

	<b>MINUTES</b> <b>OPEN SESSION BOARD MEETING</b> <b>Wednesday, June 22, 2022</b> <b>Zoom Videoconference</b> <b>3:45 pm</b>		
	<b>Directors:</b>	Marg Dragan, Vice-Chair v Anthony lafrate v Bill Gillam v Jenny Greensmith v	Louis Guimond, Treasuer v Brian Knott, Chair v Katherine Mantha v Bob McKinley v
<b>Ex-Officio Directors:</b>	Mike Lapaine v Dr. Michel Haddad v	Shannon Landry v Dr. Dhiraj Dhanjani - R	Dr. Lincoln Lam - R
<b>Invited Participants:</b>	Kathy Alexander v Keith Marnoch v	Laurie Zimmer v Marlene Kerwin v Paula Reaume-Zimmer v	Dr. Ajayi-Obe - R
<b>Recorder:</b>	Melissa Rondinelli		

## 1.0 CALL TO ORDER

Brian Knott called the meeting to order at 3:45 pm and welcomed the Board and guests.

### 1.1 Traditional Territory Acknowledgement

Brian shared the newly developed Sarnia Lambton Ontario Health Team Traditional Territory Acknowledgement included in the agenda package, and mentioned that yesterday was National Indigenous People's Day, which was celebrated with a smudge, song and prayer ceremony at the hospital.

## 2.0 AGENDA APPROVAL

### 2.1 Approval of Agenda\*

Brian invited members to remove items from the consent agenda. Louis Guimond requested the Removal of Director Policy be removed from the consent agenda. Brian suggested the item be included with agenda item 4.9.

***Motion duly made, seconded and carried: to approve the agenda as amended.***

### 2.2 Report on May and June In-Camera Board Meeting

Brian summarized items discussed at the May and June In-Camera Board meetings which included decisions regarding Board succession planning, Professional Staff credentials, the operating plan and physician human resources plan, and well as oversight of critical incident and quality reviews, integrated risk management, workplace violence prevention, funding, banking arrangements, and CEO and Chief of Staff performance evaluations.

2.3 Declaration of Conflict of Interest – No conflicts declared.

### 3.0 CONSENT AGENDA

#### 3.1 INFORMATION ITEMS TO BE RECEIVED

- 3.1.1 Board Chair Report\*
- 3.1.2 Professional Staff Association Report\*
- 3.1.3 Board Work Plan and Priorities\*
- 3.1.4 Annual Board Sub-Committee Evaluations\*
- 3.1.5 Board Meeting Effectiveness Survey\*
- 3.1.6 Annual Environmental Stewardship Report\*
- 3.1.7 Annual Accessibility for Ontarians with Disabilities Act Report\*

#### 3.2 ITEMS FOR APPROVAL

- 3.2.1 Open Session Board Minutes – May 25, 2022\*
- 3.2.2 Broader Public Sector Accountability Act Attestation\*
- 3.2.3 Policy Reviews\*
  - a) Board Orientation and Ongoing Development
  - b) Board Vice-Chair Position Description
  - c) Board Treasurer Position Description
  - d) Board Committee Chair Position Description
  - e) Board Work Plan and Priorities
  - f) Board and Committee Meetings
  - g) Director and Non-Director Committee Member Expense Reimbursement
  - h) Removal of a Director

***Motion duly made, seconded and carried: to receive the reports presented and to approve: the Open Session Board Minutes of May 25, 2022, the Board Chair and CEO to sign the BPSAA annual attestation, and the revised policies as presented, with the exception of the Removal of a Director policy.***

### 4.0 BOARD DECISIONS/OVERSIGHT

#### 4.1 Quality Committee Highlights\*

Jenny Greensmith presented the highlights for information. She reported the Committee heard a patient story from a Patient Experience Partner, who shared details of the shift in culture (kindness and compassion) she has experienced at Bluewater Health (BWH) recently, compared to her experience 25 years ago. There were no questions, comments or concerns.

#### 4.2 2022-23 Quality Improvement Plan (QIP)\*

Jenny presented the draft QIP, with a recommendation from the Quality Committee for the Board to approve the plan. She noted the Committee questioned the indicators and

targets, and learned some indicators were mandated, while others are system measures. Shannon Landry added there was fulsome discussion at the Committee meeting about the primary indicator and other measures. There were no questions, concerns or comments.

***Motion duly made, seconded and carried: to approve the draft 2022-23 Quality Improvement Plan as presented.***

4.3 Quality Committee Performance Scorecard\*

Jenny presented the scorecard and highlighted the access to care indicators, which were tracking positively, with the exception of the Petrolia site. She noted the Committee was pleased to see the Overall Rating of Experience for the Emergency Department was meeting the target, and learned Bluewater Health is working to improve rating of experience on the Inpatient Unit. With respect to access at the Petrolia site, Shannon reported patient volumes are up at various units in Petrolia. Laurie Zimmer suggested the delay in time to inpatient bed was likely related to bed availability for those specific patients.

Louis Guimond asked how the data was compiled for indicators eight and ten, and for details on the patient populations included in the surveys. Shannon explained the data was collected through National Research Council Canada (NRCC) surveys, which are sent to patients randomly after they are discharged. A minimum of 30 responses are required in order for NRCC to determine the data statistically significant. Shannon noted oftentimes BWH does not receive the feedback until three to six months after patient discharge. A new, onsite, shortened patient survey tool will be launched soon, which is expected to produce better patient experience data.

