

# **REDACTED**

**Board of Directors  
Minutes of the Open Meeting held  
Thursday, November 23, 2017  
4:31– 6:53 p.m.  
West Park Healthcare Centre  
Boardroom**

**Present:**

W. Law (Chair)  
Dr. N. Cullen  
J. Freeman  
S. Han  
D. Keddy  
J. Leon  
M. Garamszeghy

A.-M. Malek  
K. Marshall  
C. Novick  
D. Patterson  
C. Rate  
M. Verrier

**Regrets:**

S. Armstrong  
T. Brown  
Dr. B. Dhillon  
C. Henley  
C. Shushelski  
D. Simunac

**Internal Guests:**

J. Cole  
A. Dean  
S. Ditty  
Dr. R. Goldstein  
E. Gunaratne  
D. Renzetti  
C. Robinson  
H. Self  
P. Stegmaier  
J. Walker  
C. Wong

**Invited**

**Guests:**

P. Vandergriendt  
Dr. R. Heslegrave – Chair JREB

**Call to Order and Chair's Remarks**

The meeting was called to order at 4:31 pm. Members were asked to declare any conflicts of interest. None was declared.

The Chair welcomed members of the board and attendees from the Gage Facility. The Chair commented on the significance of the opportunity for members of the Board to tour a client apartment at the Gage, and to learn more about the program which represents a key element of the continuum of care provided at West Park.

## **1.0 Gage Transition to Independent Living (GTIL) – Program Overview**

The Chair welcomed C. Robinson, Manager of the Gage Transition to Independent Living Program. C. Robinson in collaboration with two staff members from the Gage, H. Self and E. Gunaratne provided a detailed presentation highlighting the significance of the program in the community. The GTIL program supports an Independent Living Philosophy which acknowledges that adults with disabilities have the right to live in the community with support, where they can make choices, have control, take responsibility for their own lives. The presentation identified a number of facilitators within the program itself to support its mandate such as clear eligibility criteria and highly qualified life skills educators who actively work with clients to develop uniquely tailored program goals. It was noted that for clients transitioning into the community, the possibilities are endless. C. Robinson provided examples of clients who have continued to progress towards their goals outside of the Gage with respect to school-related and career-related plans across a number of areas such as government, film, and business development.

C. Robinson and staff from the Gage answered members' questions with respect to length of stay and wait lists within the program. Members of the board inquired about the current location of the program in supporting accessibility within one's own community and the opportunity for partnerships with similar programs outside of the city. C. Robinson acknowledged the importance of location and the historical significance of the co-op model in laying a solid foundation for the program. It was noted that the GTIL program is the only program of its kind in the province of Ontario; highly regarded among the Centre's peer organizations and unique in terms of its scope and function.

The Chair thanked Robinson, E. Gunaratne, H. Self for a fulsome and highly informative presentation.

## **2.0 GTIL – Client Story**

The Chair welcomed P. Vandergrient, a client at the Gage who graciously agreed to share his story. P. Vandergrient shared details of his accident and the impact of disability. The client spoke passionately about his experience in the GTIL program and emphasized the impact of feeling supported by staff within the program to re-establish a level of independence that often feels limited following an accident or injury.

The Chair thanked P. Vandergrient.

### **3.0 Academic Plan Update**

Referencing the pre-circulated materials, the Chair welcomed Dr. R. Goldstein, Director of Respiratory Medicine at West Park and Chair of the Research and Education Council (REC). Dr. R. Goldstein provided a high level overview with respect to the academic plan, research and education activities, infrastructure and funding, innovative projects and the post-doctoral research program.

The discussion focused on the importance of continuing to strengthen clinical research at West Park in support of the Centre's vision to be a leading centre of clinical research, integrating teaching, learning and discovery by health professionals across multiple disciplines while influencing practice through research and innovation. In efforts to further expand its reach, the program continues to work collaboratively with the LHIN and industry partners in support of innovation- project ideas supporting new technology across a number of areas including medication management, exercise and falls prevention. Dr. R. Goldstein thanked J. Walker and T. Pauley for their contributions to the success of these projects.

