Health Sciences North
Horizon Santé-Nord

Health Sciences North
Board Meeting Minutes – Open Session
September 24, 2024

Voting Members Present:	Michel Paulin	Stéphan Plante	Tom Laughren
	Marc Despatie	Grace Alcaide Janicas	Helen Bobiwash
	Chantal Makela	Tammy Eger	Chris Leduc
	Shayne Wisniewski	Louise Paquette	Pamela Williamson
Voting Members Excused:		Dr. Catherine Cervin	Francesca Grosso
Non-Voting Members Present:		David McNeil	Dr. Pankaj Bhatia
		Lisa Smith	Dr. Matthew Cavanagh
		Dr. Ravi Singh	
Staff:	Paul Truscott	Natalie Aubin	Jessica Diplock
	Anthony Keating	Russell Landry	Kelli-Ann Lemieux
	Dr. Rob Ohle	Jason Turnbull	Corissa Vande Weghe-Hackett
Guest(s):	Dr. Grace Ma		
Recorder:	Rebecca Ducharme		

1.0 Call to Order

The meeting was called to order at 5:31 p.m. with Stéphan Plante at the chair.

S. Plante welcomed Tammy Eger, Chris Leduc, Louise Paquette, Lisa Smith, Dr. Matt Cavanagh and Dr. Ravi Singh to their first Board meeting.

A land acknowledgement was provided by Louise Paquette. No conflicts of interest were declared.

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

S. Plante asked for a motion to move in camera at 5:33 p.m.

MOTION: M. Paulin / S. Wisniewski
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 5:37 p.m.

MOTION: C. Makela / T. Eger
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.

It was requested that an additional item – Approval of HSN Articles of Amendment – be added to the agenda under item 4.5. S. Plante then asked for a motion to approve the agenda as amended.

MOTION: M. Paulin / M. Despatie
BE IT RESOLVED THAT the agenda for the Open Session of the September 24, 2024 Board of Directors meeting be approved as amended.

CARRIED

7.1 Minutes of June 4, 2024 Open Session Board Meeting
BE IT RESOLVED THAT the minutes of the Board of Directors open session meeting held on June 4, 2024 be approved as circulated.

7.2 French Language Services Designation Compliance Update
The Board of Directors certifies that Health Sciences North|Horizon Santé-Nord continues to comply with the criteria for designation and that the Board of Directors and senior

management are aware of the legal consequences of false certification, including possible complaints to the Ontario Ombudsman's office.

***Le conseil d'administration atteste que Health Sciences North|Horizon Santé-Nord continue à se conformer aux critères de désignation et que le conseil d'administration et la haute direction sont conscients des conséquences légales d'une fausse attestation, y comprise d'éventuelles plaintes auprès du bureau de l'Ombudsman de l'Ontario*.**

7.3 Board Delegation of Signing Authority
BE IT RESOLVED THAT the Board of Directors approve revised Board policy IV-2 "Board Delegation of Signing Authority" to remove the Manager of Corporate Reporting and add the Chief Financial Officer as an individual authorized to perform fund transfers between Hospital accounts.

7.4 Review of Policies III-6, III-7, VI-1 and VI-2
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 29, 2024:

Policy III-6	***Privacy and Security of Information***
Policy VI-1	***Support and Relationship with the Foundations of HSN***
Policy VI-2	***Relationship with the Volunteer Association***

AND THAT the review of the following Board policy be deferred to the October 17, 2024 meeting of the Governance and Nominating Committee to allow for preliminary review by the Quality Committee:

Policy III-7	***Whistle Blowing***

4.0 New Business

Quality Committee

4.1 Patient Story

Chantal Makela, Vice Chair of the Quality Committee, presented the Patient Story to the Board. The story describes the positive experience of a patient attending HSN for a knee replacement surgery and the exceptional care and warmth received throughout their entire journey.

C. Makela noted that the patient actually attended the meeting of the Quality Committee to personally share their story, which enhanced the impact.

