



**Health Sciences North
Board Meeting Minutes – Open Session
November 30, 2021**

Voting Members Present:

Daniel Giroux	Lynne Dupuis	Floyd Laughren
Dr. Catherine Cervin	Roger Gauthier	Tom Laughren
Helen Bobiwash	Francesca Grosso	Lyse-Anne Papineau
Angèle Dmytruk	Rosella Kinoshameg	Stéphan Plante

Voting Members Excused:

Don Duval

Non-Voting Members Present:

Dominic Giroux	Dr. John Fenton	Lisa Smith
Dr. S. Morris	Dr. Dominique Ansell	

Staff:

Mark Hartman	Max Liedke	Jennifer Witty
Anthony Keating	Maureen McLelland	Jason Turnbull
Kelli-Ann Lemieux	Dr. Greg Ross	

Guests:

John Van de Rydt

Recorder:

Anne Gauthier

1.0 Call to Order

The meeting was called to order at 5:30 p.m. with Da. Giroux at the chair. A land acknowledgement was provided, and no conflicts of interest were declared.

2.0 Approval of Consent Agenda

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

Da. Giroux asked for a motion to approve the consent agenda.

MOTION: L. Dupuis / S. Plante

BE IT RESOLVED THAT the consent agenda of the November 30, 2021 Board of Directors meeting be adopted as presented.

CARRIED

7.2

Minutes of September 28, 2021 Open Board Meeting

BE IT RESOLVED THAT the minutes of the Board of Directors open session meeting held on September 28, 2021 be approved as circulated.

7.4

Materiality for Audit Purposes

BE IT RESOLVED THAT the Board of Directors approve that the materiality of the external audit for the 2021-2022 fiscal year be 1.5% as opposed to the current practice of 0.5%, as recommended by KPMG based on benchmarking with 10 other client hospitals where the materiality ranged between 1% and 2.7% with an average of 1.8%, as recommended by the Audit Committee at its meeting of November 9, 2021, and as presented at the Board meeting of November 30, 2021;

BE IT FURTHER RESOLVED THAT the materiality shall be \$7.9 million for the 2022 fiscal year, with an associated posting threshold of \$400,000.

7.5

Review of Board and Ad-Hoc Committees

BE IT RESOLVED THAT the Board of Directors approve the revised policy V-A-7: Board standing and Ad-Hoc Committees, as recommended by the Governance and Nominating Committee at its meeting of October 20, 2021, and as presented at the Board meeting of November 30, 2021.

7.6

Process for the Appointment of Chief Nursing Executive

BE IT RESOLVED that the Board of Directors approve the new Board policy II-9 “Selection of Chief Nursing Executive”, as recommended by the Governance and Nominating Committee at its meeting of October 20, 2021, and as presented at the Board meeting of November 30, 2021.

3.0 Approval of Agenda

Da. Giroux asked for a motion to approve the agenda.

MOTION: F. Laughren / L. Papineau

BE IT RESOLVED THAT the agenda of the November 30, 2021 Board of Directors meeting be adopted as presented.

CARRIED

4.0 New Business

4.1 Presentation: Academic and Research Impact: Update on Key Goal

The Vice President, Academic and Research Impact provided a presentation with the purpose of updating the Board on progress made towards strengthening the academic and research impact of HSN and HSNRI.

He explained that the aspiration is to progress as an academic health sciences centre through regional, provincial, national and international collaborations. He further elaborated on specific Strategic Plan Outcomes:

- #17: Foster an international learning culture where every learner is welcomed and supported;
- #18: Champion a Regional Health Innovation Cluster starting with Laurentian University, Lakehead University, the Northern Ontario School of Medicine (NOSM), Thunder Bay Regional Health Sciences Centre, and the newly-launched Institute for Clinical Evaluative Sciences (ICES) North;
- #19: Support research efforts of researchers and medical staff that are favourably peer-reviewed, partially funded through external sources and involve collaborations.

