

**Minutes of The Hospital for Sick Children Board of Trustees' Meeting held on Thursday, October 28, 2014 at 9:30 a.m. at The Hospital for Sick Children, Toronto, Ontario.**

**Present:**

Ms. R. Patten, Chair  
Mr. S. Marwah, Vice-Chair  
Dr. M. Apkon  
Ms. C. Duboc  
Ms. P. Hubley  
Mr. A. Khanna  
Mr. S. Rafi  
Mr. T. Penner  
Dr. P. Laussen  
Mr. L. Scott  
Ms. S. Younker, Corp. Secretary

**Present:**

Mr. I. Rotenberg  
Ms. C. Reicin  
Mr. P. Reynolds  
Dr. J. Robertson  
Mr. A. Sheiner  
Mr. B. Simpson  
Dr. T. Sullivan  
Mr. R. Weese  
Mr. S. Smith  
Ms. K. Taylor

**Regrets:**

Mr. D. McKay  
Ms. K. Delaney  
Mr. R. Prichard  
Mr. D. Guloien

**By Invitation:**

Dr. D. Daneman  
Ms. L. Harrison  
Ms. S. O'Dowd  
Ms. M. Evans  
Mr. J. Mainland  
Dr. J. Kronick

*\* attended via telephone*

**By Invitation:**

Ms. M. Monk  
Dr. S. Zlotkin  
Mr. T. Garrard  
Dr. J. Wright  
Ms. C. Seguin  
Mr. T. Roffey

**Regrets:**

Dr. J. Rossant

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Ms. Sharon Younker, Corporate Secretary, confirmed that notice of the meeting had been duly sent to all Trustees and that a quorum was present in person or by phone, all in accordance with the Hospital's by-laws. Accordingly, Ms. Rose Patten, Chair of the Board, declared that the meeting was properly constituted and called the meeting to order.

**Debrief of Joint Board Retreat**

Ms. Patten held a debrief session on the Joint Board Retreat held the day before, asking members to provide their insights and recommendations on the draft strategy map.

It was agreed that Health system integration is a supportable goal that will ultimately improve health care for children and given that integration is a natural direction for evolution of the health system it is desirable for SickKids to lead in this area. There was acknowledgement that Health system integration cannot compromise SickKids' core business and will need to be built on a solid foundation that partners aspire to be part of.

As partnerships are identified that are within the mandate of SickKids, a high level framework will help in guiding its future direction. Some of the *guiding principles* for consideration include a requirement that any partnership will:

1. Generate improvements in child healthcare in the communities the potential partners serve
2. Improve research, patient care or clinical outcomes at SickKids
3. Not negatively impact SickKids' core business
4. Not result in a financial burden to SickKids
5. Ensure ability to protect brand integrity (particularly if the brand or logo is to be used)

6. Ensure ability to protect SickKids Hospital/SickKids Foundation philanthropic interests through appropriate fundraising protocols between SickKids Hospital/SickKids Foundation and the partnering institution

**MOTION:**

**NOW THEREFORE, UPON MOTION duly made, seconded and unanimously carried, IT WAS RESOLVED:**

**THAT** Trustees endorse the pursuit of partnership opportunities, in a manner that is consistent with the Guiding Principles outlined above, and recognizing that Management will report back to the Board with recommendations on any specific partnership that involve the use of the HSC mark or creates financial obligations.

**CONSENT AGENDA**

Ms. Patten referred Trustees to the consent agenda items. No questions were raised.

**MOTION:**

**NOW THEREFORE, UPON MOTION duly made, seconded and unanimously carried, IT WAS RESOLVED:**

**THAT** the minutes of the Board of Trustees meeting held on September 18, 2014 be approved, and;

**THAT** the Medical and Scientific Appointments for October 2014 be approved, and;

**THAT** the Terms of Reference for the following Board of Trustee Committees be approved, as circulated:

- Board Quality Committee
- Finance and Audit Committee
- Governance and Nominating Committee
- Human Resource Committee
- Investment and Pension Committee

