

**Health Sciences North  
Board Meeting Minutes – Open Session  
June 6, 2023**

<b>Voting Members Present:</b>	Grace Alcaide Janicas Francesca Grosso Kati McCartney	Dr. Catherine Cervin Helen Bobiwash Rosella Kinoshameg	Stéphan Plante Roger Gauthier Chantal Makela
<b>Voting Members Excused:</b>	Tom Laughren	Daniel Giroux Lyse-Anne Papineau	Angèle Dmytruk
<b>Non-Voting Members Present:</b>	Julie Trpkovski	Dominic Giroux Dr. Stephen Morris	Dr. John Fenton Dr. Sanjiv Mathur (7:00 p.m.)
<b>Staff:</b>	Mark Hartman Dr. Natalie Aubin Kelli-Ann Lemieux Jason Turnbull	Max Liedke (6:14 p.m.) Jessica Diplock Dr. Robert Ohle	Paul Truscott Anthony Keating Stephanie Winn
<b>Guest:</b>	Dr. Grace Ma Shayne Wisniewski, HSN Board Nominee		
<b>Recorder:</b>	Rebecca Ducharme		

**1.0 Call to Order**

The meeting was called to order at 5:30 p.m. with Stéphan Plante at the chair. A land acknowledgement was provided by Chantal Makela. No conflicts of interest were declared.

**2.0 In Camera Review of Agendas (Open and Closed Sessions)**

S. Plante noted that the Board had approved a recommendation by the Governance and Nominating Committee to adopt, on a trial basis, the practice of Board members beginning Board meetings in camera to have a brief discussion about the agenda in the absence of staff.

S. Plante asked for a motion to move in camera at 5:36 p.m.

**MOTION: C. Makela / R. Gauthier**

**BE IT RESOLVED THAT the Board of Directors meeting move in camera to review the open and closed session agendas.**

**CARRIED**

*See closed session meeting minutes for discussion points.*

S. Plante asked for a motion to move out of camera at 5:39 p.m.

**MOTION: R. Kinoshameg / G. Alcaide Janicas**

**BE IT RESOLVED THAT the Board of Directors meeting move out of camera.**

**CARRIED**

**3.0 Approval of Agenda**

Approval of the agenda by the Board constitutes approval of each item listed under the Consent Agenda portion of the meeting.

S. Plante asked for a motion to approve the agenda as presented.

**MOTION: C. Makela / R. Kinoshameg**

**BE IT RESOLVED THAT the agenda for the Open Session of the June 6, 2023 Board of Directors meeting be adopted as presented.**

**CARRIED**

**7.1 Minutes of March 28, 2023 Open Session Board Meeting**

**BE IT RESOLVED THAT the minutes of the Board of Directors open session meeting held on March 28, 2023 be approved as circulated.**

**4.0 New Business**

**4.1 Update: Foundations and Volunteer Association**

Anthony Keating, President and Chief Development Officer of the Foundations and Volunteer Groups thanked the Board for the opportunity to provide an update on the Joint Strategic Plan.

A. Keating noted that the launch of the strategic plan in 2020 represents the first time the Foundations and Volunteer Association worked together to deliver a collective vision. He then reviewed the four pillars of the plan and highlighted accomplishments under the 19 accompanying outcomes:

- Grow and diversify revenue generation and volunteer strategies
  - o The Foundations and volunteer groups achieved their first year of over \$10M in revenue, which occurred four years ahead of schedule
  - o Six 7-figure gifts were secured, as well as one 8-figure gift
  - o The 50/50 lottery has achieved \$37.2M in sales
- Deliver strategic marketing and communications strategies
  - o There has been a shift to impact-based communications
  - o Brand and communications goals and strategies have been aligned with those of HSN's corporate communications team
  - o Board-approved fundraising priorities have been brought forward to align with donor interest and HSN priorities
- Focus on engagement and stewardship
  - o Customized stewardship reports are created for all restricted gifts
  - o The Foundations and Volunteer Association are actively involved in HSN staff engagement
- Build and grow efficient systems and operations
  - o There is consistent reporting within the Foundations, with relevant reports being provided to the respective Boards, HSN, donors and the Canada Revenue Agency (CRA)
  - o A comprehensive compensation review is underway to ensure equal pay and a competitive landscape
  - o There is a joint donor database in place, as well as one accounting system
  - o A team culture code has been created by the team for the team

A. Keating indicated that next steps include continued focus on revenue growth, building the team for major gift fundraising, obtaining transformational gifts, future proofing through planned giving, implementing the recommendations from the feasibility study, enhancing the brand and communications, building the team within the community, and through volunteers and internal engagement, and continuing to promote the "one team" culture.

