

Meeting of the Board of Directors
Wednesday, February 2, 2022
3:00pm
Zoom Video-Conferencing

2021-2022	Oct 6	Nov 3	Dec 1	Feb 2	Mar 2	Apr 6	May 4	Jun 1
Voting Directors:								
P. van der Westen (Chair)	✓	✓	✓Z	✓Z				
D. Ross	✓Z	✓	✓Z	✓Z				
L. Ballantyne	✓Z	✓Z	✓Z	✓Z				
A. Dale	✓Z	✓Z	✓Z	✓Z				
D. Harvey	✓Z	✓Z	✓Z	✓Z				
R. Hodgkinson	✓Z	✓Z	✓Z	✓Z				
S. Martyn	✓Z	✓Z	✓Z	✓Z				
M. Vreman	✓Z	✓Z	✓Z	✓Z				
H. Lenfesty	✓Z	✓Z	✓Z	✓Z				
K. Gadsdon			✓Z	✓Z				
R. Furneaux				✓Z				
Ex-Officio Non-Voting Directors:								
Dr. Chehadi	✓Z	✓Z	✓Z	✓Z				
Dr. J. Armstrong	✓Z	✓Z	✓Z	✓Z				
Dr. P. Hammond	✓Z	✓Z	✓Z	✓Z				
K. Davies	✓	✓Z	✓Z	✓Z				
C. Watkin	✓Z	✓Z	✓Z	✓Z				
J. Thorner	✓Z	✓Z	✓Z	✓Z				
Executive Team:								
T. Sheldon	✓Z	✓Z	✓Z	✓Z				
M. Olanski	✓Z	✓Z	✓Z	✓Z				
K. Riddell	✓Z	✓Z	✓Z	✓Z				
J. Bloom	✓Z	✓Z	✓Z	✓Z				
Guests:								
Kevin Bahadur – Manager – Transforming Care		✓Z	✓Z	NA				
Dana Borrie – Patient Experience Specialist		✓Z	✓Z	NA				
*Z – Denotes joining the meeting via Zoom Video-Conferencing								

1. Call to Order

Peter van der Westen called the Board meeting to order at 3:00pm and asked Andrea McNaughton conduct a roll call. Peter then introduced the two new Board Directors, Ken Gadsdon and Robert Furneaux, welcomed them to the Board, and had the Directors introduce themselves and provide a short bio of themselves.

2. Approval of Agenda

MOTION

MOVED by Richard Hodgkinson, SECONDED by Harold Lenfesty, that the Board of Directors approve the agenda as presented.

CARRIED

3. Virtual Lean Huddle

Peter van der Westen shared that he attended the Tier 2 huddle on January 20 and highlighted that the content of the meeting is free flowing and yet well-structured. The excellent communication between all levels of Management and Leadership was noted. Peter shared his view that work is continuing in a professional, competent manner by the leadership team despite the challenges of the pandemic.

Peter described some items that are reviewed at Tier 2 huddles highlighting:

- New hospital acquired infections
- Quality, Safety & Risk Patient events by department and type that took place the previous week, and any outcome learning to be shared
- Employee incidents by type and severity
- "Watch Metrics" for ALC rate, Hand Hygiene Compliance, % of Workplace Safety Incidents reviewed within 48 hours.
- Current COVID positivity rates in Ontario and key COVID updates for leadership
- Occupational Health – number of STEGH staff off for COVID reasons
- Previous week's Manager On-Call incidents/calls (i.e. for staffing, bed flow, patient relations, etc.)
- "Thought of the week" reminders or notices for staff to be aware of (this sheet is posted to each unit's huddle board for the week)
- An opportunity to recognize staff for the excellent patient care provided and positive workplace contributions

Internal Quality Indicators & Definitions – December 2021

Craig Watkin introduced himself to those in attendance and stated that he would be providing an overview of the Internal Quality Indicators for the month of December 2021. Highlighting the indicators that were not meeting the targets included:

- Time to Inpatient Bed - *Date/Time of Disposition to Date/Time left ED*
This indicator is red for the month of December at 1.20, leaving the total year-to-date indicator showing green at 1.00. This indicator is impacted by the level of acuity presenting to the ED as well as the capacity available on the inpatient units that allows for timely access and flow.
- Pay for Performance Metrics (P4R)
This metric measures how our Emergency Department performs provincially. Out of the 72 hospitals that participate in this program, STEGH presently ranks at number 1.
- Medication Reconciliation at Discharge
This indicator is red for the month of December at 89%, leaving the total year-to-date indicator showing green at 89%. This indicator is just shy of the 90% target and education continues with both staff and physicians to reinforce the importance of medication reconciliation for all patients at discharge.
- Readmission rate for STEGH COPD discharges readmitted
This indicator does not have data available for October, November and December, as there is a lag in reporting. Data will be updated when it becomes available. The year-to-date total is green at 15.7%.