**MEDICAL ADVISORY COMMITTEE REPORT**

Dr. Peter Laussen, Chair of the Medical Advisory Committee (MAC), referred Trustees to the written report. Dr. Laussen reported that the MAC received an update on the issues related to the Mental Health Act in the management of involuntary psychiatric patients who are at risk of harm to themselves or others, specifically in the Emergency Department. Managing the care of these patients until they can be transferred to a Form One facility can be a challenge as SickKids does not have the appropriate facility to treat patients in these circumstances. The MAC confirmed that interim and long term solutions are required to address the issues. The MAC was presented a synopsis of the Continuous Quality Improvement Program and its impact on quality, access, and cost. Program outcomes relating to the length of stay and ambulatory wait-time initiatives were shared with acknowledgement of physician engagement as an enabler of success. Dr. Laussen reported that SickKids will be moving to the TAHSN common credentialing process which encompasses a mandatory performance assessment tool. He also reported that Dr. James Wright advised the MAC that the Physician Quality Improvement Initiative survey results and feedback for both participants and evaluators have been completed which were moderately positive. This initiative will be implemented across the institution.

## **EXECUTIVE REPORT**

Dr. Michael Apkon presented his executive report. Dr. Apkon updated Trustees on events and activities since the last Board meeting.

Dr. Apkon gave an update on SickKids preparedness for caring for children with Ebola. He reported that the Ministry of Health (MOH) has designated SickKids as one of the 11 hospitals in the Province that would care for Ebola patients. Directives have been issued by the MOH and SickKids' Ebola preparedness efforts are in alignment with these directives. He reported that subject matter experts are fully engaged in the development of workflows and training materials. Decision making and coordination at the provincial level have been established and will continue to inform SickKids' planning efforts. Dr. Apkon noted that there are a number of challenges including the physical space requirements which cannot be met but alternative solutions have been found as well as the supply of protection equipment. He emphasized that there is a very low likelihood of an appearance of an Ebola patient; however, the Board will be notified in the event an Ebola patient is admitted. Dr. Apkon confirmed that the MOH has committed funding to cover additional expenses incurred by the Hospital.

Dr. Apkon announced that, for the fourth consecutive year, SickKids has been awarded the Quality Workplace Award by the Ontario Hospital Association (OHA) and the Ministry of Health and Long Term Care (MOHLTC). The award recognizes organizational effort to improve the workplace in ways that contribute to providers' quality of work-life and the quality of care. Dr. Apkon noted that typically fewer than 10 hospitals achieve this level of distinction.

Dr. Apkon reported on the Hospitals clinical computing deliberations and information gathering. He explained that SickKids' existing clinical computing strategy is not generating sufficient value for money and is less effective than optimal in managing quality, productivity, and safety. He explained that an integrated platform is the only strategy that will get SickKids where it needs to go to maintain its level of excellent quality care for the patients. The challenge is to determine the right platform, project scope, and timeline taking into account the key constraints of budget and change management. Dr. Apkon outlined the next steps in the process. Discussion ensued regarding the complexity of integration and the financial benefits realization of clinical improvements.

Dr. Apkon updated members on several on-going partnership and collaboration discussions.

## **SURGERY AND PERIOPERATIVE SERVICES 10 YEAR REVIEW**

Dr. James Wright will complete 10 years in the role as Chief of Surgery and Perioperative Services at the end of December 2014. Dr. Apkon congratulated Dr. Wright on his excellent report which is comprehensive and compelling.

Dr. James Wright presented the Surgery and Perioperative Services 10 year Review. Dr. Wright outlined the services and staff members that make-up Perioperative Services. He highlighted the progress under his leadership in the areas of care, education, research and administration.

Dr. Wright demonstrated improvements in efficiency and quality patient care through his leadership on both the national wait-time strategy and cost savings successes in the Perioperative Care Unit. Dr. Wright outlined the future of Perioperative Services and the challenges. Dr. Wright noted that the forte evolutions of surgery will focus on image guided non-invasive and painless surgery and that the use of simulation for training and research will be an important strategy.

The Chair of the Board and Trustees and the Chair of the Foundation Board congratulated Dr. Wright on his success and thanked him for his leadership and commitment to SickKids. Dr. Apkon thanked Dr. Wright on behalf of the organization and stated that Dr. Wright leads one of the most impressive surgery teams in the world and has been a leader in patient safety. His impact has been very impressive and has demonstrated remarkable capacity. Dr. Wright will be continuing his work in orthopaedic surgery and research.

