

Meeting of the Board of Directors
Wednesday, April 5, 2023 at 3:00pm
Elmview Conference Room & Zoom Video-Conferencing

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

1. Call to Order

Peter van der Westen called the meeting to order at 3:00pm.

2. Approval of Agenda

MOTION

MOVED by Robert Furneaux, SECONDED by Colleen Row, that the Board of Directors approve the agenda as presented.

CARRIED

3. Declaration of Conflicts of Interest

None declared.

4. Governance Committee Report

4.1 Governance Committee Special Called Meeting Draft Minutes (March 2, 2023)

The Governance Committee draft Meeting Minutes from March 2, 2023, were pre-circulated with the Board package for information purposes.

MOTION

MOVED by Dan Ross, SECONDED by Sally Martyn, that the Board of Directors receive the draft meeting minutes of the March 2, 2023 Governance Committee meeting as presented.

CARRIED

4.2 Board Director Nomination – Patient Experience Council Chair – Karen Palmer

Dan Ross shared that Karen Palmer was the successful applicant for the position of the Patient Experience Council Chair, which will in turn act as the Patient Partner on the STEGH Board of Directors. With this information in mind, Karen Palmer, is being recommended for appointment to the Board for the position of Patient Partner on the STEGH Board of Directors as a non-voting ex-officio Director.

MOTION

MOVED by Dan Ross, SECONDED by Sally Martyn, that the Board of Directors approve that Karen Palmer, Patient Experience Council Chair, be appointed as a non-voting ex-officio Board Director, for a modified term, ending in June 2023.

CARRIED

Karen Palmer joined the meeting at 3:15pm and introductions were made.

5. Board Lean Huddle

Peter van der Westen shared that the Kaizen Report Out event and Tier 2 Leadership Huddles had been well attended by Board Directors throughout the month of March. Peter asked the Directors to share their learnings, and acknowledgement of those to be celebrated, as they experienced from attending these events. Peter also asked that Directors share how attending these events and huddles affects them as a Board Director and how it has helped them to change their view or understand the hospital better.

Several members shared their feedback related to learning, reflections, celebrations and areas for potential growth by the Board of Directors.

Peter then asked Monica Olanski to walk the Board through the Strategic Pillar update on Creating Collaborative Networks. Monica provided an overview of the strategic goals aligned with this pillar.

Internal Quality Indicators & Definitions – February 2023

Craig Watkin introduced himself to those in attendance and then provided an overview of the Internal Quality Indicators for the month of February 2023. Highlighting the indicators that were not meeting the targets included:

- Percent of Discharge Summaries completed within 48hrs
This indicator is red for the month of February 2023 at 89%, which is just shy of the 90% target. Follow up with the physicians who did not complete their discharge summaries within the 48-hour target is taking place.
- Time to Inpatient Bed - Date/Time of Disposition to Date/Time left ED
This indicator is red for the month of February 2023 at 1.40, which is an improvement from the previous month. STEGH is ranked number one for this metric out of 74 participating hospitals within the province.
- Pay for Performance Metrics (P4R)
This indicator is green for the month of February 2023 at 50%. STEGH remains ranked at number one for the P4R metrics provincially.
- Readmission rate for STEGH COPD discharges readmitted
This indicator does not have data available for December 2022, January and February 2023 as there is a lag in reporting. Data will be updated when it becomes available. This data can also change month to month pending any coding corrections submitted to CIHI, up until May 31, 2023.

6. Emergency Management Update

Karen Davies provided a very brief verbal update on the current situation with the pandemic, noting that COVID numbers remain static at approximately eight or less patients.

A review of internal processes pertaining to swabbing of patients is taking place. Ontario Health released documentation on the removal of masks in healthcare settings.

Regionally, hospitals have decided to take an aligned approach to the removal of masks in hospitals, with the caveat that each hospital may need to make informed decisions based on their patient care needs. A final decision on exactly how this approach will take place is still under discussion.

Monica Olanski shared that across the region; all COVID Assessment Centers (CAC's) were directed to close as of March 31, 2023. At STEGH, high risk and/or immune-compromised patients, who are coming to the hospital for surgery, are still being tested for COVID prior to being admitted for surgery, which is decided at the discretion of the anesthesiologists and surgeons. Staff are still able to receive COVID testing at present; however, the process for staff testing will be changing shortly.

7. Patient Story

Craig Watkin shared a patient experience story.

