

Perth and Smiths Falls District Hospital
Board of Directors Meeting
Wednesday, March 23, 2022
Via Videoconference @ 3:00 p.m.

PRESENT: S. Bird, G. Church, Chair, K. Clupp, M. Cohen, C. Dolgowicz, L. Drynan, J. Fenik, J. Hewitt, B. Hirst, S. Pankow, Dr. M. Roberts, N. Shaw, Dr. K. Stolee, A. Thomlinson

REGRETS: Dr. W. Hollis, Dr. A. Kuchinad, M. Quigg, Dr. K. Wickens

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 3:00 p.m.

2. Chair's Remarks – G. Church

Thank you to everyone who participated in yesterday's mock accreditation survey which took place of the regular board meeting. Accreditation reference materials are available on the board portal.

G. Church noted that the Ontario Hospital Association is seeking board members. Please contact K. Kelly for more information.

3. Patient & Family Centred Care – M. Cohen

M. Cohen shared a story with the members related to an unvaccinated parent (the partner of obstetrical patient). He considered the request utilizing the PSFDH ethics framework. The request was reviewed with the management and the request was granted. Further, the PSFDH visitor policy was amended accordingly.

Discussion ensued regarding unvaccinated people visiting other areas of the hospital. M. Cohen noted that "visitor" is different from an "essential support person". He advised that the unvaccinated partner was required to wear all necessary PPE while on site. Exceptions are made for palliative and compassionate reasons and all unvaccinated visitors are required to wear PPE.

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. 31/22

MOVED by K. Clupp

SECONDED by J. Fenik

THAT the regular meeting agenda was approved as presented.

CARRIED.

RESOLUTION No. 32/22

MOVED by L. Drynan
SECONDED by B. Hirst

THAT the consent agenda was approved as presented.

CARRIED.

6. Foundation & Auxiliaries

a) PSFDH Foundation – M. Hallam

M. Hallam provided the following updates:

- 50/50 draw continues to grow and all staff and board members are invited to purchase tickets.
- The newsletter distribution is also reach more people with a growth of 50%.
- The foundation is seeking board members with an application deadline of April 9. Direct inquiries to M. Hallam or visit the foundation website.
- No update on the CP Rail grant for golf tournament.

b) GWM Auxiliary – M. Young

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

- work underway to review volunteer lists to determine who is interested in returning to hospital activities.
- the auxiliary has approximately 100 volunteers.
- the auxiliary will conduct visioning exercises to discuss mission and connection with the hospital and look at next steps.
- she met with M. Cohen to discuss the return of volunteers to the hospital. There is a sense the return will be gradual and staged and may begin near end of April.

b) SFCH Auxiliary – J. Staples

No report today.

7. Education – M. Cohen/Dr. K. Stolee

M. Cohen and Dr. K. Stolee provided an education session on “The Board’s Role in Credentialing.” A copy of the presentation will be posted to the Board of Directors portal for information and reference. Dr. K. Stolee spoke to the succession planning and recruitment of professional staff. She remarked that pre-Covid, succession planning was rather informal but has since been formalized to determine needs and requirements of hospital, community and physician(s).

A health human resources planning document was shared with MAC (a copy is included in the board meeting materials.) The new planning tool will become an annual activity for clinical department chiefs.

She referred the members to the “impact analysis” document that was created for the clinical department chief to complete. The impact analysis considers all areas that would be impacted should there be a proposed increase or change to a service.

The Board will receive the impact analyses, which will ensure that operational requirements and strategic plan outcomes are met when determining privilege requests.

8. Action Items

8.1 Leadership Report – M. Cohen

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

communications specialist posting is now public and PFAC, PSFDH Foundation and hospital representatives will be involved in the interview process.

RESOLUTION No. 33/22

MOVED by K. Clupp

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. K. Stolee referred the members to her report. She noted that following:

- A fourth internist was recruited, Dr. Stephanie Luco. She is currently privileged as a locum and will begin in the summer; came to PSFDH as a resident; collegial person
- Urology recruitment: based on a completed impact analysis, PSFDH is considering recruiting 2nd urologist.
- COVID-19 – there continue to be pressures on regional health human resources.
- Lumeo (regional health information system) – work will begin at the end of April.
- Committee Terms of Reference for Health Records and Utilization Committees. A recommendation to following regarding the proposed revisions.
- Per S. Bird's question at the February meeting, she confirmed that palliative care falls under Medical Quality Assurance Committee (MQA). With this information, the MQA terms of reference will be updated.

At this point, Dr. Stolee shared a presentation, "Overview of the Medical Advisory Committee".

Sub-Committee Terms of Reference

RESOLUTION No. 34/22

MOVED by K. Clupp

SECONDED by A. Thomlinson

THAT The PSFDH Board of Directors accepts the recommendation of the Medical Advisory Committee to approve the revised terms of reference for the following committees:

- *Utilization Review Committee;*
- *Health Records Committee; and*
- *Medical Quality Assurance Committee.*

CARRIED.

