



**MINUTES**  
**OPEN SESSION BOARD MEETING**

**Wednesday, November 27, 2019**

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

**1.1 Traditional Territory Acknowledgement**

Paul read the traditional territory acknowledgement.

**1.2 Report on the September In-Camera Board Meeting and Board Retreat**

Paul reported the Board received information updates on Ontario Health Teams (OHT), Financial Risk Management, and Charlotte Eleanor Englehart Hospital (CEEH) Capital Planning. In addition, decisions were made regarding Professional Staff credentialing and Integrated Risk Management. He also advised the Board held a Retreat in October and received a presentation on the health care environment, Strategic Plan review, and OHT development.

**2.0 BOARD EDUCATION**

Paula Reaume–Zimmer, Integrated Vice-President Mental Health and Addictions, provided a presentation titled *Transforming Transitional Age Youth Mental Health & Addiction Integrated Treatment Services*. She noted 70% of mental health problems onset during childhood or adolescence, and healthy emotional and social development in early years lays the foundation for mental health and resilience throughout life.

Next, Paula shared statistics about youth mental health and addictions, and discussed the opportunity to provide improved access to services through an ACCESS Open Minds site in Sarnia-Lambton. Paula reported the objectives of ACCESS Open Minds are: 1. Early Identification 2. Rapid Access 3. Appropriate Care 4. Continuity of Care and 5. Youth and

Family Engagement. She also provided an overview of similar centres that have been established nationally/internationally. Paula then discussed the patient and family engagement for the project to date, the support through the Graham Boeckh and Weir Foundations, and collaborations with various partners. She reported the targeted opening date is September 2020.

Questions regarding the British Columbia (BC) model, Lambton County support, and operational funding followed. Paula explained the BC government committed to the centres earlier than Ontario which is why there are more sites there. She noted the presentation she provided to the County of Lambton was well received today. In regards to resources, Paula reported the Foundation will fund the capital portion of the project and the operational expenses will be funded through existing resource from the partner organizations involved. It is expected base funding will follow in the future as well.

Paula was also asked how youth under 11 will be supported, and how parents will be involved. She suggested St. Clair Child and Youth Services will likely focus on these children and reported parents will meet with a family navigator at the centre, which is a paid staff role in the model. Lastly, Paula spoke to the synergy created at the Chatham ACCESS Open Minds site by having all services in one space. The Board was appreciative for this community opportunity and the work completed to date.

### **3.0 AGENDA APPROVAL**

#### **3.1 Approval of Agenda\***

***Motion duly made, seconded and carried: to approve the agenda with the Quality Committee items to be reported before the other Standing Committee reports.***

#### **3.2 Declaration of Conflict of Interest**

### **4.0 CONSENT AGENDA – None declared.**

#### **4.1 ITEMS TO BE RECEIVED**

- 4.1.1 Board Chair Report\*
- 4.1.2 Professional Staff Association Report\*
- 4.1.3 Sub - Committee Self-Assessment Evaluation Results\*
  - Quality Committee\*
  - Resource Utilization and Audit Committee\*
  - Governance & Nominating Committee\*
- 4.1.4 Analysis of Loans and Investments\*
- 4.1.5 Hospital Parking Attestation\*

## 4.2 ITEMS FOR APPROVAL

- 4.2.1 Open Session Board Minutes – September 25, 2019\*
- 4.2.2 Draft Board Work Plan\*
- 4.2.3 Chief Financial Officer 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 – September 25, 2019, Draft Board Work Plan, and Chief Financial Officer Certificate.***

## 5.0 PRESIDENT AND CEO REPORT\*

Mike Lapaine presented his report and highlighted BWH was a top provincial performer for cancer wait times. He attributed the success partly to the introduction of a patient navigator several years ago. Mike then noted the hospital won the “Cool Place to Work” Outstanding Business Achievement Award through the Sarnia Lambton Chamber of Commerce, and recognized several physicians honoured at this year’s Physician Appreciation Awards including:

- Dr. Winegard - Outstanding Physician of the Year
- Dr. Cheong - Outstanding Contribution to the Hospital
- Dr. Naidu – Peer Recognition Award
- Dr. Hislop – Culture of Philanthropy Award

Mike was asked about the hospital’s readiness for the flu season. He reported the hospital was prepared.

## 6.0 BOARD DECISIONS/OVERSIGHT

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

Paul presented the highlights on behalf of Anthony lafrate. Paul reported participating in a recent Board Chair at the Helm session and learned only 20% of the participants complete peer evaluations, BWH being one of them. He noted BWH is a high functioning Board, yet there is still opportunity to strengthen Board evaluations, which will be considered by the G&N Committee moving forward. Paul then encouraged Directors to participate in the various educational opportunities offered. Lastly, he noted the Board Goals will remain for this year. There were no questions or comments.

### 6.2 Annual Board Policy Review\*

Paul presented the briefing note and noted all policies were thoroughly vetted before bringing the recommended policy revisions forward to the Board for approval. Jenny Greensmith thanked all involved for their work. Mike also mentioned the G&N Committee

had a discussion about the number of Board policies and noted an opportunity to lean the policies.

***Motion duly made, seconded and carried: to recognize the annual Board Policy Review has been completed as required, and approve the recommended Board Policy revisions as presented.***

### 6.3 Annual By-Law Review\*

Paul presented the briefing note and explained the process involved to review and recommend revisions to the By-laws. The Medical Advisory Committee's (MAC) recommendation to add a statement clarifying the MAC is established by the Board per the *Public Hospitals Act* was questioned. Mike explained a communication was shared with the MAC following their meeting, confirming this information is already included in the definition section of the By-law. As a result, the MAC was agreeable to moving forward with the By-law revisions as presented.

