

Meeting of the Board of Directors
Wednesday, November 3, 2021
3:15pm
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)	✓	✓						
D. Ross	✓Z	✓						
L. Ballantyne	✓Z	✓Z						
A. Dale	✓Z	✓Z						
D. Harvey	✓Z	✓Z						
R. Hodgkinson	✓Z	✓Z						
S. Martyn	✓Z	✓Z						
M. Vreman	✓Z	✓Z						
H. Lenfesty	✓Z	✓Z						
Ex-Officio Non-Voting Directors:								
Dr. Chehadi	✓Z	✓Z						
Dr. J. Armstrong	✓Z	✓Z						
Dr. P. Hammond	✓Z	✓Z						
K. Davies	✓	✓Z						
C. Watkin	✓Z	✓Z						
J. Thorner	✓Z	✓Z						
Executive Team:								
T. Sheldon	✓Z	✓Z						
M. Olanski	✓Z	✓Z						
K. Riddell	✓Z	✓Z						
Guests:								
Dana Borrie – Patient Experience Specialist		✓Z						
*Z – Denotes joining the meeting via Telephone								

1. Call to Order

Peter van der Westen called the open session of the Board meeting to order at 3:16pm and asked Andrea McNaughton conduct a roll call.

With the need to address pertinent items on the In-Camera – Voting Directors Only with CEO agenda, prior to Karen Davies, Craig Watkin and Dr. Waleed Chehadi having to excuse themselves from the meeting and join the special called Medical Advisory Committee meeting, Peter van der Westen asked for a motion to move into the In-Camera meeting.

MOTION

MOVED by Dan Ross, SECONDED by Linda Ballantyne, that the meeting of the Board of Directors move to the in-camera portion of the meeting.

CARRIED

Having completed the In-Camera – Voting Directors Only with CEO meeting, the meeting resumed in the open session. Peter van der Westen asked Andrea McNaughton conduct a roll call for the second time.

2. **Approval of Agenda**

MOTION

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

CARRIED

3. **Virtual Lean Huddle / Virtual Meetings**

Kevin Bahadur introduced himself as the Manager of the Transforming Care department at STEGH and shared that he would be presenting on the Strategic Board.

The huddle board displays the Strategic Plan and makes it visual across each of the four dimensions. The intention is to continue to move the Strategic Plan forward, create and ensure alignment, engage the broader teams and demonstrate the information cascading across the hospital. .

Important actions during the huddles include creating constancy of purpose, creating value for the customer, and leading with humility.

Peter van der Westen shared the in the past the Board would focus on one of the Strategic pillars at the Governance huddle and have the Executive sponsor of that particular strategic pillar provide a brief update on what is being done to achieve the desired outcomes. Linda Ballantyne shared that reviewing one specific strategic pillar each month assisted in ensuring that the Board had line of sight of what work was being done to achieve the desired outcomes, however, Ms. Ballantyne wanted to know where the Board's value add was with these huddles.

Mr. Bahadur shared that the huddle board is a really a placeholder for value add conversations; meaning any reflections or learnings that are discussed allow for meaningful conversations.

As an example, Mr. Bahadur outlined the objectives and how the board demonstrates what is being done to meet those objectives. The question to be asked is "Are we working towards the strategy and moving in the right direction". Another example of past engagement included Board members attending the Kaizen Report Out and sharing what they learned with other Board members: such as living the culture, mission, vision & values and overall goals of the organization.

Mr. Bahadur asked the Directors to give some thought to how the Board can be better supported during huddles, both now with the physical restrictions currently in place and in the long-term moving forward past the pandemic.

Mr. van der Westen finished by sharing how important it is to ensure that the Board is reinforcing the practice of Lean in all aspects of its work and ensuring that the hospital personnel as a whole know that the Board is committed to Lean . Mr. van der Westen then thanked Mr. Bahadur for his presentation.

Internal Quality Indicators & Definitions –September 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 September 2021. Highlighting the indicators that were not meeting the targets included:

- Time to Inpatient Bed

This indicator is red for the month of September at 1.40 hours; leaving the total year-to-date indicator showing green at 100%. Occupancy and patient flow within the building was a great challenge during September, the hospital was required to open some additional beds to assist with access and flow, and this contributed to the increase in time for this metric.

- Pay for Performance Metrics (P4R)

This indicator is red for the month of September at 33%; leaving the total year-to-date indicator showing green at 67%. Leadership has been working with our Emergency Physician group to improve the Physician Initial Assessment (PIA) times and with our EMS partners to improve the Ambulance Offload times. Our Transforming Care office here at STEGH has been assisting to review current practices to help eliminate wastes and inefficiencies, which will assist with meeting the targets for both of the times noted above.

- Medication Reconciliation at Discharge

This indicator is red for the months of July, August & September; leaving the total year-to-date indicator showing red at 88%.

- Readmission rate for STEGH COPD discharges readmitted

This indicator does not have data available for July, August, & September, as there is a lag in reporting. Data will be updated when it becomes available. The year-to-date total is green at 11.4%.

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

This indicator is red for the months of September at 83.3%, leaving the total year-to-date indicator showing red at 82.5%. This target can be attributed to a delay in the leader entering the follow-up in to the Risk Monitor Pro system. A reminder is now going to be sent to the leaders to enter their follow up within 48 hours. This indicator continues to be monitored for follow up processes to ensure that accurate processes are being followed.

- Number of Workplace Violence Incidents reported by Employees – *Monitoring Indicator*

This indicator year-to-date is 57.

