SOUTH BRUCE GREY HEALTH CENTRE
CHESLEY | DURHAM | KINCARDINE | WALKERTON

Minutes
Board of Directors Meeting
Wednesday, March 6th, 2024
Haggarty Hall / Zoom
1730 hours

Present:	J. Bagshaw (Chair), Z. Ashley, M. Ballantine, D. Dunn, D. Harris, W. Heikkila, C. Oberle, L. Parsons, L. Roth,
Staff:	D. Braithwaite, Vice President of Corporate Services, CFO M. Dobson, Director Clinical Support & Ambulatory Care Services A. King, Director, Human Resources M. Legge, Director, Quality & Engagement M. Scime-Summers, Vice President of Patient Care / CNE
Guests:	P. Howe, Manager of Finance and Purchasing P. Kerr, Media
Regrets:	P. Austin, J. Dietrich, T. McFarlane, N. Shaw
Recording Secretary:	T. Holdsworth

1.0 Call to Order

The Chair called the meeting to order at 1733 hours with a quorum present.

Guest presenters, community members, and media representatives were welcomed to the meeting.

2.0 Presentations

2.1 Introduction to Finance and Purchasing

- P. Howe was welcomed to the meeting to present an introduction to the function, responsibilities, and objectives of the Finance and Purchasing departments.
- The Board was happy to hear that staff and management work together to develop new quality improvement initiatives. Green initiatives and the ability to leverage contracts to save money was highlighted.
- There was a discussion surrounding expired supplies, identifying approximately how much money is being lost and what happens with the expired supplies.
- It was noted that the appropriate controls in place to ensure scam invoices are not paid.

P. Howe was thanked for her presentation and exited the meeting at 1746 hours.

3.0 Approval of Agenda

Additions/Changes to Agenda: none.

(Motion 1)
MOVED by: B. Heikkila
SECONDED by: J. Haggarty
THAT the Agenda be approved as presented.
Question called – Motion CARRIED.

4.0 Disclosure of Conflict of interest

There were no conflicts 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

D. Dunn, Chair of the Quality Improvement Committee provided an update to the Board from the most recent meeting on February 20th, 2024.

- The Q3 Falls Report was reviewed. There was a suggestion to obtain comparator data from other hospitals.
- The Q3 Medication Report was reviewed. There was a suggestion to obtain comparator data from other hospitals.
- The Q3 Patient Feedback Summary was reviewed. The majority of complaints in the third quarter were related to parking.
- The Q3 Quality Score Card was reviewed. It was highlighted that the communication on triage indicator in Q3 met and exceeded the target for the first time.
- M. Legge provided a presentation on the development and proposed indicators for the 2024/25 Quality Improvement Plan.
    - There was a discussion surrounding the flexibility of selecting indicators and inability to benchmark against other hospitals. It was clarified that the flexibility in selecting indicators allows the hospital to focus on areas that need improvement within our hospital.

5.2 Corporate Resources Committee Report

D. Harris, Chair of the Corporate Resources Committee, provided an update to the Board from the most recent meeting on February 26th, 2024.

- A financial update was provided, noting a YTD deficit of $0.3M with a year-end projected deficit of $0.4M (adjusted $0.6M) due to incremental wage increases and overtime and the impact of Bill 124 ONA funding/ OPSEU wage adjustment. It t was noted that funding agency nurse usage has been received, totaling $0.8M. Capital reserves reported at $5.0M.
- Operating statistics were reported as occupancy 88% vs. 88% budget, additionally noting 36% patients are ALC and lab tests were identified as <5% than previous year. 398 ER closures were noted YTD.
- An update was provided on human resources, noting the total RN & RPN shortfall of 22 FTE positions, the shortfall relative to budget was noted as 24%. Agency

nurses are being utilized on average 6+ shifts per week.

- Overtime was reported at 4.1% relative to 4% prior year with peers reporting 3.4%.

5.3 Governance Committee Report

J. Bagshaw, Chair of the Governance Committee provided an update to the Board from the most recent meeting on February 20th, 2024.

- The following documents will be approved as part of the consent agenda: 2024/ 25 Board Annual Work Plan 2024/25 Governance Committee Annual Work Plan, 2024/25 CEO Goals and Objectives, The Governance Committee Terms of Reference Policy, Chief of Staff Selection, and the Chief of Staff Contract.

(Motion 2)
MOVED by: J. Haggarty
SECONDED by: B. Heikkila
THAT the Director Recruitment Committee membership be comprised of D. Dunn as Chair, N. Shaw as CEO, and the following three directors: Z. Ashley, L. Parsons, and J. Haggarty.
Question called – Motion CARRIED.

5.3.1 Bylaw and Policy Subcommittee Report

J. Bagshaw reported:

- The draft Articles of Amendment was reviewed and included in the consent agenda for approval.
- The following draft policies were included in the package for approval, including:
    - Confidentiality of Information
    - Medical Credentialing
    - Medical Staff Officer Responsibilities
    - Terms of Reference – Medical Staff Meetings

(Motion 3)
MOVED by: L. Parsons
SECONDED by: D. Dunn
THAT the Board approves the following policies as presented: Confidentiality of Information, Medical Credentialing, Medical Staff Officer Responsibilities, Terms of Reference – Medical Staff Meetings.
Question called – Motion CARRIED.

5.4 Kincardine Redevelopment Oversight Committee Report

- It was noted that the February KROC meeting was cancelled, as the Ministry of Health reached out to request a meeting in March.

5.5 Audit Committee Report

- No report.

