

**Minutes
Board of Directors Meeting
Wednesday, October 6th, 2021
Zoom Audio/Visual Conference**

Present: B. Heikkila (Chair), Z. Ashley, P. Austin, J. Bagshaw, S. Dowler, D. Dunn, J. Haggarty, D. Harris, L. Hastie, D. Leonce, B. MacDonald, L. Roth, M. Barrett, S. Metcalfe

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: H. Al, Professional Practice & Education Coordinator
P. Kerr, Media

Regrets:
Recording Secretary: M. Curry

1.0 Call to Order

The Chair called the meeting to order at 1731 hours with a quorum present.

2.0 Presentation

Student Externship Program, South Bruce Grey Health Centre

H. Al, Professional Practice & Education Coordinator, provided a report on the Student Externship Program that was initiated by SBGHC in March 2021.

- A student externship program was implemented at SBGHC in effort to target challenges with staffing shortages, burnout, and orientation.
- The program has proven beneficial to support the transition of new nurses into their work environments, provide an opportunity for rural healthcare experience, and enhance recruitment and retention efforts.
- As a result of the program, two fourth year student externs have been on-boarded onto SBGHC.
- Positive participant feedback survey results were shared with the Board.

H. Al was thanked for her efforts, and exited the meeting at 1750.

3.0 Approval of Agenda

Additions/Changes to Agenda:

Consent agenda – Board Minutes of June 23rd, not June 3rd

(Motion 1)

MOVED by: D. Harris
SECONDED by: J. Haggarty
THAT the Agenda be approved as presented.
Question called – Motion CARRIED.

4.0 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.

5.0 Business/ Committee Matters

5.1 Quality Improvement Committee Report

J. Bagshaw provided an update to the Board from the Quality Improvement Committee meeting on September 20th, 2021.

- Upon review of the Quality & Safety Dashboard, 6 key indicators were noted, with communication on wait at triage falling short of target.
 - Additional information will be forthcoming for the mitigation measure of a triage wait clock in the emergency departments.
- Patient feedback summary results featured an improving trend in resolution satisfaction, with all initial responses issued less than 5 days upon receipt.
- A final version of the QIC work plan was presented to the Board for approval.

(Motion 2)

MOVED by: J. Bagshaw

SECONDED by: D. Dunn

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

Question called – Motion CARRIED.

6.2 Corporate Resources Committee Report

D. Harris provided an update to the Board from the CRC meeting on September 27th, 2021.

- August YTD financials presented a surplus of \$428K, which was notably due to the reflection of the 2% funding increase from the Ministry of Health (MOH) when the original assumption was 0%.
- A high volume of ALC patients were noted to contribute to the YTD average occupancy statistics.
- In review of emergency department (ED) visit statistics, the majority of patients being seen rank in the Canadian Triage and Acuity Scale Level 3-5 cohorts, with very few emergent and resuscitations being seen.
- Numerous IT enhancement projects are underway, including network security upgrades, and the implementation of iPads and TVs to improve patient experience.
- Successful labor relations bargaining for ONA Central & ONA Local were noted.
- From a capital project perspective, the Walkerton Mammography Foundation funded project is well underway, along with the HIRF telephone/paging system.

6.3 Governance Committee Report

B. Heikkila provided an update to the Board from the Governance Committee meeting on September 20th, 2021.

- The development of a Governance Committee work plan is underway, reflecting on best

practices outlined in the MOH Guide to Good Governance.

- The Board heard about the success of the 2021 SBGHC Board Orientation series.

6.4 Kincardine Redevelopment Oversight Committee Report

D. Leonce provided an update to the Board from the KROC meeting on September 27th, 2021.

- The current state of the Kincardine Redevelopment project was outlined – the project team is currently pending direction from the MOH of how to proceed.
- The pre-qualification for general contractors was released on August 15th, 2021 for the Kincardine CT Project. Upon the completion of a scoring matrix evaluation, 6 contractors were pre-qualified.
- A letter of approval to release tender is anticipated shortly, as it is now just waiting for ministry sign-off.
- KROC Community Representative interviews are scheduled to commence in October.

6.5 Audit Committee Report

B. MacDonald provided an update to the Board regarding a special Audit Committee Overview session that took place on September 28th.

- B. MacDonald, Chair of the Audit Committee and D. Braithwaite, VP Corporate Services, provided an overview of the Audit Committee to 2021 appointed Directors at a special session on September 28th, 2021 where Directors were provided with an overview of the committee and the audit process.

6.4 CEO Report

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

- SBGHC COVID Response
 - The most significant challenge facing hospitals in wave 4 of the COVID-19 pandemic is a shortage of health human resources. Rationale behind shortages are multi-faceted including provincial and national shortage of nurses, large number of maternity leaves, and burnout from the pandemic response.
 - In accordance with Directive #6, SBGHC has implemented a policy regarding COVID-19 vaccination among healthcare workers. Corporately, 93% of staff and credentialed professionals have been double vaccinated.
- Chesley Reduction in ED Hours
 - While the goal remains to open the ED to 24/7 service, staffing challenges have increased making it more challenging to reopen the ED.
- Grey Bruce Ontario Health Team
 - Officially approved on September 17th, 2021 by Minister of Health Christine Elliot.
 - As a result, Government funding is now available to advance priorities.
 - M. Barrett provided an update on the establishment of the OHT Advisory Councils, along with an update on ongoing OHT activities.