A. Keating acknowledged that the Foundations were recently recognized with the Non-Profit / Charity Excellence Award at the 26<sup>th</sup> annual Bell Business Excellence Awards. He then opened the floor to questions.

It was noted that A. Keating made reference to "lottery player segmentation" and more information was requested thereon. A. Keating noted that the Foundations had purchased technology that allows them to segment the players in the lottery database based on player behaviour in order to target them with specific messages. He added that this technology is a key element of growth for the 50/50 lottery.

It was noted that the Volunteer Association funds "research leads" and it was asked whether that is the same as the research chairs. A. Keating noted that the research leads and research chairs are separate roles. The Volunteer Association funds the former, while the Foundations fund the latter.

Clarification was requested on the Foundations' and Volunteer Association's reporting requirements to the CRA. A. Keating noted that on an annual basis, charities are required to submit a T3010 to the CRA, which is somewhat comparable to an income tax filing. Accordingly, it is important for the Foundations and Volunteer Association to have a strong financial reporting system.

It was asked how A. Keating's office works with donors to determine to which of the Foundations they wish to donate. A. Keating noted that the three Foundations and the Volunteer Association are four separate charities that are individually incorporated, although they work together internally as one organization. He added that with respect to donors, his office simply works with them to determine their individual areas of interest.

A. Keating was asked to speak to the advantages or disadvantages of keeping the four organizations separate. He noted that there is a Structure Committee in place, tasked with evaluating the current structure of the Foundations and the Volunteer Association, as well as recommending a path forward.

It was noted that some retailers in Sudbury provide an opportunity at checkout to donate to SickKids and it was asked whether there might be an opportunity to have something similar for NEO Kids. A. Keating noted that the donations in question go to a larger group known as the Children's Miracle Network. He added, however, that only standalone children's hospitals could belong to the network, which is why HSN is not part of that particular initiative. A. Keating further noted that the Foundations and Volunteer Association work with local partners, including Costco, to promote certain fundraising initiatives.

The CEO added some historical context to the conversation. He noted that up until 2018-2019, the Foundations and Volunteer Association each had a separate Executive Director and the relationship was somewhat dysfunctional. The CEO indicated that in November 2018, the four Board Chairs signed a

memorandum of understanding agreeing to share a President and Chief Development Officer who would report to the four Boards and the HSN CEO, and serve as a member of HSN's Senior Leadership Committee.

#### **4.2 Update: Key Goal – Be Patient and Family Focused (Virtual Surgical Care)**

Kelli-Ann Lemieux, Vice President, Surgical and Clinical Services focused her presentation on virtual surgical care at HSN, and in particular, Seamless MD. She noted that the initiative helps advance Strategic Plan Outcome #3 to reduce wait times for procedures and Outcome #4 to expand virtual care models.

K. Lemieux noted that the pandemic forced HSN to shift to virtual care or services supported by Telemedicine. She indicated that in late 2020, HSN implemented Seamless MD to provide pre- and post-operative health care to patients across the North East. Furthermore, the Board approved an annual goal for 2022-2023 to increase surgical activity to pre-pandemic levels, and Seamless MD helped accelerate that goal.

K. Lemieux explained that Seamless MD is a virtual application that allows healthcare providers such as HSN to virtually guide and remotely monitor patients throughout their perioperative journey. The app can help patients prepare for a procedure and monitor their progress upon discharge.

K. Lemieux indicated that HSN implemented Seamless MD when it did to allow the organization to serve more patients, and to shift activity out of hospitals and limit the number of inpatient procedures to protect against possible surges in COVID cases.

K. Lemieux then spoke to whether Seamless MD benefits patients in addition to benefitting the hospital. She indicated that HSN has 14 care plans with Seamless MD supporting a range of procedures, and out of 1,600 patient satisfaction surveys, 93% would recommend Seamless MD. She also shared that Patient and Family Advisors were part of the development team, there are dedicated bilingual staff to assist with enrollment and navigating the app, and consenting patients who identify as Indigenous are referred to and assisted by Indigenous Patient Navigators.

In terms of improvements, K. Lemieux noted that the number of outpatient hip, knee and shoulder surgeries that would previously have been inpatient procedures has increased by over 60%; length of stay has decreased by an average of one day; 63% of enrolled patients have avoided an unplanned call or visit to their medical team; and there have been 61% fewer emergency visits and up to 67% fewer hospital readmissions for enrolled patients. All of these positive outcomes free up patient care days for others.

