

Perth and Smiths Falls District Hospital
Board of Directors Meeting
Tuesday, February 22, 2022
Via Videoconference @ 7:30 a.m.

PRESENT: S. Bird, *G. Church, Chair*, K. Clupp, M. Cohen, C. Dolgowicz, L. Drynan, J. Fenik, J. Hewitt, B. Hirst, Dr. W. Hollis, Dr. A. Kuchinad, S. Pankow, M. Quigg, Dr. M. Roberts, Dr. K. Stolee, A. Thomlinson, Dr. K. Wickens

REGRETS: N. Shaw

IN ATTENDANCE: D. Hodgins, VP, Finance & Support Services, K. Kelly, Recording Secretary, M. Hallam, Executive Director, PSFDH Foundation, M. Young, President, GWM Auxiliary, G. Laws, ED, Lanark County Mental Health, H. Bedor, ED, Lanark County Support Services

1. Call to Order – G. Church

G. Church, Chair, called the meeting to order at 7:30 a.m.

2. Chair's Remarks – G. Church

G. Church advised that the session of independent directors will now occur as a 2nd closed session within the formal meeting and not following the adjournment. This session will provide an opportunity for directors to learn from each other and it will support transparency.

3. Patient & Family Centred Care – M. Cohen for N. Shaw

M. Cohen referred the members to an email received from a grateful community member. The organization and board continue to be impressed with staff and the effort they make to keep focus on their tasks while managing upset public. A person who witnessed an upsetting event between a screener and patient submitted the email. The community continues to support the hospital. M. Cohen spoke with the screener to share with them the letter.

General discussion. M. Cohen confirmed that security would have been called as the hospital does have a protocol for escalating situations. Further, many staff have received non-crisis intervention training.

4. Declaration of Conflict of Interest – G. Church

G. Church reminded members to declare a conflict at any point during the meeting.

5. Approval of Agendas – G. Church

a) Regular Meeting and Consent Agendas

Regular Meeting

RESOLUTION No. 14/22

MOVED by A. Thomlinson

SECONDED by K. Clupp

THAT the regular meeting agenda was approved as presented.

CARRIED.

RESOLUTION No. 15/22

MOVED by J. Hewitt
SECONDED M. Quigg

THAT the consent agenda was approved as presented.

CARRIED.

6. Foundation & Auxiliaries

a) PSFDH Foundation – M. Hallam

K. Wickens provided the following updates on behalf of the PSFDH Foundation:

- The foundation has initiated its communications focus group;
- 50/50 ticket sales continue;
- PSFDH has also made some progress on the communications role. An update will be provided later in the meeting.

b) GWM Auxiliary – M. Young

M. Young reported that the auxiliary activities remain quiet but noted the following activities:

- the Auxiliary Executive Committee continues to meet;
- there will be a change of Auxiliary president in the spring;
- the auxiliary continues to work through how best to support the hospital;
- Off-site gift shop in Perth Mews Mall will continue until the end of July 2022. The Auxiliary is considering whether to keep both locations.
- the initial \$10 membership fee was waived to encourage membership.

b) SFCH Auxiliary – G. Church for J. Staples

No report today.

7. Education – M. Cohen

M. Cohen provided an education session on “Ethics.” A copy of the presentation will be posted to the Board of Directors portal for information and reference.

8. Action Items

8.1 Leadership Report – M. Cohen

M. Cohen referred the members to the February 2022 Leadership Report shared in advance of the meeting. He provided an update on COVID-19 outbreaks and impacts on services.

- Elective surgeries are resuming this week and the ICU SF is no longer in an outbreak;
- staffing continues to pose significant issues and the temporary changes in OR allowed for OR staff to be deployed to other areas to provide support;
- MSSF staff off on isolation will be cleared to return to work this week;
- some of the ICU SF staff off on isolation will return to work as well. The reopening of the ICU will take off pressure from regional partners.

M. Cohen spoke to the “Communications Role” business case recommendation requested by the Finance Committee. He indicated that it is a resource required by the hospital to support upcoming larger scale projects. PSFDH will proceed with a three-year term position for the communications role. The associated costs would be tied into capital projects which will limit impacts on operational dollars.

Further, the role will work with the PSFDH foundation to coordinate and support the hospital profile for fundraising. It is anticipated that the position will be in place by May 2022. M. Hallam will participate in recruitment efforts. M. Cohen thanked A. Thomlinson for her help in preparing a template for the position description.

