

**Minutes  
Board of Directors Meeting  
Wednesday, December 1<sup>st</sup>, 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: 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 Presentation**

**Patient Story – Patient Relations**

- M. Legge, Manager of Communications, Engagement, and Patient Experience, provided a patient story to the Board. She described a situation where a patient experiencing a mental health crisis was displeased with the perceived judgement experienced during their ED visit at SBGHC.
- Key learnings from this situation included the necessity for staff to have the required tools and training to care for this patient population until they are able to access the care that they need.
- An extensive training module has been developed and has been made available to all SBGHC Staff titled “Destigmatizing Practices and Mental Illness: Nurses Working Together to Support Mental Health and Well-Being”.
- Completion of this program is a mandatory requirement for all Nursing and Patient Registration staff.

M. Legge was thanked for her time.

**3.0 Approval of Agenda**

Additions/Changes to Agenda:

*(Motion 1)*

**MOVED by: L. Hastie**

**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 November 15<sup>th</sup>, 2021.

- The Quality and Safety Improvement Dashboard has been improved with automated technology to mitigate risk of human error.
- 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.
- One severity three (3) patient safety incident was noted in the month of October.
- Approval has been granted from St. Thomas Elgin General Hospital (STEGH) for J. Bagshaw and S. Metcalfe to attend an upcoming Quality Committee meeting in January. SBGHC will return the offer.

##### **5.2 Corporate Resources Committee Report**

D. Harris provided an update to the Board from the CRC meeting on November 22<sup>nd</sup>, 2021.

- The month of October saw a deficit of \$36K (\$76K of COVID incremental expenses funding was not recognized as it has not yet been confirmed by the ministry).
- A projected year end surplus of \$611K was noted, accounting for the 2% Ministry of Health (MOH) increase, COVID funding for incremental costs (Q1 only), and Assessment Centre funding (April-September 2021).
- M. Dobson shared health and safety surveillance indicators, highlighting a high number of mask fit tests completed, and a prevalence of occupational incidents that was lower than previous years.
  - It was noted that although violent incidents are most frequent occupational incidents seen, the majority are low severity
- The project status of a number of corporate initiatives were reviewed.

##### **5.3 Governance Committee Report**

B. Heikkila provided an update to the Board from the Governance Committee meeting on November 15<sup>th</sup>, 2021.

- Upon D. Leonce's resignation from the Board on November 10<sup>th</sup>, 2021, the Governance Committee decided to leave the Second Vice Chair role as vacant, and have B. Heikkila assume responsibility as KROC Chair. Recruitment for the Board's two vacancies will commence in April 2022.
- 2021/22 Board indicators for Q1 and Q2 were reviewed with no concerns.
- The Board participated in a generative discussion session on November 18<sup>th</sup>, 2021, facilitated by M. Legge, Manager of Communications, Engagement, and Patient Experience, where the Directors discussed approaches to mitigate health human resources shortages, and provide feedback to the Senior Leadership team.

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**5.4** Kincardine Redevelopment Oversight Committee Report

B. Heikkila, Interim Committee Chair, provided an update to the Board from the KROC meeting on November 22<sup>nd</sup>, 2021.

- M. Lozada and B. Brajuha were welcomed to the Committee in their new roles as Community Representatives.
  - J. Bagshaw and D. Harris have assumed responsibility of co-mentors to assist in orientating KROC's two new community representatives.
- Updates were provided on the CT and Redevelopment projects:
  - Early renovations have begun on the existing building, pending final approval by the MOH.
  - An increase in volumes in the Kincardine ED have not materialized – this has been reflected in a re-submission to the MOH.

**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 Response

- A slight increase in COVID-19 prevalence within Grey Bruce was noted from the previous month.
- Testing volumes at the Kincardine Assessment Centre are trending lower in November following a significant increase in September and October.
- Provincially, statistics remain consistent, identifying significantly larger prevalence of unvaccinated patients in ICU capacity than vaccinated patients.

SBGHC COVID-19 Policy

- Upon initiation of SBGHC's COVID-19 vaccination policy in September 2021 in accordance with Directive #6, 94.7% of staff and physicians are fully vaccinated, and 96 have received at least one dose.
- SBGHC's Board of Directors and Leadership team continue to evaluate the appropriateness of enlisting a mandatory vaccination policy.

