

**Health Sciences North
Board Meeting Minutes – Open Session
September 27, 2022**

Voting Members Present:

Dr. Catherine Cervin	Grace Alcaide Janicas	Helen Bobiwash
Angèle Dmytruk	Lynne Dupuis	Roger Gauthier
Francesca Grosso	Rosella Kinoshameg	Tom Laughren
Chantal Makela	Kati McCartney	

Voting Members Excused:

Daniel Giroux	Stéphan Plante	Lyse-Anne Papineau
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Non-Voting Members Present:

Dominic Giroux	Dr. John Fenton	Julie Trpkovski
Dr. Stephen Morris	Dr. Sanjiv Mathur	

Staff:

Mark Hartman	Jennifer Witty	Dr. Natalie Aubin
Kelli-Ann Lemieux	Debbie McQuarrie	Jason Turnbull

Guests:

Ed Archer, Chief Administrative Officer, City of Greater Sudbury
Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer, Public Health Sudbury and Districts

Recorder:

Rebecca Ducharme

1.0 Call to Order

The meeting was called to order at 5:34 p.m. with Dr. Catherine Cervin at the chair. A land acknowledgement was provided for the Sudbury and Ottawa regions, and Dr. Cervin encouraged all meeting attendees to learn and reflect on the upcoming National Day for Truth and Reconciliation. No conflicts of interest were declared.

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

Dr. Cervin 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.

Dr. Cervin then asked for a motion to move in camera.

MOTION: K. McCartney / L. Dupuis

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.

Dr. Cervin asked for a motion to move out of camera at 5:43 p.m.

MOTION: R. Gauthier / R. Kinoshameg

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

CARRIED

3.0 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.

Items 5.5 and 5.6 will be added to the consent agenda. Dr. Cervin asked for a motion to approve the consent agenda as amended.

MOTION: F. Grosso / G. Alcaide Janicas

BE IT RESOLVED THAT the consent agenda of the September 27, 2022 Board of Directors meeting be adopted as amended.

CARRIED

5.5 Review of Policies V-B-2, V-B-3, V-B-4 and V-B-5

BE IT RESOLVED THAT the Board of Directors approve the following revised Board policies, as recommended by the Governance and Nominating Committee at its meeting of August 25, 2022 and as presented at the Board meeting of September 27, 2022:

<i>Policy V-B-2</i>	<i>Code of Conduct</i>
<i>Policy V-B-3</i>	<i>Board Orientation</i>
<i>Policy V-B-4</i>	<i>Ongoing Director Education</i>
<i>Policy V-B-5</i>	<i>Committee and Task Force Principles</i>

5.6 **Review of Policy V-A-7**
BE IT RESOLVED THAT the Board of Directors approve revised Board policy V-A-7 “Board Standing and Ad-Hoc Committees”, as recommended by the Governance and Nominating Committee at its meeting of August 25, 2022 and as presented at the Board meeting of September 27, 2022.

8.1 **Minutes of June 7, 2022 Open Board Meeting**
BE IT RESOLVED THAT the minutes of the Board of Directors open session meeting held on June 7, 2022 be approved as circulated.

8.3 **Semi-Annual Report on Utilization Management**
BE IT RESOLVED THAT the Board of Directors receive the Semi-Annual Report on Utilization Management, as recommended by the Quality Committee at its meeting of September 15, 2022.

4.0 Approval of Agenda

Items 5.5 and 5.6 were moved to the consent agenda. Dr. Cervin asked for a motion to approve the agenda as amended.

MOTION: K. McCartney / R. Gauthier

BE IT RESOLVED THAT the agenda of the September 27, 2022 Board of Directors meeting be adopted as amended.

CARRIED

5.0 New Business

5.1 Presentation: City of Greater Sudbury

Dr. Cervin introduced Ed Archer, the Chief Administrative Officer for the City of Greater Sudbury.

E. Archer indicated that the purpose of his presentation was to describe the various ways that the City collaborates with HSN, as well as potential areas for further collaboration.

