

**Minutes  
Board of Directors Meeting  
Wednesday, May 5<sup>th</sup>, 2021  
Zoom Audio/Visual Conference**

Present: J. Gilbert (Chair), L. Allison, P. Austin, J. Bagshaw, S. Dowler, J. Haggarty, D. Harris, L. Hastie, B. Heikkila, D. Leonce, B. MacDonald, K. Pike, M. Barrett, M. Curtis, L. Roth, A. Stanley

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

Guests: Dr. R. Butcher, Ethicist  
P. Kerr, Media  
J. Divinski, Media

Regrets: L. Neelands, Patient Care Manager, Durham

Recording Secretary: M. Curry

**1.0 Call to Order**

The Chair called the meeting to order at 1800 hours with a quorum present.

**2.0 Presentation**

- The patient story was deferred.

**3.0 Presentation**

Dr. Robert Butcher was invited to provide an Ethics Presentation on the following topics:

- Pandemic Ethics and the Burdens of Care – focusing on a patient centred care model, and a challenging shift to a public health model of care
- Medical Assistance in Death and the implications of second consent, mental health stipulations, and age requirements
- Top ten health care ethics challenges facing the public.

R. Butcher was thanked for his time and knowledge, and exited the meeting at 1855.

**4.0 Approval of Agenda**

Additions/Changes to Agenda:

*(Motion 1)*

**MOVED by: D. Harris**

**SECONDED by: S. Dowler**

**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, statements. Members were reminded to consider them in decision making during the meeting.

## **6.0 Business/ Committee Matters**

### **6.1 Quality Improvement Committee Report**

J. Bagshaw provided an update to the Board from the Quality Improvement Committee meeting on April 28<sup>th</sup>, 2021 - highlights of the meeting included:

- QIC Goals, Objectives, and Work Plan
  - Based on recommendations from the OHA Board Self-Assessment, a draft Goal, Objectives, and Work plan for the Quality Improvement Committee was reviewed.
- 2021/22 Quality Improvement Plan
  - The recommended approach to duplicate the 2020/21 plan will be brought to the Board for approval at its meeting on June 3<sup>rd</sup>, 2021.
- Quality and Safety Dashboard Update
  - Data to the end of February 2021 was reviewed – two indicators are ranked in the red category due to skewed rates.

### **6.2 Corporate Resources Committee Report**

D. Harris provided an update to the Board from the CRC meeting on April 26<sup>th</sup>, 2021 – highlights of the meeting included:

- Budget 2021/22
  - A balance budget for 2021/22 was achieved. Budget assumptions, and the initiatives regarding an enhanced investment in nursing, and budget risks were identified.
- Labor Relations Update
  - At the April 26<sup>th</sup> meeting, A. King provided a labour relations update. Highlights were included in the agenda package.
- HIRF and other Capital Requests
  - Status of HIRF and other funded capital projects were reviewed.

### **6.3 Kincardine Redevelopment Oversight Committee Report**

B. Heikkila provided an update to the Board from the KROC meeting on April 26<sup>th</sup>, 2021 – highlights of the meeting included:

- KROC Terms of Reference and Recruitment of new members
  - The KROC TOR has been updated to address role and selection criteria for community, Foundation, and physician representatives.
  - Foundation representatives have been identified, and recruitment for two representatives from the Community and Physician group has started.
- CT Scanner Update
  - The purchase order for the Siemens Edge Plus CT has been issued, and it was noted it comes with several favourable upgrades.
  - CT Enabling project (front entrance) is underway and on track for May 31<sup>st</sup>, 2021

- completion
- It is anticipated that construction on the CT addition will begin in September 2021.
- **Redevelopment Project Update**
  - Stage 2 was submitted March 4<sup>th</sup>, 2021. Work on stage 3 will not begin until approval is received.

#### 6.4 CEO Report

M. Barrett provided an update to the Board regarding the following topics:

- **SBGHC Response to COVID**
  - The impact of wave 3 on the Ontario hospital system has been significant. The province is experiencing significant pressures on its critical care capacity across the province.
  - Movement of patients from hospitals experiencing high occupancy to hospitals with available capacity is ongoing. Hospitals are opening additional ICU and acute medicine beds across the province.
  - SBGHC has redeployed 4 nurses to the GBHS ICU.
  - Hospitals are meeting regularly at the provincial, regional and local level to discuss patient movement and flow.
- **Chesley Emergency Department Hours**
  - The goal remains to open the ED to 24/7 service, but will not do so until a stable nursing staffing pool is achieved.
  - A meeting is scheduled this week with the Ontario Hospital Association to discuss the 'Sustainability Proposal' in partnership with SBGHC and HPHA.
- **Ontario Health Team Development**
  - Three activities are currently underway, including:
    - recruitment of a Community Council;
    - development of a Collaborative Decision Making Agreement (CDMA); and
    - development of a Chairs Council.
- **SBGHC Infrastructure Projects Update**
  - Ongoing infrastructure projects at each of SBGHC's 4 sites were reviewed.

