



Minutes
Board of Directors Meeting
Thursday, June 3rd, 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, 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: C. Emke, Manager Facilities
J. Silcox-Smith, Chaplaincy Coordinator
P. Kerr, Media
J. Divinski, Media

Regrets: K. Pike

Recording Secretary: M. Curry

1.0 Call to Order

The Chair called the meeting to order at 1801 hours with a quorum present.

2.0 Presentation

Patient Story, Facilities

- C. Emke, Manager of Facilities, provided a patient story from the Facilities department.
- The Board heard about a situation where the facilities team successfully managed a significant increase in number of patients presenting for COVID-19 testing at the Kincardine Assessment Centre (AC). The large number of visitors resulted in long traffic lines backing out onto the municipal roadway. To address the long lines, the facilities team worked with the AC staff and municipal staff to create on-site queuing system to get vehicles off of the roadways, decrease wait times, and streamline flow into the centre. This quick changes helped to turn a very challenging situation into great outcome for visitors to the AC and the Kincardine hospital
 - C. Emke and his team were thanked for their efforts.
- C. Emke exited the meeting at 1806

3.0 Presentation

Patient Story, Spiritual Care

- J. Silcox-Smith, Chaplaincy Coordinator, provided a patient story from the Spiritual care department.
- The Board heard about a scenario where a new SBGHC Spiritual Care provider provided support to a patient in both virtual and in-person settings, providing comfort to both the patient and the patient's family.

- J. Silcox-Smith and her team were thanked for their efforts, and exited the meeting at 1816

4.0 Approval of Agenda

Additions/Changes to Agenda:

(Motion 1)

MOVED by: B. Heikkila

SECONDED by: D. Harris

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 Report

J. Bagshaw provided an update to the Board from the Quality Improvement Committee meeting on May 17th, 2021 - highlights of the meeting included:

- Quality and Safety Dashboard Update: 12 performance indicators are green, while 4 indicators are in the yellow/red categories. The clinical team is working to attend to these indicators of concern.
- 2021/22 Quality Improvement Plan: The Quality Improvement plan (previously endorsed by Patient and Family Advisory Committee (PFAC), Medical Advisory Committee (MAC), and Quality Improvement Committee (QIC) was presented for approval.

(Motion 2)

MOVED by: J. Haggarty

SECONDED by: L. Hastie

THAT the 2021/22 Quality Improvement Plan be approved as presented.

Question called – Motion CARRIED.

6.1.1 By-Law Review Update

J. Bagshaw provided an update to the Board regarding the By-Law review currently under development.

- The proposed plan involves separating the current By-Law into two separate By-Laws; Corporate/Administrative, and Professional staff. This approach is consistent with OHA prototype By-Laws.
- It is intended that the new By-Laws be presented to the Board for approval at the 2022 AGM.

6.2 Corporate Resources Committee Report

D. Harris provided an update to the Board from the CRC meeting on May 25th, 2021 – highlights of the meeting included:

- Year End Financials: A year-end surplus of \$1.4M was noted – this is due to the favourable impacts of reduced ED and outpatient visits, and one-time revenue items including COVID funding and utility rebates
- Broader Public Service Accountability Act (BPSAA) Attestation: The Corporate Resources Committee approved the BPSA Attestation Statement for 2020/21.
- Health & Safety Indicators were reviewed including health surveillance, rehabilitation, and violent incidents.
- The status and cost of HIRF and other capital projects were reviewed and discussed.

6.3 Kincardine Redevelopment Oversight Committee Report

B. Heikkila provided an update to the Board from the KROC meeting on May 25th, 2021 – highlights of the meeting included:

- Filling of KROC Positions: Foundation and Physician representatives have been identified. Community representation will continue to be recruited publically.
- The CT Project is on track for completion in 2022. The Siemens Edge Plus technology was purchased in April, and construction on the CT building addition will begin in early fall.
- The Kincardine Redevelopment Project is progressing well.

6.4 Audit Committee Report

B. MacDonald provided an update to the Board from the Audit Committee meeting on May 25th 2021 – highlights of the meeting included:

- A clean audit opinion was obtained.
- Thanks were extended to SBGHC staff for the results of the Audit.

(Motion 2)

MOVED by: J. Haggarty

SECONDED by: L. Hastie

THAT the South Bruce Grey Health Centre (SBGHC) approve the draft audited financial statements for 2020/21, and be authorized for signing before June 24th, 2021.

Question called – motion CARRIED.

6.4.1 Overview of Audit Findings

- Discussed above.

