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

Minutes
Board of Directors Meeting
Wednesday, October 2nd, 2024
Boardroom, Chesley Site / Zoom Audio/Visual Conference (Hybrid)

Present: D. Dunn (Chair), J. Bagshaw, M. Ballantine, J. Dietrich, V. Ducharme, J. Haggarty, B. Heikkila, L. Parsons, B. Rier, A. Thompkins, M. Scime-Summers, N. Shaw, A. Wickert

Staff: D. Braithwaite, Vice President of Corporate Services / CFO
M. Dobson, Director Clinical Support & Ambulatory Care Services
A. King, Director, Human Resources
M. Legge, Manager, Communications, Engagement and Patient Experience

Regrets:

Guests: Kate Grieve – Foundation Coordinator, Chesley Hospital Foundation
Sharon Musehl – Board Director, Chesley Hospital Foundation
Pauline Kerr – Media
Barbara Pearn – Media
Gerri Grant – Community Member
Janice McEachnie – Community Member
Bradi Watson – Community Member

Recording Secretary: T. Holdsworth

1.0 Call to Order

The Chair called the meeting to order at 1730 hours with a quorum present.

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

2.0 Presentation(s)

2.1 Chesley Hospital Foundation

- S. Musehl and K. Grieve presented a fiscal year update for the Chesley Hospital Foundation, noting that the 2023-24 was one of the Foundation's most successful and brought along some of the biggest challenges.
- An overview of the successes seen from the annual Christmas Letter Campaign and Cash for Care Lottery was provided.
- The Foundation is working with the CRA and legal team to complete changes to their charitable objectives to broaden the mandate over physician recruitment and medical clinic efforts.
- The Foundation has a new goal to promote awareness of the Chesley hospital and begin to highlight and celebrate the site's successes. The Foundation will collaborate with the Chesley

Patient Care Manager & M. Legge to promote and highlight success stories in the Community. For example, promote and highlight Seniors' Centre of Care, recruitment efforts, staff stories, and positive patient stories.

- It was highlighted that a patient from Kincardine that was thought would benefit from the Seniors' Centre of Care was admitted to Chesley. The family of this patient was so impressed with the high quality of care received in Chesley that the family purchased and donated new patio furniture to the Chesley hospital.
- Board members were very impressed with the Celebrate our Successes initiative, with a reminder to ensure patient and staff privacy is always maintained. There was agreement for M. Legge to review stories before release.
- On October 26th an appreciation dinner will be held for Chesley Staff and Physicians at the Klages Mill funded by a generous community member.
- There was a discussion surrounding the recent closure of nursing homes in Chesley and whether there as nursing staff looking for jobs as a result. It was noted that the nursing homes closed due to staffing issues and were primarily being staffed by agency nurses before closure.
- S. Musehl and K. Grieve were thanked for sharing positive stories, and further thanked for the wonderful and innovative work that the Foundation is completing for the hospital within the community. It was recognized that the Board has had to make some difficult decisions regarding the Chesley site in recent years, and the Foundation was thanked for continuing to promote positivity and share their passion for the Chesley site.

S. Mushel and K. Grieve exited the meeting at 1745h.

2.2 Introduction to Lab, Surgical Services & MDRD

- It was noted that due to an unexpected illness, this presentation will be deferred until the November meeting.

3.0 Consent Agenda

As per the Board Meeting policy, approval of the consent agenda is obtained through the approval of the agenda.

3.1 Board of Directors Minutes – Special Meeting - June 26, 2024
3.2 Board of Directors Minutes – Annual Meeting – June 26, 2024
3.3 Board of Directors Minutes – June 26, 2024
3.4 Governance Committee Minutes – September 9, 2024
3.5 Quality Improvement Committee Minutes –September 16, 2024
3.6 Corporate Resources Committee Minutes – September 16, 2024
3.6.1 Compliance Statement – June and July 2024
3.6.2 Financial Statement – July 2024

3.7 Correspondence
3.7.1 2024-08-08 Positive Patient and Family Member Feedback
3.7.2 2024-09-13 Community Member Feedback Regarding Engagement & Survey

Errors/ Omissions:

- Annual Meeting Minutes – Number of guests to be updated from 17 to 70.
- Corporate Resources Committee Minutes – Date of the meeting to be corrected.

4.0 Approval of Agenda

Additions/Changes to Agenda: None.

(Motion 1)

MOVED by: A. Wickert
SECONDED by: L. Parsons
THAT the Agenda be approved as presented.
Question called – Motion CARRIED.

5.0 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.

6.0 Business/ Committee Matters

6.1 Quality Improvement Committee

L. Parsons, Committee Chair, provided an overview of quality initiatives and data that were reviewed at the Quality Improvement Committee meeting on September 16th.

