making referrals to smoking cessation programs. Biomedical advancement has resulted in 10 to 12 lines of therapy with cause stress on the system.

Structure and strategy were reviewed including integrating palliative care thereby empowering patients. He noted that changes were made to models of care and shared lessons learned. The Board thanked Dr. Meyer for an excellent presentation.

## **3. Strategy**

### **3.1 Strategy View – Presentation**

Rob Maclsaac presented an update on the Strategy View.

He shared the Strategy at a glance noting that Operational Excellence and Continuous Quality Improvement is leading the way toward aligning the organization to create value for patients. Leadership development and aligning business systems are key drivers in Operational Excellence. He provided an update on the number of CQI units currently in progress and noted that an

additional 15 units will be launching in January and will be completed in May 2019. He advised that the three views, Strategy View, Projects View and Operations View will be complete by the end of the calendar year. Dr. Wes Stephen will provide an update on the Operations View.

Rob noted that the enterprise approach is to have the same kind of care across all sites of the organization. HHS is working on enterprise care councils as well as developing and refining the dyad model. He recognized Teresa Smith and Dr. Lumb for their work in addressing capacity issues. He noted the beneficial effects at the Hamilton General Hospital and advised the physicians at the Juravinski Hospital are committed to the cohorting model.

He noted that the enterprise approach toward the standardization of care is a key project in the Digital Health Plan and leverages the idea of systemness and common approach. He acknowledged Sharon Pierson on her work with respect to advancing population health noting that a new addictions specialist role has been developed in HHS given the increase in opioid cases.

He highlighted other key partnerships, including an aboriginal agency in partnership with the Michael DeGroote Pain Clinic to jointly treat aboriginal patients in a culturally sensitive environment suited to their needs. He noted that an assessment of current partnerships is ongoing. An overview of HHS' Partnership with CONNECT was reviewed. He noted that this project is under construction and this partnership works with patients with Acquired Brain Injuries. This is a partnership with a private sector partner that works to reintegrate patients back into the community.

Rob provided an update on the Corporate Strategy Results for Q2 2018/19. He provided an overview of the metrics under the Patient pillar noting that four working groups are working on the hospital harm initiative. He noted that central line infection rate is slightly above target. Sepsis is also slightly above target. Catheter Acquired Urinary Tract Infection received recognition provincially.

He reviewed the People pillar noting that the Attendance Management indicator is on target and highlighted initiatives including meeting with individuals to address sick time and implementation of the employee recognition program.

He noted that the pulse survey is noted as blue as HHS is looking for a new vendor. Once a vendor is selected, HHS will conduct its engagement survey.

The Sustainability pillar was reviewed noting that HHS is making progress to achieving targets; however, it is trailing against an aggressive plan noting contributors such as volume growth and high occupancy rate.

The Research, Innovation & Learning pillar was reviewed noting that the Hamilton Integrated Research Ethics Board (HIREB) is on track to achieve target by year-end.

### **3.2 Operations View – Presentation**

Dr. Wes Stephen presented the Operations View to the Board. He noted that Executive Visual Management is a component of the Continuous Quality Improvement Management System. He highlighted the importance of each view and the inter-relationships between the three views. An

overview of the Operations View was provided and guiding principles of the view were shared. The view will be used to enhance a shared understanding of the operational status of the entire organization and will enable ELT members to communicate operational performance. He highlighted the design, themes and example indicators and provided a sample indicator. Stratification by site was provided, noting an improvement of flow at the HGH. The Board congratulated Wes and his team for the work in developing the operations view.

There was discussion on partnerships and it was noted that updates on partnerships will be brought to the appropriate committee. It was noted that regular updates on the strategic progress of key partnerships will be brought forward to the Board. Measuring HHS corporate reputation among partners was discussed and Management will decide whether there is value in canvassing HHS partners to determine HHS' corporate reputation.

### **3.3 CEO Report**

Rob MacIsaac provided highlights from his CEO Report noting that he attended at the Ontario Economic Summit, which was attended by the Premier and many Ministers.

He advised that HHS held a Leadership event in October with HHS' formal leaders to increase clarity, understanding and alignment to HHS Strategic Plan. Various presenters spoke to topics such as Enterprise Approach, Strategic Partnerships, Operational Excellence and Population Health.

The Juravinski Cancer Centre received achievement awards from Cancer Care Ontario for meeting the 2017/18 provincial annual improvement target for the performance indicator for (i) Breast Screening Program Wait Times and (ii) Tobacco Use Screening of new cancer patient who were screened for tobacco use.

HHS received two awards from Trillium Gift of Life Network, (i) Hospital Achievement Award for Provincial Conversion Rate in recognition for meeting or exceeding the target of actual organ donors and the (ii) Award of Excellence for having met or exceeded the conversion rate in four or more consecutive years. Janice Beitel, Director of Hospital Program, Education and Professional Practice, Dr. Fitzgerald and representatives from Trillium Gift of Life were in attendance to present the award to McMaster Children's Hospital.

Rob advised that he together with the Board Chair and Foundation Chair attended at the World Business Forum noting that there was a wide variety of first class speakers inspiring executives to create transformational change within their organizations.

Charles Criminisi was recognized for hosting Sons of Italy, which was attended by key donors to benefit the campaign, Tomorrow Stems from You.

## COMMITTEE REPORTS

### 4. Quality Committee Meeting – November 19, 2018

Mary Volk provided an overview of the November 19, 2018 Quality Committee meeting. The meeting started with a patient story from a clinical manager at the Juravinski Hospital, and at the end of the meeting the Committee had an engaging debrief. Mary advised that having the voice of a Patient Family Advisor at Quality has made a difference and the Committee will be conducting a review of the role at the end of the year. She noted that CIHI has released data and that such data will be reviewed at the next Quality Committee meeting followed by a report to the Board. Mary encouraged Board Members to attend at multiple CQI huddles.

