

**Minutes
Board of Directors Meeting
Wednesday, October 7, 2020
Zoom Audio/Visual Conference**

PRESENT: J. Gilbert (Chair), L. Allison, J. Bagshaw, S. Dowler, J. Haggarty, D. Harris, L. Hastie, W. Heikkila, D. Leonce, B. MacDonald, L. Roth, M. Barrett, A. Stanley

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

Guests: P. Kerr, media

Regrets: none

Recording Secretary: M. Curry

1.0 Call to Order

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

2.0 Approval of Agenda

Additions/Changes to Agenda: None.

(Motion 1)

Moved by: J. Haggarty

SECONDED by: L. Hastie

THAT the Agenda be approved as presented.

Question called – Motion CARRIED.

3.0 Disclosure of Conflict of interest

There was no conflict of interest declared.

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

4.0 Business/ Committee Matters

4.1 Quality Improvement Committee Report

Patient Story

- A patient story was reviewed from the Quality Committee meeting in September regarding visiting restrictions during COVID, and the collaborative approach between visitors, patients, and staff to develop accommodating schedules.
 - It was noted that as COVID prevalence rate rises in the Grey Bruce

Area, visiting policies will be continuously evaluated to best meet the needs of families and caregivers, while ensuring most appropriate infection control standards.

Q4 Quality Improvement Plan Indicators

- Quality Improvement Plan Indicators were reviewed and discussed for Q4.
- Countermeasures will be implemented to address indicator measures that fall short of benchmarked standards
- An analysis of the purpose of each quality indicator is important to accurately implement countermeasures, thus enhancing quality.

Draft Quality Scorecard

- A draft quality scorecard was presented and reviewed.
- A visual synopsis of trends will be included in the report as it is developed.
- The QIP is targeted towards our strategic pillars.
- A monthly review of current status and countermeasures implemented within the month will promote accountability in the continual pursuit of quality improvement.

Accreditation

- SBGHC's last accreditation process was completed in April 2018
- A full review has been initiated to shift it from an 'event based' process to a routine, regular practice.
- Accreditation instruments to be deployed include the Work Life Pulse Survey and the Patient Safety Survey
- The timeline of the Accreditation process was reviewed, along with the Governance Structure.

4.1.1 2020/21 Quality Improvement Plan

- A final draft of the 2020/21 QIP was included in the Agenda package.

(Motion 2)

MOVED by: D. Harris

SECONDED by: B. MacDonald

THAT the Board of Directors approve the final draft of the Quality Improvement Plan.

Question called – Motion CARRIED.

4.2 Corporate Services Committee Report

- Financial Update
 - August YTD deficit – 742K
 - Deficit reduced by MOH funding for Pandemic Pay - \$596K
 - In Sept/20 – SBGHC received \$772K to cover COVID operating costs in March/April
 - A cash position of \$7.1M inclusive of \$3.1M in capital reserves was noted.
- Stage 1 & 2/CT Kincardine Capital Funding

- Ministry of Health (MOH) cost share – 90% of redevelopment
- MOH funding advance included \$1.5M to cover costs associated with planning work on Stage 1 of redevelopment and \$1.4M to cover 90% of construction costs of CT scanner addition
- HIRF Capital Project Funding
 - MOH funding for 2020/21 - \$2.165M
 - Two specific Capital Projects - \$1.5M HIRF
 - Walkerton – AHU - \$1.3M
 - Durham – Roof - \$0.2M
 - Other nominal Projects - \$665K
 - Walkerton Sprinkler system

4.3 Chief of Staff Report

- SBGHC’s MAC has been meeting regularly, and informally throughout the summer as the “Site Chiefs” committee.
- Dr. John Stirrat has received privileges as an Associate in the category of Surgery, and is working primarily in Kincardine and Walkerton. Dr. Stirrat will become a member of the Active Medical Staff once a 6 month and 12 month review is completed.
- (Motion 3)
MOVED by: J. Bagshaw
SECONDED by: D. Harris
THAT the Board of Directors approve Chief of Staff report as presented.
Question called – Motion CARRIED.

(Motion 4)

- **MOVED by: W. Heikkila**
SECONDED by: L. Hastie
THAT the following appointments to the medical/professional staff be approved as recommended:
 - Dr. Davina Lansing – Locum - May 22, 2020
 - Dr. Tina Lam – Locum – June 12, 2020
 - Dr. Salam Al-Attar – Locum - June 19, 2020
 - Dr. Jaskirat Gill - Locum – July 6, 2020
 - Dr. Vishal Puri – Locum - July 10, 2020
 - Dr. Aaron Gross – Locum – October 25, 2020
 - Dr. Matthew McNevin – Anesthesia Locum – June 15, 2020
 - Dr. Arvindpaul Mangat – Radiologist – July 20, 2020
 - Dr. John Stirrat – General Surgeon (Associate) – July 6, 2020
 - RM Emily Stupple – Midwife (Associate) – June 29, 2020
 - RM Melissa Murchison – Midwife (Associate) – July 10, 2020
 - RM Angela Freeman – Midwife (Associate) – September 1, 2020

AND THAT the following late re-appointments be approved as recommended:

- Dr. Douglas Mowbray – Radiology - Consultant
- RM Sobhian Vanderboor – Midwifery – Associate

AND THAT the following transfer of privileges from Associate to Active be approved as recommended:

- Catherine Cizkowski – Active

Question called – Motion CARRIED.