- The standardized ED registration process was completed in June 2024 and improvements are already being observed.
- There was no level 4 (serious harm) or level 5 (death) falls reported in Q1.
- There were 17 medication errors reported in Q1, which is a notable decrease from previous quarters. Additionally, 5 near misses/good catches were reported for Q1. There were no level 3 (moderate harm), level 4(serious harm) or level 5 (death) medication incidents reported, with most incidents identified as a level 1 (no harm/ damage).
- There were 6 hospital acquired pressure injuries reported in Q1, with all injuries being reported as stage 1 or stage 2.
- The site statistics on the completion of unit-to-unit transfer of accountability was reported. It was highlighted that Durham achieved a 100% completion rate in June.
- The monthly white board compliance rate in Q1 was consistently 90% or greater. It was highlighted that since implementation in February 2024, the Chesley site has consistently achieved 100% compliance.
- The Qualtrics Patient Experience Surveying went live in May 2024 and a significant increase in survey responses has been observed since implementation.
- In Q1, a total of 7 patient/family complaints were received corporately.
- An overview of the Quality Scorecard metrics, including Quality Improvement Indicator monitoring, was provided. It was noted that the management of repatriations within 4 hours did not meet the target of 90% in Q1, however, it is trending upwards.

L. Parsons was recognized for an excellent first report as QIC Chair.

6.2 Corporate Resources Committee

A. Wickert, Committee Chair, provided an overview of the recent Corporate Resources Committee meeting.

- A financial update was provided, noting a July deficit of $254K and YTD deficit of $730K. Majority of this deficit is being driven by unfunded Operating Pressures due to compensation awards. However other notable variance includes increase recoveries of ALC co-pay, increased interest operating and cap savings, one-time HIROC rebate prior year, uninsured residents and non-resident of Ontario/ Canada, and favourable variances in supply lines.
- Forecasted YE deficit is $3.9M, noting that no notification has been received yet regarding Bill 124 compensation costs.

6.3 Governance & Executive

D. Dunn, Board Chair, provided an overview of the recent Governance & Executive committee meeting.

- Board and Committee attendance percentages were reviewed, noting the YTD Board attendance as 91.66% and committee meeting attendance as 83.50%. The dedication of Board members and willingness to serve was highlighted.
- An update on Board Orientation and the topics reviewed was provided. New directors are currently completing orientation feedback evaluations. The results will be shared at the next Governance & Executive meeting.
- An overview of Board Standing Committee Vacancies was provided. New directors were recently surveyed to identify their committee preferences.
- OHA Board Self-Assessment Tool was recently completed in Spring 2024. There was a discussion surrounding whether the Board Self-Assessment Tool should be completed in Fall 2024 to compare the new director results to the Spring 2024 results. An overview was provided on what the survey entails. Concern noted about whether the new members will be able to contribute in a meaningful way at this time. Discussion surrounding whether to complete in the fall and/or the spring. Consensus to register and complete both the Fall and Spring assessments. ACTION: T. Holdsworth to register and circulate details.
- Regarding stakeholder engagement, it was noted that 15 sessions have been completed over the past couple of months.
- Regarding Board education and the next Board retreat, it was noted that Enterprise Health was unable to commit and provided recommendations for other options. Further options are being explored.

6.3.1 Bylaw & Policy Subcommittee

J. Bagshaw reported:

- The 2 new by-laws, articles of amendment and high priority policies are now legally in effect.
- It was recommended by the Governance and Executive Committee that SBGHC does not proceed with a legal review of the remaining policies and forms at this time. Noting that the policies and forms have all been updated with best practices.
- BLG recommended the development of a new Restated Articles of Incorporation that would replace the 1998 Letters Patent of Amalgamation and Articles of Amendment and create one new single updated document.
- Recommendation was obtained through the consent agenda to proceed with BLG's recommendation.
- It was noted that as part of the ONCA transition, the Board is now required to keep a minute book. The minute book can be virtual, and must include articles, by-laws, amendments; minutes of meetings of members and any committees of members, resolutions of the members, minutes of meetings of the directors and of any committee of directors, resolutions of the directors, register of directors,

6.4 Kincardine Redevelopment Oversight Committee

- B. Heikkila, Committee Chair, noted that as there has been no feedback on the submission from the MOH to date, the September meeting was deferred to October.

6.5 Audit Committee

- J. Deitrich, Committee Chair, reported that the next meeting will take place in January, and the committee is seeking 2 new members.

