

BOARD OF DIRECTORS MINUTES

Thursday, September 12, 2024 at 4:00 pm
South Muskoka Memorial Hospital Boardroom
Approved December 12, 2024

PRESENT:

V denotes virtual participation

<i>Elected Directors:</i>	Dave Uffelmann	Carla Clarkson-Ladd	Jody Boxall
	Anna Landry	Marni Dicker	Bruce Schouten
	Tim Ellis	Line Villeneuve	Colleen Nisbet
	Mary Lyne	Dr. William Evans(V)	
<i>Ex-Officio Directors:</i>	Cheryl Harrison	Diane George (V)	Dr. Khaled Abdel-Razek
	Dr. Helen Dempster(V)	Dr. Joseph Gleeson	
<i>Executive Support:</i>	Alasdair Smith	Mary Silverthorn	Tammy Tkachuk
	Janet Short		
<i>Guests:</i>	Lindsay Bishop, Manager, Surgical Services & MDRD		
REGRETS:	Moreen Miller		

1.0 CALL TO ORDER

Dave Uffelmann, Board Chair called the meeting to order at 4:01 pm. Guests and observers were welcomed to the meeting. The Land Acknowledgment Statement was read aloud. Colleen Nisbet shared with the Board the fourth teaching about Bravery from the Seven Grandfather Teachings.

1.1 APPROVAL OF AGENDA

It was moved, seconded and carried that the meeting agenda be approved as circulated.

1.2 DECLARATION OF CONFLICT OF INTEREST

Directors were reminded that conflicts are to be declared for any agenda items and the Director shall not attend any part of a meeting during which the matter in which they have a conflict is discussed. Upon review of the agenda, there were no conflicts of interest declared.

1.3 PATIENT EXPERIENCE

Dr. Khaled Abdel-Razek and Lindsay Bishop, Manager of Surgical Services & MDRD shared a story with the Board with respect to a patient’s appreciation expressed following receiving care at the Huntsville Site. As a result of equipment failure affecting the air conditioner at the SMMH Site, surgeries were not able to proceed at the site. Rather than cancelling the surgeries, the Team pulled together and coordinated the move of the surgical list to the Huntsville Site. This includes moving the patients, Surgeon and Nursing Team. One of the patients expressed appreciation and gratefulness to the Team for these actions and avoiding cancellation. Comments and questions from the floor included expressions of appreciation for the team effort, the cooperation of impacted credentialed staff and staff and any learnings from the event. The Board was informed that an alert indicator is being explored to be installed in the SMMH Surgical Services that will provide advance warning when humidity levels reach a certain threshold.

Lindsay Bishop left the meeting at this time.

2.0 BUSINESS ARISING

There was no business arising for this meeting.

3.0 REPORTS

3.1 Chair's Remarks

The Chair referenced the amount business included on the Consent Agenda reinforcing the objective to have efficient meetings and potential additional time for strategic discussions. Directors were encouraged to pull anything from the Consent Agenda there may be questions about. No requests had been received in advance.

The Board was reminded that key objectives are addressed through various reporting mechanisms including the Quality Improvement Plan, Operational Action Plan for the Strategic Plan and the Executive Performance Objectives. It was also noted that some of the objectives overlap between these reports and at times there it will result in the Board reviewing the objectives multiple times.

It was noted that September 30th is Orange Shirt Day and National Day of Truth and Reconciliation. There are a number of initiatives that will be occurring in the hospitals in recognition of the day. Directors were encouraged to explore ways to support the day within the community as well.

The Chair commented on the busy summer months and noted that a large amount of the activity was mainly driven by capital redevelopment. Appreciation was expressed to Management for their efforts over the summer months. Congratulations were expressed on behalf of the Board to Mary Silverthorn for her appointment as Vice Present, People, Communications, Stakeholder Relations & Chief Human Resources Officer. Appreciation was expressed to the Directors that will be participating in the upcoming governance courses being offered by the Ontario Hospital Association (OHA).

Arising from the report of the President and Chief Executive Officer, Directors were encouraged to read the OHA report "Ontario Hospitals - Leaders in Efficiency" as it will provide a helpful perspective on hospital spending by province and country. In addition, it includes interesting data analysis with respect to quality indicators showing that Ontario is doing well in relation to the investment on the indicators that would be applicable to MAHC.