RESOLUTION No. 35/22

MOVED by L. Drynan

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. Roberts provided an update from the Medical Staff Association. He noted that due to OR cancellation today given limited beds (need to maintain isolation requirements) at the hospital, he was able to attend. He noted that this was unfortunate for our patients.

He highlighted the following items:

- The MSA received the Lumeo presentation for engagement. Many physicians are involved to help move forward and determine needs for our organization and the project.
- MSA will donate \$5000 to Canadian Red Cross for Ukraine humanitarian efforts.
- Discussion is underway regarding MSA succession planning with changes coming forward mid-summer. A formal vote will take place in May.

8.4 Governance Committee – J. Hewitt

J. Hewitt reported that the Committee continued its policy review at its recent meeting. He put forward four policies for the board consideration and approval.

It was noted that a 360 review is conducted for each the CEO and Chief of Staff however this is not mentioned in the policies.

8.4.1 Governance Policies

RESOLUTION No. 36/22

*MOVED by J. Hewitt
SECONDED by S. Bird*

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

- a) Board/Staff Relationship No. 3.6, “Annual Attestation – Enterprise Risk Management”;*
- b) Monitoring No. 5.3, “Evaluation of Chief of Staff”; and*
- c) Governance Process Policy No. No. 2.19, “Session of Independent Directors”.*

CARRIED.

RESOLUTION No. 37/22

*MOVED by J. Hewitt
SECONDED by L. Drynan*

THAT The PSFDH Board of Directors approves Monitoring Policy No. 5.1, “CEO Performance Evaluation and Compensation” with the addition of reference to utilization of 360° evaluation.

CARRIED.

8.5 Finance Committee – K. Clupp

The members considered the SBAR and recommendation related to the PSFDH Signing Authority Policy. It was noted that an operational agreement will be developed with Lanark County Support Services and Lanark County Mental Health over the summer months.

8.5.1 Signing Authority Policy

RESOLUTION No. 38/22

*MOVED by K. Clupp
SECONDED by L. Drynan*

THAT the PSFDH Board of Directors accepts the recommendation of the Finance Committee to approve the PSFDH Signing Authority Policy as presented.

CARRIED.

8.5.2 2022/23 Operating Budget

K. Clupp referred the members to the included presentation and D. Hodgins highlighted points in the presentation then presented the motion. She stated that PSFDH has been advised Ministry approval of continued use for eight (8) surge beds but noted no funding letter has been issued.

She reviewed the balanced budget strategies outlining the immediate, short and medium term strategies. Further COVID-19 costs continue to be tracked with the assumption that the activity will be reimbursed.

RESOLUTION No. 39/22

*MOVED by K. Clupp
SECONDED by B. Hirst*

THAT the PSFDH Board of Directors accepts the recommendation of the Finance Committee to approve the 2022/23 Operating Budget based on the following criteria:

- 1. Endorsement of the fiscal 2022/23 total PSFDH operating budget with a operating margin deficit of \$(2.7M);*
- 2. Continued collaboration with Ontario Health (OH) and the Ministry to seek a base funding adjustment;*
- 3. Continued collaboration with OH and the Ministry to manage recoveries of incremental COVID-19 costs, separate from the operating budget; and*
- 4. Acceptance of the OH extension letter to amend the HSAA and MSAA as follows:*
 - a) Extension of the term to March 31, 2023;*
 - b) Extension of the schedules until March 31, 2023, or until such other time as may be agreed to by the provider and OH; and*
 - c) Work with OH to obtain a HSAA balanced budget waiver.*

CARRIED.

9. Sponsored Organizations

11.5.1 Lanark County Support Services – H. Bedor

H. Bedor provided a brief verbal report on Lanark County Support Services:

- LCSS continues to adapt and create ways to support clients.
- It is considering a review of what/how services are offered in light of the reduced community restrictions (given that LCSS has not loosened restrictions). Families have been updated (with letter) of continued measures have advised families.
- It is anticipated that MCSS will consider changes to their restrictions in April 2022.
- The organization will work with the hospital to ensure we continue to have the right measures in place and also seek feedback from families/clients.
- H. Bedor acknowledged the support of the PSFDH Finance Department regarding funding matters.
- Staffing challenges continue and LCSS will connect with PSFDH HR to consider how to mitigate.

11.5.2 Lanark County Mental Health – G. Laws, ED

G. Laws provided a verbal update on Lanark County Mental Health matters. He noted that LCMH has similar issues as LCSS. The walk-in clinics remain active and the organization is completing a corporate policy review to ensure alignment with hospital policies. He also acknowledge the help provided by the Finance and HR departments.

He indicated that he has been learning about the organization and its culture and will refresh his 90 day plan to a 180 day plan.

10. New Business

Nil.

11. Business Arising from Minutes

11.1 Strategic Planning Process Update – M. Cohen

M. Cohen reported that a strategic plan sub-committee meeting will be convened to consider next steps followed by a kick-off session with the full board. The full board session will be 2-3 hrs duration via Zoom in mid to late April and will have a guest speaker and SWOT analysis.

11.2 Accreditation Canada Survey

Discussion ensued regarding the mock interview. M. Cohen reported that the surveyor was complimentary of the board however not all areas of the hospital were reached (only one surveyor).

