



Minutes
Board of Directors Meeting
December 6th, 2022
Zoom Audio/Visual Conference

Present: B. Heikkila (Chair), J. Bagshaw, S. Dowler, D. Dunn, J. Haggarty, D. Harris, L. Hastie, T. McFarlane, L. Roth, M. Barrett, M. Dobson

Staff: D. Braithwaite, VP Corporate Services / CFO
A. King, Director, Human Resources
M. Legge, Manager, Communications, Engagement and Patient Experience

Guests: P. Kerr, Media
J. Temple Jones, Manager, Spiritual Care

Regrets: Z. Ashley, P. Austin, C. Oberle
T. Filsinger, Interim Director of Clinical Support & Ambulatory Care Services

Recording Secretary: M. Curry

1.0 Call to Order

The Chair called the meeting to order at 1731 hours with a quorum present.

B. Heikkila welcomed all Directors, staff and guests to the meeting.

2.0 Presentations

2.1 Patient Story – Spiritual Care Services

Jan Temple Jones, Manager of Spiritual Care Services, presented a patient story from the Spiritual Care Team of the South Bruce Grey Health Centre (SBGHC).

- Two incidents were relayed where intentional spiritual care was a vital part of a patient's holistic wellbeing.
- Spiritual Care Providers engage patients in finding their own coping strategies at points of health crises, transitions, end-of-life and bereavement.
- The value of both physical (medical) and spiritual care were stressed in the care provided within the four walls of SBGHC.

J. Temple Jones thanked for their report and exited the meeting at 1740 hours.

3.0 Approval of Agenda

Additions/Changes to Agenda:

- 5.8 adjusted agenda position to 5.0

(Motion 1)

MOVED by: D. Harris

SECONDED by: S. Dowler

THAT the Agenda be approved as amended.

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

Director of Clinical Services / CNE Report

M. Dobson reported.

- The Workforce Edge scheduling project continues to advance, with a targeted completion in February 2023.
- Scorecards are being developed to ensure effective use of agency staff, with metrics including vacancies, closures, and incidental coverage.
- SBGHC is excited to announce that Kathy Drennan, an experienced Kincardine Nurse, has accepted the position of Interim Patient Care Manager, Kincardine commencing January 2023.
- An enhanced clinical orientation plan has been established for enactment in the new year. This new plan features robust in person and virtual learning opportunities, which is anticipated to improve the orientation experience at SBGHC.
- The group was reminded that effective December 5th, 2022, the Chesley Emergency Department resumed service five (5) days a week, Monday – Friday, during the hours of 0700-1700, for an indefinite period.
- In early November 2023, SBGHC began conducting a comprehensive risk analysis to review changes to SBGHC's COVID-19 Vaccination Policy. The review is underway; multiple stakeholders have been engaged including SBGHC staff and physicians, PFAC and Ethics Committee.

M. Dobson was thanked for her report and exited the meeting at 1757 hours.

5.1 Quality Improvement Committee Report

J. Bagshaw, Quality Improvement Committee Chair, provided an update to the Board from the most recent meeting on November 28th, 2022.

- M. Connolly was welcomed to the Committee meeting to provide a report on Privacy and Ethics at SBGHC.

- SBGHC is comparable peer hospitals related to the frequency of privacy breaches. A number of initiatives are being rolled out to mitigate and reduce the possibility of recurrence of privacy breaches at SBGHC.
- SBGHC's Ethics Committee has been meeting regularly, with topics of discussion including service reductions, COVID-19 vaccination policy and the Kincardine CT.
- SBGHC's 2022/23 QIP features one new indicator – the number of people whose first point of contact for mental health and/or addictions related condition is the Emergency Department. This indicator will help to determine adequate access for mental health patients to community physician and community-based care.
- By accepting the minutes in the consent agenda, the Board will be accepting the 2022/23 QIC Annual Work Plan and Objectives.

5.2 Corporate Resources Committee Report

D. Harris, Corporate Resources Committee Chair provided an update to the Board from the most recent meeting on November 28th, 2022.

- The month of October concluded with a deficit of \$400K
- A deficit of \$1.9M is projected for end fiscal year, notably due to significant agency nurse costs, overtime, sick pay, lack of COVID-19 incremental funding, and less than 85% ED AFA for our Chesley ED Physicians.
- With approximately \$4.7M in SBGHC's capital reserves, an investment policy has been developed to outline appropriate allocation of investments.
- An update report was provided on the status of health human resources within the hospital, highlighting RN/RPN staffing deficiencies
- Staff safety indicators were reviewed with no notable concerns.
- With the objective to increase SBGHC's Electronic Medical Record Adoption Model Score, optimizing existing configurations, a recommendation was presented to the Board for approval:

(Motion 2)

MOVED by: J. Haggarty

SECONDED by: J. Bagshaw

THAT the South Bruce Grey Health Centre (SBGHC) Board of Directors approve SBGHC's participation in the Georgian Bay Information Network (GBIN) Cerner Multi-Year Road Map Project with a total maximum cost of \$4,124,981, and subject to the agreement and participation of all six (6) GBIN partners.

Question called - Motion CARRIED.

- By accepting the minutes in the consent agenda, the Board will be accepting the 2022/23 CRC Goals, October Financials, Compliance statements and revised Investment Policy.

5.3 Governance Committee Report

B. Heikkila, Chair of the Governance Committee provided an update to the Board from the most recent meetings on November 21st, 2022.

