

**Hamilton Health Sciences  
Board of Directors**

**Minutes**

**DATE:** February 24, 2022

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

**LOCATION:** Via Zoom

**IN ATTENDANCE:** Dave Lazzarato (Chair), David Collie, Robert Galaski, Catherine Gaulton, Bill Laidlaw, Scott Maki, Andrea McKinney, Jane Milanetti, Keith Monrose, Allison Sekuler, Hila Taraky, Shirley Thomas-Weir, Mary Volk, Debbie Zimmerman, Dr. Smita Halder, Kirsten Krull, Rob MacIsaac, Dr. Deepak Dath, Michael Campbell (General Counsel), Tanya Cunliffe (Recording Secretary)

**GUESTS:** Michele Beals, Debbie Bedini, Kelly Campbell, Leslie Gauthier, Leslie Gillies, Dr. Stephen Kelly, Donna LaForce, Dr. Barry Lumb, Michelle Leafloor, Michele Leroux, Aaron Levo, Neil Johnson, Dave McCaig, Sharon Pierson, Dr. Ted Scott, Bruce Squires, Dr. Michael Stacey, Pearl Veenema, Natalie Smigielski, Marcy Saxe-Braithwaite, Dr. Sabarinath Nair, Melissa McCallum

**REGRETS:** Dr. Paul O'Byrne, Dr. Khalid Azzam

**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 Hila Taraky and seconded by Mary Volk 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 2, 2021 meeting**

**It was moved by Keith Monrose and seconded by Catherine Gaulton that the minutes from the December 2, 2021 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 Quality Committee**

- Patient Experience / Relations Semi-Annual Report – 2022 02 QC-006 (information)
- Annual Review Credentials Process – 2022 02 QC-008 (information)

**It was moved by Mary Volk and seconded by Hila Taraky that all of the items on the Consent Agenda be approved.**

**CARRIED**

The Board Chair turned the meeting over to Les Gauthier to present the education session.

## **2. Education Session**

### **2.1 VP's Quality Presentations to Board Highlighting Quality Work within VP's Portfolio – Les Gauthier, VP Clinical Support Services and Surgery**

Les Gauthier introduced the topic of Integration of Interventional Radiology and Perioperative Services. The Board heard that one of HHS's front line managers, who managed interventional radiology at the time, was seconded into the work with accreditation standards and led the way in the country for integrating this work in interventional radiology with the standards.

An overview of how interventional radiology is supporting work at HHS was provided to the Board including within Cancer Care, Neuro, Trauma/Vascular and children and adult care. Les advised that other interventional work that happens across the Organization which is outside of the scope of this presentation and include: the heart unit, hybrid operating rooms and the arrhythmia service. The LHINs identified for Interventional Services at HHS are Waterloo Wellington, Hamilton Niagara Haldimand Brant and pediatrics for the Oakville–Mississauga area.

Dr. Sabarinath Nair shared cases from each site including the treatment of a lymphatic birthmark at the McMaster Birthmark Clinic, supporting colon cancer treatment at the Juranvinski and trauma/vascular interventional radiology at the General Hospital. Dr. Nair also outlined neuro-interventional treatment of a pregnant woman experiencing sudden onset of neurological symptoms including hemi-paralysis, slurred speech and sensory loss to her body.

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Leslie highlighted work done in the past few years in relation to safe care, such as training of teams and ensuring they have critical care training to support these patients through their procedures and working with anesthesia around sedation. Leslie spoke to the governance system within interventional radiology and advised that there is infrastructure within each of the sites. The Board heard that work is being done with our LHIN hospitals to try to build an infrastructure for interventional radiology across HNHBB. Leslie impressed upon the Board that teams within interventional radiology are very small teams made up of extremely dedicated people who are on call 24-7.

Les Gauthier was thanked for providing a great overview to the Board.

## **2.2 Melissa McCallum, Executive Director at Greater Hamilton Health Network (GHHN)**

Rob Maclsaac welcomed Melissa McCallum, who is the first Executive Director of the Greater Hamilton Health Network (GHHN), having been appointed in October 2021, to the meeting. Rob shared that Melissa is a registered nurse with 15 years of leadership experience in healthcare.

