

**Minutes  
Board of Directors Meeting  
Wednesday, March 8<sup>th</sup>, 2023  
Hybrid Meeting (Cargill  
Community Centre / Zoom)  
1730 hours**

Present: B. Heikkila (Chair), Z. Ashley, P. Austin, J. Bagshaw, S. Dowler, J. Haggarty, D. Harris, L. Hastie, C. Oberle, L. Roth, M. Barrett, M. Sime-Summers

Staff: D. Braithwaite, Vice President of Corporate Services / Chief Financial Officer  
M. Dobson, Director, Clinical Support & Ambulatory Care Services  
A. King, Director, Human Resources

Guests: J. Dietrich, Walkerton & District Hospital Foundation Director  
T. Filsinger, Manager, Diagnostic Imaging & Cardiorespiratory  
M. Gaynor, Walkerton & District Hospital Foundation Chair  
B. Hawkins, Walkerton & District Hospital Foundation Coordinator  
P. Kerr, Media  
H. Wilhelm, Walkerton & District Hospital Foundation Coordinator

Regrets: D. Dunn, T. McFarlane, M. Legge

Recording Secretary: M. Curry

**1.0 Call to Order**

The Chair called the meeting to order at 1730 hours with a quorum present. The group was welcomed to the first face to face meeting of SBGHC's Board of Directors in three years.

**2.0 Presentations**

**2.1 Walkerton & District Hospital Foundation**

- Representatives of the Walkerton & District Hospital Foundation were welcomed to the meeting to provide an annual update.
- Christine Brandt has been welcomed to the Foundation as a Contract Executive Director and will begin her two year term on April 3<sup>rd</sup>, 2023.
- Upcoming fundraising events include the annual Gala, Golf Tournament, Run 4 Health and Radiothon. A raffle is ongoing for a trip for two to Italy.
- In 2023/24, the Foundation has committed to funding Operating Room lights and a new Chemistry Analyzer, reaching a total commitment of \$331,500.
- In the conclusion of the presentation, M. Barrett was thanked for his efforts and collaboration with the Foundation over the years.

*B. Hawkins, M. Gaynor and H. Wilhelm were thanked for their presentation and exited the meeting at 1740 hours.*

## 2.2 Patient Story – Diagnostic Imaging & Cardiorespiratory

- T. Filsinger presented a patient story from the Diagnostic Imaging/Cardiorespiratory department where SBGHC's respiratory therapist team conducted multiple ad-hoc education sessions to assist nursing staff in becoming familiar with new equipment necessary for high quality patient care.
- This scenario reinforced the necessity of ongoing education for the provision of quality care. As such, SBGHC continues to invest in training and education among all clinical and non-clinical staff.

*T. Filsinger was thanked for his presentation and exited the meeting at 1745 hours.*

## 3.0 Approval of Agenda

Additions/Changes to Agenda: none.

*(Motion 1)*

**MOVED by: D. Harris**

**SECONDED by: C. Oberle**

**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, Chair of the Quality Improvement Committee provided an update to the Board from the most recent meeting on February 21<sup>st</sup>, 2023.

- Two indicators on the 2022/23 Quality Improvement Plan are not meeting targets, namely 'Discharge Summaries in 48 hours' and 'Communication on Wait at Triage'.
  - To assist in mitigating the performance of the 'Communication on Wait at Triage' target, wait time clocks will be incorporated onto communication screens across the four sites.
- SBGHC will be introducing a new multidisciplinary Patient Safety Committee in March 2023. The purpose of this committee is to review patient safety metrics, track and trend incidents, and recommend quality improvement initiatives.

M. Scime-Summers was welcomed to take the floor to walk the group through the 2023/24 Quality Improvement Plan (QIP).

- The 2023/24 QIP was reviewed at the Quality Improvement Committee meeting of February 21<sup>st</sup>, 2023, with a recommendation being brought forward to the Board for formal approval.
- The 2023/24 QIP, as presented, was reviewed by a number of clinical committees, and PFAC.
- M. Scime-Summers walked the Board through each of the indicators on the 2023/24 QIP, identifying that there are no mandatory indicators to report.