3.2 Report of the President and Chief Executive Officer

The September report of the President and Chief Executive Officer was received for information. In addition to key highlights from the report the Board was reminded of the upcoming Strategic Plan refresh retreat on November 8th and were informed that there will be pre-read documentation circulated in advance. Appreciation was also expressed to Ontario Health and the Ministry of Health for the continued funding of some projects including Hospital to Home and Transitional Care. A question was raised regarding the number of cases required to declare an outbreak. It was explained that Public Health makes the decision to declare an outbreak and in general any transmission of cases in hospital up the three or more. They will carefully look at the cases and connection between them before declaring an outbreak. Comments were provided regarding the research that occurs locally by physicians and students; from a

recent virtual event regarding research the quality of the work and enthusiasm of the students involved was impressive. It was confirmed that the radiothons for both Foundations will be occurring this year.

4.0 PROGRAM QUALITY & EFFECTIVENESS

4.1 Report of the Chief of Staff & Medical Advisory Committee

The report of the Chief of Staff was received for information and following an overview of the key highlights from the report the Board was advised at the upcoming meeting there will be a large number of applications compared to prior summers given the number of locums that were recruited. The Team is also getting ready for reapplications. In response to a question, clarification was provided regarding a 'closed' ICU versus an open ICU. In an open ICU any physician can be the most responsible provider for a patient whereas in a closed unit all patients are under the care of an Internist. Advantages of a close unit are better utilization and the ability to direct high acuity resources for patients. There was no follow-up action arising from the discussion.

4.2 Report of the Quality and Patient Safety Committee

On behalf of the Quality and Patient Safety Committee, Dr. William Evans informed the Board that the Committee began their meeting with a discussion of the grandfather teachings as having an understanding of indigenous belief systems is important for their care. Other Committee Chairs were encouraged to also consider this as part of their meetings. Directors were also encouraged to read the Quality & Patient Safety toolkit that is available on the board portal. In terms of the business for the Committee, a minor amendment was made to the Terms of Reference and the work plan was established as included in the Consent Agenda. A highlight from the work plan is the interesting educational program from the year that will include patient safety topics of never events and falls as well as quality topics of length of stay, estimated date of discharge, care plans and bed utilization.

The Quality and Patient Safety Report was also noted, and the Board was informed that unavailable data is a result of the time needed for data to be cleaned and made available. Of note were the differences between sites as it relates to length of stay; the Committee was requested to provide a more detailed report on the matter to provide a more fulsome understanding of the differences. The Committee also discussed the need for a Balanced Scorecard for the Board, however, recognized the amount of work required and current constraints from a decision support perspective. The Committee was pleased to see the number of patient satisfaction surveys for inpatients and had discussion on how to enhance the number of responses from the emergency department. The Committee is also interested in receiving data on how MAHC compares to other hospitals. There were no questions from the floor.

4.3 Quality and Patient Safety Report

On behalf of the Quality and Patient Safety Committee, Colleen Nisbet presented the first quarter report for 2024/2025. Of note were the two indicators outlined in the briefing note as well as the department performance and the five specific areas that includes an outline of the efforts of staff to mediate some of the issues including infection prevention control and hand hygiene. The Committee's conversation with respect to data and data visualization was also reinforced. There were no questions or comments from the floor.

4.4 Quality Improvement Plan Revision

It was highlighted that the indicator relative to education for inclusion, diversity, equity and anti-racism originally written to be 80% of all staff was thought to be a stretch and the Committee was supportive of revising the indicator to reference the 80% target to be focused on executive and management staff. There were no questions from the floor.

It was moved, seconded and carried that the Board of Directors approved the revised target as presented

5.0 STRATEGIC DIRECTION

5.1 Capital Redevelopment Update

On behalf of the Capital Redevelopment Steering Committee, Carla Clarkson-Ladd presented the pre-circulated briefing note and highlighted that the three working groups have all met at least once. The Bed Capacity Working Group will be addressing the “Care Closer to Home V2” proposal that was recently submitted. It was also noted that the Muskoka and Area Ontario Health Team have agreed to take the lead on the Alternate Level of Care working group; initial feedback has been positive as it relates to their engagement. The Transportation Working Group will be one of the longer-term initiatives and as such will be meeting less frequently than the other.