Dr. R. Goldstein re-iterated the important connection between the priorities of the Academic Plan and the Strategic Priorities of the Centre. There has been no better time than the present for West Park to be a leading clinical research centre in rehabilitation and education. The Post-Doctoral Research Program continues to attract the best and brightest, many of whom are successful in obtaining appointments as independent investigators in Canada and overseas.

The ongoing challenge of securing adequate resources in support of clinical research was acknowledged. However, the demand for academic excellence in chronic disease management continues to increase, in addition to new and exciting projects at various stages of development that are being recognized locally, nationally and internationally.

The Chair commended Dr. Goldstein for stewardship of the Research Education Council, and his role in facilitating a research culture within the Centre that has undoubtedly contributed to the success of the academic plan.

### **4.0 Joint Research Ethics Board Report for June 2016-17**

Referencing the pre-circulate materials, Dr. R. Heslegrave, Chair of the Joint Research and Ethics Board (JREB) re-iterated the significance of the committee's role in providing oversight to all research activity involving human subjects, by reviewing all proposed research projects, balancing the needs from different sectors and constituencies, and monitoring potential conflicts of interest and/or breaches of research integrity that may arise. Dr. R. Heslegrave provided highlights from the 2016-17 report and answered Board members questions.

The Chair thanked Dr. R. Heslegrave and commented on the link between the function of the JREB committee in relation to a key fiduciary responsibility of the Board.

## 5.0 Consent Agenda

### **Motion:**

It was moved, seconded and carried:

**“That the Consent Agenda be approved as presented.”**

## 6.0 Approval of Minutes of the Open meeting held on September 28, 2017

### **Motion:**

It was moved, seconded and carried:

**“That the Minutes of the Open meeting held on September 28, 2017 be approved as presented.”**

## 7.0 Foundation Report

Referencing the pre-circulated materials, J. Cole provided a brief overview of the Hospital Naming Directive which sets out a number of restrictions on hospitals' discretion to change their corporate and business names. The directive came into effect on October 12, 2017, with much discussion within the hospital sector about the potential impact on philanthropic giving. J. Cole advised that the impact has been limited; however, the Foundation is in the process of reviewing its current policies to ensure alignment with guidelines of the new directive.

J. Cole reported amongst other things, that the Foundation recently secured the Imagine Canada Accreditation standard, awarded to Canadian charities and non-profits that demonstrate excellence in five key areas:

1. Board Governance
2. Financial Accountability and Transparency
3. Fundraising
4. Staff Management and
5. Volunteer Involvement

J. Cole commented on the significance of the designation in supporting future fundraising efforts and attracting donors. J. Cole reminded member of the Board that the Foundation continues to secure donors in support of the local share campaign, as noted most recently through the gift announcement with CIBC that generously donated \$200,000 in support of Campus Re-development. Furthermore, this year's Uncork, Untap and Unwind event proved to be a great success – generating a 35-40% increase in the amount of funds raised, as compared to the previous year. J. Cole advised that the Foundation has secured the same venue for next year, and hopes to see an increased guest list, in light of the 345 attendees this year.

## 8.0 2017-18 Enterprise Risk Assessment

In 2017/18, the Centre completed the preliminary identification of organizational risks using Health Insurance Reciprocal of Canada's (HIROCs) risk register Taxonomy.

The Risk Register outlines the highest risks identified for the Centre, and the actions taken to mitigate them. J. Walker, VP Strategy, Innovation and CIO answered Board members' questions. It was noted that the Centre has implemented a number of strategies to address cyber security, and continues to liaise with HIROC regarding high risk areas. A-M. Malek commented on the advice which the Centre can access from HIROC in both legal and risk matters. It was noted that HIROC is a leading expert in the area of risk management. HIROC provides a sector-based report readily accessible to the Centre which identifies high risk areas within and across the sector.

