



MINUTES
OPEN SESSION BOARD MEETING
Wednesday, September 25, 2019

Directors:	Marg Dragan, Treasurer v Anthony Iafrate v Bill Gillam v Jenny Greensmithv	Louis Guimond v Brian Knott, Vice-Chair v Katherine Mantha v Bob McKinley v	Rachael Simon - R Fred Vanderheide v Paul Wiersma, Chair v Kirk Wilson v
Ex-Officio Directors:	Mike Lapaine v Dr. Michel Haddad - R	Shannon Landry v Dr. Andre Rudovicsv	Dr. Lincoln Lam – R
Participants:	Samer Abou-Sweid v Julia Oosterman - R	Laurie Zimmer v Kathy Alexander v	Paula Reaume-Zimmer v
Recorder:	Melissa Rondinelli		

(*attached in the minute record book)

1.0 CALL TO ORDER - Paul Wiersma called the meeting to order at 5:02 pm and welcomed everyone to the meeting.

2.1 Traditional Territory Acknowledgement - Paul read the traditional territory acknowledgement and recognized today was Franco- Ontarian day.

2.0 AGENDA APPROVAL

2.1 Approval of Agenda*

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

2.2 Declaration of Conflict of Interest

Paul provided a brief overview of what a conflict of interest is (see s. 10 of the Corporate By-Laws of Bluewater Health). He explained individual Director and group obligations for an actual, potential or perceived conflict, and also reviewed the difference between conflict of duty and conflict of interest. Next, Paul briefly reviewed Policy E4 – Roles and Responsibilities of the Board. Lastly, he invited Directors to share any conflicts of interest. No conflicts were declared.

3.0 CONSENT AGENDA

3.1 ITEMS TO BE RECEIVED

- 3.1.1 Board Chair Report*
- 3.1.2 Professional Staff Association Report*
- 3.1.3 Board Evaluation Results*
- 3.1.4 Analysis of Loans and Investments*

- 3.1.5 Facilities Quarterly Report*
- 3.1.6 Draft Board Education Plan*
- 3.1.7 Auditor’s Annual Post Audit Management Letter*

4.2 ITEMS FOR APPROVAL

4.2.1 Open Session Board Minutes

- June 26, 2019*
- June 26, 2019 – Post AGM Meeting*

Motion duly made, seconded and carried: to receive the reports presented and to approve the following items in the Consent Agenda: Open Session Board Minutes (June 26, 2019 and June 26, 2019 – Post AGM Meeting).

5.0 PRESIDENT AND CEO REPORT*

Mike Lapaine presented his report. He highlighted the Mike Weir Par 3 Challenge for Mental Health event that took place on September 19th to raise funds for the opening of a local ACCESS Open Minds facility for youth. Mike reported the golf event raised \$336K and the centre should be open in approximately one year. The facility will be self-funded with operating funds already in place through Bluewater Health, Canadian Mental Health Association (CMHA) and St. Clair Child and Youth. Mike also encouraged the Board to attend the Time Capsule Opening and Cornerstone Celebration event taking place September 27th.

Brian Knott shared appreciation to BWH staff for elevating the profile of the hospital and reported a great experience volunteering at the golf event. Katherine Mantha recognized the various Mental Health and Addiction initiatives noted in the report, and asked if other communities are offering similar programs. It was reported the Mental Health Engagement and Response Team (MHEART) is being offered in other communities. Mike credited the successful Mental Health initiatives to Paula Reaume-Zimmer’s leadership as an integrated VP between BWH and CMHA, noting the census on acute Mental Health has been dropping. There was also discussion about local mental health and addiction services and social services available to patients, and the difference between these services and those that will be provided at the future ACCESS Open Minds centre.

6.0 BOARD DECISIONS/OVERSIGHT

6.1 Governance and Nominating Committee Highlights*

Anthony lafrate presented the highlights and reported a decision was made to add Ontario Health Team (OHT) updates to all committee work plans. A finalized work plan will be brought forward for Board approval in November. Anthony also mentioned a staggered

approach for reviewing Board policies will be considered versus the full review of all policies that took place in September. There were no questions or comments.

6.2 Quality Committee Highlights*

Brian Knott presented the highlights and brought attention to the Accreditation Update provided to the Quality Committee. He reported there were 10 unmet Accreditation standards from the last Accreditation Survey, four of which were related to infrastructure challenges at the Charlotte Eleanor Englehart Hospital (CEEH) of Bluewater Health (BWH). Brian explained the hospital is awaiting a decision from the Ministry for funding through the Health Infrastructure Renewal Fund (HIRF) to address these issues. Other unmet Accreditation standards related to patient experience/safety are under investigation and will be addressed before the next Accreditation Survey. Mike Lapaine added the CEEH Foundation has agreed to fund some of the infrastructure needs at CEEH as part of its contribution to the redevelopment project to avoid further delay. There were no questions or comments.

