



Minutes
Board of Directors Meeting
Wednesday, February 2nd, 2022
Zoom Audio/Visual Conference

Present: B. Heikkila (Chair), Z. Ashley, P. Austin, J. Bagshaw, S. Dowler, D. Dunn, J. Haggarty, D. Harris, L. Hastie, B. MacDonald, T. MacFarlane, L. Roth, M. Barrett

Staff: D. Braithwaite, Vice President of Corporate Services / CFO
H. Al, Director, Clinical Services and CNE
A. King, Director, Human Resources
M. Legge, Manager, Communications, Engagement and Patient Experience

Guests: R. Al, Manager, IT
P. Kerr, Media

Regrets: None.

Recording Secretary: T. Holdsworth

1.0 Call to Order

The Chair called the meeting to order at 1732 hours with a quorum present.

2.0 Presentation

Patient Story – Information Technology, R. Al

- There was an unplanned loss of eHealth connectivity at various sites including Walkerton, Kincardine, Hanover, North Wellington, and others.
- Connectivity between Walkerton, Kincardine and London, as well as with the GBIN/Cerner datacenter was impacted.
- There was no connectivity to SWODIN (SWO) for PACS (reading images), no radiologist onsite, and no connectivity to London X-ray Associates (LXA) to read reports.
- It was discovered that the last mile provider for eHealth experienced a fiber cut near Stratford, repair crews were on route but would take time to fix.
- This impacted timely patient care, as there was a patient that was just scanned on the CT in Walkerton (Patient A), with the inability to have their study read. There was another patient in the process of being transferred from Chesley to Walkerton for a CT scan (Patient B).
- The Manager of DI collaborated with IT to determine a plan, and the team worked with SWO and LXA to quickly move tunnel to backup connection.
- The key take away item was to remain calm and think creatively/ resourcefully in these scenarios and plan to prioritize and address the most critical needs.
- As a result of the quick thinking of the DI and IT teams, Patient A did not require a second scan at another hospital (avoiding a second radiation dose) and Patient B was able to continue to Walkerton to complete their scan without being redirected. Patients were seen and diagnosed locally, which save times and in many cases can be a determining factor in the patient's outcome.

- The backup connection was further discussed to determine if it was possible to enhance the system in the event that it is needed. It was advised that it is not an automatic switch, but is set up adequately for the future.
- R. Al and his team were thanked and recognized for their efforts and hard work.

3.0 Approval of Agenda

Additions/Changes to Agenda: none

(Motion 1)

MOVED by: J. Bagshaw
SECONDED by: L. Hastie
THAT the Agenda be approved as presented.
Question called – Motion CARRIED.

4.0 Disclosure of Conflict of interest

There was no conflict of interest declared.

The Chair reviewed the Mission, Vision, and Values, and members were reminded to consider them in decision making during the meeting.

5.0 Business/ Committee Matters

5.1 Quality Improvement Committee Report

- The February 22nd Quality Improvement Committee meeting has been cancelled to free up management and staff to focus on service reduction issues.
- There may be a need for a QIC meeting in March 2022 to address the 2022/33 Quality Improvement Plan.
- J. Bagshaw and S. Metcalfe observed the St. Thomas Elgin General Hospital (STEGH) Quality & Safety Committee meeting on January 20th, 2022.
- Some key learnings included: a comprehensive fall prevention plan, a simple score card, comprehensive incident event report and prevention strategies, risk management review linked to HIROC Risk Management and Cyber Security tools and resources, critical incident reports, and a privacy report and annual privacy plan.
- These learnings will be further reviewed at the next meeting to further enhance our committee.
- Our team was well received by the committee and is welcome to attend future STEGH meetings.

5.2 Corporate Resources Committee Report

- November and December financial statements were reviewed at the last CRC meeting.
- A surplus was noted of \$132K in November
- The December year end surplus was reported as \$1,082K
- The YTD occupancy rate was 81% vs. 73% with ALC patients accounting for 40%.
- Staffing overtime was noted as \$564K over budget.
- A four-year review of total inpatient days was shared.
- The management team was tasked with identifying potential options for working capital projects. The majority of these projects will benefit all 4 hospitals and include a \$137K of minor equipment, \$147K for a new scheduling system and staff education, \$256K for lab

equipment/ software to support the transition to IHLP (Interhospital Laboratory Partnership), \$128K for a Drug Library, \$342K for med carts and \$250K for asbestos remediation and ambulatory care.

5.3 Governance Committee Report

- The monthly Governance meeting was held January 17th, 2022.
- Accreditation Canada advised that the survey is planned for October 23rd – 27th, 2022.
- A draft Action Plan for Recruitment and Retention of Nurses was reviewed and further shared publicly, with a Q&A package, on January 22nd, 2022
- The third party review launched by local Municipalities was discussed. It was agreed that SBGHC will not engage with the reviewer, and would rather work with municipalities to execute actions in the recruitment and retention plan.
- The Committee received an update on the Ministry of Health's recent request for business cases to support the location of 15 new MRIs across the province
- The SBGHC Board Liaison to the Walkerton Foundation position was discussed, and Board members were encouraged to advise M. Curry if interested in filling this position.

5.3.1 Ontario Not for Profit Corporations Act Report

- The OHA held a webinar on ONCA transition on January 12th, 2022.
- The presentation confirmed that SBGHC is taking the right approach.
- The OHA ONCA-compliant Prototype Corporate By-law & Guideline are now available.
- Key learnings include the development and use of a work plan and a need to review all Board Policies as well as some practice – a few key policies should be reviewed now and in place by the Annual meeting (ie. Code of Conduct, Conflict of Interest, and Annual Declaration & Consent to Act as Director).
- The OHA provided some sample policies and the webinar is available for viewing on the OHA website.

