

**Minutes
Board of Directors Meeting
Wednesday, November 3rd, 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, B. MacDonald, T. McFarlane, L. Roth, M. Barrett, S. Metcalfe

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

Guests: Dr. Gerard Shoemaker, Cardiologist consultant for SBGHC
P. Kerr, Media

Regrets: D. Leonce

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 Presentation

Patient Story – Diagnostic Imaging

- Dr. Gerard Shoemaker presented a patient story that resulted in seamless coordination between health system partners in delivering high quality cardiac care, close to home.
- Comments from the patient indicated that cardiac care in Kincardine in the past had been episodic with a different health care provider involved during each interaction, but the new system is a coordinated approach between all providers which results in better outcomes.
- Dr. Shoemaker made reference to two state of the art echocardiography machines that have been implemented through the generous support of the Foundations and the Hospital.
 - With an increase in cardiovascular disease within the region, over three thousand appointments have been scheduled between the Kincardine and Walkerton sites.

Dr. G. Shoemaker was thanked for his time, and exited the meeting at 1746.

3.0 Approval of Agenda

Additions/Changes to Agenda:

(Motion 1)

MOVED by: B. MacDonald

SECONDED by: D. Harris

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 October 18th, 2021.

- Upon review of the Quality and Safety dashboard, six (6) key indicators were identified, with communication on wait at triage falling short of target. This remains unchanged from the previous report to the Board.
- Several initiatives are underway in effort to increase the number of patient feedback surveys being completed.
- A slight increase in patient safety incidents was noted for the month of September, with no staff safety incidents to identify.
- At the QIC meeting on October 18th, R. Wright provided a presentation on problem solving tools in the pursuit of continual quality improvement.
- At the QIC meeting on October 18th, L. Roth presented the physician scorecard, which has been implemented across SBGHC's four sites to monitor and track improvements on Triage to Physician Initial Assessment Time, and Discharge Summary completed within 48 hours.

5.2 Corporate Resources Committee Report

D. Harris provided an update to the Board from the CRC meeting on October 25th, 2021.

- At its most recent meeting, the CRC provided a recommendation to the Board to approve the Committee's Goals for 2021/22, Terms of Reference, and Committee work plan.
- Three main drivers contribute to a year-to-date (YTD) surplus of \$647K, including the 2% ministry funding increase, COVID Assessment Centre funding, and savings in staffing and supplies due to lower outpatient volumes.
- YTD occupancy is higher than budgeted, which is notably due to the increased prevalence of patients designated as Alternate Level of Care (ALC) across the organization.
- A. King provided a health human resources update which highlighted the staffing challenges, particularly in the nursing and laboratory departments. Recruitment and retention strategies were outlined.

5.3 Governance Committee Report

B. Heikkila provided an update to the Board from the Governance Committee meeting on October 18th, 2021.

- Newly elected directors were assigned Committee membership as follows:
 - Audit Committee – D. Dunn
 - Quality Improvement Committee – Z. Ashley
 - Kincardine Redevelopment Oversight Committee – T. McFarlane

- KROC Community Representatives were endorsed as follows:
 - Blair Brajuha and Maria Lozada
- A special Board of Directors generative discussion session will be held in November to discuss staffing shortages.

5.3.1 By- Law Review

- A By-Law review is being conducted to ensure compliance with current legislation, and to meet OHA recommendations of best practice.
- L. Roth and J. Bagshaw have drafted a new Professional Staff By-Law in alignment with the OHA Professional Staff Prototype By-Law. The draft will be presented to MAC on November 10th, 2021.
- On October 19th, 2021, the Ontario Not For Profit Corporations Act came into effect (replacing the Ontario Corporations Act). SBGHC has three years to transition its Letters Patent, By-Laws and Policies into compliance with ONCA.
- At its meeting on October 18th, the Governance Committee agreed to target final approval of the By-Laws and Letters Patent at the 2023 Annual General Meeting.

5.4 Kincardine Redevelopment Oversight Committee Report

D. Leonce provided an update to the Board from the KROC meeting on October 25th, 2021.

- The KROC 2021/22 Work Plan was reviewed and endorsed.
- An update was provided regarding the status of the CT project – pending approval from the Ministry of Health, but proceeding to complete preliminary renovations of the existing space in preparation.
- The anticipated increase in ED volumes due to the Bruce Power Major Component Refurbishment (MCR) project have not materialized as expected. Discussions continue with the ministry which impact approval of the stage 2 submission.
- The Kincardine Foundation provided an update on upcoming fundraising initiatives.

5.5 Audit Committee Report

No report.

5.6 CEO Report

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

COVID-19

- A slight increase in prevalence of COVID+ patients was noted.
- Testing volumes have increased considerably during the months of September and October due to return to school.
- Provincially, critical care capacity remains stable, with the majority of ICU patients unvaccinated.
- SBGHC sites continue to be at or above full capacity, with ALC patients regularly occupying over 30% of this capacity.
- Significant health human resource shortages were noted provincially, which impact ability to provide core services.
- On September 7th, 2021, SBGHC initiated a COVID-19 vaccination policy in alignment with Directive #6. To date, 95% of staff and physicians are fully vaccinated, with the remaining staff testing in advance of every shift.