## **9.0 2017-18 Balanced Scorecard: Final Report**

Referencing the pre-circulated balanced scorecard for the period of April 1, 2016 – March 31, 2017, J. Walker highlighted that 25/32 indicators had met target/corridor and 7 indicators were below target and/or comparators.

## **10.0 2016-17 LTCC Balanced Scorecard: Final Report**

Referencing the pre-circulated materials, A-M. Malek provided a brief overview of the LTCC balanced scorecard. It was noted that the LTCC continues to focus on the clinical indicators which were below target such as Ministry Inspection orders, use of restraints and use of antipsychotic medication. It was noted that antipsychotic medications are used for a number of clinical circumstances other than the management of psychosis; however the LTCC is actively working with the Medical Director to identify opportunities for improvement.

A.M. Malek reported that Extendicare (ECI) has developed a risk register for the LTCC which will be implemented within a number of its managed homes. It was noted that the need for greater risk oversight was previously identified as an area of focus by the Board. A-M. Malek advised that the new risk register serves to enhance the level of oversight in alignment with the Board's fiduciary responsibilities.

## **11.0 Independent Commissioning Agent Contract**

With reference to the pre-circulated materials, S. Ditty advised that following the evaluation of submitted bids, Jones Lang LeSalle (JLL) is the preferred proponent to act as the Independent Commissioning Agent, providing oversight for the commissioning activities performed by Project Co. It was noted that the commissioning agent will begin work during the RFP open period by providing input into the Project Agreement. It will continue into the implementation phase to oversee and/or review and analyse reports on all building commissioning. One (1) year post-Substantial Completion, JLL will perform a facility audit and provide a final report to West Park on the commissioning and impacts to energy management. S. Ditty commented on the experience of JLL (who acquired Hunter Facilities Management with extensive commissioning experience), working on Infrastructure Ontario (IO) DBFM projects and fulfilling multiple commissioning roles on numerous hospital projects. In support of this, board approval is required to execute the contract with JLL to begin the hospital commissioning oversight work.

**Motion:**

It was moved, seconded and carried:

**“That the Commissioning Agent contract with JLL for a total of \$ [REDACTED] + HST + Disbursements, for Commissioning Agent services is approved by the Board.”**

**12.0 Financial Statements for period ending September 30, 2017**

The Centre is reporting a consolidated surplus of \$1,329K for the six months ended September 30, 2017 which is favourable to budget by \$741K. Details of the variance by fund were noted in the pre-circulated materials. The surplus on hospital operations for the six months ended September 30, 2017 is \$528K which is favourable to the budget by \$403K. The Director, Finance Strategy, C. Wong commented on the summarized report provided to the Board in support of providing a high level financial overview, noting that the detailed Financial Statements will continue to be monitored by the Corporate Committee. She also noted that the Centre is forecasting to exceed the annual budget.

In reference to the pre-circulated quarterly performance update, It was noted that in alignment with HBAM funding the Centre will meet target for weighted rehab cases which is the basis for funding. For M-SAA performance indicators, the Centre is taking steps to meet target before end of the fiscal year, given the shortfall in the admissions noted for the ABI Day program.

**13.0 Budget Update: 2018-19 Community Accountability Planning Submission (CAPS)**

A summary of the 2018/19 budget and performance targets submitted to the Toronto Central LHIN were pre-circulated to the Board in light of the November 17, 2017 deadline. The TC LHIN will be using the information included in this submission to generate the Multi-Sector Accountability Agreement (M-SAA) for 2018/19.

**Motion:**

It was moved, seconded and carried:

**“That the Board approves the 2018/2019 Community Accountability Planning Submission (CAPS)”**

**14.0 2018 LTCC Budget**

The West Park Long-Term Care Centre 2018 budget assumptions and detailed budget were pre-circulated to members of the Board for review and approval. Referencing the pre-circulated materials, the LTCC is reporting a surplus of \$1,024K. C. Wong advised that the net surplus has increased due to the shrinking mortgage balance resulting in reduced interest. It was also noted that two-thirds of the budget is flow-through accountable funding.

