

	MINUTES OPEN SESSION BOARD MEETING Wednesday, February 26, 2020		
	Directors:	Marg Dragan, Treasurer ✓ Anthony Iafrate ✓ Bill Gillam ✓ Jenny Greensmith ✓	Louis Guimond ✓ Brian Knott, Vice-Chair ✓ Katherine Mantha ✓ Bob McKinley - R
Ex-Officio Directors:	Mike Lapaine ✓ Dr. Michel Haddad ✓	Shannon Landry ✓ Dr. Andre Rudovics ✓	Dr. Lincoln Lam – R
Participants:	Samer Abou-Sweid ✓ Julia Oosterman ✓	Laurie Zimmer ✓ Kathy Alexander ✓	Paula Reaume-Zimmer ✓ Dr. Dhiraj Dhanjani - R
Recorder:	Melissa Rondinelli		

(*attached in the minute record book)

1.0 CALL TO ORDER

Paul Wiersma called the meeting to order at 5:07 pm.

1.1 Traditional Territory Acknowledgement

Paul read the traditional territory acknowledgement.

1.2 Report on the January In-Camera Board Meeting

Paul reported the Board made decisions regarding Professional Staff credentialing and received an information update on Ontario Health Team development at the January meeting.

2.0 AGENDA APPROVAL

2.1 Approval of Agenda*

Paul noted a slight change to the Open Session agenda package with the deletion of the page following the Quality Committee Performance Scorecard. He also pointed out two agenda items were redacted in the Open Session package posted on the website for confidentiality reasons.

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

2.2 Declaration of Conflict of Interest - None 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 Analysis of Loans and Investments*

3.2 ITEMS FOR APPROVAL

- 3.2.1 Open Session Board Minutes – January 22, 2020*
- 3.2.2 Chief Financial Officer (CFO) Certificate *

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 – January 22, 2020 and the CFO Certificate as presented.

There were no questions, concerns or comments.

4.0 PRESIDENT AND CEO REPORT*

Mike Lapaine presented his report. He thanked the Board for their support at the recent Lambton County Council meeting where Bluewater Health (BWH) requested a grant of \$10M. Mike noted recent media attention about the grant proposal indicates the County of Lambton has experienced downloading from the Province in excess of \$1M. This has resulted in additional pressure on the County. Mike explained that Council approval of the grant would assist in obtaining Ministry of Health favour for pending capital projects, as the Ministry values ownership by communities seeking funds. He added that he and Paula Reaume-Zimmer will be participating in a delegation, led by the Mayor of Sarnia, to meet with the Minister of Health on March 12, 2020, to discuss the Addictions Centre proposal. Discussion regarding the Lambton County Council voting system followed.

Next, Brian Knott congratulated Paula Reaume-Zimmer for speaking in Belgium and Nikki George for her presentation to the Chiefs. Mike asked Paula to provide an overview of her presentation. Paula explained InterRAI is a standardized assessment tool that has been adopted by BWH and its partners, and is the foundation for the Mental Health Engagement and Response Team (MHEART) recently introduced in Sarnia-Lambton. MHEART is a police officer/Canadian Mental Health Association (CMHA) Registered Nurse (RN) team that responds to 911 calls with mental health presentation. She explained the tool allows partners involved to “speak the same language” and the Sarnia-Lambton MHEART may be the only model in Ontario where the CMHA RN reports directly to the Emergency Department (ED) Physician, without handover to an ED nurse. Opportunities to explore a similar approach between BWH and St. Clair Child and Youth Services are being explored.

Questions about differences between influenza and COVID-19 (novel coronavirus), and BWH's preparedness for a confirmed local COVID-19 case followed. It was reported the symptoms are similar and testing would occur for any presumptive case. Dr. Haddad noted there is a screening tool and the biggest indicator is travel to China/other infected countries, with the case definition changing daily. BWH's infection control department is monitoring the situation closely and has containment plans in place. If there were a case in Sarnia, negative pressure rooms and precautions would be used in accordance with BWH's Pandemic Plan.

5.0 BOARD DECISIONS/OVERSIGHT

5.1 Governance and Nominating (G&N) Committee Highlights*

Anthony lafrate presented the highlights and reported the Committee discussed a review of the Board's Evaluations in an effort to find efficiencies and avoid survey fatigue. The findings indicated all of the current evaluations are necessary based on best practice, Board Policy and Accreditation standards. As a result, work is underway to reduce redundancies, shorten the surveys, and achieve 100% completion rate. Anthony reported the Committee also considered increasing its composition based on a recommendation made in a past survey. It was determined the size of the Committee remain as is. Lastly, Anthony brought attention to past and upcoming Board education offerings, and reported management is investigating the idea of bringing a governance expert to Sarnia for the entire Board.

5.2 Quality Committee Highlights*

Brian presented the Quality Committee Highlights. He reported the Diagnostic Imaging Program shared information about their quality improvement initiatives including:

- Designation as a high risk breast cancer screening site which provides women confirmed to have greater risk for breast cancer to have annual testing
- Installation of two new mammography systems in Spring 2020
- Implementation of a Thyroid Imaging Reporting and Data System (TI-RAD) which reduces unnecessary biopsies. BWH is ahead of its peers in implementing the system, which has now been mandated by Cancer Care Ontario.