Melissa provided highlights surrounding the Provincial System Transformation in 2019 which disbanded LHINs and reorganizes into the five regions across the province known as North, Central, Toronto, East and West Ontario Health Teams to strengthen local services, ease patient navigation of the system and create seamless transitions between providers. In 2019, Hamilton applied to be one of the first Ontario Health Team's in the Province. In February 2021, the Ministry announced the formal integration of Haldimand, NNW and Hamilton and in June 2021 rebranding to Greater Hamilton Health Network (GHHB) occurred. It was noted that in the last quarter of 2021, we became the first incorporated Health Team in the Province. Melissa advised that Hamilton Health Sciences' role in our Ontario Health Team has been pivotal with very strong executive counsel membership and strong sponsorship by Rob Maclsaac sitting at our Executive Council. HHS provided key leadership support in key priority areas such as digital, virtual, governance and communications and HHS's support was acknowledged by Melissa, not just in the development but also in the progression of our OHT. Melissa advised that Rob Maclsaac has been quite a leader in providing his expertise, making us the most mature governance structure of all of the OHTs in the Province. Melissa thanked Rob for his ongoing support.

Currently Ontario Health Teams are accountable to the Ministry of Health and will be shifting over to Ontario Health in the new fiscal year. During this transformation time, the LHIN homecare was rebranded to Home and Community Care Support Services with their own board, funded by the Ministry of Health.

In January 2021 the GHHN began the development of a health equity framework. The mandate of the work was to develop a framework and action plan in three specific areas for our OHT: i) delivering care to patients from a lens of health equity; ii) operations of the GHHN staff team; and iii) the governance and corporate culture of the GHHN. Melissa shared an overview of the GHHN strategic pillars which included Health Equity, Governance, Living Healthy in Congregate Care, Digital/Virtual Care and Engagement.

Discussion ensued regarding the sustainability of health equity. Melissa shared her goal of working more closely with communities to really engage and understand access barriers in a responsible and accountable way. In June 2021, the GHHN completed a comprehensive health equity report: the Greater Hamilton Health Network's Health Equity Framework: An anti-oppression, anti-racism, sex/gender based, intersectional approach. The report included 24 key recommendations on the best advice to move forward on an equitable health agenda. Melissa spoke to the creation of the health Equity Council Charter and provided an overview of the specific duties and responsibilities of the Council. The Board was provided with an overview of the Board composition and key governance messages.

The Board thanked Melissa for her informative and interesting presentation.

*Melissa McCallum left the meeting.*

### **3. CEO Update**

#### **CEO Presentation and Strategy 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 the continued improvement in terms of the number of Covid cases which had continuously reduced to indicate a trend. He recognized that while this is great news, we are now left with an organization that has been deeply impacted by this fifth wave. Our workforce is depleted and community health has been diminished. Big gaps in Population Health existed before the pandemic and have only been made worse by Covid-19 with delays in care and treatment. As we think about the challenges going forward, having a GHHN that is empowered and effective will be critical to facing the challenges ahead.

Rob shared that our attention is now being turned away from the pandemic and towards ramping up our normal suite of services. The most significant challenges to our ramp up are constraints surrounding HR combined with very high demands for general internal medicine care from the community.

Fewer than 150 staff are self-isolating today, which is down from 750 at the peak. Sick time continues to be higher than we would like but it is reducing. We expect continued improvement on these numbers as time moves on. Occupancy rates in February were as high as 120% and have moderated as the month has gone on. Although we continue to be very busy, we will ramp up as we can and repatriate staff to their home units as soon as we are able to do so.

