Health Sciences North
Horizon Santé-Nord

Health Sciences North
Board Meeting Minutes – Open Session
November 26, 2024

Voting Members Present:	Michel Paulin	Stéphan Plante	Tom Laughren
	Dr .Catherine Cervin	Grace Alcaide Janicas	Helen Bobiwash
	Francesca Grosso	Marc Despatie	Tammy Eger
	Louise Paquette	Chris Leduc	Chantal Makela
		Shayne Wisniewski	
Voting Members Excused:		Pamela Williamson	
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	Corissa Vande Weghe-Hackett
	Jason Turnbull		
Guest(s):	Lisa Graham, Manager of Occupational Health and Safety		
	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.

A land acknowledgement was provided by Lisa Smith. 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 5:34 p.m.

MOTION: M. Paulin / C. Makela
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 5:43 p.m.

MOTION: T. Laughren / F. Grosso
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 the approval of revised Board policy VI-5 “Board Commitment to Integration with Other Health Care Providers” be pulled from the Consent Agenda for discussion as item 4.6.

MOTION: C. Makela / T. Eger
BE IT RESOLVED THAT the agenda for the Open Session of the November 26, 2024 Board of Directors meeting be approved as amended.

CARRIED

7.1 Minutes of September 24, 2024 Open Session Board Meeting
BE IT RESOLVED THAT the minutes of the Board of Directors open session meeting held on September 24, 2024 be approved as circulated.

7.4 Review of Policies VI-4, V-A-1 and V-A-2
BE IT RESOLVED THAT the Board of Directors approve the renewal of the following Board policy without amendment, as recommended by the Governance and Nominating Committee at its meeting of October 17, 2024:

Policy VI-4 Relationship with the Ministry of Health, Ontario Health (North), Indigenous Communities and the North East

AND THAT the review of the following Board policies be deferred to a date to be determined to allow for consultation with the Ontario Hospital Association's updated Guide to Good Governance:

Policy V-A-1 Principles of Governance and Board Accountability
Policy V-A-2 Roles & Responsibilities of the Board of Directors

7.5 Review of Policy II-7 "Whistle Blowing"
BE IT RESOLVED THAT the Board of Directors approve revised Board policy III-7 "Whistle Blowing", as recommended by the Quality Committee and the Governance and Nominating Committee.

4.0 New Business

Presentation / Education

4.1 Board Legal Obligations with respect to Occupational Health and Safety

Jessica Diplock, Vice President, People and Culture, briefly introduced Lisa Graham, HSN's Manager of Occupational Health and Safety (OHS). L. Graham joined HSN within the last year and has more than 20 years of experience in Occupational Health.

L. Graham thanked the Board for inviting her to present. She noted that her presentation consisted of three parts, namely legal responsibilities, compliance, and the Board's role in OHS.

L. Graham provided a brief overview of the *Occupational Health and Safety Act* (OHSA), which is enforced through the Ministry of Labour, Immigration, Training and Skills Development (MLITSD). She noted that the OHSA is built on the internal responsibility system, and defines the minimum required duties to be carried out by workplace parties such as the Employer, Supervisors and Workers.

With respect to the legal responsibilities of the Board in particular, L. Graham noted that every director / officer of a corporation must take reasonable care to ensure that the corporation (i.e., the Employer) complies with the OHSA and its Regulations, as well as orders and requirements of an Inspector, Directors or the Minister of the MLITSD.

L. Graham then outlined how HSN ensures compliance with its legal requirements. She noted that HSN has a dedicated OHS team made up of Senior Leadership and a management team specialized in OHS and Wellness, and supported by the Senior Leadership Committee and the Board. Other supports for workplace health include HSN's Joint Health and Safety Committees and Safety Representatives. She further noted that overall, meeting and maintaining OHS compliance is achieved in several ways throughout the organization, including: leadership and demonstrated commitment; identifying workplace hazards and assessing the level of risk; implementing control measures to protect workers from identified risks; monitoring, evaluating and correcting control measures to ensure they are reasonable and effective; and establishing continuous improvement strategies.

L. Graham noted that failure to comply with OHS laws may result in fines and penalties, and unlike criminal law where a defendant is considered "innocent until proven guilty", health and safety law suggests that a defendant is guilty until proven innocent. She further noted that a defendant may be found not guilty if there is evidence of due diligence, i.e., they can prove that all reasonable precautions were taken in the circumstances to protect the workers.