In terms of barriers to enrollment, K. Lemieux noted that 72% of patients who did not enroll did not have a device. Accordingly, HSN is looking into a device loaning program so those individuals can also benefit from Seamless MD. Other patients did not have access to internet. However, Seamless MD can be used without internet, and as soon as a connection is established, the data will be uploaded.

K. Lemieux then opened the floor to questions.

It was asked how and when patients are approached about enrollment in Seamless MD. K. Lemieux noted that when a referral comes through to the surgical program, the enrollment process is triggered. Accordingly, contact is established early in the perioperative process.

Clarification was requested on the level of patient participation in Seamless MD. K. Lemieux noted that for patients associated with the 14 procedures at HSN with care plans available through Seamless MD, 91% have indicated that they are willing to consider using Seamless MD, and of that 91%, 98% go on to actually use the app.

It was asked whether there is a plan to roll out Seamless MD to other procedures. K. Lemieux noted that a urology procedure will be available next, and the intention is to continue to grow Seamless MD, as there is a number of numerous procedures that would be good candidates for the app.

As a follow-up question, it was asked how it is decided whether a particular procedure would be appropriate for Seamless MD. K. Lemieux indicated that the current process involves looking at patient volumes for a given procedure, approaching the sub-specialty in question and then proceeding with rollout based on how best we think we can support those patients. In that regard, the rollout team develops recommendations for implementation / optimization.

It was asked whether there is a possibility of increasing or diversifying the number of languages available on Seamless MD. K. Lemieux indicated that she would ask the team if other languages are available, which is likely as Seamless MD is available throughout the US and Canada.

It was asked whether a post-operative patient can be screened through Seamless MD for potential complications, or advised of certain symptoms for which they should be on alert. K. Lemieux indicated that post-operative patients are made aware of signs and symptoms of concern, and they can place a call to the virtual surgical team, which will direct them to the Emergency Department (ED) if needed. She added that in certain instances, a nurse could meet the patient in the Ambulatory Care Unit (ACU) to assess the issue in question, potentially avoiding the ED all together and improving patient flow.

It was asked whether such a visit to the ACU would be reported back to the surgeon. K. Lemieux noted that the care / follow-up would be documented in the patient's chart, which is accessible to the surgeon.

It was asked what happens to the 2% of patients who agree to be enrolled in Seamless MD but who do not ultimately activate the app. K. Lemieux noted that there is follow-up with the patient to understand their reason for not activating Seamless MD. If they do not wish to use the app, they will go through the traditional pathway for surgery instead. Post-operative follow-up will be completed by the surgeon or the patient's family physician.

Information was requested on the percentage of patients who activate Seamless MD but who do not actually complete the post-operative follow-up. K. Lemieux noted that she would consult the team to see if that data is available. She indicated that if a patient is not logging in and completing the assigned tasks, a nurse will call them to ask if everything is okay. If the patient is no longer able to or does not wish to continue using Seamless MD, they will be transferred to the traditional pathway.

Information was requested on the age demographics for patients using Seamless MD. K. Lemieux noted that a variety of data analytics is available and she would be happy to pull the requested information.

It was noted that HSN is continuously seeking to improve medication reconciliation at discharge and it was asked whether Seamless MD could help with that issue. K. Lemieux noted that the app is not currently designed to assist with medication reconciliation, although with the new Meditech Expanse system, there will be a better process in place. Currently, the Seamless MD platform supports patients when they are not at HSN (i.e., what to expect before and after a procedure). K. Lemieux noted that on average, patients stay with the program for approximately 30 days, with a check-in at three months and one year for some procedures.

It was asked how many HSN nurses are dedicated to the work associated with Seamless MD (e.g., whether there are exclusive nursing positions linked to the app or a nurse for each of the procedures). K. Lemieux indicated that she was not aware of the FTE count, but noted that support is available for Seamless MD users Monday to Friday from 8:00 to 4:00. Going forward, the intention is to extend support into evenings and weekends. K. Lemieux noted that she would consult the team to determine how many nurses are involved with Seamless MD now and how many nurses are expected to be involved in the future.

It was noted that the statistics regarding recommended use and ease of use are impressive, and it was asked what the HSN staff role is in creating the care plans versus the use of an external consultant. K. Lemieux noted that the care plans are developed through a combination of in-house and external talent. Care plans are available through the developer of the app, while HSN has to ensure that those plans reflect the reality of a given procedure at our organization.