The Board Chair noted that given the timing of the release of information from CIHI, it is best to have the Quality Committee conduct a further review of the data and bring it back to the Board at the next meeting

#### 4.1 2019/20 Quality Improvement Plan – 2018 11 QC-035

An overview of the 2019/20 Quality Improvement Plan (QIP) was provided to the Committee. Mary noted that Health Quality Ontario (HQO) is conducting an extensive review of the metrics reported on Hospital QIPs stating that there are too many metrics. She noted that there is a lag in information with respect to receiving mandatory reporting indicators and HQO's review may further delay the release of such indicators.

The following motion was moved by Mary Volk and seconded by Terry Shields:

**THAT the Board of Directors approves the 2019/20 Quality Improvement Plan (QIP) planning timelines as outlined in this Report 2018 11 QC-035.**

**CARRIED**

#### 4.2 2019 Accreditation Update – 2018 11 QC-038

Mary advised that the Committee received an update on the process for the 2019 Accreditation noting that the assessment phase is underway and nearing completion. Accreditation Canada will be conducting the onsite survey in June and the Board has received the Governance Functioning Tool for completion.

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

**THAT the Board of Directors receives for information the update on preparations for Accreditation 2019 as set out in Report 2018 11 QC-038.**

**CARRIED**

**5. Audit Committee Meeting – November 20, 2018**

Dave Lazzarato presented the items arising from the November 20, 2018 Audit Committee meeting advising that the Committee met with the external auditors regarding the audit plan for the year as well as discussing proposed audit fees. He noted that there were no contentious matters identified by the auditors. There was substantial discussion at the Committee meeting on the captive insurance and Management will be undertaking further review on this item.

**5.1 Audit Plan – 2018 11 AC-012**

**5.2 Audit Committee Terms of Reference – 2018 11 AC-023**

The following motions set out in items 5.1 and 5.2 were moved by Dave Lazzarato and seconded by Richard Koroscil:

**THAT the Board of Directors approves the audit plan for the year ending March 31, 2019; as outlined in Report 2018 11 AC-012;**

**AND THAT the Audit Committee Chair and the Executive Vice President, Corporate Affairs and Chief Financial Officer be authorized to sign the engagement letter amendment.**

**THAT the Board of Directors approves the Audit Committee's Terms of Reference as attached in Appendix A to Report 2018 11 AC-023.**

**CARRIED**

**6. Resource Committee Meeting – November 20, 2018**

**6.1 FY 18/19 Operating Results, Q2 – 2018 11 RC-017**

Dave Lazzarato provided an overview of the Q2 18/19 Operating Results, which revealed the organization's \$1.5M year to date shortfall in contribution to capital. The consolidated forecast presents a possible shortfall to the plan in the range of \$2-4M. Dave McCaig provided a recap of where the organization was in previous years noting that significant improvements have been made given the continuation of inflationary pressure and lack of provincial funding for the sixth year in a row with no new surge funding on the horizon.

The following motion was moved by Dave Lazzarato and seconded by Kurt Whitnell:

**THAT the Board of Directors receives for information the second quarter financial report, for the period ended September 30th, 2018 as set out in Report 2018 11 RC-017.**

**CARRIED**

## **7. Governance Committee Meeting – November 22, 2018**

David Collie reported on the items brought to the Governance Committee meeting held on November 22, 2018. He thanked Terry Shields for volunteering as Board champion for the Scholarship Awards. David informed the Board that Julia Kamula is in her final term as a Director and he noted that the Committee had a fulsome discussion on the recruitment plan for 2019/20 Board recruitment. Given the number of upcoming Board vacancies in the coming years, there will be a need to recruit a few new Board Members at this year's recruitment. David encouraged the Board to reach out to their networks and that calls will be set up with each Board Member to identify potential candidates. The Board is seeking diversity in age and gender. Although it would be ideal to recruit candidates from within the catchment area, the Board will not preclude qualified candidates from outside the catchment area. He noted that advertisement for the Board recruitment will be posted on social media outlets, ICD, Directors College and the HHS website.

### **7.1 Director Skills Matrix – 2018 11 GC-015**

David noted that the Committee is seeking approval on the Director Skills Matrix provided in the meeting materials.

The following motion was moved by David Collie and seconded by Terry Shields:

**THAT the Board of Directors approves the Director Skills Matrix as set out in Appendix A to Report 2018 11 GC-015.**

**CARRIED**

## **8. Medical Advisory Committee Meetings**

### **8.1 MAC Board Report – October 10, 2018**

### **8.2 MAC Board Report – November 14, 2018**

Dr. Miller noted that the MAC Board Reports were included in the package for the Board's review. He noted that the MAC held its retreat in November and advised there was clinical variation of attendees from across the organization.

The following motion was moved by Dave Lazzarato and seconded by Bill Laidlaw:

**THAT the Board of Directors receives for information the October 10, 2018 and November 14, 2018 MAC Board Reports.**

**CARRIED**

## **9. Foundation Reports to the Board**

Rob Maclsaac advised that the Foundation Reports were provided in the package for the Board's information.

The following motion was moved by David Collie and seconded by Keith Monroe:

**THAT the October 2018 and December 2018 Foundation Reports to the Board were accepted.**

**CARRIED**

**10. Adjournment**

**It was moved by Charles Criminisi and seconded by Richard Koroscil that the meeting be adjourned.**

The meeting adjourned at 6:15 pm.

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Julia Kamula  
Chair

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Anna Ventresca  
Corporate Secretary