M. Cohen reported that the survey methodology is a multi-year process and possible changes will see more focused surveys (similar to lab and diagnostic imaging accreditations.) PSFDH is accredited with exemplary but there may be a change from this status. The mock survey identified one area that may be problematic. The Perth MDRD (sterile reprocessing) was cited a non-compliant in the previous accreditation and the issues noted were not rectified. N. Shaw indicated that the issue relates to the main MDRD area is located at the GWM Site and most OR procedures are at the SF Site. The quote to correct the issues was approximately \$800,000.

M. Cohen noted that this may be a barrier to exemplary status this survey.

12. Board Committee Reports

12.1 Governance Committee – March 15, 2022 – J. Hewitt

12.1.1 Committee Report

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

12.1.2 Ontario Not-for-Profit Corporations Act (ONCA) Presentation

The presentation was included for information.

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

12.2.1 Committee Report

The Committee Report to the Board was included in the materials. D. Hodgins advised that PSFDH has retained a company to conduct a benchmarking study for the organization. The results will inform the approach for additional funding. The results will be available by the end of April.

12.2.2 CFO Report – D. Hodgins

The report and financial statements were included for information.

13. Closed Session

RESOLUTION No. 40/22

MOVED by B. Hirst

SECONDED by A. Thomlinson

THAT the PSFDH Board of Directors moved to a closed session at 4:41 p.m.

CARRIED.

RESOLUTION No. 43/22

MOVED by K. Clupp

SECONDED by S. Bird

THAT the PSFDH Board of Directors moved out of the closed session at 5:02 p.m.

CARRIED.

J. Fenik left the meeting at 5:00 p.m.

Note: Resolutions 41/22 and 42/22 were moved and approved during closed session.

Closed Session Resolutions:

Professional Staff Appointments/Reappointments

RESOLUTION No. 44/22

MOVED by B. Hirst

SECONDED by S. Pankow

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.

Clinical Department Chiefs and MAC Sub-Committee Chairs

RESOLUTION No. 45/22

MOVED by C. Dolgowicz

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 following personnel in the indicated roles:

| Position | Recommendation | Term | Succession Plan |
|------------------|-------------------|-----------------------|-----------------|
| Chief of Surgery | Dr Mark Roberts | 01/04/2022-31/03/2025 | First Term |
| Chair of MQA | Dr Peter Cunniffe | 01/04/2022-31/03/2025 | First Term |

AND

| Department | Chief | Term | Succession Plan |
|--------------------|-----------|-----------------------|-----------------|
| Anaesthesia | Mireault | 01/04/2022-31/3/2025 | First Term |
| Diagnostic Imaging | Parikh | 01/04/2022-31/3/2025 | Third Term |
| Emergency Medicine | Pierce | 01/01/2022-31/12/2024 | First Term |
| Family Medicine | Cunniffe | 01/04/2021-31/03.2024 | Second Term |
| Internal Medicine | DelGrande | 01/04/2022-31/03/2025 | Annual Review |
| Obstetrics | Kerner | 01/04/2022-31/03/2025 | Third Term |
| Surgery | Roberts | 01/04/2022-31/03/2025 | First Term |

AND

| Subcommittee | Chair | Term | Succession Plan |
|----------------|----------|-----------------------|-----------------|
| Health Records | Wahay | 01/04/2022-31/03/2025 | Second Term |
| MQA | Cunniffe | 01/04/2022-31/03/2025 | First Term |
| P&T | Gauthier | 01/04/2022-31/03/2025 | Second Term |
| Utilization | Popiel | 01/04/2022-31/03/2025 | Second Term |

CARRIED.

14. **Other Items/Information**

14.1 Strategic Plan Operational Plan Q3 – M. Cohen

The plan was provided for information.

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

16. **Next Meeting Date**

Regular Meeting: Tuesday, April 26, 2022, via videoconference at 7:30 a.m.

G. Church acknowledged that today is Dr. K. Stolee's last Board of Directors meeting as she is completing her time as Chief of Staff (March 31, 2022). The members recognized the incredible amount of work and expressed gratitude for her hard work.

Dr. Stolee commented that she has attended board meetings for eight years and completed approximately 50 written reports. The position has provided a significant amount of learning. She acknowledged that the board sincerely cares about the patients and staff.

17. **Closed Session No. 2**

RESOLUTION No. 46/22

MOVED by K. Clupp

SECONDED by C. Dolgowicz

THAT the PSFDH Board of Directors moved to a closed session (No. 2) at 5:09 p.m.

CARRIED.

RESOLUTION No. 47/22

MOVED by J. Hewitt

SECONDED by C. Dolgowicz

THAT The PSFDH Board of Directors moved out of the closed session (No. 2) at 5:25 p.m.

CARRIED.

18. **Adjournment**

RESOLUTION No. 48/22

MOVED by K. Clupp

SECONDED by J. Hewitt

THAT the March 23, 2022 Perth and Smiths Falls District Hospital Board of Directors' meeting adjourned at 5:26 p.m.

CARRIED.



G. Church, Chair



M. Cohen, Secretary