5.6 CEO Report

D. Braithwaite, temporary acting CEO reported:

- SBGHC remains committed to providing high-quality and reliable health care to our patients and community. SBGHC continues to face nursing staff shortages. N. Shaw identified that while efforts to recruit more staff to support our communities is ongoing, the reality is that there is a health human resources shortage in Ontario and across Canada.
- SBGHC continues to utilize agency nurses at all sites in effort to minimize closures. Despite the additional funding there has been some inconsistent availability of agency staff.
- An update on the operational budget process was provided. It was noted that it is unknown what the annual budget increase % will be from the MOH.
- The Board was thanked for the Valentine's Day treats for staff. The treats were very well received by staff and management.

5.7 Chief of Staff Report

L. Roth, Chief of Staff reported:

- The sites have been meeting regularly and it was noted that physician staffing remains precarious at most sites. A decrease in EDLP locum coverage was noted due to a push to keep ER physicians in the larger, urban centers.
- An overview of quality improvement discussions was provided including, Family Practice Visits in the ER, Timely Physician Initial Assessment, Physician Scorecard, Ontario E-Hub Information Exchange, and a Drug Diversion initiative.

5.8 President of the Medical Staff Report

- No report.

5.9 Vice President of Patient Care/CNE Report

M. Scime-Summers, Vice President of Patient Care & CNE reported:

- An overview of CNE patient rounding was provided for the month of January. It was highlight that as a result of patient feedback, white board audits will be initiated by the patient care managers.
- The February Nursing Forum reviewed Suicide Risk Screening at Triage, CNO Documentation Systems and Standards, and nursing education.
- An overview of on-going clinical quality improvement initiatives was provided.

5.10 Director of Clinical Support & Ambulatory Care Services

M. Dobson, Director of Clinical Support & Ambulatory Care, reported:

- A new electronic software designed to automate appointment reminders and communication with patients called iceAlert was introduced. The software aims to improve workflow efficiencies, reduce missed appointments and enhance both the patient and provider experience. The anticipated Go-Live is set for April 2024.

- An overview of the Ontario Health Central Intake – Proof of Concept project was provided.
    - It was noted that throughout the month of March, there will be approximately 60 patients re-directed from the London area to Walkerton and Kincardine for CT imaging.
    - First patients arrived at our sites today, fantastic feedback was received from patients. The clinical benefits for patients were highlighted (i.e., 2 scans previously scheduled scans condensed to one scan).
    - The intent of the Proof of Concept is to provide evidence that patients will be willing to travel further in exchange for shorter wait times for medical imaging.
    - T. Filsinger, Manager of Diagnostic Imaging and Cardiorespiratory has played a lead role co-chairing the proof of concept committee, ensuring that the smaller, rural hospitals have a voice in the discussions.
    - There was a discussion surrounding funding opportunities.
- The Ontario Government recently announced an expansion to the Ontario Breast Screening Program (OBSP) that will lower the eligibility age of self-referral for publicly funded mammograms from age 50 to age 40 beginning in Fall 2024.
    - By lowering the age of self-referral for mammograms, eligible Ontarians aged 40-49 who don't have a primary care provider will be able to connect to screening more easily by self-referring through any OBSP site.
    - Our Diagnostic Imaging department is completing initial investigations and program planning to meet our community needs and be prepared for expansion Fall 2024.
- Dr. Christopher Tran was introduced as the new IHLP Medical Program Director.

5.11 Update on Reduction in ED Hours in Chesley and Durham

- As touched on in the CEO, there is no change in the service provision at this time.

5.11 Consent Agenda Items brought forward:

- No items brought forward.

6.0 Consent Agenda

Errors/Omissions:

(Motion 4)
MOVED by: C. Oberle
SECONDED by: B. Heikkila
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 February 7, 2024 and February 12, 2024
6.2 Approved the Governance Committee Minutes of February 20, 2024
6.2.1 Articles of Amendment
6.2.2 Governance Committee Terms of Reference
6.2.3 2024/25 Board Annual Work Plan

6.2.4 2024/25 Governance Committee Annual Work Plan

6.3 Approved the Quality Improvement Committee minutes of February 20, 2024

6.3.1 2024/25 Quality Improvement Committee Work Plan

6.3.2 2024/25 Quality Improvement Plan (QIP)

6.4 Approved the Corporate Resources Committee minutes of February 26, 2024

6.4.1 Compliance Statements – January 2023

6.4.2 Financial Statements – January 2024

6.5 Approved the Chief of Staff Report

6.6 Chief of Staff Announcement

6.7 Correspondence: N o n e

7.0 In-Camera Meeting

J. Bagshaw closed the public portion of the meeting, thanking guests for their attendance.

(Motion 5)
MOVED by: L. Parsons
SECONDED by: D. Harris
To adjourn to an in-camera meeting at 1859 hours.
Question called - Motion CARRIED.

The meeting moved out of in-camera at 1938 hours.

(Motion 6)
MOVED by: J. Haggarty
SECONDED by: C. Oberle
To adjourn the in-camera meeting at 1949 hours and return to open session.
Question called - Motion CARRIED.

Motion to approve in-camera resolutions:

(Motion 7)
MOVED by: L. Parsons
SECONDED by: D. Dunn

Meeting Feedback

None.

8.0 Adjournment

The meeting was adjourned by motion by Z. Ashley, seconded by J. Haggarty at 1951 hours.
CARRIED.

9.0 Next Regular Meeting

April 3rd, 2024 @ 5:30 pm