

	MINUTES OPEN SESSION BOARD MEETING Wednesday, January 22, 2020		
	Directors:	Marg Dragan, Treasurer Anthony Iafate Bill Gillam -R Jenny Greensmith	Louis Guimond - R Brian Knott, Vice-Chair Katherine Mantha Bob McKinley
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 – R	Paula Reaume-Zimmer – R 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 5:00 pm and welcomed everyone to the meeting.

1.1 Traditional Territory Acknowledgement

Paul read the traditional territory acknowledgement.

1.2 Report on the November In-Camera Board Meeting

Paul reported the Board made decisions regarding Professional Staff credentialing and received information updates on:

- Ontario Health Teams
- Critical Incidents
- *Quality of Care Information Protection Act* and Quality Care Reviews
- Integrated Risk Management
- Quarterly Financial Risk Management
- Director and Executive Expenses
- Health Infrastructure Renewal Fund Program Allocation

2.0 BOARD EDUCATION

Laurie Zimmer introduced representatives of the St. Joseph's Hospice, Larry Lafranier, Executive Director and Dr. Leslie Potts, Board Chair. Larry provided the Board with an overview of the history of St. Joseph's Hospice, its Mission, Vision and Values, and the role of the St. Joseph's Health Care Society – the owner and sponsor of the Hospice.

St. Joseph's Hospice offers residential care, community based programs and services, and a Palliative Care Clinic. See overview of services below:

1. The Residence: includes 10 private rooms with bathrooms, and public home-like areas such as a kitchen and dining rooms, reception area. Services offered include: massage, Reiki, music therapy, reflexology, etc.
2. The Resource Centre: private rooms used for personal use, support groups, education and meetings for community based programs and services such as illness support, bereavement programs, etc.
3. Palliative Care Clinic – end-of-life support provided 24/7 within the home, Bluewater Health or Hospice residence.

Next, Larry highlighted how volunteerism, partnerships and philanthropy support the St. Joseph's Hospice. He noted the Hospice has 240 active volunteers averaging 22K hours per year, and their Foundation raises approximately \$1.6M annually (55% of budget). Current challenges include recruitment and lower occupancy. Opportunities to partner are being explored, including a pilot shared management role with BWH.

The Board was appreciative for the presentation and asked questions about admission criteria, how Hospice manages cultural sensitivities, and if there are integration opportunities with long-term care homes. It was explained admissions are based on a clinical scoring system and the average length of stay for a patient at the Residence is 14 days. Approximately 50% of admissions are made through the hospital, following a home and community care assessment through the ESC LHIN. There has been an increase in non-cancer patients with more chronic lung, kidney and heart disease patients than before. Hospice staff participate in cultural sensitivity training and services are offered to everyone. It was noted there is opportunity to provide more education/community awareness about palliative care to better support patients in Sarnia-Lambton. The Board was encouraged to tour St. Joseph's Hospice.

3.0 AGENDA APPROVAL

3.1 Approval of Agenda*

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

3.2 Declaration of Conflict of Interest - None declared.

4.0 CONSENT AGENDA

4.1 ITEMS TO BE RECEIVED

- 4.1.1 Board Chair Report*
- 4.1.2 Professional Staff Association Report*

4.1.3 Board Meeting Effectiveness Survey Results*

4.1.4 Facilities Report*

4.2 ITEMS FOR APPROVAL

4.2.1 Open Session Board Minutes – November 27, 2019*

4.2.2 Annual General Meeting Location*

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 – November, 2019, and that the Annual General Meeting be held at the Lambton College Event Centre on June 24, 2020.

5.0 PRESIDENT AND CEO REPORT*

Mike Lapaine presented his report and indicated patient volumes are similar to last year, with all surge beds at 100% occupancy since the holiday season. He noted the difference between this year and last, is the hospital's ability to move patients much more quickly, which is attributed to the work of the No One Waits (NOW) initiative.

Mike then shared appreciation for the teams involved in improving well-being throughout the organization. He brought attention to impressive changes in the survey question "the organization promotes staff health and wellness" which increased from 51.6% to 78.6%. Questions about vaccination rates and the future of NOW followed. It was reported 52% of staff are vaccinated, which is up from last year. Mike indicated there is still opportunity for the NOW initiative to create capacity, with this year's focus on Expected and Actual Length of Stay.

6.0 BOARD DECISIONS/OVERSIGHT

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

Anthony lafrate presented the highlights and reported most of meeting was focused on Board succession planning. He then presented the revised Nominations Process Policy below. Paul Wiersma added the Nominating Committee will be determining whether to advertise for positions in 2020, as there may not be any openings on the Board next year.

6.2 Board Succession Planning*

Anthony presented the proposed changes to the Nominations Process Policy which now includes an exception for the Board Chair/Vice-Chair to be part of the Nominating Committee if their term is expiring. He also presented a recommendation to approve the ad-hoc Nominating Committee membership for 2020.

Motion duly made, seconded and carried: to approve the revisions to the draft Nominations Process Policy as presented.

Motion duly made, seconded and carried: to approve the ad-hoc Nominating Committee membership for 2020 to include: Paul Wiersma, Brian Knott, Marg Dragan, Anthony Iafrate, Jenny Greensmith, Louis Guimond and Mike Lapaine.

There were no questions, concerns or comments.