6.6 CEO Report

N. Shaw, President & CEO, reported:

Stakeholder engagement

- The stakeholder engagement process to support communication and awareness regarding South Bruce Grey Health Centre (SBGHC) service provision to all 4 communities was ongoing through the summer months. Meetings with many different stakeholder groups were completed over July, August and September.
- Two in-person engagement sessions were held, with one taking place in Chesley and one in Durham. The Durham site engagement session was held on August 25 with 253 community members attending. The Chesley site engagement session was held on August 27th with 137 community members in attendance.
- There were several thoughtful questions generated throughout both sessions with some requiring follow-up responses. A Q&A report is being developed to address questions brought forward and will be shared during phase 2 of the engagement process.
- In addition to the two engagement sessions, a community survey was circulated to all four of the communities that SBGHC serves, with the ability to be completed electronically or on paper.
- The survey closed on September 10th, receiving almost 900 responses. Our team is in the process of reviewing all electronic and paper copies of the survey and will be developing a summarized report that will be released online and further discussed during phase 2 of our engagement session in October and November.
- Phase 2 engagement sessions will be held in Chesley, Durham, Kincardine and Walkerton. Dates and details for these engagement sessions are currently being finalized.

Trillium Gift of Life Network Achievement Award

- SBGHC was recognized for their outstanding support of the organ donation program. The hospital received the Achievement Award for achieving a provincial notification rate of 100%.
- In 2023/2024, South Bruce Grey Health Centre made 22 notifications to Ontario Health (TGLN) which allowed donation opportunities to be assessed, enhancing the lives of others across the province. A sincere thank you to our very dedicated nursing staff within SBGHC for achieving this distinguished award.
- There was a discussion surrounding why Walkerton is the only mandatory reporting site, it was noted that a functioning operating room is required on-site.

Correspondence

- Correspondence was included in the agenda package to support the ongoing integration of community, patient, and family member feedback.
- The correspondence included one positive patient and family member experience letter, and one feedback letter regarding community engagement.

Welcome New Physicians

- SBGHC is very pleased to announce that we have 2 new full-time, associate physicians that recently joined the organized.
- Dr. Pamela Gill is now providing care at the Kincardine site as a primary care physician and hospitalist.
- Dr. Mitchell Currie is now providing care at the Walkerton site with his practice areas including emergency medicine, primary care, hospitalist and obstetrics.

Annual Staff & Foundation Appreciation BBQs

- SBGHC was very pleased to host our annual appreciation BBQs at all 4 of our hospital sites

to thank our dedicated staff, physicians and Foundations for all the great work they do every day to support the provision of high-quality patient care.
- The BBQs were held the week of August 12th and were once again well attended. It was great to see such a wonderful turn out.

Environmental Services & Housekeeping Appreciation Week
- SBGHC recognized and celebrated housekeeping week September 9 to the 13th. The housekeeping team across all 4 sites is an amazing team and we are truly fortunate to have them as part of our team to support infection control practices and the delivery of high-quality services to our organization.
- There was a question regarding appreciation for all staff. The service & excellence awards, department appreciation days and weeks, appreciation BBQs, cheers for peers, holiday themed events and various wellness initiatives were highlighted. It was noted that the Board also provides a special valentines day treat to all staff as well.

Annual Senior Leadership Team Building & Professional Development Session
- The senior leadership team participated in a team building and professional development session on September 26th in Owen Sound. The day consisted of an education session, leadership development and team building exercises to facilitate professional growth and support succession planning.
- The senior team members in attendance provided positive feedback on how the session was received by the team.

National Day for Truth & Reconciliation
- The Diversity, Equity & Inclusion (DEI) Working Group organized and promoted Orange Shirt Day for SBGHC staff and created an educational poster for distribution and posting across all SBGHC sites.
- September 30th marks the day that we encouraged all staff to wear an orange shirt to recognize and honour the thousands of survivors from residential schools.

6.7 Chief of Staff Report
M. Ballantine, Chief of Staff, reported:
- Due to scheduling conflicts, Corporate MAC was not able to meet during the month of September and as a result there is no formal Chief of Staff or credentialing report available this month.
- Regular monthly meetings will resume on October 12th.
- An overview of recent initiatives was provided, noting the development of COS Goals for 2024/25 and ongoing repatriation partnership meetings with Hanover & District Hospital Chief of Staff.
- It was highlighted the Temporary Locum Program (TLP) funding has been extended until March 31, 2025, by Ontario Health. This program significantly supports the ability to recruit and retain locum physicians in Walkerton and Kincardine by providing hourly stipends and mileage reimbursement.
- The GB-OHT Clinical Lead Dr. Debra Dyke is schedule to present an update to the physician at the October Corporate MAC meeting.

6.8 VP of Patient Care/ CNE Report
Partner Engagement
- An overview of recent community and health system partner engagement meetings was provided.

