

Meeting of the Board of Directors
Wednesday, March 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	✓Z			
D. Ross	✓Z	✓	✓Z	✓Z	✓Z			
L. Ballantyne	✓Z	✓Z	✓Z	✓Z	✓Z			
A. Dale	✓Z	✓Z	✓Z	✓Z	✓Z			
D. Harvey	✓Z	✓Z	✓Z	✓Z	✓Z			
R. Hodgkinson	✓Z	✓Z	✓Z	✓Z	✓Z			
S. Martyn	✓Z	✓Z	✓Z	✓Z	✓Z			
M. Vreman	✓Z	✓Z	✓Z	✓Z	✓Z			
H. Lenfesty	✓Z	✓Z	✓Z	✓Z	✓Z			
K. Gadsdon			✓Z	✓Z	NA			
R. Furneaux				✓Z	✓Z			
Ex-Officio Non-Voting Directors:								
Dr. Chehadi	✓Z	✓Z	✓Z	✓Z	✓Z			
Dr. J. Armstrong	✓Z	✓Z	✓Z	✓Z	✓Z			
Dr. P. Hammond	✓Z	✓Z	✓Z	✓Z	✓Z			
K. Davies	✓	✓Z	✓Z	✓Z	✓Z			
C. Watkin	✓Z	✓Z	✓Z	✓Z	✓Z			
J. Thorner	✓Z	✓Z	✓Z	✓Z	NA			
Executive Team:								
T. Sheldon	✓Z	✓Z	✓Z	✓Z	✓Z			
M. Olanski	✓Z	✓Z	✓Z	✓Z	✓Z			
K. Riddell	✓Z	✓Z	✓Z	✓Z	✓Z			
J. Bloom	✓Z	✓Z	✓Z	✓Z	✓Z			
Guests:								
Kevin Bahadur – Manager – Transforming Care		✓Z	✓Z	NA	NA			
Dana Borrie – Patient Experience Specialist		✓Z	✓Z	NA	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 3:01pm and asked Andrea McNaughton conduct a roll call.

2. Approval of Agenda

MOTION

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

CARRIED

3. **Virtual Lean Huddle**

Peter van der Westen shared that he attended the Kaizen Report Out on February 16 and highlighted the two presentations on process improvements. Peter then asked if anyone else who attended the Kaizen event wanted to share his or her experience and learnings. The following learning outcomes were shared:

- Directors stated that attendance at the events made the lean process come to life. Connected the purpose of Lean to the actual everyday application in action.
- Culture of Lean at STEGH is evident amongst the staff and especially with the Leadership throughout the hospital, which is extremely impressive.
- Engagement, organization and investment of those who presented was remarkable.
- High visibility was placed on staff recognition and the appreciation for the human element.
- The context provided, helps to understand the strategies of STEGH, bridges governance for the Board, and allows front line voices to be heard by the board.
- Employees are being given the opportunity to provide input in order to contribute to the improvement process.
- The Board attending Kaizen events and huddles allows the staff to see how invested and interested the Board is in the staff and physicians.
- Thanks was expressed to the Executive team for making themselves available to take part in the Kaizen Report Out.

Internal Quality Indicators & Definitions – January 2022

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 January 2022. 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 January at 1.44, leaving the total year-to-date indicator showing green at 1.00.
Despite this metric showing red, STEGH is number two provincially for Time to Inpatient Bed. The provincial metric is set at 2.00 hours.
- **Medication Reconciliation at Discharge**
This indicator is red for the month of January at 88%, leaving the total year-to-date indicator showing green at 89%. This indicator is just shy of the 90% target and education continues to be reinforced to all physicians, especially residents and new physicians that are working at STEGH.
- **Readmission rate for STEGH COPD discharges readmitted**
This indicator does not have data available for November, December, and January, as there is a lag in reporting. Data will be updated when it becomes available. The year-to date total is green at 13.7%.
- **Percent of Workplace Safety Incidents with Follow Up Completed within 48 Hours**
This indicator is green for the month of January at 100.0%, leaving the total year-to-date indicator showing red at 82.4%. This indicator being green this month is attributed to the continued efforts of leadership and how they are investigating and providing a timely root cause analysis of the incident and placing greater emphasis on staff safety follow up.

- 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 care and compassion received by a patient during their experience of dealing with a cancer diagnosis, surgery, chemotherapy and ongoing recovery. The feedback received by this patient has allowed STEGH to work collaboratively with patients, who attend the Cancer Clinic at STEGH, to provide additional materials to help support patients' journey at STEGH.

5. Declaration of Conflicts of Interest

None declared.

6. Approval of Draft Minutes of Prior Meetings

6.1 February 2, 2022 Meeting Minutes

The February 2, 2022 Meeting draft minutes were pre-circulated with the Board package for review.

MOTION

MOVED by Robert Furneaux, SECONDED by Richard Hodgkinson, that the Board of Directors approve the February 2, 2022 Meeting draft minutes as presented.

CARRIED

7. Committee Reports

7.1 Finance & Audit Committee

7.1.1 Finance & Audit Committee Draft Meeting Minutes (February 9, 2022)

The Finance & Audit Committee Draft Meeting Minutes from February 9, 2022, were pre-circulated with the Board package for information purposes.

MOTION

MOVED by Meaghan Vreman, SECONDED by Dan Ross, that the Board of Directors receive the Finance & Audit Committee draft Meeting Minutes from February 9, 2022 as presented.