6.3 Quality Committee Highlights*

Brian Knott presented the Quality Highlights and reported Diagnostic Services plans to replace an automation line in February/March. There are plans to provide the Board with a tour of the second floor to see the areas that will be impacted. Brian noted the Committee also received updates on the Indigenous Patient Navigator (IPN) program and emergency and pandemic planning. The IPN saw a peak in referrals in November. In regards to emergency planning, the hospital is up-to-date on its Code drills, and is working to update emergency equipment and develop a new code Trauma. There were no major revisions following the hospital's annual pandemic plan review and coronavirus planning is underway. If coronavirus becomes epidemic, planning will be directed at federal, provincial and local levels.

6.4 Quality Improvement Plan (QIP)*

Brian referenced the briefing note included in the agenda package and explained the QIP is required annually, with a submission deadline of March 31, 2020. This year, Health Quality Ontario (HQO) has mandated two indicators – Number of Workplace Violence Incidents and Time to Inpatient Bed. In addition, HQO has encouraged alignment of indicators amongst Ontario Health Team partners.

Staff are working with stakeholders to evaluate and assess recommended indicators and targets, with a plan to update the Board in February, and bring forward a final QIP for Board approval before the submission deadline. Discussion regarding patient experience indicators and the idea of a shared collaborative palliative care indicator followed. It was noted local palliative care services are exceptional and opportunities to strengthen this care are being explored.

6.5 Quality Committee Performance Scorecard*

Brian presented the scorecard. He highlighted BWH's access to care indicators slightly increased this month, yet the hospital has been close to reaching the two hour target some weeks. There is no data for indicators 8-10 due to a National Research Corporation

software issue. For overall incidents of workplace violence, there have been 257 documented incidents, averaging nearly one incident per day. There were no questions or comments raised.

6.6 Resource Utilization & Audit Committee (RUAC) Highlights*

Marg Dragan presented the RUAC Committee Highlights. She reported the Committee received three educational presentations: Procurement Guidelines, Cost per Weighted Case, and Absenteeism. Marg explained the presentations illustrated how the Procurement Guidelines create a lag in the purchasing process, the importance of coding, and how the hospital's new absenteeism policy is creating positive results. Next, Marg noted the Facilities Report was included in the consent agenda and all hospital projects are tracking on time, including work at both sites being funded through the Ministry of Health's Health Infrastructure Renewal and Exception Circumstances Funds. The Committee also received an update on the regional Hospital Information System project. The coding process was questioned. It was explained cases are coded upon discharge, the data is then sent to the Canadian Institute of Health Information (CIHI) for processing, before the results are shared on the scorecard.

6.7 Financial Statements*

Marg presented the financial statement for the period ended October 31, 2019 and noted a current deficit of \$1.28M. She reported the year-end forecast is \$300K with an expectation to balance. Marg explained the hospital received a large energy rebate which made a positive impact. The statements do not include additional funding of \$2.1M received for ending hallway medicine, as the reporting requirements are not yet clear. BWH is not currently achieving its forecasted Quality Based Procedures (QBP), yet expects to achieve more QBP funding as the year continues. The hospital continues its focus on reducing expenses despite annual cost increases. Lastly, Marg noted the current ratio and adjusted working capital is positive.

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

6.8 Resource Utilization and Audit Committee Performance Scorecard*

Marg presented the scorecard and highlighted the following:

- ALC Rate - meets/exceeds target
- Absenteeism – off target, yet trending in right direction
- Cost per weighted case – not meeting target
- QBP Financial Exposure – not meeting target, improvement expected over the year
- Surplus deficit – not reaching target

- Working capital – meets/exceeds target
- Capital budget – at 18% with projects underway

It was questioned whether a surge in patients could positively affect cost per weighted case. The answer was yes, if patients are moved through the system (high turn over). Clarity about the absenteeism rate was sought. Mike clarified the indicator is the number of days absent per quarter for full-time and permanent part-time staff.

6.9 Chief of Professional Staff Reports*

Dr. Haddad reported the Annual Physician Human Resources Report has been finalized by the Medical Advisory Committee and will be forwarded to the Board next month. Medical Affairs is working to recruit Emergency Department (ED) physicians and currently have physicians interested in the positions. Also, hospital management has approved funding for another student in the ED. In the meantime, ED medical staff have done a great job supporting the department, with assistance of Health Force Ontario physicians.

Dr. Haddad then highlighted the upcoming Mini Medical School sessions being offered to build better connections with the community, and discussed changes to medical rounds to improve knowledge sharing. Lastly, he reported there was no feedback from the Professional Staff Association regarding the By-Law revisions. Brian shared appreciation with the teams leading the Mini Medical School sessions.

Rachael Simon asked about the recruitment process and if there were any trends in what brings physicians to Sarnia. Dr. Haddad explained the recruitment process, and reported all interested applications are toured within the community when considering a position. It was noted employment opportunities for their partner is often a consideration for applicants.

6.10 Bluewater Health Foundation Report*

Paul presented the Foundation Report on behalf of Kathy Alexander. There were no questions or comments.

7.0 POLICY FORMATION - None

8.0 OPEN FORUM

Paul reported he and some other Directors have been participating in the Board Chair at the Helm Series being offered through the Ontario Hospital Association. He then presented a Board Culture Model slide shared at a recent session, and encouraged the group to assess their fit in the framework. Brief discussion followed.

9.0 IN-CAMERA MEETING AGENDA ITEMS

The In-Camera meeting agenda includes the following items:

- Ontario HealthTeams
- Professional staff credentialing

10.0 ADJOURNMENT

Motion duly made, seconded and carried: to adjourn the meeting at 6:33 pm.

Paul Wiersma
Chair
Board of Bluewater Health

Mike Lapaine
Secretary
Board of Bluewater Health

Melissa Rondinelli
Senior Executive Assistant, Recorder