- Board orientation efforts continue, with a recommendation brought forward to appoint Quality Improvement Committee (QIC) and Kincardine Redevelopment Oversight Committee (KROC) membership to C. Oberle.
- An off-season expression of interest for board membership has been received. The Governance Committee has decided to defer consideration of this application until the spring as part of the annual recruitment process.
- An action plan has been developed to address the top five gaps identified in the OHA Board Self-Assessment, which was completed by the Board in June 2022.

5.3.1 By-Law and Policy Review Sub-Committee

J. Bagshaw, Chair of the By-Law and Policy Review Sub Committee, provided an update to the Board:

- Approximately 27 policies are expected to require legal review.
- Approximately 28 policies outstanding review by the By-Law and Policy Review Sub-Committee.
- The committee was thanked for their outstanding efforts.

5.4 Kincardine Redevelopment Oversight Committee Report

B. Heikkila, Chair of the Committee, provided an update to the Board from the most recent meeting on November 28th, 2022.

- A gallery of images was presented to the Board to showcase the work progressing on the CT scanner project and redevelopment. The project is on track and on time.
- A community information session will be scheduled in mid-December to provide an update on the projects underway.

5.5 Audit Committee Report

D. Dunn, Chair of the Audit Committee, provided an update to the Board from the most recent meeting on November 8th, 2022.

- In the summer of 2022, SBGHC issued an RFP for Audit services to seven (7) firms, to which a number declined due to staffing challenges.
- One (1) submission was received, which was from the incumbent BDO.
- By accepting the minutes in the consent agenda, the Board will be accepting the recommendation to appoint BDO as SBGHC's external Auditor for a period of three years.

5.6 CEO Report

- The Board was reminded that on Monday, December 5th, 2022, the Chesley hospital Emergency Department (ED) resumed service five (5) days per week, Monday to Friday, during the hours of 7:00am to 5:00pm.
 - SBGHC maintains its efforts to resume four strong viable sites.
- SBGHC is an active participant on the Southwest regional hospital table, and is coordinating with the system to ensure patient flow and capacity in light of recent pediatric capacity strain.
 - Efforts include surging to 120% capacity and expediting patient repatriations when necessary.

- On December 2nd, 2022, the government announced the expansion and enhancement of several HHR programs to bolster Ontario's healthcare workforce.
- On November 29th, 2022, the Ontario Superior Court of Justice issued a decision that found the Government of Ontario's Bill 124, violates the Canadian Charter of Rights and Freedoms.
- The Ministry of Health has communicated that it will reimburse COVID-19 incremental expenses for the first quarter of 2022/23. In addition, one-time funding will be provided to support hospitals with Pandemic Prevention and Containment costs.
- Following thorough Board, Staff and key stakeholder engagement, M. Barrett announced in public forum that he has elected not to renew his contract beyond its expiration date of March 31st, 2023.

5.7 Chief of Staff Report

- Physician staffing maintains its precarious state, but has improved since the summer. Some sites are reporting an increase in patient volumes which may impact the number of monthly shifts that physicians are willing to pick up.
- J. Page, Director of Electronic Medical Record (EMR) integration for GBIN, attended the most recent MAC meeting as a guest to present the GBIN Cerner Multi-Year Road map, detailing the purpose of the project, the primary goals and the implementation plan.

(Motion 2)

MOVED by: D. Dunn

SECONDED by: D. Harris

THAT the Board of Directors approve the Chief of Staff report as presented.

Question called – Motion CARRIED.

(Motion 3)

MOVED: J. Bagshaw

SECONDED: J. Haggarty

THAT the following new applications be approved as recommended:

- Dr. Vishal Puri – October 21st, 2022
- Dr. John Teefy – October 24th, 2022
- Dr. Jackie Goscimski – November 6th, 2022
- Dr. Kristin Malcolm – November 7th, 2022
- Dr. Maya Grisar Kacen – October 31st, 2022

Question called – Motion CARRIED.

5.8 Director of Clinical Support & Ambulatory Care Services

No report.

5.9 Update on Reduction of ED Hours in Chesley

- As reported by M. Barrett, on Monday, December 5th, 2022, the Chesley hospital Emergency Department (ED) resumed service five (5) days per week, Monday to Friday, during the hours of 7:00am to 5:00pm.
- This has been a standing item since 2019 and will continue to be until regular services in the Chesley ED resume.

6.0 Consent Agenda

Errors/Omissions:

(Motion 4)

MOVED by: J. Haggarty

SECONDED by: D. Dunn

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 October 5th, 2022
- 6.2 Approved the Governance Committee Minutes of November 21st, 2022
- 6.3 Approved the Corporate Resources Committee minutes of November 28th, 2022
 - 6.3.1 Compliance Statement – October 2022
 - 6.3.2 CRC Goals 2022/23
 - 6.3.3 Investment Policy
- 6.4 Approved the Kincardine Redevelopment Oversight Committee minutes of November 28th, 2022
- 6.5 Approved the Quality Improvement Committee minutes of November 21st, 2022
- 6.6 Approved the Audit Committee minutes of November 8th, 2022
- 6.5 Correspondence: none

7.0 In-Camera Meeting

Guests were welcomed to connect with leadership with any questions in the days following the meeting.

(Motion 5)

MOVED by: J. Bagshaw

SECONDED by: D. Dunn

To adjourn to an in-camera meeting at 1905 hours.

Question called – Motion CARRIED.

The meeting moved out of in-camera at 2008 hours.

8.0 Adjournment

The meeting was adjourned by motion by J. Haggarty, seconded by S. Dowler at 2009 hours.
CARRIED.

9.0 Next Regular Meeting

February 1st, 2023