Chesley Emergency Department Reduction in Operating Hours

- The goal continues to be the reopening of the Chesley ED to 24/7 service, but SBGHC is not yet in a position to re-open. The Board was informed that the health human resource challenges are growing worse following the pandemic.
- Dialogue continues with the Ontario Hospital Association (OHA) and Ontario Health regarding staffing challenges.

Lab Services Agreement

- SBGHC will be entering into partnership with the “InterHospital Laboratory Partnership (IHLP)” to provide our hospital with its outsourced laboratory testing and pathology services.
- These changes will become effective on April 1st, 2022.

Kincardine CT Scanner Project Update

- Pending Ministry approval, the project tender will be released, and the construction contract will be awarded.

Grey Bruce Ontario Health Team (OHT)

- Four ongoing activities were outlined including the continued development of Advisory Councils, the development of a draft Collaborative Decision Making Arrangement, Community Information series, and Strategic Planning process.

5.7 Chief of Staff Report

L. Roth provided a report and medical privilege appointment recommendation to the Board for review and approval.

- MAC met formally on October 14th, 2021, where the Committee discussed nursing and physician staffing shortages.
- The College of Physicians & Surgeons of Ontario (CPSO) provided a presentation regarding the Quality Improvement Partnership Program, which provides hospitals with the opportunity to work with the College to deliver a single quality oversight program.
- A special Site Chiefs meeting will be scheduled within the coming months with Home and Community Care Support Services South West to review high Alternate Level of Care (ALC) volumes, with a goal of working collaboratively to identify solutions to reduce these numbers.
- A draft Repatriation Agreement between SBGHC, Hanover & District Hospital (HDH) and Grey Bruce Health Services (GBHS) has been collaboratively developed over the last few months. The agreement was reviewed by Corporate MAC and will be further reviewed at each individual Site MAC for feedback.
- SBGHC & MAC continues to build a strong relationship with the OPP that is allowing for open communication to review and discuss issues and concerns as they arise.

(Motion 3)

MOVED by: J. Bagshaw

SECONDED by: D. Harris

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: L. Hastie

THAT the following new applications be approved as recommended:

- **Dr. Alisha Fernandes – Locum, Surgery**
- **Dr. Daniel Durocher – Consultant, Cardiology**
- **Dr. Shannon Lees – Locum**
- **NP Paula Pequegnat – Term Staff with MAID Privileges**
- **Dr. Neal Riekenbrauck – HFO Locum**
- **Dr. Mujtaba Mohammed – Consultant Radiologist**

Question called – Motion CARRIED.

5.8 VP Clinical Services/CNE Report

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

Document Management System (DMS) Update

- The previous DMS was taken offline in 2019 due to risk of a cyber-security attack. In the interim, a temporary solution was established.
- A new DMS system has been established on Microsoft SharePoint. Work continues to advance this project.

COVID-19

- Prevalence of COVID-19 remains low.
- Vaccination Policy for visitors is a topic of discussion at the SBGHC Incident Management Systems (IMS table).

Incident Management

- Statistics on RL6 file submission, investigation, and closure were reviewed. Identification and management of risk was notably improved with this system.

Trillium Gift of Life Network (TGLN)

- SBGHC's Walkerton site became a mandatory reporting site under the TGLN.
- Success of the program was discussed, with 100% compliance.

Accreditation

- To support Accreditation efforts, a posting has been released to recruit internal and external candidates to lead the Accreditation process.

5.9 Update on Reduction in ED Hours in Chesley

- Situation has not improved but will continue to strive for 24/7 service.
- A plan for community engagement will be developed.

6.0 Consent Agenda

Errors/Omissions:

(Motion 5)

MOVED by: J. Haggarty

SECONDED by: D. Harris

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 October 6th, 2021
- 6.2 Approved the Governance Committee Minutes of October 18th, 2021
- 6.3 Approved the Corporate Resources Committee minutes of October 25th, 2021
 - 6.3.1 Compliance Statement – September 2021
- 6.4 Approved the Kincardine Redevelopment Oversight Committee (KROC) Report – October 25th, 2021
- 6.5 Approved the Quality Improvement Committee Report – October 18th, 2021

7.0 In-Camera Meeting

(Motion 6)

MOVED by: J. Haggarty
SECONDED by: B. MacDonald
To adjourn to an in-camera meeting at 1905 hours.
Question called - Motion CARRIED.

The meeting moved out of in-camera at 2035 hours.

(Motion 7)

MOVED by: J. Bagshaw
SECONDED by: Z. Ashley
THAT the Board of Directors appoint the following Community Members members to the Kincardine Redevelopment Oversight Committee effective November 22nd, 2021:
Blair Brajuha
Maria Lozada
Question called – Motion CARRIED.

(Motion 8)

MOVED by: J. Haggarty
SECONDED by: D. Harris
THAT Dr. Ponesse's privileges be suspended until the Chief of Staff receives written confirmation of Dr. Ponesse's intention to comply with the Hospital's Vaccination Policy or until the policy is no longer in effect. In either circumstance the matter shall return to the MAC for a recommendation and the Board for a decision.
Question called – Motion CARRIED.

8.0 Adjournment

The meeting was adjourned by motion by S. Dowler seconded by D. Harris @ 2037 hours.
CARRIED.

9.0 Next Regular Meeting

December 1st, 2021