Rob acknowledged the work being conducted by Kirsten Krull in relation to active planning to return many of our team members to their home units. This will in turn allow us to adjust our services. Rob advised that this will not be the end of our workforce capacity challenges as the issue of HHR is driven by a number of very complex variables. Governments didn't do enough to increase seats in schools for health care professionals in response to an aging population. Some of our highly specialized roles such as OR and Critical Care nurses and perfusionists, even before the

pandemic, required the development of innovative strategies for recruitment and retention. The Board heard that we're also facing additional short term challenges with the implementation of Odyssey. Rob shared that a significant corporate priority is to find strategies to stabilize the workforce. We are currently working on a robust longer term strategy to deal with these issues and have been able to implement some quick wins. Rob provided highlights on the quick wins implemented such as the centralized approach to recruitment, working with union partners to revisit collective agreement language to adapt to the current environment and give us additional flexibility in terms of hiring, pursuing internationally educated nurses, expanding the extern program, design of roles in the workforce and implementing new roles that are narrow and deep in scope. We are also exploring opportunities to engage experienced nurses as mentors to our new staff. Rob acknowledged that the best way to support workplace stability and enhance wellness in the workplace is to ensure that there is appropriate staffing levels. Scaling up recruitment to the maximum is our first and best priority to deal with the shortages. As we can, focus will turn to retention and wellness programs, which should be in relatively short order.

The Equity, Diversity and Inclusion project is one that has *not* been paused, despite the fifth wave. The Advisory Council has been working with Ernst & Young to develop a comprehensive current state understanding and recommendations to advance EDI at HHS. We are working towards a target of having a report on recommendations in early March. Work is also underway on three interim recommendations brought forward through the Council and endorsed by Rob and the Executive Leadership Team which include the creation of a senior lead role responsible for EDI and reporting directly to the CEO. Recruitment for this role has commenced. Rob acknowledged that there is still much work to be done to support a diverse and inclusive workforce and will need clear commitments, specific plans and dedicated resources including leadership development and ongoing accountability to ensure progress in this area. Rob shared that we are on the cusp of achieving some milestones in EDI and that the Board can look forward to seeing some specific work products at the March Retreat.

In regards to Pride Points, Rob shared that HHS has received recent awards including being recognized as one of Hamilton-Niagara Top Employers and have also been recognized as a Top Employer for Young People. These awards are a result of input gleaned from people working at HHS and are really great things to have in our materials at attraction campaigns to show recent graduates what a great place HHS is to work at. The marketplace is very competitive and we try to use all of these things to our advantage when recruiting.

Rob took a moment to honour and remember Charles Juranvinski, a great friend, philanthropist and advocate for our hospital and our city. Charles and his wife, Margaret, have shaped the landscape and overall health of our community through all of their generosity over decades, including the development of the Juranvinski Hospital and Cancer Centre. Rob acknowledged that their legacy will go on for a long time, not just in terms of the physical structures that they helped to support but also in terms of their commitment to research which will carry on for the foreseeable future through an endowed fund.

The Board heard details of the upcoming Board Retreat including topics such as Odyssey, EDI and a discussion regarding strategy given all that we've been through over the last couple of years.

Rob commented that it will be great to get the Board's input on the state of our strategy and whether or not we need to do some tweaks there.

There is considerable room for optimism and Odyssey is increasingly becoming a sign of hope for HHS, both regarding the transformation of our clinical programs and also as a sign that we are coming out of this pandemic. Rob thanked the Board for their support for the team which is very much appreciated.

#### **4. Operations Update**

Sharon Pierson provided an update to the Strategy Report, sharing that this update is a bit more optimistic and encouraging than the previous update. Sharon shared that on January 17<sup>th</sup> Covid cases peaked at 226 compared to the 47 cases today. At peak in January there were 20-25 Covid cases in the ICU with only 16 cases in ICU today. Sharon advised that these numbers are largely in line with what we're seeing within the Province. The number of staff isolating peaked at over 700 in January with 159 staff isolating today. 312 staff from our surgical, procedural, ambulatory and support staff areas were required at peak to be redeployed with numbers coming down to 141 today.

Sharon shared challenges relating to bed surge occupancy which has been our pressure point through the pandemic, sitting at 115% today which reflects a large number of medicine beds spilling over into unfunded beds and consuming surgical beds which is the crux of the problem. Although there have been declines in recent days, the pressures are rising again at the Juranvinski site, the children's site particularly with neo natal ICU along with volume pressures and very high acuity pressures in that population. The Board heard that patient activity in regards to occupancy, ambulance arrivals and ED visits continue to be high, while the percentage of visits that arrive by ambulance at the Juranvinski is the highest in the Province. Sharon provided an overview of factors driving the performance which includes that delayed and differed care is really hitting our senior populations, some of which have not been able to attend family physicians.