6.4 CEO Report

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

- SBGHC response to COVID – the Provincial picture is improving as the number of COVID+ patients in ICU beds is falling, although capacity challenges at SBGHC continue. Assessment Centre Volumes remain low (which is consistent across Grey/Bruce).
- Chesley ED Hours – a community information meeting is scheduled for Monday, June 21st at 7pm.
- Ontario Health Team (OHT) development – current activities include recruitment of the Community Council, the development of a Collaborative Decision Making Agreement

(CDMA), and development of a Chairs Council, and a Physician/Nurse Practitioner Council.

6.5.2 SBGHC Strategic Directions

- M. Legge provided a summary to the group of engagement efforts during the Strategic Planning process, and the outcomes of such efforts.
- From this engagement and dialogue, the strategic directions have been finalized for review by the Board, along with mission, vision, and values.
- Positive feedback was received from the group, and no changes were requested to alter the content presented.
- The Board stated that they were pleased that the development of the Strategic Plan was completed internally as it felt that there is greater buy-in from staff, physicians, the Board and the community
- M. Legge was thanked for a job well done

T. Holdsworth entered the meeting at 1853 hours.

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 May 13th, 2021 and again on May 27th, for a Site Chief's meeting.

(Motion 2)

MOVED by: L. Hastie

SECONDED by: J. Haggarty

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

Question called – Motion CARRIED.

(Motion 3)

MOVED by: L. Hastie

SECONDED by: J. Haggarty

THAT the following new applications be approved as recommended:

- Dr. Brendan Sanders – Locum – April 26th 2021
- Dr. Barbara Socha – Consultant – April 19 2021
- Dr. Scott Milencroff – Term Staff – Department of Surgery (Late re-appointment)

Question called – Motion CARRIED.

It was noted that the Chesley community is very pleased to welcome Dr. Samantha Chittick as she begins her new family practice in Chesley.

6.5.1 Credentials Presentation

- A Credentialing Education Presentation, led by Dr. Roth and T. Holdsworth was provided to the group, summarizing the purpose and process of medical credentialing.
- T. Holdsworth was thanked for her efforts.

T. Holdsworth exited the meeting at 2004 hours.

6.6 VP Clinical Services/CNE Report

- A. Stanley provided a report to the Board regarding the following topics:
- Professional Practice – SBGHC continues to recruit for new full time nursing and laboratory positions – it was noted that these have generated a great deal of interest.
 - COVID-19 Update – SBGHC continues to support GBHS as they operate 10 ICU beds. Resumption of surgical services has slowed due to staffing shortages.
 - Ontario College of Pharmacists Inspection results were reviewed by the group, with no major concerns. The next inspection is scheduled for Fall 2022.

6.7 Update on Reduction in ED Hours in Chesley

- An update was provided within the CEO report

6.0 Consent Agenda

Errors/Omissions:

(Motion 5)

MOVED by: B. MacDonald

SECONDED by: J. Haggarty

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 May 5th and May 13th, 2021
- 7.2 Approved the Governance Committee Report – May 17th, 2021
- 7.3 Approved the Corporate Resources Committee Report– May 25th, 2021
 - 7.3.1 Compliance Statement – April 2021
- 7.4 Approved the Kincardine Redevelopment Oversight Committee Report – May 25th, 2021
- 7.5 Approved the Quality Improvement Committee Report – May 17th, 2021
- 7.6 Approved the Audit Committee Report – May 25th, 2021
- 7.7 Correspondence: J. Gilbert letter of resignation

J. Gilbert addressed the Board for the last time publically as SBGHC's Board Chair. On behalf of the Board, Vice Chair, Leslie Hastie provided thanks for John's many years of service and leadership.

7.0 In-Camera Meeting

(Motion 6)

MOVED by: L. Hastie

SECONDED by: S. Dowler

To adjourn to an in-camera meeting at 2022 hours.

Question called - Motion CARRIED.

The meeting moved out of in-camera at 2044 hours.

(Motion 7)

MOVED by: J. Haggarty
SECONDED by: D. Leonce
THAT the South Bruce Grey Health Centre (SBGHC) Board of Directors approve the attached 2021/22 CEO Performance Plan.
Question called - Motion CARRIED.

(Motion 8)

MOVED by: B. Heikkila
SECONDED by: J. Bagshaw
THAT John Haggarty be appointed as representative from South Bruce Grey Health Centre's Board of Directors at the OHT Governance Group.
Question called - Motion CARRIED.

(Motion 9)

MOVED by: D. Leonce
SECONDED by: B. MacDonald
THAT the South Bruce Grey Health Centre Board of Directors cease to provide Board member representation to the Grey Bruce Integrated Health Coalition, effective immediately.
Question called - Motion CARRIED.

8.0 Adjournment

The meeting was adjourned by motion by consensus @ 2045 hours.
CARRIED.

9.0 Next Regular Meeting

June 23rd, 2021