

**Hamilton Health Sciences  
Board of Directors**

**Minutes**

**DATE:** February 25, 2021

**TIME:** 4:00 to 8:00 PM

**LOCATION:** Via Zoom

**IN ATTENDANCE:** Charles Criminisi (Chair), Indy Butany-DeSouza, David Collie (*partial*), Robert Galaski (*partial*), Catherine Gaulton, Richard Koroscil, Bill Laidlaw, Dave Lazzarato, Scott Maki, Andrea McKinney, Jane Milanetti, Keith Monrose, Dr. Terry Shields, Shirley Thomas-Weir, Mary Volk, Dr. Smita Halder, Kirsten Krull, Rob MacIsaac, Dr. Catherine Ross, Michael Campbell (General Counsel), Adrianna Bogris (Recording Secretary)

**GUESTS:** Michele Beals, Debbie Bedini, Kelly Campbell, Leslie Gauthier, Leslie Gillies, Dr. Stephen Kelly, Donna LaForce, Michelle Leafloor, Michele Leroux, Aaron Levo, Dave McCaig, Dr. Ralph Meyer, Sharon Pierson, Dr. Ted Scott, Bruce Squires, Dr. Michael Stacey, Pearl Veenema

**REGRETS:** Dr. Paul O'Byrne

**1. Opening**

The Chair called the open portion of the Board meeting to order.

**1.1 Quorum**

Meeting quorum was established.

**1.2 Declarations of Conflict of Interest**

There were no conflicts of interest declared.

**1.3 Adoption of the Agenda**

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

**CARRIED**

**1.4 Approval of the Minutes from the December 3, 2020 meeting**

**It was moved by Dave Lazzarato and seconded by Mary Volk that the minutes from the December 3, 2020 Board meeting be approved as distributed.**

## **CARRIED**

### **1.5 Chair's Opening Remarks**

The Board Chair re-iterated that the Board will be moving toward the use of a consent agenda.

### **1.6 Consent Agenda**

#### **Consent Items Governance Committee**

##### **6.1 Board Surveys – 2021 02 GC-004 (information)**

#### **Consent Items Quality Committee**

##### **1.2 Patient Experience / Relations Semi-Annual Report – 2021 02 QC-008 (information)**

##### **1.3 Annual Review Credentials Process – 2021 02 QC-009 (information)**

#### **Consent Items Research & Innovation Committee**

##### **5.1 Innovation Initiatives Update – 2021 02 RIC-003 (information)**

**It was moved by Richard Koroscil and seconded by Scott Maki that all of the items on the Consent Agenda be approved.**

## **CARRIED.**

The Board Chair turned the meeting over to Dr. Ralph Meyer to present the education session.

## **2. Education Session**

### **2.1 Cancer Screening and Implications for Cancer Control during the COVID-19 Pandemic**

Dr. Ralph Meyer presented the Quality Education Session on Cancer Screening and Implications for Cancer Control during the COVID-19 Pandemic. He provided data related to screening processes for detecting colorectal cancers noting that the COVID-19 pandemic has substantially altered the ability to provide cancer screening. A patient story was shared that illustrated the effectiveness of FIT testing to detect cancer as well as next steps in the continuum. Another patient story was shared noting some post-operative complications which the patient had survived and recovered. An overview was provided on the cancer control continuum and the cancer control continuum and colon cancer. It was noted that physicians are seeing more patients with advanced cancers, more advanced than they are used to seeing. Dr. Halder noted that she has been seeing many patients with a lot more advanced disease as a result of delayed screenings.

*Rob Galaski joins the meeting.*

A number of challenges were highlighted as a result of COVID-19, including advanced symptoms and patients fear of contracting COVID-19 resulting in worse outcomes due to delayed and cancelled patient visits. Dr. Kelly echoed Dr. Halder's comments noting that he has encountered similar scenarios. Dr. Meyer noted the importance of reassuring the community that it is safe to attend at the hospital. Discussion ensued on capacity, and mechanisms in place to increase testing.

Dr. Kelly, Co-Chair of the HNHBC Committee and Ontario West level, spoke to surgery noting surgical backlog of approximately 19.5K cases. In an effort to maintain surgical activities, work is progressing at 105 to 110 percent to address surgical backlogs. As a result of the pandemic, different hospitals are working together as a system.

