

**Board of Directors
Minutes of the Open Meeting held
Thursday, March 30, 2017
4:30 pm - 7:00 pm
West Park Healthcare Centre
Board Room**

Present:

W. Law (Chair)	J. Leon
S. Armstrong (Telecon)	C. Novick
B. Bell	B. Ohcebol
J. Freeman	D. Patterson
Dr. N. Cullen (Telecon)	Dr. N. Rambihar
D. Keddy (Telecon)	C. Rate
M. Garamszeghy	D. Simunac
A.-M. Malek	C. Shushelski
K. Marshall	M. Verrier (Telecon)

Regrets:

T. Brown
C. Henley

Internal Guests:

J. Cole
J. Cooper
A. Dean
Dr. P. Derkach
S. Ditty
C. Lefkimmatis
S. Strus (Recorder)
J. Walker

Invited

Guests:

J. McKendrick

Call to Order and Chair's Remarks

The meeting was called to order and members were asked to declare any conflicts of interest. None were declared.

1.0 Professional Staff Credentialing Process

The Chair noted that Dr. P. Derkach in his role as Deputy COS was in attendance representing Dr. N. Cullen, who was only available to attend via teleconference. The Chair referenced the pre-circulated presentation and invited questions from members. A member inquired if the credentialing process was the same for the Long

Term Care Centre. Dr. Derkach advised that the process was identical to that of the Centre.

Board members noted that the circulated presentation deck had provided a fulsome explanation of the credentialing process and that this was of great value in furthering the education and training of the Centre's Board members.

Dr. P. Derkach was excused.

2.0 Motion to approve Consent Agenda

Motion:

It was moved, seconded and carried:

“That the Consent Agenda be approved as presented.”

3.0 Approval of Minutes of the Open meeting held on January 26, 2017

Motion:

It was moved, seconded and carried:

“That the Minutes of the Open meeting held on January 26, 2017 be approved as presented.”

4.0 Foundation report

A verbal report was provided by J. Cole. She reiterated the critical role the Foundation will play in the Centre's redevelopment plans and the importance of the Centre and the Foundation both acting in unison, especially from a branding perspective.

J. Cole provided details on the Foundation's Tournament of Stars event taking place at the University of Toronto on April 1, 2017, and urged Centre Board members to attend and support the event.

J. Cole noted that the next Uncork Untap Unwind 2017 will take place on November 9, 2017 at the Drake Hotel. It was noted that event Chair, R. Grinspan, would welcome support from Centre Board members if they wish to participate as a member of the Organizing Committee.

J. Cole also advised that the Imagine Canada Standards Program Accreditation application would be submitted on March 31, 2017, with a response anticipated by October, 2017. If successful, the Foundation would receive an Imagine Canada seal of approval which would be put on all printed materials. J. Cole reiterated the importance of receiving this accreditation from a donor standpoint.

The Chair wished the West Park team much success in the Tournament of Stars event.

5.0 Accreditation Canada: 2017 Site Survey

The Chair noted that a 6 month postponement of the Centre's Accreditation Canada site survey had been requested and approved by Accreditation Canada. The Centre will now undergo its site survey in June 2018. The delay will have no adverse impact on the Centre's accreditation status.

6.0 Centre Quality Improvement Plan (QIP)

2016-2017 Progress Report

The Chair provided a brief overview of the pre-circulated data.

B. Bell advised that the data circulated highlighted the Centre's current progress with a final report being presented to the Executive Committee at its next meeting on May 24, 2017. She noted that the indicators are driven by the quality improvement work within the Centre. At the time of the report, the Centre was meeting 6 of the 8 target/corridors and performing better than target on 3 indicators.

The Chair inquired as to what service Health Quality Ontario (HQO) provides. B. Bell responded that Health Quality Ontario (HQO) is an arms-length agency in Ontario mandated to advise government and health care providers on the evidence to support high-quality care, to support improvements in quality, and to monitor and report to the public on the quality of health care provided in Ontario.

A member inquired if the Centre has access to other quality indicators at other hospitals, to which B. Bell responded that they can be accessed directly from the hospitals. A-M. Malek advised that the HQO publishes an Annual Report which covers several sectors in the healthcare field and provides an exchange of ideas associated with each of the performance initiatives across these sectors.

B. Bell spoke to the Discharge Summary indicator noting that the Centre has been working on this indicator for the past 6 years. The original goal was to provide primary care practitioners with a discharge summary within 2 weeks of discharge. With successive annual improvements the Centre is hoping to adhere to the 2017/18 QIP target of 3 business days.