S. Plante opened the floor to questions. Board members were content with the information provided.

4.2 Monitoring of QIP Targets

C. Makela reviewed the briefing note included in the meeting package. She noted that Meditech Expanse, although implemented in June, is still being integrated and optimized and accordingly, we may not have all the data / information we thought we would have at this time. Nevertheless, she highlighted the following:

- Time to Inpatient Bed (TTIB) is higher than what we would like. However, there are many strategies in place to improve performance, such as the standardization of discharge planning and the implementation of additional beds at Amberwood Suites.
- Patient Experience results are trending upward. This is due to Expanse, which provides us with the ability to print discharge summaries. We anticipate a continued positive trend.
- Medication Reconciliation has experienced some decline with the implementation of Expanse. Many reporting processes are still being refined. However, the data, while invalidated, is showing a positive outcome, and it is anticipated that the new reporting cycle will trend positive.
- We continue to see a decline in Staff Turnover, although staffing pressures continue.

C. Makela noted that there had been great conversation at the Quality Committee meeting. There was discussion on the link between staff safety and staff complement, including the multiple strategies in place to ensure staff safety. She then opened the floor to questions.

It was asked whether the uptick in TTIB has been rectified since the launch of Expanse. Lisa Smith, Vice President, Medicine and Chief Nursing Executive (CNE), noted that some data is concerning in terms of being able to obtain the true TTIB for each patient. We have been seeing that there is a prolonged TTIB in many areas, even with Amberwood Suites at full occupancy. Accordingly, HSN may not always be at 100% occupancy, but accessible beds contribute to TTIB. There are also some data integrity concerns at this time, and so it is difficult to completely support or refute the times.

Long Range Planning Committee

4.3 Update on Strategic Plan Development

Tom Laughren, Chair of the Long Range Planning Committee, reviewed the briefing note included in the meeting package. He noted that the Committee's feedback centred mainly on communication and the region's population profile, specifically with respect to Indigenous and non-Indigenous individuals.

T. Laughren noted that the preparation, discovery, and analysis and synthesis phases on the strategic planning process were all complete, and that Russell Landry, Strategic Planning Lead, has done a great job leading that work.

In terms of the remaining work, T. Laughren noted that the Strategic Planning Steering Committee (SPSC) had recently reviewed the second draft of the plan. There are currently 25 themes, with a goal to bring that down to between 11 and 15 if possible. The next stage for the Board, as well as for the organization and external stakeholders, will be the validation phase, which will begin shortly.

The CEO reiterated that there are currently 21 outcomes, but that the Board's direction had been to have no more than 15. He reminded Board members that the HSN and HSNRI Boards would have an opportunity to provide some additional input at a special meeting / education session in October.

S. Plante congratulated R. Landry for his work, noting that the strategic planning process has been incredible and engagement has been high.

Other Reports

4.4 Introduction of Chief Nursing Executive

The CEO took the opportunity to provide a brief introduction of the new Vice President, Medicine and CNE, Lisa Smith. He noted that they have known each other since nursing school, and that L. Smith has always been someone who has pursued excellence with a sense of optimism and a can-do attitude. He further noted that L. Smith had previously been in the role of CNE just a few years ago, and the team is overjoyed that she is back. L. Smith will be addressing some of HSN's system challenges, and in the short time that she has been back, we are already seeing some significant improvements.

L. Smith noted that it is a pleasure to be back at HSN and in the role to provide governance and leadership with Nursing Professional Practice. She indicated that she has a passion for recruitment and retention, supporting our people through the evolution of improvements for all patients.

L. Smith noted that there will be many changes, and that HSN currently has a strong but vulnerable collection of nurses. She reiterated her pleasure of having rejoined the HSN team.

Add-On

4.5 Approval of HSN Articles of Amendment

Rebecca Ducharme, Corporate Governance and Legal Counsel, reviewed the briefing note circulated alongside the meeting package. She noted that the Board's approval at this time is mainly a procedural step prior to being able to submit the Articles of Amendment to the Ministry of Public and Business Service Delivery and Procurement.

R. Ducharme noted that while organizations are deemed to comply with the Ontario *Not-for-Profit Corporations Act* (ONCA) whether or not they update their governing documents, it is good practice to do so in order to avoid confusion.