A summary of the progress made to date was provided, and he noted the following:

- Affiliation agreement with NOSM was renewed in 2020;
- Labelle Innovation and Learning Centre is now open to all learners;
- Integrated structure: all activities for inter-professional learning and research at HSN and HSNRI now under single leadership;
- Greater involvement of NOSM on Medical Human Resources Committee of the Medical Advisory Committee;
- New HSNRI research leads among medical staff to champion collaborative research;
- Business case developed for Northern Ontario Health Innovation Cluster; and
- Research Plan presented to HSNRI Board Research Committee on November 24th.

In terms of academics at HSN, he noted that there are currently 7 Full-Time Equivalents (FTEs) at the Simulation Lab, 3 FTEs in Academic Affairs, and 1 FTE for the Library. The Simulation Lab has hosted 207 events in 2020-2021, there have been 129 Resident Learner days, and 42 Medical Student Learner days. The have also played an incredible role in the COVID-19 response, having had over 1,800 participants in over 100 events.

Statistics were provided related to Academic Learner numbers in 2021, and a total of 1,463 individuals have been onboarded. Library statistics were also provided on various topics such as searches and published articles.

It was noted that HSN is one of Canada's Top 40 Research Hospitals and is listed at 39. The hope is that the organization will rank higher in the coming years. A HSNRI governance overview was provided, as well as particulars related to the budget.

The key take-aways are as follows:

- The Labelle Innovation and Learning Centre will help foster an inter-professional learning culture;
- Research is patient care and it is important for HSN to continue to support investments in this area;
- HSNRI Board is considering by February a Research Plan that will inform recruitment of future Principal.

One Board member expressed appreciation for the report and the photos.

Another Board member noted that he is looking forward to touring the Labelle Innovation and Learning Centre. The CEO noted he would like to offer Board members to tour a number of HSN facilities on January 14th from 2 to 4 pm and potential locations could include a tour of the Labelle Centre, as well as the MRI suite, the Emergency Department and unconventional bed spaces, the South Tower overflow area where up to 12 patients can be sharing a ward with single bathroom, the Daffodil Lodge, and a shuttle to the Children's Treatment Centre. This will be expanded on later tonight.

Quality Committee

4.2 Patient Story

The Chair of the Quality Committee indicated that page 21 of the package outlined the patient story. The committee members had the pleasure of meeting the patient's daughter. It is important to understand that the comments provided by the daughter were given on a constructive level. The daughter explained that she had hoped that it would enable the hospital find better strategies to evaluate communication, and with the elderly in particular.

There was ample discussion at the committee level around the letter and templates provided to patients. The committee discussed taking into account the age group in an effort to ensuring better communication and understanding. In this case, the mother was elderly and may not have understood as well. It was noted that there are appropriate strategies in place.

4.3 September Monitoring of QIP Targets

It was noted that on page 24, there is background information with respect to this report. For the benefit of the new Board members, it was explained that it is important to share these indicators at each meeting. This report in particular covers the period to the end of September. Two indicators were shared in this report: Time to Inpatient Bed, and Workplace Violence. In summary, it was important to highlight that the Board should be aware of the Time to Inpatient Bed increase.

The Committee wishes to make the Board aware of the increase in the Time to Inpatient Bed 90th percentile being at target of 25hrs in September and above target at 35hrs (preliminary) for October 2021.

Staff provided a summary of the response related to this item given the urgency of HSN's occupancy situation. The 5 point plan submitted to Ontario Health includes:

1. Planning grant of approximately \$5M to move from Stage 1 to Stage 2 for Phase 1 of our capital re-development
2. Funding for 28 temporary beds already opened at Ramsey Lake Health Centre
3. Support for 16 beds at Amberwood Suites
4. Re-introduction of 24 bed Convalescent Care Program at Extendicare York
5. Opening of another 18 temporary beds at Ramsey Lake Health Centre

The Committee was pleased to hear that items 3 and 4, the 16 beds at Amberwood Suites and 24 beds at Extendicare York had been approved.

It was explained that the funding for Extendicare and Amberwood is temporary. The funding for Amberwood is approved until the end of March 2022.

MOTION: L Papineau / Dr. Cervin

BE IT RESOLVED that the Board of Directors receive the September Monitoring of Quality Improvement Plan (QIP) targets, as recommended by the Quality Committee at its meeting of November 11, 2021, and as presented at the Board meeting of November 30, 2021.