Motion:

It was moved, seconded and carried:

“That the Board approve the Centre's 2017-2018 QIP, for submission to Health Quality Ontario (HQO) and public posting.”

2017-2018 Narrative/Work Plan

The 2017-18 QIP Narrative provides an overview of the QIP and articulates how the plan aligns with other planning processes, integration, health system funding reform, risks and mitigation strategies, and links to performance-based compensation.

7.0 Centre 2016-2017 Mid-year Balanced Scorecard

It was noted by the Chair that the Balanced Scorecard reflects the period from April 1, 2016 to September 30, 2016, highlighting the Centre's performance across four quadrants of reporting; namely, Our Stakeholders and Community; Clinical Excellence; Our People and Organizational Capacity; and Financial Capacity.

The Chair further noted that 24 out of 31 indicators met target/corridor with 16 indicators exceeding target. 7 indicators were below target and/or comparators.

A member inquired if the Centre tracks "falls", to which Ms. Bell advised that falls data is reported 3 times a year.

8.0 Centre Risk Registrar Status Update

The Chair noted that In 2015-16, the Centre had adopted the Health Insurance Reciprocal of Canada's (HIROC) Integrated Risk Management framework and application. He also noted that risk action plans are developed for priority risks, those identified as high or extreme (based on likelihood and impact) annually and risk status for those priorities are updated.

Risk progress as of March 2017 (mid-year) was reviewed. All priority indicators either decreased in risk rating or remained unchanged.

A member inquired about trends in out-patient flow (referrals down) and any other changes with respect to patient referrals. D. Renzetti advised that ALC issues persist across the system and cited St. Joe's as an example of an acute care partner that is quite challenged by ALC volumes. She reported that the Centre recently engaged with St Joe's to consider ways to improve patient flow.

B. Bell advised that HIROC have not released anything on trends, however, a number of hospitals are using identical tools. Sunnybrook's Risk Registrar was referenced.

The Chair noted that the Centre has made a tremendous improvement in how it manages risks.

9.0 LTCC Quality Improvement Plan (QIP)

The Chair referenced the pre-circulated materials noting that the 2016-2017 QIP Progress Report summarizes indicators and performance status. West Park Long Term Care Centre (LTCC) exceeded targets on 2 of 8 indicators. Indicators exceeding targets include an indicator of resident satisfaction and percentage of residents physically restrained. Indicators not achieving target included: number of emergency department visits; worsening pressure ulcers; percentage of residents who fell; two indicators related to resident satisfaction; and percentage of residents given anti-psychotic medications without a diagnosis of psychosis.

The Chair referred to the recent focus of the LTCC in the media. A discussion ensued on Extendicare's performance as operators of the LTCC. It was noted that ongoing challenges exist within the home. The Joint Liaison Committee (JLC) provides

governance oversight and is closely monitoring performance on the criteria established by the Centre, however, more work is to be done.

In respect of how West Park's LTCC compares to other Long Term Care (LTC) facilities, Extendicare has indicated that the WPLTCC is considered "high risk" by ECI owing to a number of factors including its compliance track record. It was noted that there had been a significant incident relating to quality of care that had occurred 2 years ago, resulting in significant issues of non-compliance. Subsequent inspections have resulted in additional issues of non-compliance.

With regard to the relationship between better standards and MOHLTC inspections, A-M. Malek advised that there are annual inspections and also ad-hoc inspections triggered by complaints. These are standard in the LTC sector. However, it was noted that when the MOHLTC inspectors are in the LTCC other areas of non-compliance may be identified and may result in additional notifications. The Ministry has very stringent compliance requirements in LTC.

A-M. Malek noted that the LTCC has experienced some very, very challenging circumstances with patients and their families.

Motion:

It was moved, seconded and carried:

"That the Board approve the LTCC 2017-2018 QIP, for submission to Health Quality Ontario (HQO) and public posting."

LTCC QIP Narrative/Work Plan

The Chair noted that the 2016-17 QIP Narrative provides an overview of the QIP and articulates: quality improvement achievements from the past year, integration and continuity of care, equity, engagement of leadership, staff, and residents.

B. Bell, referencing the 2017-2018 QIP Work Plan, noted that 2 green indicators should have been in yellow. Outstanding orders stand at 4, however, arrangements will be made for inspectors to return, as improvement work has now been completed.

10.0 LTCC 2016-2017 Balanced Scorecard

B. Bell noted that the Balanced Scorecard reflects the period from April 1, 2016 to September 30, 2016, highlighting the Long Term Care Centre's (LTCC) performance across four quadrants of reporting: Stakeholders and Community; Clinical Excellence; Our People and Organizational Capacity; and Financial Capacity. The Balanced Scorecard is reported four times per year to the Joint Liaison committee. Each indicator has a numeric value and in addition, colours to describe performance. A legend is documented to assist with interpreting the report.