R. Ducharme confirmed that the main changes to the Articles relate to moving from a fixed number of Directors (19) to a minimum/maximum of 16 to 22 Directors; and updating subsections 5(d), 5(f) and 5(g) to replace references to the *Corporations Act* with references to ONCA as appropriate.

MOTION: M. Paulin / T. Eger
BE IT RESOLVED THAT the Board of Directors approve the draft Health Sciences North Articles of Amendment, as recommended by the Governance and Nominating Committee at its meeting of August 29, 2024 and as presented at the Board meeting of September 24, 2024.

CARRIED

5.0 Board Chair and CEO Reports

5.1 Board Chair Report

S. Plante provided a brief verbal report, noting that he is pleased with the work that has been going on at the organization throughout the summer.

5.2 CEO Report

The CEO confirmed that Board members had read the briefing note included in the meeting package. He began by recognizing R. Ducharme and Jessica Diplock, Vice President, People and Culture, for their work

on the transition to ONCA. He also introduced Corissa Vande Weghe-Hackett, Chief Financial Officer, noting that she is doing an amazing job only four months into the role.

The CEO noted that the balanced scorecard is a work in progress, and that it is intended to establish goals and imbed metrics within the organization. The scorecard includes broad system-level indicators that the Board should be made aware of on an ongoing basis as a way to track the overall health of the organization. The document will evolve and eventually include colours to show status.

The CEO spoke briefly to the CrowdStrike cyber event that occurred over the summer. He confirmed that the event impacted HSN's systems, but that our work continues to strengthen our IT systems.

The CEO also spoke to the fire that occurred at the main site on August 27th. He indicated that there was a situation where water entered into an electrical room, resulting in an arcing event and subsequently, a fire. The CEO noted that the incident was significant enough that the Hospital spent 7-10 hours on emergency power while the transformers in the electrical room were being repaired. The incident allowed us to identify vulnerabilities in our system, and we are working with architects and engineers on redeveloping that infrastructure, which is expected to cost approximately $15M.

With respect to the scorecard, a question was asked about the intent of the indicator of "Overtime Hours as a % of Worked Hours". The CEO noted that we typically try to limit the amount of overtime, as we would rather have regularly scheduled work hours.

Concern was expressed that we may not be offering overtime in order to stem costs while there are certain areas that are consistently short-staffed. The CEO confirmed that the goal is not to have zero overtime hours, but to monitor the indicator to understand the difference between what we have budgeted (i.e., regular hours) versus where we are trending with overtime and how we compare to other organizations.

It was noted that we might be better off paying overtime than using agency nursing. It would be worth comparing the impacts to determine the financial impact on the organization, let alone the impact of not planning properly in terms of regularly scheduled work hours.

The CEO noted that we are looking at HR utilization and tracking multiple indicators. One of these indicators is turnaround, which allows us to identify the sustainability of labour. This is the first piece we want to make sure we are addressing. Overtime does become a relevant indicator, as it shows the degree to which we have to rely on that mechanism to adequately staff units that cannot be staffed through regularly scheduled hours. The indicator may give us a signal of a financial pressure, but also a corollary signal of how adequately we are staffing our units. Being able to staff a unit with regularly scheduled hours ultimately allows us to provide more care.

It was noted that the CEO had briefly mentioned comparators, and it was asked whether there is a useful purpose for the comparison given that different regions may have different pressures. The CEO noted that there are many comparison reports, and that he could look to provide some examples. He further noted that there are many indicators that we can compare, including benchmarking ourselves, such as through sick time, over-time, worked hours, etc.

The CEO indicated that when we look at staffing and develop the budgets, we target ourselves to be average; that is, to be at the 50th percentile of the industry. He noted that there would be an opportunity for discussion regarding comparator hospitals (approximately 35) in the closed session.