The Board was provided with an overview of the strategies for managing capacity including maximizing post acute resources, expanded GIM capacity, program consolidation, virtual care, directed transfers and following the January 5th Directive #2 ramping down to Urgent and Emergent Care only. Sharon advised that on February 10<sup>th</sup> the Province returned to 70% of 2019 volumes. Sharon advised that current activity at HHS has resumed to 51% of historical volume with a target of 60% by March 3<sup>rd</sup>. The Board heard that it is very important that HHS return to the minimum threshold of 70% to ensure that there is no impact to time sensitive care. HNHBB planning and coordination with respect to ramping up and what can be done to offset some pressures. Sharon advised that currently there is an accumulated backlog of 8,085 cases of HHS surgical backlog and the Board heard that much discussion needs to be had to understand how we will be able to recognize and complete those cases. Operational areas of focus include: expansion of the Satellite Health Facility, strategies to address ALC/LTC access, HHR stabilization, focused attention on unscheduled medicine volumes, opening of OR 15, returning the Burn Program to full function, addressing the ambulance off-load delays and supporting Project Odyssey and making sure we're successful in that launch and implementation.

Dr. Kelly shared that in regards to Directive #2, there are phases to this directive, with phase 3 to 90% resumption of activity and phase 4 to 100% of Pre-Covid activity. Phase 4 has to be coordinated with the Province and Ontario West wants to be involved in this process and will certainly be looking at these long waitlists and trying to leverage that potential for activity to happen across HNHBB or even across Ontario West. Dr. Kelly advised that the Committee that he co-chairs has already set up a working group to look at how we we can get all of the people on waiting lists to try and access resources, so there is a commitment for a much more coordinated HNHBB and Ontario West response to dealing with those large numbers of backlogged surgeries.

## **5. Medical Advisory Committee Meetings**

**5.1 MAC Board Report – December 8, 2021**

**5.2 MAC Board Report – January 12, 2022**

**5.3 MAC Board Report – February 9, 2022**

Dr. Smita Halder spoke to the standing items that occur at every MAC meeting including Odyssey Update, Quality and Patient Safety Educational Item and the previous month's critical incidents. The educational component has been received very well, as many of the MAC members may not have experience dealing with critical incidents in terms of root cause analysis or the initial call. We have a couple members of the Patient Safety Team and Patient Experience Team go through different items each month and they have been very valuable and well received. A Covid update is also a standing item at every MAC.

Smita spoke to the Acknowledgements and Celebrations portion of the MAC meetings that she introduced to the MAC Agenda and is very pleased to report that it has become a valuable and effective way to wrap up the meeting with a positive and optimistic note.

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

The following motion was moved by Jane Milanetti and seconded by Bill Laidlaw:

**THAT the Board of Directors receives for information the December 8, 2021, January 12, 2022 and February 9, 2022 MAC Board Reports.**

**CARRIED**

## **6. Foundation Report to the Board**

Pearl Veenema provided an overview of the HHS Foundation activity and Report to the Board. Pearl shared that 2021 was a very good year for the Foundation albeit a hard one. The Community came forward to support the Foundation. The Auditors are tabling their report tomorrow with Finance. Pearl is looking forward to sharing good news at the next meeting.

The following motion was moved by Mary Volk and seconded by Scott Maki:

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

**CARRIED**

**7. Other Business**

There was no other business.

**8. Adjournment**

**It was moved by Bill Laidlaw and seconded by Hila Taraky that the meeting be adjourned.**

**CARRIED**

The meeting adjourned at 7:33 pm.

**9. Independent Directors Session and CEO**

**10. Independent Directors Session**

**10.1 Board Meeting Evaluation**

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Dave Lazzarato  
Chair

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Michael Campbell  
Corporate Secretary