Occupancy and Health Human Resources Challenges

- SBGHC currently faces significant challenges with high patient occupancy and a shortage of health human resources, specifically in the areas of nursing and laboratory technologists. The Board about the challenges ensuring nurses are available to fill upcoming shifts
- The Vice President of Home and Community Care Support Services (HCCSS) has agreed to attend an upcoming Medical Advisory Committee (MAC) meeting to discuss SBGHC's high number of ALC patients, and discuss strategies for mitigation.
- The Board heard that these pair of challenges impact SBGHC's ability to maintain the current level of core services. Discussions have been initiated with partner hospitals to plan for services that are at risk of reduction or closure.

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Chesley ED Reduction in Operating Hours

- While SBGHC's goal remains to open the ED to 24/7 service, a stable staffing pool has not yet been obtained.
- Ontario Health has established a provincial committee to review the health human resources challenges facing the province, and M. Barrett has been asked to be a member.

**5.7** Chief of Staff Report

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

- Corporate MAC recommends to the Board of Directors the postponement of the Medical By-Law review to align with the Corporate By-Law review next year
- T. Filsinger led a discussion surrounding the ongoing issue of ultrasound staffing shortages and longer patient wait times for appointments.
- A new online educational opportunity for emergency department physicians was discussed. The program, 'EDE Boot Camp', has been developed to provide virtual opportunities.

*(Motion 3)*

**MOVED by: J. Bagshaw**

**SECONDED by: B. MacDonald**

**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: D. Harris**

**THAT the following new applications be approved as recommended:**

- Dr. Shafiq Mohamed – HFO Locum – November 5th, 2021
- Dr. Nicholas Potvin – HFO Locum – October 30th, 2021

**Question called – Motion CARRIED.**

**5.8** VP Clinical Services/CNE Report

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

Health Human Resources

- The coupling of health human resources shortages with high occupancy has resulted in considerable strain on SBGHC's nursing staff.
- Casual Nursing Student positions have been filled by returning students from SBGHC's extern program for the purposes of nursing support during increased patient census.

Professional Practice

- SBGHC continues to host regular grand round sessions, with the most recent installment covering the topic of 'Addiction Services and Withdrawal Management'.

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COVID-19 Update

- Hospitalized ALC patients and Health Care workers are eligible to receive their 3<sup>rd</sup> dose of the COVID-19 vaccine. SBGHC is working with Grey Bruce Public Health to obtain doses.

Accreditation Update

- M. Legge has assumed responsibility as Accreditation Lead, and is currently working with the management team to facilitate quality of completion of high priority processes.

**5.9** Update on Reduction in ED Hours in Chesley

- The staffing deficiency situation has not improved, and challenges with recruitment and retention of nurse continue.
- SBGHC will continue to strive for resumption of 24/7 service.

**6.0** Consent Agenda

Errors/Omissions: T. McFarlane attended the Board of Directors meeting on November 3<sup>rd</sup>, 2021.

*(Motion 5)*

**MOVED by: B. MacDonald**

**SECONDED by: Z. Ashley**

**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 November 3<sup>rd</sup>, 2021

**6.2** Approved the Governance Committee Minutes of November 15<sup>th</sup>, 2021

**6.3** Approved the Corporate Resources Committee minutes of November 22<sup>nd</sup>, 2021

6.3.1 Compliance Statement – October 2021

**6.4** Approved the Kincardine Redevelopment Oversight Committee Report – November 22<sup>nd</sup>, 2021

**6.5** Approved the Quality Improvement Committee Report – November 15<sup>th</sup>, 2021

**7.0** In-Camera Meeting

*(Motion 6)*

**MOVED by: D. Harris**

**SECONDED by: D. Dunn**

**To adjourn to an in-camera meeting at 1847 hours.**

**Question called - Motion CARRIED.**

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

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B. Heikkila reflected on the year 2021, as the final Board meeting of the 2021 calendar year drew to a close.

**8.0 Adjourment**

The meeting was adjourned by motion by S. Dowler seconded by L. Hastie at 2037 hours.

CARRIED.

**9.0 Next Regular Meeting**

February 2<sup>nd</sup>, 2021