Health Sciences North
Horizon Santé-Nord

**Health Sciences North**
**Board Meeting Minutes – Open Session**
**March 25, 2025**

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| **Voting Members Present:** | Michel Paulin | Stéphan Plante | Tom Laughren |
| | Tammy Eger | Dr. Catherine Cervin | Marc Despatie |
| | Chantal Makela | Francesca Grosso | Chris Leduc |
| | Shayne Wisniewski | Louise Paquette | Pamela Williamson (joined @ 5:28) |
| **Voting Members Excused:** | | Grace Alcaide Janicas | |
| **Non-Voting Members Present:** | | David McNeil | Dr. Pankaj Bhatia |
| | | Lisa Smith | Dr. Matthew Cavanagh |
| **Non-Voting Members Excused:** | | Dr. Ravi Singh | |
| **Staff:** | Natalie Aubin | Jessica Diplock | Mark Hartman |
| | Steve Volpini | Anthony Keating | Corissa Vande Weghe-Hackett |
| | Dr. Rob Ohle | Stephanie Winn | Russell Landry |
| | Jason Turnbull | Amanda Campagnaro | |
| **Recorder:** | Rebecca Ducharme | | |

**1.0 Call to Order**

The meeting was called to order at 5:01 p.m. with Stéphan Plante at the chair. He subsequently provided a land acknowledgement. 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 5:03 p.m.

**MOTION: C. Makela / L. Paquette**
**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 5:08 p.m.

**MOTION: T. Eger / T. Laughren**
**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 item 4.1 be deferred, and that item 7.4 be moved out of the Consent Agenda for discussion as part of item 4.3.

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

**MOTION: L. Paquette / M. Paulin**
**BE IT RESOLVED THAT the agenda for the Open Session of the March 25, 2025 Board of Directors meeting be approved as amended.**

**CARRIED**

***7.1 Minutes of January 28, 2025 Session Board Meeting***
***BE IT RESOLVED THAT the minutes of the Board of Directors open session meeting held on January 29, 2025 be approved as circulated.***

***7.2 Review of Policies V-A-4, V-A-6, V-A-7 and V-A-12***
***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 February 20, 2025:***

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|---|---|
| ***Policy V-A-6*** | ***Board Size and Composition*** |
| ***Policy V-A-7*** | ***Board Standing and Ad-Hoc Committees*** |

***AND THAT the following Board policies be renewed without amendment:***

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|---|---|
| ***Policy V-A-4*** | ***Annual Directors' Acknowledgment and Consent*** |
| ***Policy V-A-12*** | ***Membership in the Corporation*** |

***7.3 Review of Policies V-B-3 "Board Orientation" and V-B-15 "Consent Agenda"***
***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 February 20, 2025:***

| | |
|---|---|
| ***Policy V-B-3*** | ***Board Orientation*** |
| ***Policy V-B-15*** | ***Consent Agenda*** |

**4.0 New Business**

**Presentation**

**4.1 2019-2024 Strategic Plan Final Report**
*Deferred.*

**Quality Committee**

**4.2 Patient Story**
Francesca Grosso, Chair of the Quality Committee, presented the Patient Story to the Board. The story outlines a family's experience with HSN, where the family was initially informed that their relative was not admitted to the hospital, leading to confusion, and subsequently discovering that the patient had died. The sister of the deceased shared her story publicly and with HSN to ensure that there were improved communication processes at the hospital and to prevent this from happening to another family. As a result, a number of countermeasures have been implemented.

F. Grosso then opened the floor to questions.

Lisa Smith, Vice President Medicine and Chief Nursing Executive, noted that the Patient Story generated a robust discussion at the committee level. She highlighted that the situation was difficult for the staff in terms of being responsible for having created that degree of angst. A tremendous amount of work, led by physicians in the Emergency Department (ED), has been done to fill the gaps.

It was asked whether there has been follow-up with the family. The CEO confirmed that there had.

**4.3 Approval of 2025-2026 Quality Improvement Plan (QIP)**
F. Grosso reviewed the briefing note included in the meeting package. She noted that the Board had approved the individual QIP indicators at its January meeting, while today's decision involves the targets associated with those indicators, as well as the accompanying improvement plans.