Brian reported the Committee also had good discussion about an educational article focused on Palliative Care. There were no questions or comments.

5.3 Quality Committee Performance Scorecard and 2019/20 Quality Improvement Plan (QIP) Update*

Brian presented the scorecard and highlighted the following:

- 90th Percentile Time to Inpatient Bed – meeting target and decreasing

- Time to Inpatient Bed - at 3.5 hours and getting closer to the 2 hour target
- Indicators 8-10 – response rate not statistically significant, although Inpatient results for indicator 10 exceeded target at 90.2

Brian commented on the great progress made over the past year. There were no questions, comments or concerns.

2019-20 QIP Update

Brian reviewed the results for each QIP indicator:

1. Leaving Hospital did patients receive enough information (Inpatient) - positive
2. Readmission rates within 30 days Chronic Obstructive Pulmonary Disease – positive
3. Readmission rates within 30 days for patients with mental illness or an addiction – slightly off-target (unverified data)
4. 90th Percentile Time to Inpatient Bed – positive
5. Overall Incidents of Workplace Violence – collecting baseline data

Paul reported the Board will consider executive compensation tied to QIP performance at the next In-Camera meeting in March. There were no questions, comments or concerns.

5.4 2020/21 QIP Update*

Brian presented a briefing note and explained BWH used survey feedback to select the QIP indicators recommended this year. The recommendations were vetted through leadership and operational committees and supported. They include two mandatory indicators: Time to Inpatient Bed (primary indicator) and Number of Workplace Violence Incidents. It has been recommended the primary indicator be supported by the following indicators: Conservable Bed Days, Alternate Level of Care (ALC), a Patient Experience Question, and Repeat Unscheduled Visits to Emergency Department (ED) Within 30 days for a Mental Health Condition. In addition, BWH and the Health Quality Partners of Sarnia-Lambton (HQP) have recommended work begin to collect baseline data for a new indicator: Documented Assessment of Palliative Care Needs among Patients Identified to Benefit from Palliative Care. Next month, a detailed QIP narrative will be presented to the Quality Committee for recommendation to the Board for approval. The QIP is due March 31, 2020. Paul added work is underway to determine the targets for the Conservable Bed Days and ALC indicators, and there will be a recommendation for the 2% executive compensation hold-back at the next meeting.

Motion duly made, seconded and carried: to approve the indicators and targets for the 2020-21 QIP move forward as presented.

Confirmation was sought that the hospital was going from five QIP indicators this year to three next year. Brian confirmed this, but pointed out BWH is realistically looking at five or six indicators. Questions about how the indicators align with the goals of the SL OHT, the difference between the current and proposed patient experience process, and how patients would be identified to benefit from the Palliative assessment followed.

Shannon Landry indicated there is alignment with the QIP and the work of the Sarnia-Lambton Ontario Health Team (SL OHT), as the Health Quality Partners (HQP) of Sarnia-Lambton will all be measuring Palliative indicators, and the Time to Inpatient Bed indicator is a system level indicator. She then explained Patient surveys are currently completed via the National Resource Centre (NRC) and patients are often not surveyed in a timely manner. As a result, BWH plans to phone patients post-discharge in order to get more immediate feedback and be able to probe for more information. Patient experience partners have been trained to complete the calls and have been completing the task in the Rehabilitation Unit with good results. The NRC surveys will continue to follow trends. Last, Shannon Landry and Laurie Zimmer reported ED or admitted patients would be identified for the Palliative assessment by their care provider (nurse/physician).

Margaret Dragan commended staff on the dramatic change in the Time to Inpatient Bed indicator.

5.5 Resource Utilization & Audit Committee (RUAC) Highlights*

Marg presented the RUAC Committee Highlights. She reported the Committee received a presentation on Wellness initiatives being led within the hospital and results from a recent Mental Health and Well-Being Survey. The Committee also received an update on the Hospital Information System project being led by TransForm. There were no questions or comments.

5.6 Accountability Amending Agreements*

Marg presented the amending agreements received from the ESC LHIN for approval. The agreements cover the first three months of this fiscal year and are expected to be updated as processes are refined. There are no funding changes. There were no questions, concerns or comments.

Motion duly made, seconded and carried: to approve the Board Chair and CEO to sign the HSAA Amending Agreement between the ESC LHIN and BWH effective March 31, 2020 to June 30, 2020; and the Board Chair and the CEO to sign the M-SAA between the two organizations for the same time period.