L. Graham explained to Board members that it is important that they be aware of the OHS laws that exist and the responsibilities at their level. She noted that it is important that they know what the organization is doing to comply with the relevant laws and regulations.

L. Graham offered to provide the Board with monthly reports on MLITSD activity at HSN if desired. Minimally, the Board will receive an annual OHS report. She noted that HSN does an amazing job of holding health and safety equal with other organizational goals.

Lastly, L. Graham spoke to HSN's current state. She noted that healthcare is a challenging industry in Ontario, and is the poorest performing industry with respect to health and safety. And while HSN is on par with other hospitals its size and appears to be trending downward overall (i.e., moving in a positive direction), barriers include industry-wide staffing shortages, post-COVID fatigue, and increased workplace violence (WPV) from the community.

L. Graham noted that HSN's main goal for next year is to be more compliance driven. She then opened the floor to questions.

A Board member expressed appreciation for HSN's proactive approach to OHS. It was asked whether psychological safety in the workplace is tied in with WPV. L. Graham noted that a critical event analysis occurs for anything related to WPV or psychological harm. That said, one focus for the upcoming year would be

integrating psychological health and safety into the curriculum.

Another Board member expressed appreciation that students are being included in the Workers category. It was asked whether students and residents have access to the OHS office for needle stick and post-exposure prophylaxis and post-needle exposure. L. Graham noted that anyone could come to the OHS office, although the follow-up for a student or resident may be shifted to Academic Affairs or the organization from which the student originates.

L. Graham asked the Board if they would prefer a Self-Learning Package or an in-person presentation to refresh their OHS knowledge regularly. It was suggested that the information be built into the Board orientation process. With respect to regular reporting to the Board, it was suggested that the Board receive updates annually or semi-annually, summarizing OHS incidents and any areas of concern.

Quality Committee

4.2 Patient Story

Lisa Smith, Vice President, Medicine and Chief Nursing Executive, as well as member of the Quality Committee, presented the Patient Story to the Board. The story describes the negative experience of a 2SLGBTQIA+ patient whose request to be addressed by her preferred name and pronouns was disregarded at a Sudbury Cardiac Outpatient Centre appointment. The matter was investigated, and staff education, improvement to communication, and system processes were implemented.

Francesca Grosso, Chair of the Quality Committee, noted that keeping track of patient information that differs from formal identification documents could be challenging for staff. Accordingly, the improvements that are implemented should be those that are the least onerous to allow for easy adoption by frontline workers, also benefiting patients.

4.3 Monitoring of QIP Targets

F. Grosso reviewed the briefing note included in the meeting package, highlighting the following:

- Time to Inpatient Bed (TTIB): Areas of opportunity that continue to be addressed include standardization of Discharge Planning through the electronic medical record (EMR), and rebuilding the Patient Action Manager (PAM) board to facilitate flow throughout the system. The Quality Committee received insight on capacity struggles and opportunities to improve utilization processes, as well as on the Hospital to Home initiative to support patient transitions to community.
- Patient Experience: HSN is leveraging the capabilities of Expanse and printing discharge summaries to provide to patients upon discharge. The development of a report to collect data on the success of this action is underway.
- Medication Reconciliation: Data has been validated, and as of September 2024, continues to reflect above target performance at 86%.
- Staff Turnover: HSN is performing well with staff turnover, continues to progress better than target, and has seen 173 net new hires in recent months.

F. Grosso then opened the floor to questions. Board members were content with the information provided.

Governance and Nominating Committee

4.4 Process for the Assessment of Effectiveness of

Grace Alcaide Janicas, Chair of the Governance and Nominating Committee, highlighted that this item covers three different processes for the assessment of effectiveness.

(a) Individual Board Members

G. Alcaide Janicas noted that it is important for the Board to implement and follow a process to regularly evaluate members' individual performance and effectiveness. She referenced the history of the assessment process, noting that the response rate in previous years has been low, and that unfavourable feedback was uncommon. Accordingly, the Governance and Nominating Committee has recommended the adoption of a new process based on the Ontario Hospital Association (OHA) Guide to Good Governance template. That said, the Committee is also recommending that the Board retain the two open-ended questions from the previous years' assessment tool.