CARRIED

7.1.2 Master Plan Presentation

The Master Plan Presentation was pre-circulated with the meeting package for review and approval. Meaghan Vreman provided a brief overview of the Master Plan presentation.

MOTION

MOVED by Meaghan Vreman, SECONDED by Dan Ross, that the Board of Directors approve a refresh of STEGH's Master Program and Master Plan.

CARRIED

7.1.3 2021/2022 Third Quarter Financial Report

The 2021/2022 third quarter financials were pre-circulated with the meeting package for review and receipt. Meaghan Vreman provided the committee with a brief overview of the 2021/2022 second quarter financials.

MOTION

MOVED by Meaghan Vreman, SECONDED by Harold Lenfesty, that the Finance & Audit Committee receive the 2021/2022 Third Quarter Financial Report, as presented.
CARRIED

- 7.1.4** 2021/22 – Third Quarter Regulatory Certification of Obligations of Statutory Payments
The 2021/22 – Third Quarter Regulatory Certification of Obligations of Statutory Payments document was pre-circulated with the meeting package for review and receipt.

MOTION

MOVED by Meaghan Vreman, SECONDED by Richard Hodgkinson, that the Board of Directors receive the 2021/22 – Third Quarter Regulatory Certification of Obligations of Statutory Payments as presented.
CARRIED

7.2 Quality & Safety Committee

7.2.1 Quality & Safety Committee Draft Meeting Minutes (February 17, 2022)

The Quality & Safety Committee draft Meeting Minutes from February 17, 2022, were pre-circulated with the Board package for information purposes.

MOTION

MOVED by Sally Martyn, SECONDED by Robert Furneaux, that the Board of Directors receive the February 17, 2022 Quality & Safety Committee Meeting draft minutes as presented.
CARRIED

7.2.2 Lean Process Improvements Update

The Lean Process Improvements Update 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.

Karen began by sharing that STEGH continues to have a higher burden of admitted COVID patients compared to peer hospitals in the region, including London. COVID admissions are now a 50/50 split of vaccinated and unvaccinated.

At the time of meeting, there are 19 COVID patients admitted at STEGH. Four of the 19 patients are presently in the ICU. COVID patients are being discharged as appropriate; however, this is taking place at a very slow rate.

Hospitals across the region have aligned with regard to maintaining the current practices and policies; especially with regard to screening, visiting, masking, and mandatory vaccinations. Despite some of the public safety measures being lifted, STEGH will continue to maintain the current policies until at least mid-March, at which time it will be reviewed.

As of today, there are 23 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. As of today, 142 staff and 14 physicians have acquired COVID within the community.

The phased approach to resumption of surgical services remains at 70% of 2019 volumes. The next phase is to move up to 90% of 2019 volumes; however, it will be a

while before Ontario Health gives the approval to proceed with increasing up to 90% volume.

The increase of COVID positive admitted patients in January 2022 was remarkable and the staff's ability to continue to care for those patients is commendable.

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). The Elgin OHT has hired an Executive Director (ED); Deanna Huggett was the successful applicant and will begin her role as ED on March 28. Deanna's office will be located at the Central Community Health Centre (CCHC) in St. Thomas and she will be reporting to Judith Wiley, CEO at CCHC.

Karen shared that STEGH received notice of the Elgin OHT funding from the Ministry of Health, on Tuesday, February 22. With funding confirmed and the new Executive Director's start confirmed, the Elgin OHT is able to focus on the important work of transforming our local health system.

9. Officer Reports

9.1 Board Chair Report

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

Peter began by sharing the hope for the Board to return to in-person meetings, within the coming months.

Peter then invited Karen to share her insights regarding the possibilities of having Board meetings returning to in-person. Karen shared the options that would be available to the Board, for in-person meetings, and reminded the Directors of the need to continue to follow the public health guidelines, such as physical distancing and masking.

Peter then stated that the topic of Board meetings returning to in-person would be reviewed again at the April 2022 Board meeting with the prospect of resuming in-person at the May 2022 Board meeting, provided that the situation with COVID continues to improve locally.

9.2 President and CEO Report

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

Karen Davies thanked Karen Riddell and her team for the extensive Wellness activities offered at STEGH for staff and physicians.

Karen shared that the Pay for Results (P4R) metrics in the Emergency department are exceptional, despite the many challenges they are facing, and STEGH is in the number one position for overall ranking, out of 74 hospitals in the province.

The Executive Team is beginning a refresh of the Strategy wall and the refresh will be ready for the start of the fiscal year on April 1, 2022. This process is being lead by Evidence Based Leadership and Lean Philosophy.

The Ministry announced that the Quality Improvement Plan (QIP) would proceed for the 2022 year. The announcement stated that reporting is not mandatory but is encouraged, where able. Four indicators were suggested, which STEGH already has under the Internal Quality Indicators section of the scorecard.

9.3 Chief of Staff Report

There was no Chief of Staff report for the month of March.

9.4 STEGH Foundation Report

The STEGH Foundation report was pre-circulated with the meeting package.

MOTION

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

CARRIED

10. Correspondence / Information

10.1 Annual Priorities for the 2022/23 Quality Improvement Plans

The Annual Priorities for the 2022/23 Quality Improvement Plans email was included in the meeting package for information purposes.

11. In-Camera Meeting

11.1 Move to In-Camera

MOTION

MOVED by Richard Hodgkinson, SECONDED by Robert Furneaux, 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 Harold Lenfesty, SECONDED by Dan Ross, that the Board of Directors terminate the meeting.

CARRIED