The position will report to M. Cohen and not a senior management role but the person will attend board meetings and functions. It is anticipated that the cost over three years with benefits would be \$130,000.

G. Church commented on the importance of linking with the PSFDH foundation as there is a need to formalize the relationship with the PSFDH foundation to integrate communication agendas.

RESOLUTION No. 16/22

MOVED by C. Dolgowicz
SECONDED by J. Hewitt

THAT the PSFDH Board of Directors accepts the Leadership Report as presented.

CARRIED.

8.2 Chief of Staff Report – Dr. K. Stolee

Dr. Stolee acknowledged the work of the OR team to shift quickly to the requirement to stop all non-urgent/elective procedures. She noted the great effort put forward. She then referred members to her report and highlighted the following:

- There are two motions contained in report related to change in Clinical Chief Leadership; and
- Review of the terms of reference for two committees: Pharmacy & Therapeutics Committee and Medical Quality Assurance Committee. Dr. K. Stolee spoke to each sub-committee purpose.

Clinical Chief – Anaesthesia

RESOLUTION No. 17/22

MOVED by L. Drynan
SECONDED by C. Dolgowicz

THAT the PSFDH Board of Directors accepts the recommendation of the Medical Advisory Committee to approve the appointment of Dr. Chris Mireault as the Chief of Anaesthesia for the term April 1, 2022 to March 31, 2025.

CARRIED.

Sub-Committee Terms of Reference

RESOLUTION No. 18/22

MOVED by C. Dolgowicz
SECONDED by B. Hirst

THAT The PSFDH Board of Directors accepts the recommendation of the Medical Advisory Committee to approve the revised terms of reference for the Medical Advisory Committee sub-committees, "Pharmacy and Therapeutics" and "Medical Quality Assurance".

CARRIED.

General discussion ensued regarding palliative care committee and its placement in the committee structure. Dr. K. Stolee noted that the Medical Quality Assurance Committee does not discuss palliative care but matters are brought through the Medical Staff Association as well as part of the MAC and MAiD program. Dr. Leigh Wahay leads the palliative care committee with internal and external partners and is linked into many areas. An annual education session is well attended by the hospital group.

She also referred the members to the new RHIS logo and program name, LUMEO. Effort is underway to move away from "RHIS". The new branding will be formally launched in the coming weeks. The program was paused for 30 days but it is back on track.

M. Cohen will inquire about a presentation on the development of the “Lumeo” brand.

RESOLUTION No. 19/22

MOVED by J. Fenik

SECONDED by A. Thomlinson

THAT the PSFDH Board of Directors accepts the Leadership and Chief of Staff reports as presented.

CARRIED.

8.3 Medical Staff Association (MSA) Report – Dr. M. Roberts

Dr. M. Roberts reported that matters remain quiet. He raised his concerns of a person who presented to his clinic while knowing they were COVID-19 positive despite being asked to be tested prior to attending appointment. The patient lied at the screening desk in order to keep their appointment. He noted that this is becoming more common with patients. This is a risk to the physician, staff, patients and the hospital. He commented that there seems to be a small element of society pushing the limits which could lead to department closures.

Discussion ensued. J. Fenik remarked that as the province(s) move away from mandates, people begin to disregard measures that remain in place. There is a need to communicate to the public the risk to the hospital and small breaches can greatly affect hospital services. He suggested a story on the matter to raise awareness.

S. Pankow concurred with this position and noted that it is greatly important for the hospital to maintain services. He commented that the screening process is in place to protect hospital staff and patients. C. Dolgowicz suggested that any story focus less on vaccination status and more on the importance of answering the screening questions honestly. She added that many patients may be supported through virtual appointments, if suitable, which could help to minimize these types of breaches.

A general discussion ensued and members supported a release outlining the concerns. K. Clupp noted that social media comments related to the hospital vaccine policy and subsequent termination of staff. He suggested that this piece should also be clarified.

G. Church received the suggestions under advisement that a communications piece will be developed. He noted that the hospital has to support people whether they are vaccinated or not.

Dr. K. Wickens commented that the hospital (board) needs to be careful and not to be divisive as it may create divisions that will impact fundraising efforts. M. Cohen will bring forward the comments to develop a release.

Dr. M. Roberts left the meeting at 8:22 a.m.

