

## Meeting of the Board of Directors

Wednesday, October 5, 2022

3:00pm

Zoom Video-Conferencing

2022-2023	Oct 5	Nov 2	Dec 7	Feb 1	Mar 1	Apr 5	May 3	Jun 7
<b>Voting Directors:</b>								
P. van der Westen (Chair)	✓Z							
D. Ross	✓Z							
R. Furneaux	✓Z							
L. Ballantyne	✓Z							
A. Dale	✓Z							
D. Harvey	✓Z							
S. Martyn	✓Z							
M. Vreman	✓Z							
H. Lenfesty	✓Z							
K. Gadsdon	✓Z							
<b>Ex-Officio Non-Voting Directors:</b>								
Dr. W. Chehadi	✓Z							
Dr. J. Armstrong	✓Z							
Dr. P. Hammond	✓Z							
K. Davies	✓Z							
C. Watkin	✓Z							
D. Dale	NA							
<b>Executive Team:</b>								
T. Sheldon	✓Z							
M. Olanski	✓Z							
K. Riddell	NA							
J. Bloom	✓Z							
<b>Guests:</b>								
Kevin Bahadur – Manager – Transforming Care	✓Z							
Brigeen Tracy - Proximity Institute	✓Z							
Claire Hefferon - Payne - Proximity Institute	✓Z							
*Z – Denotes joining the meeting via Zoom Video-Conferencing								

### 1. Call to Order

Peter van der Westen called the meeting to order at 3:04pm and asked Andrea McNaughton conduct a roll call. Peter welcomed everyone back to a new Board year.

**2. Approval of Agenda**

## MOTION

MOVED by Ken Gadsdon, SECONDED by Linda Ballantyne, that the Board of Directors approve the agenda as presented.

CARRIED

**3. Accountable Leadership: Equity, Diversity, Inclusion, Accessibility and Anti-Racism Video Presentation**

Karen Davies introduced Brigeen Tracy and Claire Hefferon Payne, from the Proximity Institute, and explained that they would be sharing a video with the Board on Equity, Diversity, Inclusion, Accessibility and Anti-Racism, which would follow by a brief discussion/question session.

Brigeen Tracy introduced herself to those in attendance and provided a brief background on the video that was going to be played. Brigeen shared that the team at Proximity Institute, after having reviewed strategic plans of several hospitals in the province, began to note that diversity, equity, and inclusion (DEI) was only prioritized in less than 15% of the hospital strategic plans across the province. From a leadership lens, the team then sought out how they could help to influence the desired positive change. Thus, this video was created, and has been shared to help spread awareness on the importance of DEI work, and to act as a catalyst for conversation. Claire then played the video.

Karen Davies shared that the purpose of sharing this video is to help advance the work of increasing visibility of DEI as part of the Strategic Plan moving forward. Karen shared that a committee has recently formed at STEGH - *Advancing an Inclusive Culture at STEGH*, and that she is the Executive sponsor of this committee.

Brigeen shared that the goal is to get to a point where the work becomes embedded into culture of the hospital, rather than just work that must be done to tick a box.

Karen Davies shared that, she and Karen Riddell, would be pleased to present to the Board on the initial work being done by the diverse group of individuals that makes up the Advancing an Inclusive Culture at STEGH Committee.

**Virtual Board Lean Huddle**

Kevin Bahadur introduced himself to those in attendance and then provided a brief overview of the Tier 4 Huddle refresh. PowerPoint slides were shared which highlighted the goal of learning, reflecting, celebrating and growing the culture of continuous improvement and how to support this culture.

Kevin turned the huddle over to Peter van der Westen who then stated there had been several members who attended the Kaizen Report Out events and Tier 2 Leadership Huddles throughout the summer months. Peter asked the Directors to share their learnings and acknowledgement of those to be celebrated, as they experienced from attending these events; all while keeping in mind how the Board aligns with the hospitals goals and the Strategic Plan.

Dan Ross shared that he was impressed by the freedom and willingness to approach these discussions and opportunities for learning, no hierarchy is evident, all are valued and the work being done is also valued and expresses the culture of the organization. The discussions are outcome driven so that many people can benefit.