Work plans have been completed to ensure that MOHLTC orders are lifted upon re-inspection of the LTCC. Quality improvement work continues to improve LTCC performance on quality indicators.

11.0 Approval of Quality Committee Patient Representative Appointment

The Chair, speaking to the pre-circulated materials regarding the nomination of Dhana Hamal as the patient representative on the Quality Committee, remarked that he was very impressed with how candid Dhana was when presenting her patient story to the Centre Board in January 2017.

S. Armstrong commented on Dhana's passion about the idea of giving back to the Centre. She reiterated that the Quality Committee had discussed Dhana's transition from a patient to that of joining a Committee of the Board. An orientation to the committee and her role will be provided.

Motion:

It was moved, seconded and carried:

“That the Board approve the appointment of Dhana Hamal as the Patient Representative to the Quality Committee for the remainder of the 2016/17 Board year, renewable annually for two subsequent one-year terms.”

12.0 Financial Report for the period ending February 28, 2017

Referencing the pre-circulated materials, J. Cooper reported that the Centre is reporting a consolidated surplus of \$2,230K for the eleven months ended February 28, 2017 which is favourable to budget by \$2,117K. J. Cooper remarked that it was important to note that these are the February, 2017 Financial Statements and that the year-end numbers will look slightly different, however, should produce a healthy surplus.

The surplus on hospital operations for the eleven months ended February 28, 2017 is \$1,267K which is favourable to the budgeted deficit by \$1,494K. J. Cooper summarized the major variances.

In regard to the H-SAA Performance Indicators, a member noted the substantial increase for the 2017-2018 target, both for Acute Rehabilitation Patient Days and Weighted CCC Inpatient Days and enquired as to the rationale for making those increases. .

J. Cooper advised that these targets are negotiated with the TC LHIN and asked D. Renzetti, VP Programs to comment on the targets. D. Renzetti noted that in regard to weighted cases in rehabilitation, there is a significant gain this year in relation to anticipated referral thru partner relationships. It was noted that the target is a stretch target.

A-M. Malek noted that this also underscores the ongoing discussions with the Board in regard to Health System Funding Reform (HSFR). Under HSFR the Centre must “match” its care delivery approaches and necessary efficiencies in order to optimize funding and ensure the long term viability of the Centre. It was again noted that inter-organizational relations are starting to reshape referral patterns in the healthcare industry.

13.0 Approval of 2017-2018 Budget

J. Cooper referenced the pre-circulated presentation. He noted that there were no significant changes in the current 2017-2018 Budget to the version which was presented at the January Board meeting.

In viewing the 2017-2018 Budget and Adjusted Forecast, J. Cooper referenced the discussion held earlier about ALC patients from St. Joe's Hospital. He noted that the LHIN is funding the Centre in March, 2017 for the ALC patients transferred from St Joe's, however, expenses will not be incurred until next year. We have to account for this revenue this year. This will result in our bottom line at fiscal year-end 2017 being higher, however, it will be lower in fiscal year-end 2018. The Centre has submitted its budget forecast to the LHIN, so those will not be changed.

J. Cooper noted that the Centre may not have sufficient surplus next year for contribution to LSP (\$275K) and contribution to LTCC (\$355K). Therefore, it will be recommended that the Centre set aside 2-years-worth of reserve capital for the LSP and LTCC this year.

Motion:

It was moved, seconded and carried:

“That the Board approve the 2017-2018 Budget as presented.”

Motion:

It was moved, seconded and carried:

“That the Board Chair and CEO be authorized to sign the 2017-2018 H-SAA Amending Agreement with the Toronto Central LHIN.”

Motion:

It was moved, seconded and carried:

“That the Board Chair and CEO be authorized to sign the 2017-2018 H-SAA Amending Agreement with the Central LHIN.”

Motion:

It was moved, seconded and carried:

“That the Board Chair and CEO be authorized to sign the 2017-2018 M-SAA Amending Agreement with the TC Central LHIN.”

14.0 Approval of L-SAA Declaration of Compliance

The Long Term Care Service Accountability Agreement (LSAA) is the funding/operating agreement between the West Park Long Term Care Centre and the TC LHIN. The 2016-2019 LSAA is a three year agreement expiring March 31, 2019.

Annually, the Centre is required to submit a Schedule E-Form of Compliance Declaration to the TC LHIN.

Motion:

It was moved, seconded and carried:

“That the Board Chair and CEO be authorized to sign the 2017-2018 Long Term Care Sector Accountability Agreement Schedule E-Form of Compliance Declaration.”