8.4 Governance Committee – J. Hewitt

J. Hewitt reported that the Committee reviewed policies at its recent meeting. There was discussion on the “Chain of Command” policy that speaks with clarity on authority for communicating. The Committee would like to see a better balance of referring matters to Chair/CEO while supporting members as ambassadors in the community. The current policy may limit responses of individual board members. The Committee proposes to pass the policy as is and look to address the balance:

- The elements of the policy will be reviewed at new member orientation;
- The establishment of speaking notes for directors to reference when speaking to community groups. The notes would be concise, topical and up to date. Similar notes were used in the past and were a helpful resource. The notes would include the topics or matters that require referral to the Chair/CEO.

If the board supports, the matter would return to the Governance Committee to establish a process for developing the speaking notes. G. Church suggested that speaking notes were initially prepared via the Liaison Committee and they should be included.

B. Hirst requested clarity on the policy related to patient issues regarding the board involvement. M. Cohen indicated that if there is an operational issue that requires resolution the matter could be handled operationally. If it has a broader impact, strategic or reputational, the board would be engaged.

He added that the policy is too restrictive and could tie the hands of operations. The Governance Committee will reconsider the policy.

J. Hewitt noted that there are essentially two policies combined into one policy (clinical and organizational). The policy does not address the operational piece that could lead to confusion.

8.4.1 Governance Policies

RESOLUTION No. 20/22

MOVED by J. Hewitt

SECONDED by K. Clupp

THAT the PSFDH Board of Directors accepts the Governance Committee recommendation to approve the following policies as presented:

- *Governance Process No. 2.22, "Chain of Command and Communication";*
- *Governance Process No. 2.23, "Conflict of Interest"; and*
- *Board/Staff Relationship No. 3.0, "CEO Leadership & Monitoring"*

CARRIED.

J. Hewitt also reported that Dr. W. Hollis and K. Kelly created the enclosed recruitment and onboarding flowchart. This item will be included in the orientation materials.

8.5 Board Quality Committee – Membership

L. Drynan reported that M. Quigg expressed interest to join the Board Quality Committee and brought forward the following resolution.

RESOLUTION No. 21/22

MOVED by L. Drynan

SECONDED by C. Dolgowicz

THAT the Board of Directors approves Michele Quigg, Director as a member of the Board Quality Committee.

CARRIED.

S. Bird noted that there is an advisory board for Lanark County Mental Health but nothing similar for Lanark County Support Services. H. Bedor confirmed that Lanark County Support Services has considered a similar set up but it does not currently have one in place. She will make inquiries regarding this matter. L. Drynan added that she is the hospital board representative on the Lanark County Mental Health Community Advisory Board.

9. Sponsored Organizations

11.5.1 Lanark County Support Services – H. Bedor

H. Bedor provided a brief verbal report on Lanark County Support Services. She indicated that there have been no significant changes to operations since last (written) report provided in January. The organization is reviewing impacts of provincial reopening. She noted that there continue to be staffing and supply chain challenges in the developmental services sector. LCSS has shared some PPE with other organizations in outbreak. To mitigate going forward, the regional leads are considering the creation of an emergency reserve of supplies.

Transition support services – always seeking ways to raise profile – youth transitioning to adult/education/employment; challenging when children move through this service process have experienced well supported services but not the same process for adults; sectors are working through; working with ConnectWell organization – considering ways to raise profiles collectively; no cost implications yet

11.5.2 Lanark County Mental Health – G. Laws, ED

G. Laws provided a verbal update on Lanark County Mental Health matters. The organization continues to work through the budget process and aligning different functional centres. The group submitted its third quarter report. LCMH worked with the Hospital IT Department to acquire new laptops to better support staff out in the field. A staff survey was shared in early January with very good response. The 2nd stage of the survey will involve individual interviews to better understand the cultural landscape. More information to share in the March 2022 Board report.

With the provincial reopening, LCMH can move to have more group sessions and in-person visits. LCMH continues to meet with clients virtually and to meet its performance targets.

10. New Business

Nil.

11. Business Arising from Minutes

11.1 Strategic Planning Process Update – M. Cohen

M. Cohen reported that he received quotes from three groups to support the strategic plan facilitation and PSFDH will move forward with engaging the preferred company. He noted that the company would not write our strategy but to facilitate sessions and collate the data. He advised that the company would begin the process in early April with a goal to have the strategy completed by the end of June.

M. Cohen advised that numerous virtual engagement sessions would be planned along with the development of SWOT analysis and Board kick off.

11.2 Accreditation Canada Survey

11.2.1 Education work Plan

M. Cohen reviewed the updated accreditation work plan, which was populated to reference relevant policies. He noted the following areas requiring attention:

- Ethics education – completed today;
- CEO succession planning – PSFDH board has policies but not a formal plan. This will be brought forward to the next board meeting; and
- A Communications resource will be implemented to support various areas.