Linda Ballantyne shared that she was impressed by the manner in which the material is presented and the opportunities for improvement. Recognition of staff is appreciated because it gives a sense of accomplishment and pride for the hospital as a whole.

David Harvey shared that he was impressed by the staff's ability to take time out of their already busy schedules to reflect on their work and identify problems or areas for improvement. He also commented on the staff's willingness to develop a solution and commended the staff for their desire to improve their work.

Peter then asked Craig to walk the Board through the Strategic Pillar update on Partnering with Patients. Craig began by sharing that he is the Executive Sponsor for the Partnering with Patients pillar. Craig then provided an overview of each of the strategic goals aligned with this pillar.

The first goal is to enhance the Patient Partners Program to increase participation in hospital activities and improve equity, diversity, and inclusion by incorporating the voices of indigenous patient partners in the co-design work. The target is 100% completion of three co-design activities that include the input of indigenous partners by March 31, 2023, with 57% of the total work being completed. The three activities include redevelopment of the Cultural Healing policies at STEGH (100% complete), Non-Insured Health Benefits (NIHB) education for Pharmacists and Physicians (65% complete), and Supporting palliative care for Indigenous patients (30% complete).

The second goal is to implement Experience Based Co-Design methods and integrate with the LEAN continuous improvement system to engage patients and caregivers using experience data to make improvements to the patient experience on clinical units. The target is to have 75% of patients/caregivers answer always to the question: "During your hospital visit, were you and your family involved as much as you wanted to be regarding decisions about your care and treatment?" by March 31, 2023. Presently the target set is being exceeded month over month. The benchmark target of 75% will be increased as work continues.

The third goal is to implement evidence-based practices to engage patients at point of care by elevating hourly rounding practices with patients, enhancing safety and involve patients regularly in their care. The target is to validate 75% of Nursing Staff on hourly rounding practices observing the eight behaviours by March 31, 2023. The hourly rounding project plan involves four areas of focus: high-level introduction to leaders (100% complete), create education tools (100% complete), rollout education (50% complete), and implementation/go-live (0% complete).

### **Internal Quality Indicators & Definitions – August 2022**

Craig Watkin introduced himself to those in attendance and then provided an overview of the Internal Quality Indicators for the month of August 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 August 2022 at 1.37. STEGH remains number one provincially for this metric. Staffing and capacity challenges have had a direct impact on this metric.

- Pay for Performance Metrics

This indicator is red for the month of August 2022 at 33%. STEGH remains ranked number two for Emergency Department performance provincially.

- Readmission rate for STEGH COPD discharges readmitted

This indicator does not have data available for June, July or August 2022, as there is a lag in reporting. Data will be updated when it becomes available.

- Percent of Workplace Safety Incidents with Follow Up Completed within 48 Hours

This indicator is red for the last four months, with August 2022 at 85.7%. Main reasons for not meeting this target include the follow up being documented outside of 48 hours for the Emergency Dept. and there is a plan to address this.

## **4. Education**

### **4.1 Accreditation Education**

Debbie Turner introduced herself to those in attendance and shared a PowerPoint presentation on Accreditation; including the results of the Governance Functioning Tool that the Board Directors completed recently.

Debbie began by sharing the results of the Governance Functioning Tool (GFT), stating that the Board scored very well, with 33 of the 34 questions being green or in good standing. Only one question scored yellow, which is an area identified for potential improvement, and that was '*Contributions of individual members are reviewed regularly*'. Debbie shared that this question would be the area of focus that the Board may want to start thinking about "how do we do this?" or "how do we look at doing this in the future?" Debbie shared that this could be done at the end of a Board meeting to seek feedback from peers or it could be done by way of an online survey. The goal is how to collect this information and then determine what the Board does with that information to make improvements in this area.

The presentation also highlighted the following:

- Onsite survey is a layered approach.
- Governance Self-Assessment is a questionnaire that provides a gap analysis to guide quality improvement work.
- Priority Processes – involves sitting with Accreditation Surveyor and being asked various questions related to being a Board member and processes related to that work.

