MINUTES

Monday, September 8, 2014, 11:00 am – 12:30 pm
Room B9 - 118, LHSC-University Hospital

Attending: J. Calvin (Chair), D. Jones, J. Gregor, R. Kim, R. McFadden, F. Rehman, S. Thomsen

Regrets: S.L. Kane, L. Lingard, N. Muirhead
Absent: R. Walker
Guest: A. Becker

1.0 Summary Report
Dr. Calvin started the meeting with a summary the direction we are headed using slides that were reviewed previously noting the following:
a. Deliberations will be sent out to representatives of the Hospital, University and LHIN for feedback.
b. Need to find a way to have integrated shared values and issues and the Balanced Scorecard will be used to achieve this.
c. Engaging physicians
   i. Engage in a noble shared purpose
   ii. Need to satisfy self-interest understanding that physicians are not employees of any of the institutions
   iii. To earn respect and embrace tradition

2.0 New Organizational Chart 2014
Need to build a core so resources are shared:

a. Portal to ICES and CERI
b. Infrastructure that should be serving all Divisions – for example each Division should build their own strategic plan but they should not need to build all the infrastructure and support. As we get into strategic actions we need to be very clear about what are Departmental responsibilities and what are Divisional responsibilities.
3.0 Summary Results from Remainder of Focus Groups (A Becker)
(Distributed before meeting)

Key Findings from an Environmental Review (slides) (A Becker)

a. Reviewed core strengths
b. Core limitations: the key themes in research, teaching and clinical care, people/culture were reviewed
c. Additional core limitations related to:
   i. Accountability/sustainability
   ii. Structure
   iii. Administration
d. Dr. Calvin noted that this feedback provides a structure for the task forces to begin their work
   i. General discussion about alignment – feedback from all focus groups indicated that a faculty member’s first alignment is to their Division rather than Department, Hospital or University.
   ii. Faculty members would prefer to be evaluated based on accomplishments and excellence and not just time-based metrics as currently provided in the ARC
      a. This would provide clarity and help faculty members understand where they are compared to others
      b. The Department of Medicine research review is very detailed and does provide feedback on accomplishment but, currently, the ARC/JAD category and percentage of time assigned to research is not considered. It is therefore difficult to incentivize and remunerate appropriately and to support research.
   c. Issue with deliverables and compensation – a complex system where it is difficult for faculty members to know if they are accomplishing what they need to do to be successful and be promoted
   d. Compensation – academic salaries have not kept pace with the increase in clinical incomes so it may send the message that the Department values the academic contributions less than income from seeing patients.
   e. Environment – key threats
   f. Opportunities/Strategic Questions
      a. Key questions that need to be asked within six buckets in order to build a plan that will be transformational

The Committee agreed that they will create a directive for each task force – this will be shared by e-mail with everyone on the Guiding Coalition to receive feedback. Also, members should provide suggestions about who might serve on each of the task forces
This will be done as soon as possible and then A Becker will facilitate meetings with each task force to develop a response that she will bring back to the Guiding Coalition for review.

3.0 Finalize Task Force Directives
   a. Dr. Calvin provided the Guiding Coalition with generic questions for each of the groups. Committee members provided feedback and comments and all of this material was distributed to the Committee before this meeting in order to finalize the charges to the various task forces.
   b. The Committee agreed that Dr. Calvin will review and polish the charges to the Task Forces based on the feedback received and these documents will be used by the Task Forces to get started.

4.0 Proposed Task Force Membership
   a. Dr. Calvin distributed proposed membership lists for each of the groups
   b. Committee suggested the addition of a new faculty member be added to the each of People Capacity and Research Task Forces as well as a few other suggestions
      i. People Capacity encompasses culture, human resources, leadership, career, development, recognition,
   c. Guiding Coalition members will not be on the Task Forces
      i. Dr. Calvin will provide a further revision of the people capacity list
      ii. First meetings with each task force - A Becker will facilitate the ongoing meetings
          1. Want ideas and strategic thinking brought to the tables
          2. The Department will provide the task forces with information and details of any initiatives already underway to each committee
   d. It was agreed that much of the task force work would be done electronically to limit the number of meetings that need to be attended.
   e. Deliberations from task forces will come back to the Guiding Coalition and then will be sent to the Hospitals, University and LHIN for review
   f. Blueprint will need to be made public and town hall type meetings to get feedback which is part of making it operational
   g. A Becker will work to ensure that the task forces address the issues that arose in the focus groups to ensure going down the correct path.

5.0 Adjournment

Meeting adjourned at 12:45 pm

Attachments: Organizational Chart 2014