4. Patient Experience

Dana Borrie introduced herself to those in attendance and shared that she would be providing a presentation on the Patient Experience here at STEGH.

Highlights included:

- Patient Experience at STEGH is comprised of four main components that helps to shape and define what the patient experience looks like at STEGH.

1. Understanding.
2. How patients perceive care received.
3. What their experience is at STEGH.
4. How we can improve the care being delivered and how we measure the improvements within STEGH.

- The Patient Experience Council is a partnership of former patients and family caregivers providing feedback to support an excellent patient care experience across the organization as a whole.
- The council meets monthly to share personal experiences, provide feedback, review materials, policies and practices.
- The Patient Relations Process allows complaints to be organized by themes and then improvements are reviewed on a quarterly basis. This process aligns with the legislative accountability – *Excellent Care for All Act (ECFAA)*. Grouping complaints into themes also allows the improvements to have the greatest impact.
- Experience-based co-design (EBCD) is an approach that enables staff and patients to co-design services and/or care pathways, together in partnership. At STEGH, we have the benefit of leveraging Continuous Improvement to use the Voice of the Customer to conduct co-design activities.
- STEGH uses third party surveys (NRC Health) and STEGH internally developed surveys.
- Internal surveys provide monthly data (qualitative as well as quantitative) and generative ideas for continuous improvement; NRC Health allows us to benchmark against other hospitals in Canada.

5. Declaration of Conflicts of Interest

None declared.

6. Approval of Draft Minutes of Prior Meetings

6.1 October 6, 2021 Meeting Minutes

The October 6, 2021 Meeting draft minutes were pre-circulated with the Board package for review.

MOTION

MOVED by Sally Martyn, SECONDED by Harold Lenfesty, that the Board of Directors approve the October 6, 2021 Meeting draft minutes as presented.

CARRIED

7. Committee Reports

7.1 Quality & Safety Committee

7.1.1 Quality & Safety Committee Draft Meeting Minutes (September 16, 2021)

The Quality & Safety Committee draft Meeting Minutes from September 16, 2021, were pre-circulated with the Board package for information purposes.

MOTION

MOVED by Richard Hodgkinson, SECONDED by Dan Ross, that the Board of Directors receive the September 16, 2021 Quality & Safety Committee Meeting draft minutes as presented.

CARRIED

7.1.2 Occupational Health & Safety Report

The Occupational Health & Safety Report was pre-circulated with the meeting package for information.

8. Other Business

8.1 COVID-19 Update

In Karen Davies absence, Tonya Sheldon provided a verbal update on COVID-19.

As of today, there are 11 COVID positive patients in hospital; all are unvaccinated.

This is a high number of patients in relation to the population and compared to our peer hospitals. London hospitals have nine patients between their two sites and Woodstock has four patients.

As of this morning, STEGH is at 98% occupancy in our acute medicine units and the Intensive Care Unit is seeing higher occupancy rates as well. Occupancy continues to be exceptionally high across the region.

Tensions amongst healthcare workers are increasing, especially given the workload of unvaccinated patients and burnout is amplified by this. On top of a very high occupancy, staff struggle to care for unvaccinated patients. There is a 5% positivity rate within the Southwestern Public Health (SWPH) catchment area, which is a higher percentage that we have been seeing lately. Currently there are 88 COVID positive patients within the region.

Vaccine rates are moving up slowly on a daily basis in SWPH. An announcement regarding booster vaccine doses is expected today. Those eligible for the booster doses will include those in the community who are 70 years of age or greater, those who reside in congregate settings and healthcare workers. To qualify for a booster dose 6 months must have passed since the recipient's last dose.

STEGH will be moving to terminate the 14 employees who are not yet vaccinated and are currently on unpaid leave of absence. The employees have been given ample time to obtain a vaccination. The pandemic will not be going away and the expectation is that all hospital employees and physicians need to be vaccinated. Notice of the upcoming termination will be a last opportunity for the 14 employees to receive the vaccine. The hospital needs to move ahead with regard to replacing these ones in their roles.

An updated Essential Caregiver Visiting policy will be released next week. Essential Caregiver visitors remain the only ones who are permitted into the hospital for visitation and starting November 15, 2021, they will now be required to show proof of vaccination when entering. The care team will assess any unvaccinated Essential Caregivers who meet the 'criteria' for visiting. Examples include, the partner of laboring patient, caregiver or family member of a palliative patient.

It is important to note that no patients are ever turned away due to vaccination status.

Workplace safety measures within the hospital continue despite restrictions being lifted in other settings.

8.2 Elgin OHT Update

Tonya Sheldon provided the Board with a brief verbal update with regard to the Elgin OHT. Ms. Sheldon shared that an advertisement has been posted for the role of Executive Director for the Elgin OHT.

9. Officer Reports

9.1 Board Chair Report

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

9.2 President and CEO Report

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

MOTION

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

CARRIED

10. Correspondence / Information

10.1 Letter from the Premier

A Letter from the Premier to all Ontario Hospitals was pre-circulated with the meeting package for information.

10.2 OHA Letter to Premier Ford

A letter from the Ontario Hospital Association (OHA) on behalf of Ontario Hospitals to Premier Ford was pre-circulated with the meeting package for information.

11. In-Camera Meeting

11.1 Move to In-Camera

MOTION

MOVED by Dan Ross, SECONDED by Linda Ballantyne, 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 Richard Hodgkinson, SECONDED by Sally Martyn, that the Board of Directors terminate the meeting.

CARRIED