Bruce Squires shared his concerns on the impact of the pandemic on pediatric care and delayed access to care noting that developmental, physical and spiritual effects of the pandemic on children / adolescents are increasing. McMaster Children's Hospital is operating at more than 100 percent. Implications as a result of delayed scoliosis surgeries was shared. There are a number of increased cases relating to mental health issues attributed to the pandemic.

On behalf of the Board, the Board Chair thanked Dr. Halder, Dr. Kelly and Bruce Squires for their views. Dr. Meyer was thanked for providing an interesting and informative presentation to the Board.

### **3. Strategy**

Rob MacIsaac and Sharon Pierson provided an overview of the Executive Visual Management comprised of the three views.

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

Rob MacIsaac provided an overview of the Strategy at a Glance, noting that there are four pillars in the strategy: Patients, People, Sustainability and Research, Innovation & Learning.

He reported on the indicators under the Patients pillar noting that the North Star Metrics indicators all remain stable. Patient Advisor Hours are on track as virtual options facilitate contact with patient advisors.

Rob reported on the People pillar indicators noting that the indicators have been significantly impacted by COVID-19. The overall incidence of Workplace Violence (QIP) maintains relative stability with no significant increase or decrease.

It was noted that an extensive report on the Sustainability pillar was covered under the Resource Committee Report to the Board. Sustainability is heavily influenced by the funding received from the Ministry of Health.

An update was provided on the Research, Innovation & Learning pillar noting that the research grant dollars are significantly impacted due to the pandemic.

### **3.2 Enterprise Projects View – Presentation**

Rob MacIsaac highlighted the work of the HHS leadership team in keeping the enterprise-wide projects moving forward despite pandemic challenges. He noted that steering committees and project committees are still meeting and expressed his gratitude for these teams keeping projects on track. Each of the VP's will share updates on enterprise-wide projects.

He called on Michelle Leafloor to provide an update on Project Odyssey. Michelle provided an overview of Project Odyssey noting that there are over 80 contracts in flight. She noted that operational resource initiatives are underway. There is currently a six day exercise comprised of 150 sessions with 1400 people in attendance. She noted that engagement has been remarkable with a high level of enthusiasm. The pharma team is highly engaged as well as the organizational readiness team lead by Aaron Levo and Dr. Flageole. She highlighted the approach and mechanisms in place in order to monitor and escalate as necessary.

Sharon Pierson provided an update on the SPC noting delays in the process. The contract was signed in August and a four month assessment phase has been completed. She noted some challenges and advised that work continues virtually and teams are moving forward. An overview was provided on cost savings initiatives underway.

Leslie Gauthier provided an update on the MES noting key projects underway including the CT project at West Lincoln Memorial Hospital, the MRI being installed at the MUMC site this fall and major equipment replacement with respect to endoscopy at the Juravinski. She noted that all projects with Siemens are on track.

Kirsten Krull provided an update on Continuous Quality Improvement ongoing roll out. KPMG has been working with Management to revise the North Star Metrics to include vertical integration of the management system. The Executive Team met recently to go over the changes to North Star Metrics, and it is anticipated that such changes will be completed by May. Wave 10 and 11 CQI implementations are underway via virtual approaches.

Kelly Campbell provided an update on Our Healthy Future. Focus continues on the Juravinski site to replace the E, F and M wings with a modern tower. An overview of the timeline was provided for both the Juravinski re-development (2023 RFQ) and WLMH re-build (2025 occupancy). Rob MacIsaac noted the importance of moving forward with the Juravinski redevelopment in order to meet infection control standards. The current space at the E, F and M wings are not in compliance with current IPAC standards.

Rob MacIsaac provided an update on the status of the Ontario Health Teams noting that an Executive Director has been hired to support the ongoing work on the governance model. Approval has been received to carry over funds from last year's budget of 700K.

### **3.3 Operations View – Presentation**

Sharon Pierson provided an update on the Operations View noting that occupancy remains high. Services continue to ramp up and ramp down to adapt to maintain 15 percent capacity for COVID surge (approximately 150 beds). On a positive note, COVID positive patients have decreased.