MOTION: G. Alcaide Janicas / M. Despatie
BE IT RESOLVED THAT the Board of Directors approve the process to assess the effectiveness of individual Board members, as recommended by the Governance and Nominating Committee at its meeting of October 17, 2024 and as presented at the Board meeting of November 26, 2024.
CARRIED

(b) Board as a Whole

G. Alcaide Janicas noted that the Board has been alternating between two tools on a yearly basis, those being the OHA Board Self-Assessment Tool and the Accreditation Canada Governance Functioning Tool, now known as the Governing Body Assessment. She further noted that this year is the Board's opportunity

to use the new Governing Body Assessment, although we have since learned that it will not be available for use until closer to the end of the calendar year, or early in the New Year. Accordingly, the implementation date is to be determined.

MOTION: G. Alcaide Janicas / T. Laughren
BE IT RESOLVED THAT the Board of Directors approve the process to assess the effectiveness of the Board as a whole, as recommended by the Governance and Nominating Committee at its meeting of October 17, 2024, with timelines to be determined as discussed at the Board meeting of November 26, 2024.

CARRIED

(c) Board Chair and Committee Chairs

G. Alcaide Janicas noted that a formal assessment of the Board Chair and Committee Chairs has not been conducted since 2019-2020, although informal feedback has been sought. For 2024-2025, the Governance and Nominating Committee has recommended the Board and Committee Chair Assessment Questionnaire, which includes a combination of questions drawn from the OHA Guide to Good Governance and questions used by the Board in March 2020.

MOTION: G. Alcaide Janicas / C. Makela
BE IT RESOLVED THAT the Board of Directors approve the process to assess the effectiveness of the Board Chair and Committee Chairs, as recommended by the Governance and Nominating Committee at its meeting of October 17, 2024 and as presented at the Board meeting of November 26, 2024.

CARRIED

It was noted that it can be very challenging to rate one's peers, and the previous peer and self-assessment tool contained certain questions that were rather difficult to assess based on the limited amount of time Board members are able to spend getting to know one another. Rebecca Ducharme, Corporate Governance and Legal Counsel, confirmed that the new tool that is being proposed contains much more straightforward questions.

One Board member questioned whether the peer and self-assessment truly helps the Board foster improvement among individual members. R. Ducharme noted that the results have come in handy in the past when there have been Board members with disruptive behaviours.

It was asked why the proposed peer and self-assessment questionnaire includes a preamble asking Board members to "note that feedback should be objective and respectful of the diversity of individual Board members". R. Ducharme noted that the statement is not intended to suggest that Board members do not currently provide feedback in a respectful manner, but to remind Board members that there are different ways that people choose to participate.

It was asked whether benchmarking is available for the peer and self-assessment tool. R. Ducharme noted that she was not aware of any such benchmarking through the OHA. The benchmarking that is available comes through the OHA and Accreditation Canada tools for the evaluation of the Board as a whole.

Clarification was requested on the goal of the tool. S. Plante noted that the peer and self-assessments are very important, as some of the comments / concerns gleaned from the results provide the Chair with an opportunity to have fruitful one-on-one discussions with Board members. It was noted that the feedback is also used by the Governance and Nominating Committee to assist in determining whether to recommend term renewals for Board members.

4.5 Approval of Board Policy: CEO and Chief of Staff Performance Evaluation and Compensation

G. Alcaide Janicas reviewed the briefing note included in the meeting package, noting that it made most sense to build on existing Board policy II-4 "Executive Compensation" as opposed to creating a new policy as originally discussed.

G. Alcaide Janicas indicated that J. Diplock and R. Ducharme performed a thorough canvassing of policies from peer organizations, as well as existing resources through the OHA. In short, the policy breaks down CEO and Chief of Staff performance evaluation into two main components, namely the achievement of Board-approved performance goals, and the development and refinement of leadership skills and behaviours. G. Alcaide Janicas noted that the policy incorporates a number of templates to assist in goal-setting and monitoring performance.

F. Grosso, member of the Executive Committee, noted that the revised policy is more concrete – tethering performance and compensation to actual outputs – while also allowing the Board some latitude when circumstances are beyond the control of the CEO, the Chief of Staff, or the Hospital more generally.

MOTION: L. Paquette / M. Despatie
BE IT RESOLVED THAT the Board of Directors approve revised Board policy II-4 "Executive Compensation" (to become "Executive Performance Evaluation and Compensation"), as recommended by the Executive Committee and the Governance and Nominating Committee, and as presented at the Board meeting of November 26, 2024.