Approval of 2017-2018 L-SAA Amending Agreement with Toronto Central LHIN

Motion:

It was moved, seconded and carried:

“That the Board Chair and CEO be authorized to sign the 2017-2018 L-SAA Amending Agreement with the Toronto Central LHIN.”

15.0 Public Sector Salary Disclosure

J. Cooper advised that the Centre filed the 2016 required disclosure on March 7, 2017. The Centre is required to make its disclosure available on its website on March 31, 2017.

The Ontario Government will publish salary disclosure for all Ontario Government funded organizations at the same time.

16.0 Approval of Revised Terms of Reference and Work Plan for the Joint Investment Committee

J. Cooper noted that the Imagine Canada Standards Program Accreditation was added to the Terms of Reference and the Work Plan of the Joint Investment Committee.

Motion:

It was moved, seconded and carried:

“That the Board approve the revised Terms of Reference and Work Plan for the Joint Investment Committee.”

17.0 Infrastructure Ontario (IO) Project Update and Revised Schedule

The Chair welcomed John McKendrick, EVP Project Delivery, IO, and his team. Referencing the pre-circulated presentation, J. McKendrick provided a brief overview of the rationale behind the change in the release date for the West Park RFP, and addressed members' questions. He reiterated the change in the RFP release date from April 13, 2017 to July 27, 2017.

18.0 Campus Development Update

Geotechnical & Environmental Site Assessment Update

S. Ditty advised on a recent meeting with the City of Toronto. The City expects to receive a copy of the Ministry of Environment and Climate Change Risk Assessment on the project. The City requires a clean site for the conveyance of the public roads, however, generally speaking they don't see the soil conditions as a significant risk if mitigated appropriately.

S. Ditty remarked that the CDC had approved an increase to the GHD contract for the risk assessments, pending further fee negotiations. The cost impact of the structural caisson requirements will be offset through a value engineering exercise.

19.0 Report of the Chair

Joint Board Governance Retreat

The Chair reminded members of the Joint Board Retreat on Wednesday, April 26, 2017 from 8:00am -1:30 pm at St. George's Golf Club. The Agenda will focus on the development of renewed strategic priorities for the Centre.

A-M. Malek remarked that the day would commence with a patient story. The new patient representative on the Quality Committee has also been invited to attend. An invitation has also been extended to 4-6 members of the Medical staff. The Centre is also in the process of securing assistance from an external consultant to facilitate the retreat along with J. Walker, and looking forward to engaging both the Centre and Foundation Boards in a discussion on renewed strategic priorities.

Nominations Process

The Chair advised that the nominations process is currently underway and a number of applications have been received for the upcoming Board member vacancy. Interviews will take place in mid-late April. J. Leon in his role as Vice-Chair will lead the process.

2017-2018 Board Evaluations

The Chair noted that the Board Chair and CEO evaluation surveys typically occur every two years. This year the full Board evaluation will take place at the same time as the Board Chair/CEO evaluations. The Chair encouraged all Board members to kindly complete their evaluation of the Board Chair and CEO by Thursday, April 27, 2017.

2017-2018 Accreditation Survey

The Chair remarked that every Accreditation year the Board is provided with an opportunity to review and discuss the relevant Accreditation Standards. A breakfast session is planned in May and the Chair encouraged Board members to attend this event, details of which will be sent out shortly.

20.0 Governance Policies

Speaking to the pre-circulated materials, the Chair advised that 5 policies were recently reviewed by the Executive Committee.

- Conflict of Interest
- Strategic Planning
- Corporate Risk and Management Disclosure
- Proactive Disclosure
- Board Confidentiality

Where applicable, revisions were made based on the Ontario Hospital Association's Guide to Good Governance 3rd edition (2015) and similar policies established by other acute care and rehab hospitals.

Motion:

It was moved, seconded and carried:

“That the Executive Committee recommends to the Board the approval of policies pertaining to Conflict of Interest, Strategic Planning, Corporate Risk and Management Disclosure, Proactive Disclosure and Board Confidentiality.”

21.0 Meeting Evaluation

The Chair provided a brief reminder regarding meeting evaluations and the importance of feedback to inform process improvement.

22.0 For Information Only

A reminder was extended to all Board members regarding access to a number of resources for perusal.

23.0 Termination and Next Meeting

There will be no further business, it was moved, seconded and carried:

“That the Open Meeting be terminated at 6:35 p.m.”

The next meeting will take place, Monday, May 30, 2017 at 4:30-7:30 pm (Regular)

Chair Signature: _____

Date: _____