- Percent of Workplace Safety Incidents with Follow Up Completed within 48 Hours - *June 1 start*

This indicator is red for the month of December at 75.0%, leaving the total year-to-date indicator showing red at 80.6%. This indicator being red is attributed to a delay in the Manager entering the follow-up action required into the Risk Monitor Pro system. Executive leadership is working hard to improve this metric. This metric has been added to the Tier 2 leadership huddles in order to surface learnings, obstacles and place greater emphasis on improved performance on this metric. Craig explained that focus would remain steadfast on making improvements to achieving this target.

- Repeat Emergency Department (ED) Visits for Mental Health

This indicator does not have data available for the third quarter, as there is a lag in reporting. Data will be updated when it becomes available. The year-to-date total is green at 22.0%.

4. **Patient Experience**

Craig Watkin shared that he would be presenting a Patient Experience story. The story illustrates the challenges faced by family/caregivers of patients' during the pandemic. This caregiver feedback has allowed STEGH to work collaboratively with patients and caregivers to ensure a balance exists between the need for patients' to have the support from caregivers, and the need to maintain STEGHs Infection Prevention Practices to keep everyone safe. This situation has also provided an opportunity to implement further education to staff on when it is an appropriate time to permit essential caregivers into the hospital to be able to support their loved ones.

5. **Declaration of Conflicts of Interest**

None declared.

6. **Approval of Draft Minutes of Prior Meetings**

6.1 December 1, 2021 Meeting Minutes

The December 1, 2021 Meeting draft minutes were pre-circulated with the Board package for review.

MOTION

MOVED by Dan Ross, SECONDED by Sally Martyn, that the Board of Directors approve the December 1, 2021 Meeting draft minutes as presented.

CARRIED

7. **Committee Reports**

7.1 **Finance & Audit Committee**

7.1.1 Finance & Audit Committee Draft Meeting Minutes (January 19, 2022)

The Finance & Audit Committee Draft Meeting Minutes from January 19, 2022, were pre-circulated with the Board package for information purposes.

MOTION

MOVED by Ken Gadsdon, SECONDED by Dan Ross, that the Board of Directors receive the Finance & Audit Committee draft Meeting Minutes from January 19, 2022 as presented.

CARRIED

7.1.2 Audit Planning Meeting Presentation

The Audit Planning Meeting Presentation was pre-circulated with the meeting package for information purposes.

7.1.3 MRI Project Presentation

The MRI Project Presentation was pre-circulated with the meeting package for review and approval. Ms. Vreman provided a brief overview of the MRI Project presentation.

MOTION

MOVED by Dan Ross, SECONDED by Robert Furneaux, that the Board of Directors approve the MRI Project, which includes the local funding share commitment of \$3,200,000, which will be financed through a combination of public donations received by the STEGH Foundation and STEGH funds.

CARRIED

7.1.4 Review and Recommendations for Insurance Coverage

The Review and Recommendations for Insurance Coverage presentation was pre-circulated with the meeting package for review and approval.

MOTION

MOVED by Meaghan Vreman, SECONDED by Richard Hodgkinson, that the Board of Directors approve the insurance coverage as presented.

CARRIED

7.2 Quality & Safety Committee

7.2.1 Quality & Safety Committee Draft Meeting Minutes (January 20, 2022)

The Quality & Safety Committee draft Meeting Minutes from January 20, 2022, were pre-circulated with the Board package for information purposes.

MOTION

MOVED by Amy Dale, SECONDED by Ken Gadsdon, that the Board of Directors receive the January 20, 2022 Quality & Safety Committee Meeting draft minutes as presented.

CARRIED

7.2.2 Update on 2021/2022 and 2022/2023 Quality Improvement Plans (QIPs)

The Update on 2021/2022 and 2022/2023 Quality Improvement Plans (QIPs) email document was pre-circulated with the meeting package for information purposes.

7.2.3 Incident Event Reporting Presentation

The Incident Event Reporting Presentation was pre-circulated with the meeting package for information purposes.

7.2.4 Privacy Report Presentation

The Privacy Report Presentation was pre-circulated with the meeting package for information purposes.

8. Other Business

8.1 COVID-19 Update

Karen Davies provided a brief verbal update on the current situation with COVID-19 at STEGH and within the community.

At the time of meeting, there are 34 COVID patients admitted at STEGH. Seven of the 34 patients are presently in the ICU. At this time, COVID patients are admitted to units throughout the hospital and not just on the medicine units.

As of today, there are 568 patients provincially in the ICU, which is an increase from yesterday. There are fewer patients on ventilators and the positivity rate is decreasing. Woodstock and St. Thomas continue to be hot spots in the province.

As of today, there are 16 people off, either due to acquiring COVID within the community, have had a high risk exposure, work in another institution in outbreak, or they are sick with another illness. Eight staff are off with pending swabs, 17 staff are in isolation, and overall 98 staff have had COVID thus far.