## **COMMITTEE REPORTS**

### **Board Quality Committee (BQC)**

Dr. Terry Sullivan, Chair, BQC, reported on the October meeting of the Committee. Members of the BQC were given an overview of Medication Management at SickKids and were presented the Medications Systems Technology Transformation Project which is coming to the Board today as a recommendation from the Finance and Audit Committee for approval. BQC members participated in a tour of the Pharmacy facilities so that they were able to witness the challenging conditions and issues in Pharmacy. SickKids lags behind its peers in implementing a pharmacy system and will not be able to meet current directives for Pharmacy. The Medication Systems Technology Plan supports the organization strategy for secure medication systems within an integrated health environment, leading to closed loop medication administration for patient safety. The plan is comprised of three streams over 4 years (Unit based technology, pharmacy technology, compounding suite), at a cost of \$30M.

“Enterprise Risk Management (ERM) – High Exposure Risk” was presented, which outlined some of the mechanisms used to identify risks for the organization and how priority is identified by taking probability and impact into consideration. Mr. Mainland reviewed the Quality Management Council report, highlighting several ongoing areas of focus. The *2014-15 QIP Progress Report* was presented and outlined SickKids’ current performance against targets of the five areas of focus (Safety, Effectiveness, Accessibility, Patient Centeredness and Integrated).

### **Finance & Audit Committee (F&A)**

Mr. Larry Scott, Chair, F&A reported on the October Committee meeting. The Internal Auditors from KPMG provided an executive summary of findings on several audits. There was also an update on the Peter Gilgan Centre for Research and Learning to ensure that the Committee is providing oversight on the final stages in completion of the project. Management presented the Five Year Operating and Capital Plan which will continue to evolve as issues are worked through. There was also an update on the P5 Financial Results. A brief update was presented on Project Horizon, the integrated strategic planning, master facility planning, and technology initiative.

Management gave an overview of medication management at SickKids and the associated technologies and processes needed to ensure a safe and reliable system. Ms. Monk outlined the Medication Systems Technology Transformation project at a cost \$30M.

### **MOTION:**

**NOW THEREFORE, UPON MOTION duly made, seconded and unanimously carried, IT WAS RESOLVED:**

**THAT** the Medication Systems Technology Transformation project at a cost of \$30M be approved.

### **Governance & Nominating Committee (GNC)**

Mr. Stuart Smith, Chair, GNC, gave an update on the October Committee meeting. The GNC reviewed the composition of the Board and Trustee succession of which there will be one vacancy in June 2015 and three more in subsequent years. The GNC reviewed the Hospital’s priorities to determine the future needs of the Board and agreed that enhancing the Information Management and Technology (IMT) expertise on the Board will be an immediate focus. Mr. Smith also reported that in reviewing the communities represented on the Hospital Board, the GNC also discussed the Hospital’s long standing and valued relationship with the University of Toronto (UofT) as evidenced by its Affiliation Agreement and the cross-appointment of its medical and research faculty. It was agreed that representation of this community on the Board of Trustees would foster greater collaboration, alignment of strategy, and the potential for greater strategic partnerships. Members discussed and agreed that the GNC would explore potential candidates.

The results of the 2014 Board Effectiveness Survey were reviewed. The GNC discussed strategies to address the three key themes derived from the Survey which were Board composition, deeper discussion of key Hospital strategies, and enhanced Board education.

The GNC reviewed the draft Board of Trustees 2014/15 Goals & Objectives which have been circulated to the Board and brought forward for approval.

**MOTION:**

**NOW THEREFORE, UPON MOTION duly made, seconded and unanimously carried, IT WAS RESOLVED:**

**THAT** the 2014/15 Board of Trustees Goals & Objectives be approved as circulated.

**Human Resources Committee (HRC)**

Dr. Terry Sullivan reported on behalf of Dave McKay, Chair of the HRC. The HRC reviewed and approved its Terms of Reference and Committee Goals and Objectives. There was an update on the Q1 Scorecard and focused discussion on the new hire immunization compliance. The Defined Benefit Pension Plan Design Review was presented and it was confirmed that no changes to the plan are required at this time. There was also a presentation on the Hospital's employee relations strategy with a focus on deepening staff engagement and addressing salary pressures within the organization. An update on the March 2015 Public Sector Salary Disclosure process was also presented to the Committee.

**IN-CAMERA MEETING OF THE BOARD OF TRUSTEES**

The Trustees held an in-camera session.

**ADJOURNMENT**

There being no further business for discussion, the meeting was adjourned.

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Rose M. Patten, Chair of the Board

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Sharon Younker, Corporate Secretary