Nursing Forum

- A Nursing Forum was held in June and reviewed various topics including repatriations and expedited repatriation process, direct admissions and ER transfers, ALC policy and patient letter update, quality initiatives, nursing education updates, and inpatient admissions packages.

Georgian College Partnership

- SBGHC recently welcomed another group of 8 practical nursing students in Walkerton.
- Georgian has confirmed they will be sending another group to Walkerton and another group to Kincardine.

Clinical Scholar Program

- SBGHC has received funding by Ontario Health (OH) to continue the program into 2024 – 2025 for 1 FTE position.
- Currently we have 2 RNs and 1 RPN all working within a PT capacity, that will be providing mentorship to nurses in Acute care, ER, Team Lead/Charge roles and OBS nursing

Clinical Quality Initiatives

- An overview of ongoing clinical quality improvement initiatives was provided.
- There was a question regarding the details of the ALC patient letter. It was noted that highlights the difference between acute care and ALC care. ALC care comes with a mandatory co-payment which is explained in the letter. Bill 7, making LTC choices, encouraging patients to have multiple choices.

6.9 Director Clinic Support Ambulatory Care Report

M. Dobson, Director of Clinical Support and Ambulatory Care reported:
OCP Pharmacy Inspection

- All hospitals in Ontario operating and offering medication management services to patients must be accredited and undergo routine assessments by the College.
- On August 16th, 2024, the inspector visited all 4 SBGHC sites and then issued an inspection report with a summary of findings.
- The inspection reviewed 47 criteria and found:
    - 37 requirements were fully met
    - 4 requirements were partially met
    - 5 requirements were partially met and require an action plan to be submitted
    - 1 requirement was not met and requires an action plan to be submitted.
- Action plans are in development and will be submitted to the OCP by October 10th.
- The inspector visited all 4 SBGHC sites and issues an inspection report with a summary of findings.
- There was a question regarding how many of the partially met/ unmet items were a surprise. It was noted that the college focuses on different items each year, and that the items primarily focused on education.
- There was a discussion surrounding whether any of these items were identified during the self-assessment.

Stereotactic Biopsy

- Starting November 13th SBGHC will offer stereotactic biopsy at our Walkerton site to enhance our mammography and Breast Assessment Program (BAP).
- Stereotactic biopsy is used when a small growth or an area of calcification is seen on a mammogram but cannot be seen using and ultrasound of the breast.

- Currently we refer patients who require this type of biopsy to London, which often results in a delay in having the biopsy completed which is not ideal for the patient and impacts our ability to meet Cancer Care Ontario targets
- This will support our patients receiving more timely care closer to home.

6.10 Update on Reduction in ED hours in Chesley and Durham

- It was clarified that this is a standing business item to ensure that the Board does not lose sight of the issue.
- Currently, there are no changes to hours to report.
- It was noted that engagement with stakeholders remains ongoing.

6.11 Remembrance Day

- Each year, members of the SBGHC Board of Directors participate in the Remembrance Day Ceremonies in the community of Chesley, Durham, Kincardine and Walkerton, by laying a wreath on behalf of the organization.
- The following Directors volunteered to participate in the 2024 ceremonies:
  - John Haggarty – Durham
  - Angela Thompkins – Kincardine
  - Dean Dunn – Chesley
  - Lindsay Parsons – Walkerton

6.12 Education – 3 Tips for Elevating Your Board Out of Operations and Into Oversight

J. Bagshaw provided an overview of the Governance Solutions education session focused on tip for elevating your board out of operations and into oversight.

- Management and the Board need to have a common understanding of oversight vs operational focus.
- If management presents packages that are “too operational”, the Board directors will naturally move away from a governance lens into operation lens.
- Review governance structure – does your board have too many members, can the length of your meeting be shortened, can you reduce the number of meetings, can you reduce the number of committees.
- Director education sessions play a key role in changing culture.

6.13 Consent Agenda items, if brought forward:

None.

10.0 Next Regular Meeting

November 6, 2024, at the Walkerton Site in Haggarty Hall (Hybrid).

11.0 In-Camera Meeting

D. Dunn thanked guests for attending the meeting and requested a motion to move in-camera.

(Motion 10)
MOVED by: A. Thompkins
SECONDED by: L. Parsons
To adjourn to an in-camera meeting at 1933 hours.
Question called - Motion CARRIED.

The meeting moved out of in-camera at 2028 hours.

4.0 Motion to approve in-camara motions

(Motion 11)
MOVED by: J. Haggarty
SECONDED by: B. Rier

8.0 Adjournment

The meeting was adjourned by J. Bagshaw, seconded by L. Parsons @ 2031 hours. CARRIED.

_____ _____
Dean Dunn Date
Chair

_____ _____
Nancy Shaw Date
Secretary