E. Archer shared key statistics for some of the work the City does and the services it provides, including its GOVA ridership, the average fire response time, and the paramedics’ ability to meet the goal of responding to a call within eight minutes 80% of the time, among many others. He also remarked that the successful delivery of many of the noted services requires collaboration and cooperation with HSN.

E. Archer noted that Council set a series of priorities four years ago, including asset management and service excellence; business attraction, development and retention; climate change; economic capacity and investment readiness; housing; creating a healthier community; and strengthening community vibrancy. These priorities will survive the Council term.

E. Archer provided numerous examples of how the City and HSN work together to produce better outcomes for the community, including with respect to community paramedicine, the Ambulance Offload Nursing Program, the COVID-19 Mobile Assessment Centre, transitional housing, admission at Pioneer Manor, the Fit-2-Sit Program, partner tables and committees, and strong organization-wide relationships. He also highlighted opportunities for further collaboration, including joint participation in Population Health; Safety and Well-Being Plan initiatives; enhancing current programs to improve ambulance offload delays; exploring opportunities to assist with Emergency Department capacity; and evaluating the ACTT-3 program.

Lastly, E. Archer articulated the importance of the City and HSN having a shared voice with respect to advocacy. He noted that Council has identified shared advocacy opportunities for Transitional Housing operating funds, continued investment in community paramedicine, Pioneer Manor bed redevelopment, Supervised Consumption Site operating funds, increased bed capacity at HSN, and support for HSN expansion and projects. E. Archer then opened the floor to questions.

It was asked what the City is doing to reduce its carbon footprint. E. Archer noted that two to three years ago, Council declared a climate emergency and subsequently developed a Community Energy and Efficiency Plan to have a net zero impact by 2050. Through that plan, a staff team has been assembled to identify initiatives within the City, as well as with community partners. That said, many such initiatives require a different level of spending, and it is not always an easy choice for Council to say yes. One initiative that has been implemented is the use of electric vehicles within the Paramedic Services fleet. While there is an environmental aspect to the initiative, it also reflects a practical financial decision, as the higher upfront cost is offset by lower operating costs.

It was asked what the City is doing to attract professionals and other workers, as recruitment and retention are currently issues in many sectors. E. Archer indicated that Sudbury participates in the Rural and Northern Immigration Pilot Program, which identifies opportunities for newcomers to settle in Canada and create workforce capacity. He further indicated that the City has been part of the program for two years, and in that time, almost 300 workers and their families have settled in the community. The program has recently been extended to 2024.

E. Archer also noted that economic development staff are following a strategy to facilitate business attraction and retention, with a focus on the local business community. Furthermore, COVID has produced more opportunities to work remotely, and several thousand individuals have chosen Sudbury as their home base to do so.

Dr. Cervin thanked E. Archer for his presentation and congratulated the City on the opening of the Supervised Consumption Site, which is a big step towards addressing the opioid crisis.

5.2 Presentation: Public Health Sudbury and Districts

Dr. Cervin introduced Dr. Penny Sutcliffe, the Medical Officer of Health and Chief Executive Officer for Public Health Sudbury and Districts (PHSD).

Dr. Sutcliffe indicated that the purpose of her presentation was to highlight the functions of PHSD and the radical impact of the pandemic on those functions as we move towards recovery.

Dr. Sutcliffe provided an overview of the population and communities served by PHSD, and explained the duties and responsibilities, core public health functions, and foundational and program Public Health standards of all Boards of Health in Ontario. She noted that many of the nine program standards are unique to Boards of Health and do not carry over to acute and clinical care.

Dr. Sutcliffe noted that much of the full range of public health programs and services has been sidelined over the last 2.5 years as a result of the local COVID-19 response required to protect the community and our healthcare system. She further noted that the pandemic response resulted in 75 to 85 percent of PHSD staff being redeployed for two years, 340+ additional temporary staff, provincial workforce deployment, and engagement of many community partners (e.g., HSN, the City of Greater Sudbury, schoolboards, etc.). All of the related work has resulted in a successful response for the community, with over 477,000 vaccine doses administered to local residents.