***Motion duly made, seconded and carried: to approve the amendments to the Corporate By-Law of BWH and the Professional Staff By-Laws of BWH as presented, to be posted for Professional Staff feedback for 30 days. Any comments will be considered by MAC, followed by a final recommendation to the Board.***

### 6.4 Quality Committee Highlights\*

Brian Knott presented the highlights and noted the hospital is moving forward with plans to become an Accredited Stroke Distinction Centre in November 2020. He also provided an overview of common themes from patient experience survey results, and gave an update on planning for the next Quality Improvement Plan, due April 1, 2020. There were no questions or comments.

### 6.5 Quality Committee Performance Scorecard\*

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

- Access to care indicators (#s1-4) all improved
- Average Time to Inpatient Bed – at 3.5 hours compared to 11.7 hours one year ago. All teams involved hospital wide were thanked for this improvement.
- 30 day Mental Health Readmission – one or two patients had many readmissions. There are extensive plans in place to address this indicator.
- Strengthen Patient and Family-Centred Care indicators - mostly reaching target, with some fluctuation. Discharge calls indicate patients feel they receive enough information on discharge 80% of the time.

- Was patient/family treated with kindness – off target in Emergency Department yet there was improvement.
- Workplace Violence - peak in workplace violence in Q4. Hospital continues to collect baseline data with numbers currently tracking lower.

Paul commended the hospital for the progress made on the Access indicators and asked if the trend is expected to continue. Management was hopeful.

#### 6.6 Resource Utilization & Audit Committee (RUAC) Highlights\*

Marg Dragan presented the RUAC Committee Highlights. She reported the Committee received education on the financial statements, Quality Based Procedures and accountability agreements. They also received an update on the No One Waits (NOW) initiative. Improvement in the time to inpatient bed indicator and the cultural shift across teams was commended.

Kirk Wilson asked how TransForm will fit with the local OHT. Samer Abou-Sweid indicated TransForm is well-positioned to join the OHT and expand as a shared service organization for information technology and procurement services across the region. It was confirmed the CEO of TransForm has been engaged in the development of the OHT and is a signatory to the application. Mike indicated there is opportunity for savings through BWH's association with Mohawk Medbuy as well. *Brian Knott left the meeting at 5:41 pm.*

#### 6.7 Financial Statements\*

Marg presented the financial statement for the period ended September 30, 2019 and reported there is a current deficit of \$791K. The largest variances from the budget are related to employee benefits and supplies. Despite the budgeted deficit of \$1.3M, the hospital expects to balance at year end. This is due to additional funding received including a \$1.8M energy rebate and \$2.1M in additional one-time targeted funding which will be measured and monitored. Marg also noted the hospital's working capital was positive.

***Motion duly made, seconded and carried: to approve the Financial Statement for the period ended September 30, 2019 as presented.***

#### 6.8 Resource Utilization and Audit Committee Performance Scorecard\*

Marg presented the scorecard and highlighted the following:

- Access indicators - meeting targets and trending in the right direction
- ALC rate – at 14.1% and higher than in the past
- Absenteeism rate – trending in the right direction

- Cost per weighted case – do not have current data
- Mental health Inpatient Cost per Patient Day – off target. The number of patients is declining although expenses have not.
- QBP Financial Exposure – off target yet optimistic will meet year-end target
- Surplus – expect to break even
- Adjusted working capital – positive
- % of capital budget – at 17% and expected to increase as the year progresses

There were no questions or comments raised.

#### 6.9 Chief of Professional Staff Reports\*

Mike Lapaine presented the Chief of Professional Staff Reports on Dr. Haddad's behalf. There was brief discussion regarding Emergency Department physician coverage, which is being supported through Health Force Ontario as Bluewater Health continues recruitment efforts.

#### 6.10 Bluewater Health Foundation Report\*

Kathy Alexander presented the Foundation Report and discussed the shared Dream Home Lottery with the CEEH Foundation, which has transitioned to an online process. Bob McKinley shared appreciation for Dan Edwards' contributions to BWH for the patio project. Questions about the Dream Home Lottery followed. Kathy confirmed the Foundations are marketing beyond the Sarnia-Lambton area, the proceeds will be split between the Foundations, and sales are currently trending strong.

#### 7.0 **POLICY FORMATION** - None

#### 8.0 **OPEN FORUM**

Kathy reminded the Board of the tree lighting ceremony taking place tomorrow evening and thanked the Board for participating. Kirk verified the Board's approach to approving attestations via the consent agenda was appropriate based on advice he sought at a recent Ontario Hospital Association education event. Jenny brought up changes made to London Health Sciences Centre's interpretation services due to procurement issues, and asked about Bluewater Health's services. Discussion regarding procurement guidelines and the current government's approach to find savings followed. There was also brief conversation about future funding formulas.

## 9.0 IN-CAMERA MEETING AGENDA ITEMS

Paul reported the In-Camera meeting agenda includes decisions regarding Professional Staff credentialing and information updates on:

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

## 10.0 ADJOURNMENT

***Motion duly made, seconded and carried: to adjourn the meeting at 6:25 pm.***

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Paul Wiersma  
Chair  
Board of Bluewater Health

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Mike Lapaine  
Secretary  
Board of Bluewater Health

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Melissa Rondinelli  
Senior Executive Assistant, Recorder