- M. Scime-Summers clarified that the patient centered communication on wait time is delivered by ‘the team’.
- Metrics, as identified in the QIP, are connected to the Hospital Accountability Planning Submission (HAPS).
- The group discussed the definition of efficient care, and it was clarified that the Physician Initial Assessment is included in the disposition.
- No concerns or suggestions for revision made.

*(Motion 2)*

**MOVED by: J. Haggarty**

**SECONDED by: L. Hastie**

**THAT** the South Bruce Grey Health Centre (SBGHC) Board of Directors approve the 2023/2024 Quality Improvement Plan Indicators as presented.

**Question called – Motion CARRIED.**

## 5.2 Corporate Resources Committee Report

D. Harris, Chair of the Corporate Resources Committee provided an update to the Board from the most recent meeting on February 27<sup>th</sup>, 2023.

- D. Mongeon, SBGHC’s Manager of IT was welcomed to the committee to provide an update on SBGHC’s cybersecurity measures and Disaster Recovery Plan. Mock tests and external party reviews have been scheduled to strengthen response.
- An overview of the current nursing recruitment and retention statistics across the organization was shared, with highlights including a deficiency of 14 full time equivalent RN/RPNs, and 21 RN/RPN Agency Nurses on the roster.
- A year to date deficit of \$585K was noted, largely attributed to significant agency nurse costs. A projected year end deficit of \$1.4M was noted.
- In approving the consent agenda, the Board approves the Compliance Statements for January 2023 and Financial Statements for January 2023.

## 5.3 Governance Committee Report

B. Heikkila, Chair of the Governance Committee provided an update to the Board from the most recent meeting on February 21<sup>st</sup>, 2023.

- The Committee conducted and reviewed the results of a bi-annual self evaluation.
- Recruitment efforts for four vacant Board positions have begun with an application submission deadline set for April 3<sup>rd</sup>, 2023.
- The CEO search committee has reported progress on recruitment efforts and are hopeful to onboard a preferred candidate by the end of March 2023.

### 5.3.1 By-Law & Policy Review Sub Committee

J. Bagshaw provided an update on behalf of the By-Law & Policy Review Sub Committee.

- Items outstanding review include 17 policies, 2 By-Laws and the Letter Patent
- The Corporate By-Law is currently under review, for subsequent review by the Governance Committee of the Board.
- D. Harris and J. Bagshaw were recognized for their efforts in advancing this work.

5.4 Kincardine Redevelopment Oversight Committee Report

B. Heikkila, Chair of the Kincardine Redevelopment Oversight Committee provided an update to the Board from the most recent meeting on February 27<sup>th</sup>, 2023.

- Installation of the Kincardine CT scanner is proceeding as scheduled, with a Go Live date set for March 20<sup>th</sup>.
- Hospital Redevelopment deliverables are advancing as the SBGHC team works with the Capital Branch to determine how the MRI will fit within the stage 3.1 submission.
- A collection of photos were shared, showcasing the work ongoing in Kincardine.

5.5 Audit Committee Report

B. Heikkila provided a report on behalf of D. Dunn, Chair of the Audit Committee. There was no meeting held in March, and no update to provide to the Board.

5.6 CEO Report

- M. Barrett reported.
- The Chesley Emergency Department continues to operate five (5) days per week, Monday to Friday, during the hours of 7:00 am to 5:00 pm. SBGHC does not anticipate an adjustment in current level of service in the immediate future. It was noted that SBGHC has a great group of dedicated staff working in Chesley, but there is just not enough of them.
- On February 21<sup>st</sup>, 2023, the province released the “Your Health: A Plan for Connected and Convenient Care”. M. Barrett provided an overview of the report, touching on each of the three pillars.
- On February 22<sup>nd</sup>, 2023, the Ministry of Health confirmed the continuation of funding for the following programs: Enhanced Extern Program, Supervised Practice Experience Partnership Program, Community Commitment Program for Nurses. These extensions are important for SBGHC to continue to support new and emerging nurses into our hospital.