5.4 Kincardine Redevelopment Oversight Committee (KROC) Report

- The KROC meeting was deferred to allow the contractors an extra week to submit their applications.
- Report to be brought to next Board meeting.

5.5 Audit Committee Report

- The audit plan for 2021/22 was presented by BDO.

5.6 CEO Report

COVID-19 Response

- An overview of the COVID-19 situation in Grey Bruce was provided.
- A small number of COVID+ patients are currently admitted in SBGHC.
- To date, there have been 25 COVID related deaths in Grey Bruce.
- Assessment Centre volumes have decreased considerably since the modification to testing eligibility guidelines was released in early January 2022. Kincardine Assessment Centre is now averaging 7 swabs/day.
- It was noted that the peaks in COVID-19 hospitalization and ICU Admissions would have been significantly higher if it were not for a high percentage of vaccinated populations.

Recruitment and Retention

- A review of ongoing and new recruitment and retention initiatives was provided.
- There was a further discussion surrounding the meeting with the “Friends of Walkerton and Chesley hospitals” groups and MPPs. It was advised that the meeting was fruitful.
- In Walkerton, there is a need for 5.1 Full Time Equivalents (FTE = 37.5 hours/ week) RNs to restore service in the Walkerton Emergency Department and in Chesley, there is a need for 3.7 FTE RNs to restore 24/7 service in the Chesley Emergency Department and Acute Care Unit.
- There was a request to review the web analytics of the recruitment and retention action plan and Q&As. To further circulate to the communities, paid placements in the newspapers are being reviewed.
- A note will be circulated to nursing staff across the organization, with a request to share our casual nursing postings with any connections that may be interested in applying.

Directive #2

- In the community, there was a perception that the ramp down of services required by Directive #2, were associated with the staffing challenges and reductions. It is important for the resumption of non-emergent and non-urgent services and procedures at SBGHC to be implemented and clarified quickly.

CT

- The Board heard about the next steps include awarding the construction contract and start up.

Grey Bruce OHT

- The strategic planning process is now underway. A consultant has been engaged and will be starting their work shortly.
- Recruitment for OHT lead continues.

5.7 Chief of Staff Report

L. Roth provided a report and medical privilege appointment recommendation to the Board for review and approval.

(Motion 3)

MOVED by: D. Harris

SECONDED by: S. Dowler

**THAT the Board of Directors approve the Chief of Staff report as presented.
Question called – Motion CARRIED.**

(Motion 4)

MOVED by: J. Bagshaw

SECONDED by: J. Haggarty

THAT the following new applications be approved as recommended:

- Dr. Matthew Kennedy – HFO Locum – November 20th, 2021
- Dr. Tracy Zhang – HFO Locum – December 31st, 2021
- Dr. Gillian Bedard – Locum – January 1st, 2022

Question called – Motion CARRIED.

5.8 VP Clinical Services/CNE Report

- H. Al received a warm welcome to her new position of Director of Clinical Services & Chief Nursing Executive (CNE).
- H. Al reported on the ongoing efforts dedicated to the fulfillment of a Nursing Recruitment and Retention Action Plan including the hiring of full time Recruitment Coordinator, recruiting internationally educated nurses, recruiting agency nurses, enlisting FBC nursing support from registered midwives and adding language for casual nurses into the ONA collective agreement.
- A process has been established to administer 3rd doses to ALC patients in advance of transfer to long-term care.
- Directive 2.0 was implemented by the Ministry of Health on January 5th, pausing all non-emergent and non-urgent surgeries, diagnostic imaging and ambulatory clinical activity.
- Directive 2.1 was released January 14th, 2022 which requires hospitals to transfer patients, admit patients, maximize resources, and work collaboratively for the purpose of optimizing the capacity of Ontario's hospital system.
- The Accreditation Canada on-site survey has been scheduled for October 23rd -27th, 2022.

5.9 Update on Reduction in ED Hours in Chesley & Walkerton

- Long term care bed capacity was discussed. It was advised that SBGHC is taking steps to meet with Ministry of Health representatives to discuss the development of new LTCH beds and availability in both Grey and Bruce counties. Representatives from both Bruce and Grey Counties are to join.

6.0 Consent Agenda

Errors/Omissions:

(Motion 5)

MOVED by: B. MacDonald

SECONDED by: D.Harris

THAT the Consent Agenda be approved as presented.

Question called – Motion CARRIED.

By virtue of this motion, the South Bruce Grey Health Centre Board of Directors took the following actions:

- 6.1 Approved the Board Minutes of December 1st and December 17th, 2021

- 6.2 Approved the Governance Committee Minutes of January 17th, 2022
- 6.3 Approved the Corporate Resources Committee minutes of January 24th, 2022
 - 6.3.1 Compliance Statement – November & December 2021
- 6.4 Approved the Audit Committee minutes of January 24th, 2022

7.0 In-Camera Meeting

(Motion 6)

MOVED by: J. Bagshaw

SECONDED by: S. Dowler

To adjourn to an in-camera meeting at 1908 hours.

Question called - Motion CARRIED.

8.0 Adjournment

The meeting was adjourned by motion by D. Dunn seconded by Z. Ashley @ 2033 hours.

CARRIED.

9.0 Next Regular Meeting

March 2nd 2022