6.3 Quality Committee Performance Scorecard*

Brian presented the scorecard and highlighted BWH's results with respect to the indicators updated this month:

- Average time to inpatient bed – increased in July, similar to other hospitals. BWH has closed five beds and is working on flex plans to reduce conservable days and address human resource planning.
- Colouring for the Access indicators for the Petrolia site will be updated
- Overall Incidents of Workplace Violence – BWH continues to collect baseline data and expects direction from Health Quality Ontario on this indicator prior to embarking on the next Quality Improvement Plan (QIP)
- Was patient/family treated with kindness – target unmet. There is concern with the lag in response time. BWH is investing in a pilot project for a real-time survey which should improve feedback.
- Organization promotes staff health and wellness indicator – recent Excellence Canada Survey results show improvement to 78.% on this indicator up from 51.6%

Management was asked if the patient experience scores in the Emergency Department (ED) have been investigated. It was reported BWH completed a full review of the ED and implemented a number of recommendations including triage support, volunteer presence, Indigenous training, etc. The hospital is anticipating improvement with these changes. Discussion about ED wait times and surge/flu planning followed. Management reported there is an elaborate surge plan and escalation process to address the flu season this year. BWH suggested the hospital is better prepared than last year, with a more nimble staffing pool, and better primary care access with the Rapids Family Health Team being open every

day except for Christmas Day over the holidays. A question was also raised as to the difference between the current patient experience survey and the real-time pilot survey. It was explained the current mail-out survey includes approximately 60 questions and the pilot survey is expected to include only 10-12 questions.

6.4 Resource Utilization & Audit Committee (RUAC) Highlights*

Marg Dragan presented the RUAC Committee Highlights and brought attention to the fraud update provided to the Committee, which provided assurance BWH's benefits provider has a fraud protection system in place. She also noted the Committee reviewed its self-assessment results which were positive, and thanked Fred Vanderheide for his past leadership of the Committee. There were no questions or comments.

6.5 Financial Statements*

Marg presented the financial statement for the period ended July 31, 2019 and highlighted the following:

- The hospital is forecasting a year-end deficit of \$346K which is better than the budgeted deficit of \$1.3M
- LHIN revenue is under budget approximately \$300K
- Salaries and wages are over budget
- There is a negative variance of \$424K for employee benefits due to additional costs related to maternity leaves.
- BWH received a utility rebate of \$1.8M dating back to January 2017

Motion duly made, seconded and carried: to approve the Financial Statement for the period ended July 31, 2019 as presented.

It was questioned whether the increase for supplies and expenses due to patient transportation and professional fees is unusual. The hospital reported it has been struggling with these expenses for the past couple of years, and is putting strategies in place to reduce the costs. Marg also noted the hospital's working capital has declined and staff are monitoring this closely.

6.6 Resource Utilization and Audit Committee Performance Scorecard*

Marg presented the scorecard for the month of March and highlighted the following:

- Access to care – discussed with item 6.3
- Absenteeism – not reaching target but performance better than in the past
- Cost per weighted case – for most areas expenses and weighted cases have increased
- Mental Health inpatient Cost per Patient Day – number of patients has decreased yet it is difficult to adjust the costs down

- Surplus/deficit - deficit
- Adjusted Working Capital – off target
- % of Capital Budget Spent – 9%

6.7 Chief Financial Officer (CFO) Certificate*

Marg presented the CFO certificate and reported it is normally placed in the consent agenda for approval. There was debate at the RUAC meeting regarding whether or not the Board should approve or receive the certificate, although the Board has historically approved it. There was discomfort from a Director in approving the certificate without a verifiable process in place to confirm the statements made. Debate followed. It was recommended the Board approve the CFO Certificate at this meeting, investigate concerns about the process via the Governance and Nominating Committee, and report back to the Board.

Motion duly made, seconded and carried: to approve the Financial Statement for the period ended July 31, 2019 as presented.

ACTION: Governance and Nominating Committee to investigate the appropriateness of the Board approving the CFO Certificate versus receiving the document.

6.8 Chief of Professional Staff Report*

Dr. Haddad reported the Medical Advisory Committee met last week. He shared an overview of the Committee's mandate and a brief description of their meeting which included: approval of By-law and policy changes, updates regarding the NOW initiative and development of the Sarnia-Lambton Ontario Health Team, recruitment updates, and discussion of annual Chief of Professional Staff Goals. An inquiry about the shortage of Emergency Department physicians was raised. Dr. Haddad deferred discussion to the in-camera meeting.

6.9 Bluewater Health Foundation Report*

Paul presented the BWH Foundation Report in Kathy Alexander's absence. Marg shared appreciation for Dan Edwards' efforts and Brian commended the Foundation for its work. Katherine Mantha, the new Board Liaison for the CEEH Foundation, provided an overview of the Foundation's most recent meeting, which included a review of the Treasurer and Auditor's Reports, commitment of \$800K towards the Capital Project, and discussion of upcoming fundraising events – Dream Home Draw and the Christmas Jamboree.

7.0 **OPEN FORUM** – No discussion.

8.0 IN-CAMERA MEETING AGENDA ITEMS

Paul reported the In-Camera meeting agenda topics for May include:

- Credentialing
- Capital planning
- Strategic planning
- Risk

9.0 ADJOURNMENT

Motion duly made, seconded and carried: to adjourn the meeting at 6:01 pm.

Paul Wiersma
Chair
Board of Bluewater Health

Mike Lapaine
Secretary
Board of Bluewater Health

Melissa Rondinelli
Senior Executive Assistant, Recorder