Members of the board were reminded that the Joint Liaison Committee has thoroughly reviewed the list of expenditures for the LTCC in relation to the amount of capital spent. It was noted that the LTCC is almost 20 years old – in a highly competitive market where funding is linked to occupancy; it is of the utmost importance for the Centre to ensure that the LTCC is well maintained and up-to-date with respect to necessary building repairs.

## **15.0 Report of the Chair**

Referencing the pre-circulated materials, the Chair commented on a recent governance education session hosted by the Toronto Central LHIN. It was noted that the session focused on system integration as a priority within the current healthcare landscape. The Chair advised that the discussion at the LHIN aligned well with the integration initiatives undertaken at West Park. It was noted that integration is already part of the Centre's Strategic Priorities, a step ahead of many peer organizations. The Chair commented on the level of re-assurance stemming for the Centre's alignment with key areas of focus identified by the LHIN.

The Chair provided a brief updated regarding the 2017-18 board evaluation process and nominations process for the upcoming board year. Members of the Board were reminded to submit an updated skills matrix within the specified timeframe.

## **16.0 Verbal report of the Joint Brand and Awareness Committee meeting held on November 6, 2017**

J. Walker spoke to the board regarding the November 6, 2017 Joint Brand and Awareness Committee meeting which focused on Brand Strategy Implementation. J. Walker commented on the overwhelming success of the Centre in generating earned media this year, which renewed the Centre's sense of partnership with the Foundation in terms advancing the Brand, and also served to showcase much of the great work being done at West Park.

A brief discussion ensued about the challenges of implementing a Brand Strategy given the impact of limited resources. It is anticipated that the Brand Strategy will also need to incorporate a co-brand strategy in relation to the non-hospital development. A-M. Malek advised that the Centre is actively looking at the issue of co-branding from a reputational risk perspective as well as a fundraising perspective – work that is currently being led by the Foundation.

## **17.0 2017-2018 Joint Brand and Awareness Committee:**

- (a) Terms of Reference
- (b) Work Plan

Referencing the pre-circulated materials, it was noted that the Joint Brand and Governance Committee has changed its name to the Joint Brand and Awareness Committee. The Terms of Reference has been revised to include an increased focus on 'impact'. It was also noted that the duration of the committee will be reviewed next fall.

**18.0 2017-18 Quality Committee**

- (a) Terms of Reference
- (b) Work Plan

Referencing the pre-circulated materials, it was noted that the reporting requirements have been updated with an increased focus in this year's work plan on Accreditation. It was also noted that the Terms of Reference has been revised to include a new member of the committee, the Patient Representative.

**19.0 2017-18 Joint Liaison Committee**

- (a) Terms of Reference
- (b) Work Plan

Referencing the pre-circulated materials, it was noted that the Terms of Reference has been revised to include a change in membership for both the Centre and Extencicare.

**Motion:**

It was moved, seconded and carried:

**“That the Board approve the motions contained in Agenda items 17.0, 18.0 and 19.0 as presented in the pre-circulated materials.”**

**20.0 Meeting Evaluation**

The Chair reminded members to take the time to complete the meeting evaluation form as members' feedback is important.

**21.0 Public Relations Media Log (provided for information only)**

Reminders:

- Winter Fest – December 5, 2017
- Joint Board Festive Dinner – December 11, 2017
- Tournament of Stars – March 23 & 24, 2018

**22.0 Termination and next meeting**

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

**“That the Open Meeting be terminated at 6:53p.m.”**

**The next meeting will take place on Thursday, January 25, 2018 at 4:30-7:30 p.m.**



Chair Signature \_\_\_\_\_

Date: \_\_\_\_\_