Outbreaks across the province continue to be an issue. Many Long-Term Care homes, retirement homes and hospitals are still struggling with outbreaks. Science continues to indicate that receiving a booster dose of the COVID vaccine does help in the fight against COVID. Attention continues to be on Long-Term Care homes, with regard to making the booster dose for all staff mandatory. There was a deadline of Friday, January 28, 2022 for Long Term Care staff to obtain the booster dose, however, that date has since been extended. This extension is in part because of past issues of higher percentages of staff refusing to obtain the vaccine, if staff again refuse to obtain the booster dose, the Long-Term homes would not be able to sustain their required staffing levels.

At STEGH, conversations continue with regard to whether the booster dose of vaccine will be mandatory for staff or if it will only be required for new hires. Currently, STEGH has just over 73% of staff who have received their booster dose.

Regarding provincial forecasting, there remain many unknowns, in part due to the recent celebrations of Chinese New Year, school returned to in-person learning, the return of migrant workers into the country and the re-opening of the province in general.

Across the province, there is variation amongst the health networks, some areas are easing up and others are seeing an increase in prevalence. Pertaining to the trend in positivity, overall it is declining, and yesterday was at 16%, although this is an average and is variable. In our area, we are experiencing a higher positivity rate than the provincial average. In-patient and ICU census is dropping slowly, although it remains variable across the province.

Directive #2, which mandated that hospitals temporarily discontinue surgical procedures, with the exception of emergent and urgent procedures, continues to be the biggest challenge for STEGH at this time. Unfortunately, yesterday's announcement from the Ministry outlined that hospitals are in Phase 1 of four, with regard to resuming surgical procedures. Phase 1 does not include acute hospitals. Phase 2 is when hospitals can begin to reintroduce surgical procedures, with the caveat of meeting certain system indicators; those being declining hospitalizations, medical surge bed numbers need to be stabilizing, test positivity needs to be declining, number of outbreaks, and Health Human Resources in the acute care sector.

During Wave 1, there were 12,000 surgeries that were delayed and has been increasing in number ever since, and in this wave, Wave 5, there have been an additional 8,000 surgeries delayed. It will take years to recover from the backlog of surgeries. Ontario Hospital Association (OHA) is creating a platform to advocate for hospitals with regard surgical backlogs.

8.2 Elgin OHT Update

Karen Davies provided the Board with a brief verbal update with regard to the Elgin Ontario Health Team (Elgin OHT). STEGH has still not received the Transfer Payment funding agreement from the Ministry of Health and despite several requests to the Ministry for an update, as of today, we have not been provided with any timeline. The Elgin OHT and STEGH anticipated receiving the funds in October 2021 for

approximately \$300,000. The Elgin OHT is now in the final stages of the recruitment process for the Executive Director (ED) role, and will hold a final interview in the coming week. Having not received the funding makes it exceptionally challenging as the Transfer Payment Agency and Hiring Institution to execute an employment contract with an Executive Director without having received these funds.

9. Officer Reports

9.1 Board Chair Report

The Officer report for the Board Chair was provided verbally at the meeting.

Peter commended the Board for the work that has been achieved this year, despite the many challenges of the pandemic. Peter highlighted the excellent attendance at the meetings, including many special called meetings and the work to recruit and hire the President & CEO, fill the two vacancies on the Board, and the overall dedication of the Directors.

9.2 President and CEO Report

The Officer report for the President & CEO was pre-circulated with the meeting package.

A conversation followed that outlined the challenges and opportunities that are currently being faced at STEGH. There was a brief discussion on exploring the possibility of advocacy within the political system in the community.

9.3 Chief of Staff Report

The Officer report for the Chief of Staff was provided verbally the meeting.

Dr. Chehadi shared that the annual physician reappointment for hospital privileges is in progress.

Recruitment for another orthopedic surgeon has begun and several applications were received, with two physicians being chosen to trial on a locum basis at STEGH.

The intensivists are utilizing a 24-hour model, which consists of two 12-hour shifts; this allows at least one intensivist to be onsite at the hospital to respond to codes, etc.

MOTION

MOVED by Richard Hodgkinson, SECONDED by Harold Lenfesty, that the Board of Directors receive the Officer Reports as presented.

CARRIED

10. Correspondence / Information

10.1 None.

11. In-Camera Meeting

11.1 Move to In-Camera

MOTION

MOVED by Harold Lenfesty, SECONDED by Richard Hodgkinson, that the meeting of the Board of Directors move to the in-camera portion of the meeting.

CARRIED

Having completed the In-Camera meeting, the meeting resumed in the open session.

12. Termination of Meeting

MOTION

MOVED by Ken Gadson, SECONDED by Sally Martyn, that the Board of Directors terminate the meeting.

CARRIED