CARRIED

4.6 Review of Policy VI-5 "Board Commitment to Integration with Other Health Care Providers"

Louise Paquette, Board member, questioned whether the Board might consider renaming the policy "Board Commitment to the *Connecting Care Act*". She noted that while it is important that HSN work with partners on potential integration, it is also important that we work together on patient transitions. For example, some of the work that HSN is doing to improve issues in the Emergency Department are in keeping with the work of community partners. Renaming the policy would better describe that overall work.

L. Paquette further recommended that the paragraph in the policy speaking directly to the *Connecting Care Act* be moved up to the top of the policy.

Board members were in agreement with the recommended changes, but it was agreed that the policy would go through the normal process of being vetted by the Governance and Nominating Committee prior to receiving Board approval.

MOTION: L. Paquette / T. Laughren
BE IT RESOLVED THAT the Board of Directors approve that the review of Board policy VI-5 "Board Commitment to Integration with Other Health Care Providers" be deferred to allow for further review by the Governance and Nominating Committee with a view to emphasizing the Board's commitment to the *Connecting Care Act*, as discussed at the Board meeting of November 26, 2024.

CARRIED

5.0 Board Chair and CEO Reports

5.1 Board Chair Report

S. Plante confirmed that Board members had reviewed the report included in the meeting package. He highlighted the compliment letter received by a recent patient, noting the R. Ducharme had responded to the former patient on behalf of the Board.

5.2 CEO Report

The CEO confirmed that Board members had read the report included in the meeting package, and provided the following highlights:

- Russell Landry, Special Advisor to the CEO for Strategic Planning, has been hard at work on the validation phase of the 2025-2030 Strategic Plan. The CEO extended his appreciation to R. Landry and his Executive Assistant, Patricia Hearty-Haw, for their important work leading this process. He further noted that we are on track to launch the new strategic plan in accordance with Board-approved timeline.
- The HSN Years of Service Awards were held on November 14th at the Steelworkers Hall and were very well received. The CEO extended his congratulations to J. Diplock and her team.
- We have made significant strides in building and strengthening partnerships with academic institutions and regional healthcare providers to build an academic health sciences network.
- Anthony Keating, President and Chief Development Officer of the Foundations and Volunteer Groups, has done great work on bringing the Foundations together. The amalgamated HSN Foundation held its first Board meeting this week, and fundraising efforts are on track to meet the target of $10.6M. The CEO reminded meeting participants of the upcoming "Giving Tuesday", as the Foundation has secured a donor to match all gifts made during the event.
- The Catalyst research event held on November 7th was a tremendous success. Dr. Robert Ohle, Vice President, Academic and Research Impact, did an excellent job of connecting research to patient care.
- The EMR update is rather long, but the goal is to stay accountable by providing a detailed report. The team has been very responsive in resolving issues to best meet the needs of patients and frontline workers. For example, the decision was made to bring back OBTV.
- HSN had an opportunity to participate in a roundtable with the Minister of Health to provide an update on our work on the capital redevelopment and to highlight the need to move forward with the project. Based on the discussions with the Ministry, the CEO is optimistic that an approval of some kind is forthcoming.
- We will continue to talk a lot about HSN's finances and financial recovery, including the role the Board is playing with respect to advocacy. The CEO indicated that he had the opportunity to sit down with six other CEOs and four CFOs, as well as the Deputy Minister of Health, to discuss the pressures that hospitals in the North East are facing.

The CEO then opened the floor to questions.

A question was asked about the status of HSN's Withdrawal Management Services, whether they have moved

to the Daffodil Lodge, and whether the Ministry has committed to providing any funding. The CEO responded in the negative for both questions, although the Ministry is very likely to provide HSN with some sort of approval and funding in the near future. He noted that there are a few questions that need to be resolved with the Ministry first.

It was asked whether the Catalyst event was recorded in any way. The CEO noted that the event had not been recorded, but he could certainly ask Dr. Ohle to provide a presentation to the Board to highlight the research work being done and its impact on patients.

6.0 Adjournment of Open Session

S. Plante asked for a motion to adjourn the open session meeting at 7:05 p.m.

MOTION: F. Grosso / M. Despatie
THERE BEING no further business to discuss, that the Open Session of the November 26, 2024 Board of Directors meeting be adjourned.

CARRIED