The Steering Committee remains on track to meet the timeline for submission. The Board was provided with an overview of the key dates upcoming:

- September 16th - meeting with the consultant engaged by Town of Bracebridge
- September 27th - meeting with the Ministry of Health
- October 1st - Capital Redevelopment Operations Committee and Steering Committee meetings
- October 10th - Board of Directors special meeting to consider the Submission for approval
- October 11th - Town of Bracebridge
- October 21st - District Council

In terms of the budget, it was confirmed that it is expected that the remaining grant funding will be sufficient to get through the process.

6.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

6.1 Report of the Resources & Audit Committee

Bruce Schouten informed the Board that all topics of discussion from the Committee meeting are included on the agenda for individual discussion. It was noted that the Committee welcomed the new Committee Appointee Member, Rob McPhee who has a background in IT and specializes in cybersecurity. The Committee also appointed its membership for the Audit Subcommittee under the leadership of Bruce Schouten as Subcommittee Chair; appreciation was expressed to Jody Boxall, Tim Ellis and Dave Uffelmann for volunteering to participate in this work.

6.2 Approval and Signing Authority Policy

The proposed revisions to the policy were presented and it was noted that after two separate reviews by Committee, they are satisfied that the policy meets good governance practices.

It was moved, seconded and carried that the Approval and Signing Authority Policy be approved.

6.3 Financial Results

The financial report was presented as circulated with the agenda. Highlights noted were the deficit position, continued reliance on agency staff and lack of clarity in terms of the funding mechanism for the remainder of the year. It was also noted that there were some minor issues identified by Committee with respect to reconciliation that have now been addressed and will be clarified in the next submission. Staff have also been asked to provide an analysis of hours to help better understand the impact of agency. This work has begun, and it can be confirmed that the additional agency is primarily related to the 12-week orientation to onboard new Registered Nurses. A brief overview was provided regarding the drivers for the need for additional orientation hours. The Board was also informed that there are many hospitals within the province that are experiencing challenges from a financial perspective.

It was moved, seconded and carried that the year-to-date financial results June 30, 2024, be received.

6.4 Replacement of Central Monitoring Equipment

Upon presentation of the briefing note, it was explained that the request relates to a purchase of equipment in excess of management's budget authority and is a multi-year project. It was confirmed that the request is to purchase monitors for both sites. Comment was provided reinforcing that this decision is to approve the capital expense for the 2025/26 budget. Management is working to get a better handle on these types of multi-year expenses.

It was moved, seconded and carried that the Board of Directors approve the signing of the Central Monitoring Contract, based on the results of the RFP review.

6.5 Corporate Auditor Request for Proposal

The Board was reminded that it has been eight years since the last request for proposal process for the Corporate Auditor and in keeping with good corporate governance the recommendation is to proceed with a process to ensure the organization is getting best value for dollar. It was also noted that the risk is that the financial impact is unknown. It was confirmed that the current Corporate Auditor has been advised of this activity.

It was moved, seconded and carried that the organization proceed with a Request for Proposal process for the Corporate Auditor to be appointed at the 2025 Annual Meeting.

6.6 Cyber Security / Information Technology Update

From the briefing note circulated with the agenda package, the Board was provided with highlights with the purpose of providing an understanding of the activities underway to address cyber including benchmarking results. A question was raised regarding business continuity management in another context. It was explained that an incident management system is in place to address any type of critical incident and is built into the emergency preparedness. Additionally, all emergency codes in the organization have playbooks developed.