## Quality Committee

### 4.3 Patient Story

Francesca Grosso, Vice, Chair of the Quality Committee, called upon Board member Rosella Kinoshameg to present the Patient Story to the Board. The story involves a letter written by a patient's husband regarding the challenges experienced at HSN throughout his wife's cancer care journey.

F. Grosso then opened the floor to questions.

It was asked what the follow-up process with the patient / husband entails. Mark Hartman, Senior Vice President, Patient Experience and Digital Transformation indicated that the first point of contact is typically through the Patient Relations office, which responds to complaints / concerns within 24 hours of receipt. Patient Relations would then set up a meeting with management, and while that would typically involve the frontline manager, in this instance, the matter escalated to the Administrative Director and the relevant Vice President, as the issues raised were complex. M. Hartman noted that Patient Relations remains engaged with the patient to help them navigate any meetings related to the complaint / concern. Subsequently, management will bring in a clinical team to better understand the issues and do a root cause analysis.

### 4.4 March Monitoring of QIP Targets (2022-2023 Final Report)

F. Grosso noted that the Quality Improvement Plan (QIP) targets are monitored at every meeting of the Quality Committee. She then highlighted the following updates on the three QIP indicators:

- Time to Inpatient Bed (TTIB) – The TTIB 90<sup>th</sup> percentile in March was 38.1 hours versus 34.5 hours for the province. However, the average wait time for admitted patient in the ED has been equal to or better than the provincial average for 10 of 11 months reported.
- Workplace Violence (WPV) Prevention – Data for April 2022 to February 2023 shows that events of WPV involving physical force were fewer than the prior year. Work continues on the implementation of the patient risk of violence assessment tool to identify high-risk patients.
- Increase Surgical Activity – Surgical volumes for 2022-2023 were 95% of pre-pandemic activity, or 92% of planned activity. However, HSN completed more outpatient surgeries in 2022-2023 than in 2019-2020. The overall waitlist is 159 cases lower than in April 2022.

F. Grosso then opened the floor to questions.

It was noted that the 2022-2023 data showed an increase in WPV events in November, December and January and it was asked whether there is a trend for that time of year and if so, whether something can be done to assess those increases to see if other measures can be implemented to mitigate the risk of WPV. M. Hartman confirmed the organization's goal of zero harm, and noted that for the winter months, there was a spike at the end of 2022, but he would have to review the 2021 data to confirm whether there was similar increased activity during the noted timeframe.

Dr. Natalie Aubin, Vice President, Social Accountability noted that there has been a surge of Mental Health and Addictions patients in the ED, which adds challenges in the winter months. She further noted that staff are continuously engaged in real-time problem solving with individualized care planning. The second line of action is through strategy, including the development and implementation of the risk of violence assessment tool and in-house security services. The risk assessment in particular will change the way HSN staff think and respond by being proactive in targeting interventions. Once the organization reaches compliance with this tool, we will be in a better position to assess acuity and up-staff certain units or increase security presence, for example.

In follow-up, it was asked if certain times of year could be identified as more challenging, whether the plan would be to deploy additional resources. Dr. Aubin noted that once the relevant tools are fully implemented, we should be able to adjust resources in real time.

It was asked, of the monthly WPV incidents, how many were accurately predicted versus how many were missed. Dr. Aubin noted that our data collection practices have not yet reached that level.

Dr. Aubin indicated that all of the WPV prevention processes involve multiple tools, including through investments in the Behavioural Escalation Support Team (BEST), in-house security, standardized responses and skills training. The tools range from the micro level (e.g., individualized care plans) to the macro level (e.g., analyzing trends).

It was asked whether there are any proactive measures in place to mitigate the risk of gun violence at HSN, particularly in the ED. M. Hartman noted that a variety of physical modifications have taken place in the ED, with more planned for this year. In addition, there has been an update to the Code Silver response protocol, with renewed staff training.

#### **4.5 Semi-Annual Quality & Patient Safety Report: Patient Experience**

F. Grosso noted that while the volume of interactions and requests from the public directed to Patient Relations continues to rise, there has been a decrease in the volume of complaints. She further noted that this may be attributed to enhanced access to designated care partners and visitors.

F. Grosso noted that the Quality Committee received a presentation on Indigenous Health, given by Deanna Jones-Keeshig, Director of Indigenous Health. As part of that presentation, D. Jones-Keeshig shared that the first meeting of the Indigenous Health Advisory Council occurred in April, and a recommendation was made to have updates on the work of the Council come to the Committee on a regular basis.