CARRIED

4.4 Patient Experience Follow-Up: Food Survey

This report provides the Board with a summary of the patient-food related responses from the National Research Corporation (NRC) survey obtained from April 1st to August 31st, 2021. These have been included in the survey to provide an ongoing process for monitoring food quality for inpatients.

The improvement work initiatives are outlined on page 28, and it was shared these initiatives would be put in place or that the staff would be working on these initiatives. It was explained that it is important to measure satisfaction for this item on a more regular basis on this. Of the five questions asked within the survey, more than 2/3 of respondents provided negative responses.

The key takeaways to inform the Board were as follows:

- HSN now measures satisfaction more regularly with regards to food quality for inpatients.
- On five questions asked, more than three quarters of respondents provided favorable responses on the ability to open the food and beverages, the quality, the taste and whether dietary needs were met.
- More than two thirds of respondents provided negative responses on the variety when choosing meals.
- Steps are being taken to enhance the variety of choice for meals.

It was asked when the food survey will be repeated. It was explained that it is continuous and built into the Patient Experience Survey monthly. The data will fade in and will be able to adapt changes to understand if

there has been a positive effect. The CEO explained that this was not part of our standard Patient Experience report. As a result of the Board monitoring, such questions have been included and sent to Patient and Family Advisory Council and as a result will now be part of the ongoing survey monitoring results.

Motion: L. Papineau / F. Grosso

BE IT RESOLVED that the Board of Directors receive the Patient Food Services Report, as recommended by the Quality Committee at its meeting November 11, 2021, and as presented at the Board meeting of November 30, 2021.

CARRIED

Governance and Nominating Committee

4.5 Review of Policies VI-3, VI-4, VI-5, and V-A-1

The Chair of the Governance and Nominating Committee highlighted the four policies reviewed at the Governance and Nominating meeting in October. At the meeting, it was proposed to merge VI-3 and VI-4 due to their similarity. The difference was that the old policy outlined a report to the City of Greater Sudbury; as a result, it was decided that the policy be renamed and amalgamated as listed below.

The last two policies were modified with minor edits related to organizations that have since been renamed.

With respect to Policy VI-4 it was asked if background could be provided related to the Policy title identifying only First Nations rather than Indigenous peoples. The difference between First Nations and other Indigenous communities was explained. It was noted that the Board could absolutely make amendments to the policy to be more inclusive. It was suggested that there could be amendments to the title on page 34 and to the last sentence to replace with Indigenous communities. It was agreed upon that based on the information provided, the amendments should be made.

MOTION: R. Gauthier / H. Bobiwash

BE IT RESOLVED THAT Board of Directors approve the following revised Board policies, as recommended at the Governance and Nominating Committee meeting of October 20, 2021, and as presented and amended at the Board meeting of November 30, 2021:

Policy VI-4	Relationship with the Ministry of Health, Ontario Health (North), Indigenous Communities, and the North East
Policy VI-5	Board Commitment to Integration with Other Health Services Providers
Policy V-A-1	Principles of Governance and Board Accountability

AND THAT the following Board policy be rescinded and its principles be reflected in Policy VI-4:

Policy VI-3	Relationship with the City of Greater Sudbury
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CARRIED

5.0 Board Chair and CEO Reports

5.1 Board Chair Report

The Board Chair reviewed his report circulated within the Board package. He explained that he would highlight two elements. The first was the mandatory vaccine policy. This was an important step for all employees and to further protect patients. He also noted it was the importance of this, particularly with the recent increase in numbers in the community.

The second topic of note is the EMR. It is an immense topic and HSN is moving forward despite one institution that had concerns. It is now between them and the Ministry and HSN will remove itself from negotiations.

5.2 CEO Report

The CEO confirmed that Board members had read the briefing note provided in the meeting package. Board members were content with the information provided and opened the floor to any question or comments.

Adjournment of Open Session

The Chair asked for a motion to adjourn the open session meeting at 6:11 p.m.

MOTION: R. Gauthier / S. Plante

THERE BEING no further business to discuss, that the open session meeting of the Board of Directors be adjourned.

CARRIED