The CEO then provided the following highlights from the CEO Report:

- This week is Recognition Week at HSN. We are seeing many celebrations going on throughout the organization. Similarly, the Service Awards are scheduled for November. It is important to continue to reinforce the need for recognition in the organization as part of our efforts to retain staff and engage the workforce.
- Under Staff Engagement, we will be launching a pulse survey. This survey follows the introduction of Expanse, which has had a significant impact on the organization. Accordingly, this will likely have an impact on the survey results.
- HSN was successful in opening up Amberwood Suites, which is now at 47 beds.
- The Addictions Medicine Unit (AMU) transitioned in July, having been integrated into 4 North. There have been a few logistical issues as the teams learn to work together, but it has been a relatively smooth transition.
- HSN has received great news on its French Language Services (FLS) designation. Thanks to Natalie Aubin and her team, HSN has also been nominated for an FLS-related award.

The CEO then opened the floor to further questions.

It was asked whether there would be any further discussion on the electronic medical record (EMR). It was noted that at the recent meeting of the Medical Advisory Committee (MAC), physician attendees described

how certain tasks that used to take 15 minutes are now taking two hours. Dr. Pankaj Bhatia, Chief of Staff, noted that while we currently have the necessary Expanse infrastructure to measure those items, we are not ready to capture and assess those measurements. Accordingly, it was asked how we will know if strides are being made without data to rely on. Dr. Bhatia noted that there are some mechanisms in place to attempt to measure that information. There is still a fair amount of work to do, but a significant amount of progress has been made over the last few weeks.

With respect to the discussion on overtime, it was asked whether there is a recruitment and retention plan in place for high-risk departments. L. Smith noted that, in collaboration with J. Diplock and HR, there has been a very important focus on recruitment and retention in the surgical department over the last 1.5 years. Those efforts have been successful and are tracked every month. L. Smith indicated that in some instances, HSN is working with Ontario Health and directly with the College of Nurses, and HSN has made tremendous investments in novice and mid-career nurses.

A question was asked about Withdrawal Management Services, which have been an ongoing topic of discussion for almost 20 years. It was asked whether there might be an opportunity to put on a "full court press" given the opioid crisis. The CEO noted that N. Aubin has been doing so with the Ministry of Health, and this initiative has been acknowledged by the Ministry's Capital Branch as something with which to move forward. We have a location, which has always been a challenge.

With respect to HSN's above-target TTIB, it was asked where the block in the system is given that beds have opened at Amberwood Suites and that Alternate Level of Care (ALC) numbers should be coming down. L. Smith noted that there are many nuances regarding patients with a prolonged TTIB. The highest occupancy is in Medicine, and if an individual is waiting for a bed in Medicine, it is often not possible or appropriate to place them somewhere else in the meantime. And with respect to ALC, although there was a reduction, we are seeing an increase, as ALC numbers are extremely dependent on community service availability.

There was some brief discussion on patient acuity levels, noting that HSN patients seem to be increasing in acuity. The CEO noted that the Canadian Institute for Health Information (CIHI) does track patient acuity measures, although the available data only goes to 2023-2024. That data shows that HSN, as compared to other organizations, is the ninth most resource intensive hospital in Ontario.

With respect to the CrowdStrike and infrastructure emergencies, it was noted that the Board could have received more information, not only for its own benefit, but to be able to provide educated answers to the public if/as they arise. Furthermore, the events could present an education opportunity for the Board to provide training on HSN's IT response, security, and maintenance of IT operations, particularly with respect to emergencies.

The CEO noted that incident debriefs were being performed on both incidents, and we continue to analyze the most recent infrastructure emergency resulting in a fire. He indicated that he would be happy to provide more frequent communications on such incidents, and to make the Board aware of when and how we are managing incidents of importance. The CEO also noted that there would be a Board education session in May regarding risk management (presented by HIROC), but management can certainly incorporate a review of HSN's emergency planning process as well.

Lastly, Board members acknowledged the work of all staff and Medical Staff in light of the challenges over the last few years (e.g., MyHSN, EMR, emergencies, staffing shortages, increased volumes, etc.) and expressed their sincere appreciation. It was asked whether Directors could be made aware of some of the ongoing appreciation events as they arise so that they have the opportunity to attend or participate if/as appropriate.

6.0 Adjournment of Open Session

S. Plante asked for a motion to adjourn the open session meeting at 6:40 p.m.

MOTION: L. Paquette / H. Bobiwash
THERE BEING no further business to discuss, that the Open Session of the September 24, 2024 Board of Directors meeting be adjourned.

CARRIED