### **Executive Committee**

#### **4.6 Annual Report on French-Language Services (with proposed amendments to HSN Administrative By-Law No. 2020-01)**

S. Plante, member of the Executive Committee, noted that while much improvement work has been completed since the last report on French-Language Services (FLS), HSN is still not in compliance with three of the outstanding requirements, with a fourth being at risk.

S. Plante noted that in terms of the work required to achieve compliance, progress is being made on a Francophone Advisory Committee, a new patient satisfaction survey will be launched with required FLS questions, and an amendment to the Administrative By-Law clarifying the responsibilities of the CEO and the Board with respect to FLS is being put forward as part of this report. The at-risk item relates to Francophone representation on the senior management team and accordingly, with the departures of the CEO and Chief of Staff, recruitment efforts will require consideration of this gap.

Board members were content with the information provided.

**MOTION: R. Gauthier / C. Makela**

**BE IT RESOLVED THAT the Board of Directors approve the proposed amendments to Administrative By-Law No. 2020-01 of Health Sciences North, as recommended by the Executive Committee at its meeting of May 25, 2023 and as presented at the Board meeting of June 6, 2023.**

**CARRIED**

## 5.0 Board Chair and CEO Reports

### 5.1 Board Chair Report

S. Plante delivered the Board Chair Report on behalf of Daniel Giroux. He highlighted that today's Board meeting is the last meeting for a number of people around the table: Dr. John Fenton, Dominic Giroux, Roger Gauthier and Rosella Kinoshameg. On behalf of the Board, S. Plante thanked these outgoing Board members for their years of outstanding service.

### 5.2 CEO Report

The CEO confirmed that Board members had read the briefing note provided in the meeting package and provided the following additional updates:

- Accreditation Canada is onsite this week. Their survey appears to be going well so far, and we have yet to receive any constructive feedback. The governance discussion with the Board went very well. The surveyors will spend a lot of time in clinical areas tomorrow, which is our heaviest day. A debrief on the overall visit will occur on Thursday morning.
- Dr. Robert Ohle was recently awarded the inaugural Paul Hannam Memorial Award for Emerging Leadership in Emergency Medicine. Congratulations Dr. Ohle.
- Stephanie Winn will serve as the Interim Vice President, Medicine while Julie Trpkovski steps into the role of Interim Senior Vice President, Patient Experience and Digital Transformation. S. Winn brings many years of great experience to the role.
- Paul Truscott, our new Senior Vice President and Chief Operating Officer, is joining us for his first in-person Board meeting since starting with HSN. Welcome Paul.
- HSN recently received a memo from the Deputy Minister of Health addressed to Board Chairs regarding Bill 124 reopener awards. In the memo, the Ministry confirmed its commitment to provide financial support for hospitals affected by reopener arbitration awards. While this is very encouraging news, the quantum is not specified, and we do not have any details on whether the funding will address retroactive awards or whether it applies to other groups beyond nurses.
- There will be another Ontario Hospital Association webinar tomorrow on Bill 124 and the associated impacts on hospitals.

The CEO then shared his top 13 reflection for the HSN Board, as follows:

- Board policies are your friend
- Keep in mind your obligations under Ontario's *French Language Services Act*
- Keep an eye on Ontario Health Teams (OHTs), but don't over-extend resources unnecessarily
- Keep an eye on the progress of the new Indigenous Health Advisory Council
- Nurture the relationships with municipalities
- Be open-minded about Phase 1 of the capital development
- Ensure a mutually beneficial relationship is nurtured with Ministry and Ontario Health
- Keep in mind that your CEO supports another board and serves on four other boards
- Keep in mind that implementations of Electronic Medical Records always have some detractors
- You have access to ongoing, reliable and relevant information to assess the performance of the organization
- Keep in mind the unique opportunities to have an impact as Board members
- Leverage your upcoming strategic planning process as a "season of ideas"
- Take your time to select your new CEO

The CEO ended his report by thanking Board members for their support over the years and noted that it had been a privilege to serve. He also thanked the senior team for their hard work and dedication, and acknowledged that this is also the last Board meeting for Max Liedke, Senior Vice President. He then opened the floor to questions or comments.

Board members thanked the CEO for his leadership, and for creating a welcoming and open environment for Board members.

### 5.0 Adjournment of Open Session

S. Plante asked for a motion to adjourn the open session meeting at 7:25 p.m.

**MOTION: G. Alcaide Janicas / H. Bobiwash**

**THERE BEING no further business to discuss, that the Open Session of the June 6, 2023 Board of Directors meeting be adjourned.**

**CARRIED**