Dr. Sutcliffe indicated that despite the local successes, it is important to keep up the work being done to protect the vulnerable, namely those in hospital, long-term care or retirement homes, and congregate living settings. That said, we must also turn our minds to recovery. Dr. Sutcliffe then described Public Health's four recovery priorities, which include getting children back on track, fostering mental health gains, levelling up opportunities for health, and supporting safe spaces.

Lastly, Dr. Sutcliffe outlined how a number of HSN's Strategic Plan outcomes align with PHSD's recovery priorities and related initiatives. She then opened the floor to questions.

It was asked whether PHSD expects to receive the vaccine for the new Omicron variant. Dr. Sutcliffe indicated that PHSD does expect to receive the B4/B5 subtype vaccine in the not too distant future, pending approval from Health Canada.

It was asked what role the HSN Board plays in advocacy. The CEO noted that the Board does not have a formalized joint advocacy strategy between HSN and PHSD. However, a request was made by the Board a year or so ago to refresh the Board's advocacy plan, which was initially focused on capital redevelopment. He further noted that if there is interest from the Board, work could be initiated to identify common interests to advance from a common strategy.

Dr. Sutcliffe was asked what she foresees as fruitful future areas for collaboration. Dr. Sutcliffe noted that mental health and substance use are issues that are top of mind. She acknowledged the opening of the Supervised Consumption Site, but indicated that alone will not fix the issue. The City, PHSD and HSN need to work collectively to see what we can do to help move things forward and help others in the community work effectively in that area.

Dr. Cervin thanked Dr. Sutcliffe for PHSD's work, as public health is a discipline that has not always been visible. The amount and quality of the work being done is commendable.

Quality Committee

5.3 Patient Story

Francesca Grosso, Vice Chair of the Quality Committee, indicated that at every Board meeting, a Quality Committee member will be sharing the Patient Story and providing a summary of the Committee's discussion. She then reviewed the Patient Story with the Board.

F. Grosso noted that this particular story is a great example of how small changes can make a huge difference in a patient's journey from both a physical and mental perspective. In this case, the solution was as simple as providing bariatric gowns in the Medical Imaging Department (MID).

F. Grosso further noted that the Quality Committee agreed that the Patient Story is connected to the Key Goal of being Patient and Family-Focused. It also speaks to equity, as the patient experience cannot be limited to people who are a certain size. Following its discussion, the Quality Committee asked management to ensure that bariatric gowns are made available to all units, and to report back to the Committee on the implementation status.

It was asked whether HSN will be ordering more bariatric gowns, as the Patient Story leaves the impression that they are not readily available across the organization. It was also asked whether patients in the MID need to be gowned at all, or whether they could wear their own conformable clothing instead. Mark Hartman, Senior Vice President, Patient Experience and Digital Transformation, indicated that he had followed up with Environmental Services, which has confirmed that the issue is not with availability, but with standardized distribution and awareness across units. He further indicated that he would follow up on whether patients can wear their own clothing.

5.4 July Monitoring of QIP Targets

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 – HSN has been performing at target, which is a significant improvement from months prior. HSN has also been performing better than the provincial average for three of four months in 2022-2023. Traffic in the Emergency Department continues to be a challenge for overall patient flow. However, the introduction of legislation providing for more flexibility with long-term care placements will help move patients who should not be in hospital into the community. That said, the legislation is not expected to result in any immediate impact.
- Workplace Violence (WPV) – There were eight reported incidents of WPV involving physical force in July 2022. The cumulative year-to-date value of WPV events involving physical force is 35, which is below the cumulative prior year value of 44. Newly hired in-house security has allowed for an enhanced presence and reliability, resulting in an immediate positive impact.
- Increase Surgical Activity – For the period of April to July, HSN achieved 96% of planned activity, which represents 92% of pre-pandemic volumes. COVID-related absences and cancellations, occupancy pressures, and recruitment delays are impacting the program. The most up-to-date weekly trend shows HSN performing at 89% of pre-pandemic levels, which is better than Ontario at 83%, and better than the remaining Northern Ontario hub hospitals at 78%.