4.4 CEO Report

Impact of COVID on Hospital Finances

- On September 11, 2020, the OHA released a report on the impact of COVID on Hospital finances.
- For April and May only, a combined net deficit of \$500 million was estimated for all hospitals across Ontario, which includes an estimated revenue loss of \$320 million.
- In order to remain financially whole, the OHA is seeking funding for:
 - All aspects of the initial wave one pandemic response;
 - To support wave one recovery (including surgical backlog), the expected fall capacity pressures, and continued support to other sectors if required;
 - To support operations in a “new normal” environment which is more costly than Ontario’s historically efficient operations.

Response to COVID-19

- Prevalence of COVID-19+ cases remains low in Grey Bruce.
- Volumes at Assessment Centres have fluctuated considerably since March, with significant increases since the re-opening of schools in September.
- Assessment Centre volumes jumped from an average of 85 patients per day to 344 patients on September 21st - daily volumes have continued to decline since this date.
- An online booking system has been implemented, and low volumes were noted.
- Two additional hours, Monday-Friday have been added, and hours on Saturday have been newly implemented.

Remote Hosting Option (RHO) Implementation

- On September 26, the Cerner servers (previously housed at GBHS) were moved to Cerner data centres and hosted remotely. With this move, the system was also upgraded from a 2012 to 2018 version.
- A few issues were touched upon.
 - 724 computers – downtime computer – if the system goes down, this is our back up computer. With the upgrade, these computers are not available to us. This issue was identified early on, and a work around has been created to mitigate the risks associated with this.
 - Health Card Validation issue was identified, and being addressed.

Ontario Health Team

- The submission of the full OHT application has been deferred to December 11th to allow for engagement with stakeholders. This engagement will take place with all members of the Grey Bruce Integrated Health Coalition (GBIHC), Municipalities, Patients/Residents/Clients and Caregivers, Physicians, Indigenous Communities.
- Future engagement will include Police, Fire, and EMS, Service Provider Organizations, and Social Service Organizations, amongst others.

Capital Approvals at the Kincardine Site

- MPP Lisa Thompson announced on September 25 that SBGHC has received approval from the MOH for both the Kincardine Redevelopment and Kincardine CT Capital Projects to proceed to the next stage of the capital redevelopment process, and that SBGHC would be receiving \$1.5M for redevelopment and \$1.4M for the Kincardine CT.

4.5 Update on Reduction in ED Hours in Chesley

- A virtual town hall meeting took place on September 9, where an update was provided to the Chesley (and surrounding communities) on the status of Chesley's ED.
- The meeting was well attended to hear SBGHC's intent to resume 24/7 hour services once a stable nursing pool is established. The situation will be reviewed again next spring, and a future public engagement session will be held in December.

4.6 Consent Agenda Items Brought Forward

None.

5.0 Consent Agenda

Errors/Omissions:

(Motion 11)

MOVED by: D. Harris

SECONDED by: J. Bagshaw

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:

- 5.1 Approved the Minutes of June 24, September 10, 2020
- 5.2 Approved the Governance Committee Report – September 21, 2020
- 5.3 Approved the Audit Committee Report – May 25, 2020
- 5.4 Approved the Corporate Resources Committee Report – September 28, 2020
 - 5.4.1 Compliance Statement – May, June, July, August 2020
 - 5.4.2 Unaudited Monthly Financial Statements – May 30, June 30, July 31, August 30, 2020

- 5.5 Approved the Kincardine Redevelopment Oversight Committee Report – September 28, 2020
- 5.6 Approved the Quality Improvement Committee Report – September 21, 2020
- 5.7 Correspondence
 - 5.7.1 None

6.0 In-Camera Meeting

(Motion 12)

MOVED by: L. Allison

SECONDED by: D. Leonce

To adjourn to an in-camera meeting at 1848 hours.

Question called - Motion CARRIED.

The meeting moved out of in-camera at 2010 hours.

7.0 Adjournment

The meeting was adjourned by motion by S. Dowler, seconded by L. Allison @2010 hours.
CARRIED.

8.0 Next Regular Meeting

November 4, 2020, @ 1730 hours