There are currently 30 COVID positive patients. There have been 46 transfers to the HNHB region. Emergency departments across all HHS sites are seeing higher acuity patients. There are two COVID-19 outbreaks as of today, with a possible third outbreak. Site leads were recognized for creating capacity in an already strained environment to accommodate volumes. It was noted the ED wait times are on the rise as a result of experiencing high volumes.

An update was provided on the Satellite Health Facility noting that the facility is housing ALC patients and that carpet removal is occurring for infection control purposes. The lease has been extended to June 2021.

Sharon reported on the current status of Grace Villa noting that the Covid-19 outbreak has been declared over and that HHS continues to work on a transition plan to transfer operations from HHS back to Grace Villa.

#### **4. CEO Report**

Rob MacIsaac provided the CEO Report providing an update on the current landscape of COVID-19 in the Province of Ontario and the region. He noted positive signs in connection with the number of vaccinations completed to date. He recognized the entire HHS team and staffs across the HNHB region for their unwavering dedication amid the pandemic. The vaccination supply crisis is not over, the community is not getting enough doses, supply is still short. Information was provided on the sequencing of the administration of the vaccination.

At the HNHB level, community partners are thinking and acting like a system. He noted that Sharon Pierson sits on the HNHB Executive Committee and has been working with regional partners in devising a COVID Response to maximize system capacity across the province to ensure equitable distribution of patients to avoid overburdening any one hospital.

Advocating efforts on a regional basis continue on behalf of staff to receive self-isolation pay. He noted the Kirsten provided an overview of the Nursing Extern program at HHS.

Aaron Levo and Kelly Campbell were recognized for their work on moving Stage 2 Approval and Stage 3 Funding forward with respect to the WLMH re-build project. He also thanked HHS Board Chair and key stakeholders for their contributions to this important project. Rob noted that HHS was named to Forbes' Top Employers List.

Rob provided an overview of a number of HHS pride points including a donation from a generous donor to recognize staff. \$10 gift cards from 40 vendors were purchased and distributed to staff. Staff had the option to donate card back to HHS' Hospital 2 Home program, and \$7K was donated back to the program. HHS received positive feedback and appreciation from staff.

Information was provided on the HHS Gala taking place virtually on March 7<sup>th</sup>. He thanked Pearl Veenema for her work on making this year's gala happen despite the pandemic. Further details on the HHS Gala are detailed in the Foundation's Board Report. Funds raised from the Gala will benefit research initiatives.

## **COMMITTEE REPORTS**

### **5. Governance Committee Meeting – February 9, 2021**

#### **5.1 Streamlining the Board and Board Committee meetings – 2021 02 GC-001**

David Collie provided an overview on discussion that took place on Streamlining the Board and Board Committee meetings. The consent agenda is being potentially re-introduced in an effort to make Board and Board Committee meetings run more efficiently.

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

**THAT the Board of Directors receives for information a Report on Streamlining the Board and Board Committee meetings as set out in Report 2021 02 GC-001.**

**CARRIED**

### **6. Quality Committee Meeting – February 9, 2021**

Keith Monrose provided an overview of the February 9, 2021 Quality Committee meeting noting that Dr. Halder provided a report to the Quality Committee on the credentials process and the Quality Committee has expressed appreciation for the fulsome report on the process.

#### **6.1 2021/22 Quality Improvement Plan – 2021 02 QC-003**

Keith provided an update on the 2021/22 Quality Improvement Plan noting that the QIP includes a number of draft indicators. There have been no additional indicators added. Performance is being held at baseline and work is being done to improve performance. An overview was provided for each of the QIP indicators and their performance.

The following motion was moved by Keith Monrose and seconded by Jane Milanetti:

**THAT the Board of Directors receives for information the 2021/22 Quality Improvement Plan (QIP) draft indicators and targets as outlined in this Report 2021 02 QC-003.**

**CARRIED**

### **7. Resource Committee Meeting – February 18, 2021**

Dave Lazzarato provided a summary of the February 18, 2021 Resource Committee meeting.

#### **7.1 Sustainability Update – 2021 02 RC-012**

Dave Lazzarato provided an overview of the Sustainability Update noting that the strategy is to reduce CO2 emissions. Progress is being made at all of the sites and opportunities to further reduce emissions have been identified. Replacement of the current CoGen engines will drastically

reduce emissions. The Board has requested that Management come back with additional CO2 emissions information. In 2020, the organization reduced emissions by 11 percent. With the West Lincoln rebuild and replacement of CoGen engines the CO2 emissions is expected to go down by 54 percent.