5.7 Financial Statements*

Marg presented the financial statement for the period ended December 31, 2019 and noted the following:

- Forecasted deficit is \$279K versus a budgeted \$1.3M deficit
- Statement includes the one-time energy rebate received
- Amortization budget will likely be under budget, as hospital will not purchase all approved capital items
- BWH has only recognized \$180K of the \$700K in surge funding received
- BWH has not recognized the \$2.1M Ending Hallway Medicine funding but will once funding qualifications are confirmed

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

5.8 2020-21 Human Resources Plan*

Marg presented the annual Human Resources (HR) Plan which was reviewed in detail at the RUAC meeting. Trends identified include an increase in retirements and maternity leaves, with the hospital filling approximately 19 positions per month. Marg assured the Board the HR team studies BWH's human resources in depth to forecast short and long-term needs. They also conduct exit interviews and have found the reason for leaving is not because staff do not want to work at BWH, rather due to spouse transfers, etc.

Motion duly made, seconded and carried: to approve the 2020-21 Human Resources Plan as presented.

It was questioned whether the hospital is focused on or investing in male recruitment, if the retirement rate is higher at BWH than average, and whether the increase in maternity leaves is contributing to the turnover rate. Marg noted there has been an increase in men entering the hospital workforce. Mike indicated the hospital is not focused on this and suggested colleges would drive male recruitment for Nursing Programs. Shannon suggested BWH's retirement rate was similar across all hospitals. She also reported most staff in temporary positions end up moving to another role and do not leave the hospital.

5.9 Resource Utilization and Audit Committee Performance Scorecard*

Marg presented the scorecard and highlighted the following:

- Brian already reported on first four indicators
- ALC Rate – better than target

- Absenteeism – increased slightly. HR is investigating whether staff are absent due to a family member being ill or are truly absent.
- QBP exposure – off target at -\$449K, which will likely decline as additional QBPs are completed
- Surplus deficit – discussed with Financial Statement
- Working capital – meeting target
- % of Capital Budget Spent – at 26% and will likely not reach 100%

Samer Abou-Sweid mentioned it was noted at RUAC that the Petrolia data for 90th Percentile Time to Inpatient Bed has increased over the last four months. This was investigated and Samer reported the results are similar to last year. For the bulk of the patients identified, the issue was related to time to disposition due to considerations like travel, monitoring before being transferred. Samer advised he will share these findings with RUAC at the next meeting.

5.10 2020-21 Physician Human Resources Plan*

Dr. Haddad presented the briefing note and Physician HR Plan. He explained physician needs are identified by departments/community and then vetted by the Medical Advisory Committee (MAC) and RUAC for recommendation to the Board. Dr. Haddad then provided a brief overview of the physician needs for next year and discussed recruitment strategies underway.

Motion duly made, seconded and carried: to approve the 2020-21 Physician Human Resources Plan as presented.

Marg reported Cancer Care Ontario revenue is down because BWH does not have Ears Nose and Throat (ENT) specialty services. It was questioned how many physicians Dr. Haddad expects to recruit next year and whether the half-time Infectious Disease Specialist position is a barrier to recruitment. Dr. Haddad suggested BWH will be successful with eight recruitments and agreed the half-time position is a barrier to recruitment. However, there is not enough local patient volume to sustain a full position. He suggested a shared role with another community would be a good solution. Financial questions were deferred to the In-Camera meeting.

5.11 Chief of Professional Staff Reports*

Dr. Haddad presented his report and highlighted success of the Mini-Medical Schools being offered. He then provided an update on upcoming educational sessions for Medical Staff and reported the next Retreat for Western's Distributed Education Regional Academic Directors will be in Sarnia. Dr. Haddad also reported the MAC discussed strategic planning,

the No One Waits (NOW) initiative, Ontario Health Teams and recruitment. There were no questions or comments.

5.12 Bluewater Health Foundation Report*

Kathy Alexander reported the Dream Home Lottery has grown dramatically with the support of the hospital's Petrolia partners and will continue next year. The Foundation is pleased with the outcome and has number of marketing strategies in place for the final stretch of the lottery over the next few weeks. The Dream Home draw will take place March 25, 2020. Kathy also note the Mike Weir Foundation is close to achieving its matching goal for the ACCESS Open Minds Project and discussed project timelines. There were no questions, concerns or comments.

6.0 **POLICY FORMATION** - None

7.0 **OPEN FORUM**

Management was questioned whether there is risk in getting supplies for the hospital due to COVID-19. Samer reported this is being monitored closely by TransForm and Mohawk Medbuy. There are currently no delays in day to day operations, however, there is some delay with devices that have impacted project timelines. This will continue to be closely monitored.

Brian reported he was part of the selection group for the Bridging Excellence Awards and was amazed by the quality of staff at BWH. The Annual Recognition Ceremony will take place April 30, 2020.

8.0 **IN-CAMERA MEETING AGENDA ITEMS**

The In-Camera meeting agenda include information updates about:

- Ontario Health Teams
- Integrated risk management
- Financial risk management
- Physician bank loans
- and decisions regarding:
 - Professional staff credentialing
 - Director Leave of Absence request
 - Board succession planning

9.0 **ADJOURNMENT** – Next Meeting: March 25, 2020.

Motion duly made, seconded and carried: to adjourn the meeting at 6:22 pm.

Paul Wiersma
Chair
Board of Bluewater Health

Mike Lapaine
Secretary
Board of Bluewater Health

Melissa Rondinelli
Senior Executive Assistant, Recorder