F. Grosso confirmed the following targets:

- 90$^{th}$ percentile ED wait time to inpatient bed (TTIB): 35.5 hours by March 31, 2026;
- 90$^{th}$ percentile ED wait time to physician initial assessment (PIA): 5.8 hours by March 31, 2026; and
- Did patients feel they received adequate information about their health and their care at discharge? 68% by March 31, 2026.

She then opened the floor to questions.

It was noted that the proposed 2025-2026 target for TTIB is the same as the 2023-2024 target, and given the initiatives that have been introduced to improve the results, it was asked whether the target should be lower. The CEO noted that the target is already aggressive, and given the pressures in the system and capacity challenges, even with all of the noted initiatives, getting to 35.5 hours will still be a challenge.

It was noted that HSN achieved the target in April 2024. The CEO indicated that since that time, HSN saw increased patient demand, with efficiencies still to be gained from the implementation of the electronic medical record. We have only just begun to see some relief in the last two weeks.

Given the challenges that HSN experienced in achieving the target of 35.5 hours in 2024-2025, it was asked whether the proposed target is even attainable. The CEO confirmed that 35.5 hours is a stretch target given system capacity issues. However, additional initiatives are being introduced, such as the retention of a Medical Director for utilization, and length of stay (LOS) reporting, among others. That said, LOS of alternate level of care (ALC) patients has been trending up, so while we may be seeing improvements due to various initiatives, we will not achieve gains if the system is not improving the outflow.

It was noted that in 2022-2023, the ALC numbers were very high, but TTIB was relatively low. L. Smith indicated that LOS was much better at that time, adding an extra layer to today's challenges. The higher LOS

speaks to the higher acuity and resource intensiveness of current patients.

It was asked again whether the proposed target for TTIB is achievable. The CEO indicated that until acute LOS improves, even with continued focused improvement work, he was not fully confident that HSN could get under 35 hours without other system factors coming into play. He reiterated that utilization has been a significant contributing factor, and acute LOS is the next area of improvement.

The CEO and Chief of Staff reiterated that HSN's patients have become much more resource intensive in recent years, with higher care needs. While this does not always translate into longer LOS, it is a good proxy measure. With that in mind, 35.5 hours for TTIB remains an aggressive target, although it is felt to be appropriate and is certainly something towards which we can move.

With respect to the Patient Experience indicator, it was noted that the target suggests that approximately one-third of patients are not receiving sufficient information at discharge. It was asked whether this would be a matter of providers not providing the right information, or patients having trouble understanding the information. The Chief of Staff noted that the increased complexity of patient care needs has contributed to challenges in explaining disposition to patients. That said, there is a tool in Expanse where a discharge explanation can be written, which has anecdotally resulted in patients feeling they are better instructed.

It was asked why the results of the Patient Experience indicator have dropped so significantly over the last few years. The Chief of Staff noted that he did not have a fulsome answer, although one factor may be that patients' expectations are dramatically different in terms of what and how much they want to know. This will only increase with the rapid adoption of artificial intelligence.

Jessica Diplock, Vice President, People and Culture, noted that changes to the Patient Experience survey are coming in April. There is a long version and a short version of the survey, and we are in the process of evaluating the units where the survey is issued to ensure broad representation from various areas. She further noted that while we have struggled with some data quality assurance issues, part of the organization's work plan for the year includes re-establishing data integrity.

**MOTION: T. Eger / P. Williamson**
**BE IT RESOLVED THAT the Board of Directors approve the 2025-2026 Quality Improvement Plan, as recommended by the Quality Committee at its meeting of March 13, 2025 and as presented at the Board meeting of March 25, 2025.**

**CARRIED**

### 4.4 Review of Social Accountability Work Plan and Progress

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

- This work is part of the Strategic Plan around addressing gaps in health equity. At its recent meeting, the Quality Committee received a very fulsome report about all the work being done for a number of diverse communities.
- A lot of training has taken place and remains underway with respect to Indigenous cultural safety, French Language Services (FLS), and other areas. Furthermore, a significant amount of work has been done with respect to measurement and quantifying the impact of the various initiatives.
- One key accomplishment includes the relocation and sustainability of the 20-bed Withdrawal Management Services from the Daffodil Lodge to 4N.
- We are almost at target with FLS. There is a team working on bringing in metrics regarding access to address the gaps.
- HSN has partnered with the City of Greater Sudbury and other community partners on a successful proposal to establish a Homelessness and Addiction Recovery Treatment Hub.
- The North East Specialized Geriatric Centre led the development of a playbook that provides a practical framework for healthcare systems to improve service delivery for older adults.