There was discussion on ghg inventory including all add-ons and deletions. Kelly Campbell advised that HHS started reporting ghg in 2010, she noted that it would be very difficult for a hospital to get to net zero ghg. Dave McCaig advised that HHS is aiming for lead silver or gold standards on new builds. The Board requested information on compatible peer comparators in this regard. Management will research and this information will come back to the Board via the Environmental Report at the June Board meeting. It was noted that the E, F and M wings at the Juravinski greatly contribute to the emissions. The Board expressed interest in having this topic brought forward at a Board Retreat discussion in the near future.

The following motion was moved by Dave Lazzarato and seconded by Catherine Gaulton:

**THAT the Board of Directors receives for information the update on HHS's Sustainability Planning related to the short and long term strategy for CO2 reduction as set out in Report 2021 02 RC-012, which will be included in HHS's annual Sustainability report in May 2021.**

**CARRIED**

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

**8.1 MAC Board Report – December 9, 2020**

**8.2 MAC Board Report – January 13, 2021**

**8.3 MAC Board Report – February 10, 2021**

Dr. Smita Halder provided an overview of the items brought forward at the December 9, 2020, January 13, 2021 and February 10, 2021 MAC meetings noting a number of new appointments. She noted that the MAC approved the recommendation that HHS establish a Service of Hospitalists at the Juravinski Hospital Site and a Service of Peri-Operative Hospitalist Medicine at the Hamilton General Hospital site. Each service will have a different lead. She noted that the services have been growing over the past several years.

An update was provided on the Health Information System (HIS) physician team noting that Drs. Lloyd and Lumb are working with chiefs to engage Chief Delegates to assist with the implementation of the new HIS.

She noted that discussion took place on the Critical Care Triage Document to disseminate findings as outlined in the document. The hospital is under extreme pressure due to COVID-19.

The Board Chair thanked Dr. Halder for providing an excellent overview.

The following motion was moved by Richard Koroscil and seconded by Rob Galaski:

**THAT the Board of Directors receives for information the December 9, 2020, January 13, 2021 and February 10, 2021 MAC Board Reports.**

**CARRIED**

**9. Foundation Report to the Board**

Pearl Veenema provided an overview of the Foundation Report to the Board. She noted that the LCBO launched a holiday program, a time to Spread Cheer, benefiting four children's hospitals. \$1.23M dollars was raised to support trials, virtual care, nurse practitioner and substance related challenges. The LCBO associates were recognized for their hard work on behalf of McMaster Children's Hospital Foundation.

The following motion was moved by Dave Lazzarato and seconded by Andrea McKinney:

**THAT the Board of Directors receives for information the Foundation Report.**

**CARRIED**

**10. Other Business / Consent Items**

Dr. Michael Stacey provided an update on the Research Governance Review noting that the search for the Vice President Research (VPR) is well underway. He highlighted the process for implementing the recommendations coming out of the Research Governance Review. The panel will be interviewing five candidates for second round interviews. Dr. Stacey noted that there were seven external candidates and five internal candidates that met the criteria and were well qualified to fill the role. Work is underway on drafting policies relating to residual research funds as well as implementing the recommendations.

Work is being done in parallel regarding the research function and the innovation function. The aim is to have the work on the recommendations completed before the new VPR is hired. Bill Laidlaw advised that Keith Monrose has agreed to be on the search committee to provide Board representation. The Board Chair thanked Bill Laidlaw, Dr. Stacey and Keith Monrose for their work in moving the new VPR position forward.

The Board Chair concluded the meeting and thanked everyone for their participation in this excellent Board meeting.

**11. Adjournment**

The meeting adjourned at 7:31 pm.

**It was moved by Richard Koroscil and seconded by Terry Shields that the meeting be adjourned.**

**CARRIED**



**12. Independent Directors Session and CEO**

**13. Independent Directors Session**

**13.1 Board Meeting Evaluation**

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Charles Criminisi  
Chair

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Michael Campbell  
Corporate Secretary