The Board agreed for the Governance Self-Assessment to be opened on October 6, 2022 and would remain open for 3-4 weeks.

## **5. Declaration of Conflicts of Interest**

None declared.

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

### **6.1 June 1, 2022 Pre Annual General Meeting Minutes**

The June 1, 2022 Pre Annual General 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 June 1, 2022 Pre Annual General Meeting draft minutes as presented.

CARRIED

## **6.2 June 1, 2022 Annual General Meeting Minutes**

The June 1, 2022 Annual General Meeting draft minutes were pre-circulated with the Board package for review.

### **MOTION**

MOVED by Dan Ross, SECONDED by Meaghan Vreman, that the Board of Directors approve the June 1, 2022 Annual General Meeting draft minutes as presented.

CARRIED

## **6.3 June 1, 2022 Post Annual General Meeting Minutes**

The June 1, 2022 Post Annual General Meeting draft minutes were pre-circulated with the Board package for review.

### **MOTION**

MOVED by Dan Ross, SECONDED by Linda Ballantyne, that the Board of Directors approve the June 1, 2022 Post Annual General Meeting draft minutes as presented.

CARRIED

## **7. Committee Reports**

### **7.1 Governance Committee**

#### **7.1.1 Governance Committee Draft Meeting Minutes (September 7, 2022)**

The Governance Committee draft Meeting minutes from September 8, 2021, were pre-circulated with the Board package for information purposes.

### **MOTION**

MOVED by Robert Furneaux, SECONDED by Linda Ballantyne, that the Board of Directors receive the draft Meeting Minutes of the September 7, 2022 Governance Committee meeting as presented.

CARRIED

#### **7.1.2 2022-2023 Governance Committee Annual Work Plan**

The 2022-2023 Governance Committee Draft Annual Work Plan, was pre-circulated with the meeting package for review and approval.

### **MOTION**

MOVED by Amy Dale, SECONDED by Linda Ballantyne, that the Board of Directors approve the 2022-2023 Governance Committee draft Annual Work Plan as presented.

CARRIED

### **7.2 Finance & Audit Committee**

#### **7.2.1 Finance & Audit Committee Draft Meeting Minutes (September 14, 2022)**

The Finance & Audit Committee draft Meeting minutes from September 14, 2022, were pre-circulated with the Board package for information purposes.

### **MOTION**

MOVED by Dan Ross, SECONDED by Robert Furneaux, that the Board of Directors receive the draft Meeting of the September 14, 2022 Finance & Audit Committee meeting as presented.

CARRIED

#### **7.2.2 2022-2023 Finance & Audit Committee Annual Work Plan**

The 2022-2023 Finance & Audit Committee draft Annual Work Plan, was pre-circulated with the meeting package for review and approval.

MOTION

MOVED by Dan Ross, SECONDED by Ken Gadsdon, that the Board of Directors recommend the 2022-2023 Finance & Audit Committee draft Annual Work Plan as presented.

CARRIED

**6.3.4 2022-2023 First Quarter Financial Report**

The 2022-2023 First Quarter Financial Report, was pre-circulated with the meeting package for review. Ms. Vreman provided a brief overview of the Operating Statements and presentation of the COVID-19 expenditures and impact on net position.

MOTION

MOVED by Amy Dale, SECONDED by Ken Gadsdon, that the Board of Directors receive the 2022-2023 First Quarter Financial Report as presented.

CARRIED

**6.3.4 2022-2023 First Quarter – Certification of Obligations of Statutory Payments**

Ms. Vreman referred to the First Quarter Certification of Obligations of Statutory Payments document that was pre-circulated with the meeting package.

MOTION

MOVED by Dan Ross, SECONDED by Amy Dale, that the Board of Directors receive the 2022-2023 First Quarter - Certification of Obligations of Statutory Payments as presented.

CARRIED

**7.3 Quality & Safety Committee**

**7.3.1 Quality & Safety Committee Draft Meeting Minutes (September 15, 2022)**

The Quality & Safety Committee draft Meeting Minutes from September 15, 2022, were pre-circulated with the Board package for information purposes.