8. Strategic Objectives Update (verbal)

Karen Davies provided a very brief verbal update on the Strategic Objectives. Karen reminded the Board that in 2019 a full Strategic Plan was developed, entitled *Imagine 2023*. In late 2020, to early 2021, when a new Strategic Plan would have been

developed, a decision was made to forgo a new plan and push out the plan *Imagine 2023* to be *Imagine 2024*.

Then in 2022, the Objectives were renewed, keeping the existing pillars, and just extended the Strategic Plan. The plan going forward is to move into an ongoing Strategic planning cycle, versus, the traditional approach to finishing the plan after a set number of years and then starting from scratch to build a new plan.

As an executive team, ongoing strategic planning has been taking place. A communications strategy will be needed to share publicly to explain that the hospital is moving into a continuous cycle for planning.

The Strategic wall outside of the Boardroom has all of the pillars and goals for each displayed. Each of the Vice-Presidents conducted a fulsome review of each pillar in February 2023 with the goal of determining what the goals and objectives for the coming year should be, using the original Strategic plan document as a guide in developing and/or changing goals and objectives. Using input from the Directors, the Vice-Presidents drafted objectives for each pillar. Open drop-in sessions were then offered to all staff, physicians, and volunteers to come view the draft goals and objectives, with the opportunity to provide feedback and input. This input was then considered to make further edits to the goals and objectives and will be presented to the Board and the Medical Advisory Committee for a final review and feedback/input at the Board Retreat on April 11, before they are finalized and put into action on the Strategic wall for the 2023/2024 year.

9. Enterprise Risk Management Update (*verbal*)

Tonya Sheldon provided a very brief verbal update on Enterprise Risk Management (ERM).

Tonya began by sharing that approximately 9 months ago; Courtney Carroll began in her role as the Risk & Policy Manager at STEGH. STEGH enacted a full refresh of the Enterprise Risk Management framework and the Risk Management team, which now has a member from each of the required departments, consisting of leadership and frontline staff.

The decision was made to move to using a new policy site, which involved migrating all the existing policies over to the new platform. The new platform has the capability to send automatic reminders, on a set schedule. The most responsible person then reviews the policy and makes any potential updates required.

The next step in the ERM process is to build the risk register. The Risk Management team released a risk survey to the leadership team at STEGH to rank, from a list provided, what the top risks are for their individual departments and provide any other risks that the executive team may not already be aware of. Using the top, one or two, risks identified in the survey, the Risk Management team will then begin building out the risk register.

Risk education has been taking place for the leadership team and the risk management software used at STEGH, *RL6*, has been upgraded to allow for further enhancements.

The risk assessment will be an ongoing annual process.

10. Approval of Draft Minutes of Prior Meeting – March 1, 2023

The March 1, 2023 Board of Directors Meeting draft minutes were pre-circulated with the Board package for review.

MOTION

MOVED by Amy Dale, SECONDED by Harold Lenfesty, that the Board of Directors approve the March 1, 2023 Board of Directors Meeting draft minutes as presented.

CARRIED

11. Committee Reports

11.1 Quality & Safety Committee

11.1.1 Quality & Safety Committee Draft Meeting Minutes (March 16, 2023)

The Quality & Safety Committee draft Meeting Minutes from March 16, 2023, 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 draft meeting minutes of the March 16, 2023 Quality & Safety Committee meeting as presented.

CARRIED

11.1.2 Ethics Report

The Ethics Report was pre-circulated with the meeting package for information.

11.1.3 Emergency Preparedness Report

The Emergency Preparedness Report was pre-circulated with the meeting package for information.

11.1.4 Accreditation Update

The Accreditation Update was pre-circulated with the meeting package for review and approval.

12. Other Business

12.1 None.

13. Officer Reports

13.1 Board Chair Report

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

13.2 President and CEO Report

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

13.3 Chief of Staff Report

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

MOTION

MOVED by Robert Furneaux, SECONDED by Sally Martyn, that the Board of Directors receive the Officers reports as presented.

CARRIED

14. Correspondence / Information

14.1 Ministry of Health Letter RE: Ontario's Hospitals

The Ministry of Health Letter regarding Ontario's Hospitals was pre-circulated with the meeting package for information.

15. In-Camera Meeting

15.1 Move to In-Camera

MOTION

MOVED by Amy Dale, SECONDED by Harold Lenfesty, 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.

16. Termination of Meeting

MOTION

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

CARRIED