*J. Dietrich exited the meeting at 1838 hours.*

5.7 Chief of Staff Report

L. Roth, Chief of Staff, provided a report to the Board, and offered a high-level summary.

- It is anticipated that the 2023 Medical Credential Re-Appointment report will be ready for review in April 2023.

*(Motion 3)*

**MOVED by: S. Dowler**

**SECONDED by: C. Oberle**

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

**Question called – Motion CARRIED.**

*(Motion 4)*

**MOVED:** J. Haggarty

**SECONDED:** Z. Ashley

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

- Dr. Hafiz Umer – HFO Locum
- Dr. William Warnica – Radiologist

**Question called – Motion CARRIED.**

#### 5.8 Director of Clinical Services/CNE Report

M. Scime-Summers reported.

- The launch of SBGHC's new scheduling software is anticipated to stabilize staffing in Durham, Kincardine and Walkerton. Reliance of agency nurses in Chesley will continue.
  - There are no changes to the staffing situation in Chesley and SBGHC is not anticipating a change in the reduction of Emergency Department services at this time.
- To enhance collaboration with the nursing team, SBGHC launched a monthly nursing forum. Positive feedback received from the nursing team.
- Professional practice initiatives continue with the launch of a new Patient Safety Committee, quality initiatives including improved Transfer of Accountability and a multi-disciplinary approach to professional practice.
- As discussed within the QIC report, Communication Screens will be used in all ED waiting rooms to improve communication of wait time at triage. Go live set for April 1<sup>st</sup>, 2023.
- Surveyor team bios for SBGHC's upcoming Accreditation Canada on Site Survey (May 28<sup>th</sup> to June 1<sup>st</sup>, 2023) were reviewed.

#### 5.9 Director of Clinical Support & Ambulatory Care Services

M. Dobson advised that there was no report this month.

#### 5.10 Reopening of Clinical Services in Chesley

B. Heikkila reiterated SBGHC's goal to maintain four strong viable sites in the long term. As discussed in the CEO and CNE reports, there are no changes in services anticipated in the Chelsey ED in the near future.

#### 5.11 Consent Agenda Items brought forward: None.

### **6.0 Consent Agenda**

Errors/Omissions:

*(Motion 5)*

**MOVED by:** D. Harris

**SECONDED by:** J. Bagshaw

**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 February 1<sup>st</sup>, 2023, March 1<sup>st</sup>, 2023
- 6.2** Approved the Governance Committee Minutes of February 21<sup>st</sup>, 2023
  - 6.2.1 2023/24 President & CEO Performance Objectives
- 6.3** Approved the Corporate Resources Committee minutes of February 27<sup>th</sup>, 2023
  - 6.3.1 Compliance Statement – January 2023
- 6.4** Approved the Kincardine Redevelopment Oversight Committee minutes of February 27<sup>th</sup>, 2023
- 6.5** Approved the Quality Improvement Committee Minutes of February 21<sup>st</sup>, 2023
  - 6.5.1 2023/24 Quality Improvement Plan
- 6.6** Correspondence:
  - 6.6.1 Letter of Congratulations – Huron Health System Partnership

## **7.0 In-Camera Meeting**

Before moving into the in-camera session, the Chair recognized M. Barrett's efforts over his time at SBGHC and thanked him for his tremendous leadership.

*(Motion 6)*

**MOVED by: D. Harris**  
**SECONDED by: J. Bagshaw**  
**To adjourn to an in-camera meeting at 1855 hours.**  
**Question called - Motion CARRIED.**

The meeting moved out of in-camera at 2017 hours.

### **Meeting Feedback**

None.

**8.0 Adjournment**

The meeting was adjourned by motion by C. Oberle, seconded by J. Bagshaw at 2018 hours

CARRIED.

**9.0 Next Regular Meeting**