6.7 People Metrics Report

The first quarter results of the People metrics were received. Following an overview of the successes, actions and issues for each quadrant as outlined in the report the floor was open for questions and comments. In response to a question regarding the quality of applicants, it was confirmed that they are good applicants, and that management is investing a lot of time to ensure that they are excellent transfers or new entrants. The organization is also receiving some international applicants and management plans to report in more detail in the future on questions such as these in order to capture the questions of interest raised by Board members. It was also confirmed for the Board that the employee and credentialed staff engagement survey will be launched September 18th. The vendor being utilized is Qualtrics and will provide the ability to benchmark the results. Management will be using what are known as 'magnet' questions to help inform retention strategies for the future. Efforts are underway with various tactics with the goal of achieving a high response rate; previous surveys did not garner high response rates. In response to a question regarding measurement of the new onboarding program, the Board was provided with an overview of the collaborative format to develop the unique 12-week program and the monitoring of the program to ensure the recruitment efforts do not go to waste.

7.0 LEADERSHIP

7.1 Report of the Performance Management Committee

On behalf of the Performance Management Committee, Dave Uffelmann informed the Board that in addition to the items on the agenda, the Committee had a discussion regarding executive compensation. The Board was reminded that it has been over a decade since executive compensation was frozen and Directors were encouraged to read the report by the Ontario Hospital Association in the President and CEO report that provides a good overview of the impact of this.

7.2 President and CEO 2024/2025 Performance Objectives

It was moved, seconded and carried that the Board of Directors approve the revision to the President and CEO Annual Performance Objectives 2024-2025 as presented.

With respect to the objective to enhance the trust and understanding of MAHC's future hospital services plan with Muskoka and Area communities, the Board was advised that an informal advisory group is being formed as a result of people that came through the engagement sessions. The first meeting is currently being planned. There were no other questions from the floor.

7.3 Chief of Staff 2024/2025 Performance Objectives

Following a brief overview of the status of the performance objectives as circulated with the agenda package, there were no questions or comments from the floor.

8.0 BOARD EFFECTIVENESS

8.1 Report of the Nominations Committee

On behalf of the Nominations Committee, Mary Lyne noted the Terms of Reference and Work Plan as presented in the consent agenda and provided the rationale for the Committee to reconsider the recruitment video and highlighted the alternate tactics and strategies identified. Once the Committee is at the recruitment stage, a discussion will occur with the Board regarding outreach to the community. There were no questions or concerns from the floor.

8.2 Report of the Governance Committee

On behalf of the Governance Committee, Marni Dicker noted that the Committee was pleased to welcome Ruth Chalmers as the new Committee Appointee Member. Also highlighted for the Board from the consent agenda is the recommended change to the management of attendance by Members virtually and noted that virtual attendance will be tracked through the meeting attendance record to ensure it is not being taken advantage of. It was confirmed that the approach of having meetings completely virtual during the winter months will continue. The Board was also provided with the key highlights of the Terms of Reference revisions, work plan and the Board meetings policy. It was confirmed that members of the public will only receive a copy of the full meeting package once they attend the meeting after registering at least 24 hours in advance. There were no follow-up actions as a result of the discussion.

9.0 CONSENT AGENDA

It was moved, seconded and carried that the following items be approved or received, with the above noted amendments, as indicated:

- 9.1 Approval of the Board of Director Meeting Minutes of June 13, 2024*
- 9.2 Approval of the Board of Director Meeting Minutes of June 24, 2024*
- 9.3 Approval of the Board of Director Meeting Minutes of July 2, 2024*
- 9.4 Approval of the Nominations Committee Terms of Reference*
- 9.5 Approval of the Nominations Committee Work Plan*
- 9.6 Approval of the Governance Committee Terms of Reference*
- 9.7 Approval of the Governance Committee Work Plan*
- 9.8 Approval of the revised Board Meetings Policy*
- 9.9 Approval of the Principles of Governance and Board Accountability Policy*
- 9.10 Approval of the Quality and Patient Safety Committee Terms of Reference*
- 9.11 Approval of the Quality and Patient Safety Committee Work Plan*
- 9.12 Approval of the Resources and Audit Committee Work Plan*
- 9.13 Approval of the Performance Management Committee Terms of Reference*
- 9.14 Approval of the Performance Management Committee Work Plan*
- 9.15 Approval of the Capital Redevelopment Steering Committee Terms of Reference*
- 9.16 Approval of the Capital Redevelopment Steering Committee Work Plan*
- 9.17 Receipt of the Q1 Compliance Report*

10.0 WRAP UP & ADJOURNMENT

It was moved that the open session be adjourned at 5:55pm.