G. Church stated that the Executive Committee had the responsibility to monitor the CEO succession and it may be reasonable for the Governance Committee to have oversight. The Governance Committee will prepare CEO Succession Plan and present to the Board as a whole.

M. Cohen prepared an education work plan template that will be discussed at the next Governance Committee. The plan will be presented to the board as a whole and education will be incorporated into the board cycle.

12. Board Committee Reports

12.1 Governance Committee – February 4, 2022 – J. Hewitt

12.1.1 Committee Report

The Committee Report to the Board was included in the materials.

12.1.2 PSFDH Onboarding & Succession Planning Flowchart

J. Hewitt shared this item earlier in the meeting.

C. Dolgowicz left the meeting at 9:00 a.m.

12.2 Finance Committee – February 17, 2022 – K. Clupp

12.2.1 Committee Report

The Committee Report to the Board was included in the materials.

12.2.2 CFO Report – D. Hodgins

The report was included for information. She noted that COVID-19 costs, staffing pressures and OR issues have impacted Quality Based Procedure performance. Incremental COVID-19 pandemic impacts are the key drivers for the deficit coupled with increased surge beds, staffing resource challenges, insurance, supply chain price hikes and product interruptions.

PSFDH is working with Ontario Health East Region regarding funding concerns. The hospital has advised Ontario Health East Region that it will have a deficit and will seek a balanced budget waiver.

M. Hallam, H. Bedor, M. Young, G. Laws left the meeting at 8:45 a.m.

12.3 Board Quality Committee – L. Drynan

12.3.1 Committee Report

No formal report was provided. L. Drynan reported that there were no actions items stemming from the February 2022 meeting. The next meeting is scheduled for March 10 (education session) and all members are invited.

13. Closed Session

RESOLUTION No. 22/22

MOVED by M. Quigg

SECONDED by L. Drynan

THAT the PSFDH Board of Directors moved to a closed session at 9:03 a.m.

CARRIED.

RESOLUTION No. 25/22

MOVED by L. Drynan

SECONDED by S. Pankow

THAT the PSFDH Board of Directors moved out of the closed session at 9:34 a.m.

CARRIED.

Note: Resolutions 23/22 and 24/22 were moved and approved during closed session.

Closed Session Resolutions:

Professional Staff Appointments/Reappointments

RESOLUTION No. 26/22

MOVED by J. Fenik

SECONDED by K. Clupp

THAT the PSFDH Board of Directors accepts the recommendation of the Chief of Staff and Medical Advisory Committee to approve the requests for appointment and reappointment to the Professional Staff as presented.

CARRIED.

MRI Project

RESOLUTION No. 27/22

MOVED by K. Clupp
SECONDED by S. Bird

That the PSFDH Board of Directors accepts the Finance Committee recommendation to:

1. Proceed with the formal launch of the MRI Project, including procurement and ramp up of the MRI suite with a planned go live date in early 2023, with one-time budget costs of up to \$6.0 million; and
2. Authorize the use of external bridge financing of up to \$6.0 million until sufficient PSFDH Foundation funds are realized.

CARRIED.

14. **Other Items/Information**

14.1 Strategic Plan Operational Plan – M. Cohen

The plan was provided for information. M. Cohen noted that regular meetings will be coordinated with the Medical Staff Association (virtually).

J. Fenik left the meeting at 9:37 a.m.

15. **Information Items** – items provided for information.

16. **Next Meeting Date**

Regular Meeting: Tuesday, March 22, 2022, via videoconference at 7:30 a.m.

17. **Closed Session No. 2**

RESOLUTION No. 28/22

MOVED by S. Bird
SECONDED by B. Hirst

THAT the PSFDH Board of Directors moved to a closed session (No. 2) at 9:38 a.m.

CARRIED.

RESOLUTION No. 29/22

MOVED by L. Drynan
SECONDED by J. Hewitt

THAT The PSFDH Board of Directors moved out of the closed session (No. 2) at 9:44 a.m.

CARRIED.

18. **Adjournment**

RESOLUTION No. 30/22

*MOVED by S. Bird
SECONDED by B. Hirst*

THAT the February 22, 2022 Perth and Smiths Falls District Hospital Board of Directors' meeting adjourned at 9:45 a.m.

CARRIED.



G. Church, Chair



M. Cohen, Secretary