F. Grosso noted that the Quality Committee has requested that Health Human Resources monitoring be addressed in the upcoming Talent Management Plan. She then opened the floor to questions.

It was noted that Board members are permitted to attend the open session of Medical Advisory Committee (MAC) meetings. The MAC also discusses WPV, as well as other issues relevant to the Board, and accordingly, attending MAC meetings is a good way for Board members to stay more informed from the frontline view of physicians.

MOTION: F. Grosso / L. Dupuis

BE IT RESOLVED THAT the Board of Directors receive the July Quality Improvement Plan targets, as recommended by the Quality Committee at its meeting of September 15, 2022 and as presented at the Board meeting of September 27, 2022.

CARRIED

6.0 Other

5.1 Board Chair Report

Dr. Cervin welcomed all new Board members to their first regular Board meeting, and highlighted the following items from the report:

- Congratulations to the President and CEO on being re-elected to the Board of Directors of the Ontario Hospital Association (OHA), and elected as Board Chair.
- Board members are encouraged to attend the OHA's upcoming three-part virtual series entitled "Governance Essentials for New Directors".

5.2 CEO Report

The CEO confirmed that Board members had read the briefing note provided in the meeting package, and highlighted the following items:

- The Northeast Regional Cancer Centre program recently ranked first out of 14 regional cancer programs in Ontario for its performance on key quality improvement indicators. This is great news, and it is also timely in light of the special event this coming Monday.
- In light of the Ministry of Health's recently released five-point plan, the Board can expect significant changes in the Ontario healthcare landscape with respect to Ontario Health Teams and Home and Community Care. Furthermore, Ontario Health is now setting targets for hospitals with respect to Alternate Level of Care (ALC) reduction and with respect to reducing the percentage of surgical patients on waitlists who are considered to be "long waiters".
 - o With respect to ALC reduction, the province will be providing significant additional funding, which would represent approximately \$6M for HSN. However, staffing is a challenge and accordingly, the focus will be on non-nursing initiatives.
 - o Approximately 46% of individuals awaiting surgery at HSN are considered "long waiters". The goal is to bring that figure down to 27% by the end of March 2023.
- September 30th is the National Day for Truth and Reconciliation, and the Indigenous Health team at HSN has planned a number of activities for our healthcare workers to honour residential school survivors, the children who lost their lives, and the families and communities forever affected by the residential school system. The CEO encouraged Board members to attend, and thanked Board member Rosella Kinoshameg for agreeing to lead a prayer during the ceremony.

Board member Helen Bobiwash noted that HSN's acknowledgement of and participation in the National Day for Truth and Reconciliation is very meaningful for her, as someone with a family connection to a residential school survivor. For the September 30th event, she cautioned that institutions can sometimes trigger survivors, and that organizers should be mindful of that possibility.

Dr. Natalie Aubin, Vice President, Social Accountability, indicated that the Indigenous Health program would have crisis teams available on September 30th to provide support as needed. Furthermore, anyone who may not feel comfortable attending the public event can make an appointment to attend a private ceremony in HSN's Medicine Lodge.

It was asked how HSN will monitor and assess the implementation of Bill 7 regarding the placement of certain ALC patients in long-term care homes that may not be their first choice. Julie Trpkovski, Vice President Medicine and Chief Nursing Executive, indicated that HSN received guidance documents approximately one week ago, and a team is being assembled to review those documents and build appropriate processes. There will be a focus on building up the continuum of care to make sure patients are in the right place.

7.0 Adjournment of Open Session

Dr. Cervin asked for a motion to adjourn the open session meeting at 6:45 p.m.

MOTION: F. Grosso / L. Dupuis

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

CARRIED