MOTION

MOVED by Robert Furneaux, SECONDED by Meaghan Vreman, That the Board of Directors receive the draft Meeting Minutes of the September 15, 2022 Quality & Safety Committee meeting as presented.

CARRIED

**7.3.2 2022-2023 Quality & Safety Committee Annual Work Plan**

The 2022-2023 Quality & Safety Committee Annual Work Plan, was pre-circulated with the meeting package for review and approval.

MOTION

MOVED by Sally Martyn, SECONDED by Dan Ross, that the Board of Directors approve 2022-2023 Quality & Safety Committee draft Annual Work Plan as presented.

CARRIED

**7.3.3 Patient Experience Update**

The Patient Experience Update presentation was pre-circulated with the meeting package for information purposes.

#### 7.3.4 March 2022 Staff Survey Results

The March 2022 Staff Survey Results presentation was pre-circulated with the meeting package for information purposes.

### 8. Other Business

#### 8.1 Board of Directors 2022-2023 Draft Annual Work Plan

The draft Board Work Plan was pre-circulated with the meeting materials.

Peter van der Westen shared that the Board work plan is in alignment with each the Committee work plans.

#### MOTION

MOVED by Meaghan Vreman, SECONDED by Amy Dale, that the Board of Directors approve the 2022-2023 Draft Annual Work Plan as presented.

CARRIED

#### 8.2 Hospital Security Measures & Violence – Briefing Note

The Hospital Security Measures & Violence briefing note was pre-circulated with the meeting package for information purposes.

Craig Watkin referred to the briefing note which highlighted the work taking place at STEGH with regard to Searching of a Patient and/or their Belongings policy and the on-going collaborative work with St. Thomas Police Services on safe mental health transitions for patients being brought to STEGH's Emergency Department by police.

Craig shared that an initial search is conducted for every admitted mental health patient in the Emergency Department with a secondary search conducted when the patient arrives on the Mental Health unit. Prior to this policy update, patients were only searched once in the Emergency Department and only if formed.

In order to provide an additional level of safety and security for both staff and patients, hand-held metal detectors were implemented as a complimentary searching tool, which was supported by St. Thomas Police Services (STPS) and is aligned with other hospitals across the region.

In order to ensure staff were prepared for this change, a robust training program was rolled out in the targeted units, and involved engagement with STPS, Paladin Security, STEGHs Safety Specialist, along with best practice from other institutions.

Craig shared that the updated policy and use of Hand-held metal detectors is in the evaluation phase, with amendments taking place when determined necessary.

Monica Olanski shared that since STEGHs adoption of this policy; four other hospitals have also adopted STEGHs policy and practice.

#### 8.3 Pandemic & Diseases of Public Concern - *Update*

Karen Davies that there was no notable concerns or updates to share regarding COVID.

#### 8.4 Elgin OHT Update

Karen Davies provided a brief verbal update on the current state with the Elgin Ontario Health Team (OHT). Karen shared that she has stepped down as co-chair and that Carol Walters, from the Alzheimer Society, has accepted the position of co-chair and will begin in this role as of November 1, 2022.



## **9. Officer Reports**

### **9.1 Board Chair Report**

The Officer report for the Board Chair was pre-circulated with the meeting package.

### **9.2 President and CEO Report**

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

### **9.3 Chief of Staff Report**

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

Dr. Waleed Chehadi shared that one of the main issues facing the professional staff at STEGH is the general lack of morale amongst certain physician groups. Despite the return of children to school, no work isolations have had to take place for the physicians at STEGH, as of yet. With flu and COVID circulating, the focus is on having a clear and robust return to work strategy that will allow shifts and scheduling to be well covered.

### **9.4 STEGH Foundation Report**

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

MOTION

MOVED by Ken Gadsdon, SECONDED by Sally Martyn, that the Board of Directors receive the Officer Reports as presented.

CARRIED

## **10. Correspondence / Information**

None.

## **11. In-Camera Meeting**

### **11.1 Move to In-Camera**

MOTION

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

CARRIED