6.5 Chief of Staff Report

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

- Stratford General Hospital is mandating that all midwives with active privileges cannot hold active privileges at any other institution. As such, MAC is recommending a change of status for all currently credentialed Huron Midwives from

Active status to Term status.

- By accepting this report, the Board accepts the following recommendation:
 - **THAT the SBGHC Board of Directors approve the change in privileges of all currently credentialed Huron Midwives from Active Staff to Term Staff. Additionally, all new midwives will be credentialed as Term Staff with a probationary period of one (1) year and require the completion of 6-month and 12-month performance reviews.**
- MAC is instituting a work plan, similar to that of the Board of Directors and its committees.

(Motion 3)

MOVED by: D. Harris

SECONDED by: D. Dunn

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

Question called – Motion CARRIED.

(Motion 4)

MOVED by: J. Haggarty

SECONDED by: B. MacDonald

THAT the following new applications be approved as recommended:

- Kayla Murray – Registered Midwife – June 14 2021
- Dr. Emily Fejtek – Locum – July 5 2021
- Claire Allan – Registered Midwife – June 10 2021
- Dr. Payman Dehghani – HFO Locum – June 26 2021
- Dr. Ivraym Barsoum – Consultant Pathologist – July 5 2021
- Dr. Victoria Zhang – Locum – Family/ General Practice – July 5 2021
- Dr. Astha Dhingra – Locum – Family/ General Practice – July 10 2021
- Dr. Ifrah Shah – Locum – Family/ General Practice – August 9 2021
- Dr. Melody Ong – HFO Locum – Emergency Medicine – August 30 2021
- Dr. Michelle Welsford – HFO Locum – Emergency Medicine – August 22 2021
- Dr. Gauri Ghate – HFO Locum – Emergency Medicine – August 18 2021
- Dr. Alex Chun – Locum – Emergency Medicine – August 12 2021
- Dr. Sean Doran – HFO Locum – Emergency Medicine – August 28 2021
- Dr. Miriam Mann – HFO Locum - Emergency Medicine – September 5 2021
- Dr. David Wang – Consultant Radiologist – July 5th 2021

Question called – Motion CARRIED.

6.6 VP Clinical Services/CNE Report

S. Metcalfe provided a report to the Board regarding the following topics:

- Professional Practice
 - In effort to address nursing staff shortages, a team based nursing approach has been investigated, which promotes a collaborative approach to managing care that maximizes the number of available nursing staff.
- COVID-19
 - Following the implementation of a corporate wide vaccination policy, SBGHC continues to evaluate the adoption of policy to support vaccination of providers

- who care for vulnerable populations.
- Accreditation
 - An accreditation status update was reviewed. Currently, the team is focusing on compliance with required organizational practices (ROP), along with high priority processes.
- RL6
 - With the recent upgrade to the RL6 program, 578 unassigned files were noted dating back to 2017/18.
 - Currently, 5 files remain open.

6.7 Update on Reduction in ED Hours in Chesley

- An update was provided as part of the CEO report
- The Board reiterated its commitment to discuss at this reduction in hours at every Board meeting until the issue is resolved.

6.0 Consent Agenda

Errors/Omissions:

(Motion 5)

MOVED by: J. Bagshaw

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:

- 6.1 Approved the Board Minutes of June 23rd, 2021
- 6.2 Approved the Governance Committee Report – September 20th, 2021
- 6.3 Approved the Corporate Resources Committee Report– September 27th, 2021
 - 6.3.1 Compliance Statement – May to August 2021
- 6.4 Approved the Kincardine Redevelopment Oversight Committee Report – May 25th, 2021
- 6.5 Approved the Quality Improvement Committee Report – May 17th, 2021
- 6.6 Correspondence: Hospital Foundation Liaison Letters

7.0 In-Camera Meeting

(Motion 6)

MOVED by: S. Dowler

SECONDED by: D. Dunn

To adjourn to an in-camera meeting at 1914 hours.

Question called - Motion CARRIED.

The meeting moved out of in-camera at 1952 hours.

(Motion 7)

MOVED by: D. Leonce
SECONDED by: D. Dunn
THAT the Kincardine Redevelopment Oversight Committee (KROC) Terms of Reference be updated to increase the number of Community Representative positions from ‘two (2)’ to “two (2) to four (4) members of the local community”.
Question called – Motion CARRIED.

The Board agreed that the time allocated for Board meetings should more accurately reflect the time which is historically required to complete both the open and closed portions of the meeting. Future agendas will be modified to address this issue.

8.0 Adjournment

The meeting was adjourned by motion by D. Harris Seconded by B. MacDonald @ 1956 hours.
CARRIED.

9.0 Next Regular Meeting

November 3rd, 2021