T. Holdsworth entered the meeting at 1926

#### 6.5 Chief of Staff Report

L. Roth provided a report and reappointment recommendation to the Board for review and approval.

- The Medical Advisory Committee (MAC) met on April 8th, 2021 and again on April 22<sup>nd</sup>, 2021 for the review of 2021 Reappointments.
- 202 Professional Staff Members are being recommended to the Board for reappointment, 16 Professional Staff Members declined reappointment, and 6 Professional Staff members have not submitted application or declared their intentions yet.

*(Motion 2)*

**MOVED by: B. Heikkila**  
**SECONDED by: D. Harris**  
**THAT the Board of Directors approve the Chief of Staff report as presented.**  
**Question called – Motion CARRIED.**

*(Motion 3)*

**MOVED by: J. Haggarty**  
**SECONDED by: B. MacDonald**  
**THAT the list of 2021 reviewed and approved reappointment applications be approved for reappointment for the year of 2021.**  
**Question called – Motion CARRIED.**

#### 6.5.1 Credentials Presentation

- The Credentialing Presentation, led by Dr. Roth and T. Holdsworth, was deferred to the June 2021 Board meeting.

#### 6.6 VP Clinical Services/CNE Report

- A. Stanley provided a report to the Board regarding the following topics:
- Professional Practice
    - A nursing student extern program was launched in April 2021 as a recruitment initiative.
    - An alteration in the ratio of part time to full time nursing positions was also implemented as a recruitment and retention initiative.
  - COVID-19 Update
    - A provincial, regional, and corporate status update was provided with the following highlights:
      - SBGHC/GBHS/HDH VP/CNEs are meeting daily to evaluate capacity within the region.
      - Surge beds have been opened in Walkerton (5) and Kincardine (3)
      - Surgical and endoscopic procedures have slowed in response to the provincial directive
  - Quality RL6 Update
    - Countermeasures have been implemented to ensure efficient, effective analysis of RL6 Incident Management files.

*(Motion 4)*

**MOVED by: J. Haggarty**  
**SECONDED by: D. Harris**  
**THAT a certificate of recognition and thanks be presented to student nurses as a form of encouragement.**  
**Question called – Motion CARRIED.**

#### 6.7 Update on Reduction in ED Hours in Chesley

- Summarized within the CEO report.

## **6.0 Consent Agenda**

Errors/Omissions:

*(Motion 5)*

**MOVED by: D. Harris**  
**SECONDED by: B. MacDonald**  
**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:

- 7.1 Approved the Board Minutes of April 7<sup>th</sup>, 2021
- 7.2 Approved the Governance Committee Report - April 19<sup>th</sup>, 2021
- 7.3 Approved the Corporate Resources Committee Report– April 26<sup>th</sup>, 2021
- 7.4 Approved the Kincardine Redevelopment Oversight Committee Report – April 26<sup>th</sup>, 2021
- 7.5 Approved the Quality Improvement Committee Report – April 28<sup>th</sup>, 2021

## **7.0 In-Camera Meeting**

*(Motion 6)*

**MOVED by: L. Hastie**  
**SECONDED by: J. Bagshaw**  
**To adjourn to an in-camera meeting at 2023 hours.**  
**Question called - Motion CARRIED.**

The meeting moved out of in-camera at 2055 hours.

*(Motion 7)*

**MOVED by: J. Haggarty**  
**SECONDED by: D. Harris**  
**THAT the Executive Compensation hold back for 2020/21 be released on the basis of successful fiscal performance in 2020/21, Quality Improvement Plan (QIP) indicators being substantially met, strong and effective management of the COVID-19 pandemic, successful advancement of the Kincardine Redevelopment and CT Scanner projects, and positive responses received through the CEO 360 review.**

## **8.0 Adjournment**

The meeting was adjourned by motion by J. Bagshaw, seconded by K. Pike @ 2057 hours.  
CARRIED.

## **8.0 Next Regular Meeting**

June 3<sup>rd</sup>, 2021