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

## 5.0 Board Chair and CEO Reports

### 5.1 Board Chair Report

S. Plante reviewed the briefing note included in the meeting package. He urged Board members to complete the Accreditation Canada Governing Body Assessment, the results of which will go to the Governance and Nominating Committee for review and follow-up.

S. Plant reminded Board members that Rebecca Ducharme, Corporate Governance and Legal Counsel, would be in touch with them in the near future to schedule 1:1s with him to share feedback from the peer assessment process and to consider any questions or concerns.

S. Plante then invited Tom Laughren, Vice Chair and Chair Elect, to speak to the Ontario Hospital Association (OHA) Board Chair Brief that he attended in January.

T. Laughren noted that the call was an opportunity for chairs and incoming chairs to learn more about their role, talk to other chairs, and learn about the current trends and issues in the sector. He noted that the call took place before the provincial election and prior to the imposition of tariffs by the U.S., and accordingly, much has changed since that time. However, much of the discussion centred on Bill 124 and unfunded wage pressures, financial challenges outside of wage issues, and recovery plans. T. Laughren confirmed that many hospitals are in the same position as HSN, and no one has a magic solution. He also indicated that there are many unique challenges faced by Northeastern Ontario hospitals.

It was asked whether anyone on the call had any insight on how Ontario hospitals will overcome the ongoing financial challenges. T. Laughren indicated that the perceived path forward entails additional funding from the government. No one is suggesting cutting services.

**5.2 CEO Report**

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

- Q4 results on the balanced scorecard will be available for the May meeting. Provided that the CEO performance goals for 2025-2026 are approved, the scorecard will then start over.
- The CEO thanked the Strategic Planning Steering Committee for all of its work, and commended Russell Landry, Special Advisor to the CEO for Strategic Planning, for his leadership in that work.
- With respect to furthering our academic mission, the CEO and Dr. Rob Ohle, Vice President, Academic and Research Impact, had the opportunity to participate in a NOSM University sponsored workshop regarding the development of an Academic Health Sciences Network. A lot of good work has been done, at least conceptually, in building that idea for the North.
- The HSN Foundation is benefitting from the great leadership of Anthony Keating, President and CEO of the Foundation, who is actively engaging with the community. He is continuously looking at ways to make connections and continue to grow the brand while making communities aware of our needs.
- There was a flood at the Sudbury Outpatient Centre (SOC) due to a broken braided hose, resulting in approximately $2M worth of damage. That said, there was great coordination from our teams and a great safety response. The CFO continues to "clean up" from a financial tracking perspective. Overall, the event was a learning opportunity that highlighted the vulnerability we have sitting in that asset.

  The CEO acknowledged that the OHA Statement on Staffing Ratios at Ontario Hospitals is appended to his CEO Report. He suggested moving that discussion to the closed session.

  With respect to the flood at the SOC, it was asked whether the root cause was determined. Mark Hartman, Interim Vice President, Infrastructure and Redevelopment, noted that the braided hose was not a routine maintenance item on the list of things that the Facilities team looks at regularly. However, they have since done an inventory and review of the entire site on that issue. We are taking a cautious approach and have replaced another 26 hoses, as that approach is less expensive that conducting regular testing. The difficulty with the SOC is that it does not have a 24/7 presence like the main site. Accordingly, sensors have been put in place to detect a future flood, should one occur.

  The CEO noted that a goal for next year would be starting to think about infrastructure renewal for existing square footage.

  It was asked whether the Board receives an annual presentation or fundraising priorities. A. Keating confirmed that there is such a presentation, as well as regular updates in the CEO Report.

**6.0 Adjournment of Open Session**

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

**MOTION: T. Laughren / C. Makela**
**THERE BEING no further business to discuss, that the Open Session of the March 25, 2025 Board of Directors meeting be adjourned.**

**CARRIED**