4.4 2022-23 Quality Committee Scorecard Performance Indicators and Targets\*

Jenny presented the briefing note. She reported the Committee reviewed the rational target setting methodology, and there was extensive discussion regarding the indicators and targets, which align to the Strategic Plan. Kirk Wilson reported struggling with the target setting methodology/data presented, and was unsure if the indicators/targets truly reflect what the Board should be monitoring moving forward. As such, he indicated he would like to re-evaluate the indicators and targets. Brian shared appreciation for Kirk's comments and noted additional discussion regarding the indicators would occur over the summer to address Kirk's concerns.

***Motion duly made, seconded and carried: to approve the proposed indicators and targets on the Quality Committee Scorecard as presented.***

Kirk Wilson opposed the motion.

4.5 Resource Utilization and Audit Committee (RUAC) Highlights\*

Louis presented the highlights for information. He reported the RUAC had extensive discussion about the proposed scorecard indicators and targets, similar to the Quality Committee. The Committee also reviewed draft changes to its Terms of Reference, questions of which will be investigated, with the policy to be reconsidered by the Committee again in the fall. Bill Gillam inquired how many Hospital Information System (HIS) options were being investigated by BWH. Louis reported BWH is completing a qualitative and quantitative review of options, including how the HIS could be expanded to the community.

4.6 RUAC Performance Scorecard\*

Louis presented the scorecard for information and highlighted the indicators tracking in the green. There were no questions.

4.7 2022-23 RUAC Performance Scorecard Indicators and Targets\*

Louis presented the recommendation from RUAC. He commented that he sees the scorecard like a dashboard for the Board to monitor the hospital. It is important to Louis that targets are reasonable and acted upon, with explanations when results are off target, and adjustments made if the hospital is not challenged. Kirk echoed Louis' comments and recommended key performance indicators be reported on by actual data and supported by action plans. Brian shared appreciation for Kirk and Louis' comments and again noted discussion regarding the indicators would occur over the summer. Kirk also pointed out the target should be 100% for Indigenous education instead of NA. Louis suggested 100% for this indicator might be difficult to achieve in one year. Paula Reaume-Zimmer explained the 100% target is for leaders (managers, directors and executives), with a plan to extend education targets to staff, professional staff and volunteers over time.

***Motion duly made, seconded and carried: to approve the proposed indicators and targets on the RUAC Scorecard as presented.***

Kirk Wilson and Louis Guimond opposed the motion.

4.8 COVID Update - Pandemic Response, Recovery & Hospital Operations Scorecard\*

Mike Lapaine presented the scorecard, discussed at both the Quality and Resource Utilization and Audit Committee meetings. He reported the data is mostly good news and noted today marked the first day since September 2021 that BWH had zero COVID positive patients in hospital. Given low community prevalence, Mike proposed the pandemic scorecard be suspended to reduce resources. The Board indicated the scorecard worked well during the pandemic to keep them informed and questioned how they could continue to be assured the hospital was prepared for what may come. Mike explained there are daily management huddles and COVID is prominent in all

discussions. While there is likelihood there may be another COVID wave in the fall, he suggested the scorecard could be reinstated then. Laurie reinforced that management continues to monitor indicators carefully and gave examples such as monitoring staff illness, resumption of services, etc. Dr. Haddad echoed their thoughts highlighting that BWH has systems in place to deal with future waves, and is able to respond quickly. The Board was supportive of suspending the report for the time being.

4.9 Governance & Nominating (G&N) Committee Highlights\*

Anthony Iafraate presented the highlights and reported key discussion items for the Committee included review of sample Equity Diversity and Inclusion (EDI) policies, Board orientation and Accreditation. The Committee provided feedback and direction to management to develop an EDI policy for BWH by this fall. In addition, the Committee reviewed Accreditation Standards and a Governance Self-Assessment Survey, which indicate BWH is in good shape, with little change in the Standards since the last Accreditation. Anthony reported more information about Accreditation and education will follow in the fall. In regards to Board orientation for the coming year, Anthony noted there are no new members, therefore, G&N recommended existing orientation material be circulated to Committee members, and Committee Chairs engage with their members as to their orientation/education needs. G&N also recommended the executive team update their portfolio videos as the videos were well-received last year.

Removal of a Director Policy

Louis noted the revised, marked-up version of the policy was difficult to follow and inquired about the changes. Anthony explained changes were made to simplify the policy, use gender-neutral pronouns, align it to existing policies, and more. Mike Lapaine mentioned the requirement of a Members meeting to remove a Director was added to the policy as well. Paul Wiersma supported the gender-neutral style, but questioned the particular approach. Louis questioned whether the due process originally intended when the policy was developed was reflected in the new policy. Brian suggested bringing the policy back to G&N for more discussion.

***Motion duly made, seconded and carried: to table the motion to approve the Removal of a Director policy as presented.***

5.0 **CHIEF OF PROFESSIONAL STAFF REPORT\***

Dr. Haddad presented his report for information and highlighted items addressed by the Medical Advisory Committee including updates on quality improvement initiatives, approval of policy revisions and the QIP, pandemic response and recovery, recruitment and succession planning, and recognition of long-serving physicians.

6.0 **ADJOURNMENT**

Brian thanked Louis for chairing RUAC this last year. He also thanked Jenny for her contributions to the Board over the last six years, and for her leadership of the Quality

Committee over the last two challenging years. Jenny shared kind words about her experience as a Director and reflected on the positive culture change at BWH.

***Motion duly made, seconded and carried: to adjourn the meeting at 4:42 pm.***



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Brian Knott  
Chair



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Mike Lapaine  
Secretary



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Melissa Rondinelli  
Senior Executive Assistant - Recorder