

**Health Sciences North
Board Meeting Minutes – Open Session
November 24, 2020**

Voting Members Present:

Floyd Laughren	Daniel Giroux	Vasu Balakrishnan
Dr. Catherine Cervin	Lynne Dupuis	Don Duval
Roger Gauthier	Francesca Grosso	Rosella Kinoshameg
Stéphan Plante	Lyse-Anne Papineau	Tom Laughren

Voting Members Excused:

Dr. Kevin McCormick, Chris Redmond

Non-Voting Members Present:

Dominic Giroux	Dr. John Fenton	Lisa Smith
Dr. Killian de Blacam	Dr. Dominique Ansell	

Staff:

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

Guests:

Megan Grant, HSN Mentee with the “She’s on Board” Program
Richard Spadafora, Chair of the NEO Kids Foundation

Recorder:

Anne Gauthier

1.0 Call to Order

The meeting was called to order at 5:40 p.m. with F. Laughren at the chair. 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.

F. Laughren asked for a motion to approve the consent agenda.

MOTION: F. Grosso / T. Laughren

BE IT RESOLVED THAT the consent agenda of the November 24, 2020 Board of Directors meeting be adopted as presented.

CARRIED

7.1 Minutes of October 6, 2020 Open Board Meeting

BE IT RESOLVED THAT the minutes of the Board of Directors open session meeting held on October 6, 2020 be approved as circulated.

3.0 Approval of Agenda

F. Laughren asked for a motion to approve the agenda.

MOTION: T. Laughren / L. Papineau

BE IT RESOLVED THAT the agenda of the November 24, 2020 Board of Directors meeting be adopted as presented.

CARRIED

4.0 New Business

4.1 NEO Kids Foundation

Richard Spadafora, Chair of the NEO Kids Foundation (NFK), provided an overview of the Foundation, as well as a progress report related to fundraising initiatives. From April 1, 2019 to March 2020, the amount raised was 1.2M, with a pledge balance of 1.3M. From April 1, 2020 to November 12, 2020, the amount raised was 501K, with a pledge balance of 942K. The restricted fund for expansion amount is currently 2.3M.

With COVID restrictions in place, staff were forced to pivot from in-person events to virtual platforms. There is an expectation that recurring revenues will be upcoming and the donor base will expand.

Since its inception five years ago, the NEO Kids Foundation has distributed just under 1M to the hospital to various departments for equipment, programs, and research. Some examples provided were: the Donor Milk Program, NICU staff training, Infant Incubators, Computer Technology for Virtual Patient Care, and the Bravery Bead Program.

The NEO Kids Foundation is continuing with fundraising initiatives. For example, the virtual NHL vs. Sudbury session, which is a virtual hockey skills competition, raised over 81K for NEO Kids in the month of June. With the help of Nick Foligno, local talent was recruited which enabled the success of the event.

The HSN 50/50 lottery is an initiative that is shared amongst the Foundations at Health Sciences North. It has seen tremendous success to date, raising 400K for the hospital. NEO Kids Foundation shares in that component. The NEO Kids Foundation goal is to continue to find sustainable fundraising initiatives to align with the foundations' strategic plan released earlier this year.

The Chair shared the upcoming initiatives that are planned in the coming weeks and months. These included NEO Kids Foundation turns Five, the Year-End Holiday Campaign, the Joint Donor Appreciation Evening, the HSN 50/50 Cash Lottery for the North: 12 Days of Winning, and Pure Country: Pure for Pediatrics Radiothon.

The Chair thanked the HSN Board for continuing to support the Foundation and the capital development project. He also thanked the staff of all three foundations and volunteer groups, noting that service has been exceptional, to both those working onsite and offsite, for the greater good of the community.

4.2 Accreditation Standards

Breakout Session – D. Giroux spoke to the fact that this exercise was completed previously to remain aligned with the Accreditation Canada Governance Standards. In March 2018, the Board completed an exercise and identified twelve areas where the Board felt there was a need to pay closer attention. This in turn informed the Board Work Plan and Education Plan. The Governance and Nominating Committee recommended a similar exercise be performed. Each Board member and Senior Leadership has been assigned to one of six groups. The task is to review approximately 15 accreditation sub-standards that have been assigned. It is assumed that members have reviewed these sub-standards ahead of time, and each group must identify which two sub-standards are felt to require more work. A brief summary is requested, and will be brought to the Governance & Nominating Committee for consideration. This will inform future work of the Board.

Group #1: Criteria Assigned to Review: 1.1 to 1.6, 2.1 to 2.9

The group consisted of Dr. Ansell, R. Gauthier, D. Giroux, and K. Lemieux. They identified the following:

- **1.3: The governing body approved, adopts, and follows the ethics framework used by the organization.** The group felt that Board members should receive a refresher on this item.
- **1.5: There is a process to develop the governing body's by-laws and policies and update them regularly.** The group felt that the current frequency of reports is reasonable. There is also a belief that the policies should be posted to the web for ease of reference, as required.

Group #2: Criteria Assigned to Review: 2.10 to 2.11, 3.1 to 3.6, 4.1 to 4.4, 5.1 to 5.3

The group consisted of V. Balakrishnan, L. Dupuis, M. Grant, J. Witty, and G. Ross. They identified the following:

- **3.4: The governing body has processes in place to oversee the functions of audit and finance, quality and safety, and talent management.** The group is questioning what level of talent management

should be identified. Should it be talent at the Board level, talent at the CEO succession planning level, or is it rather at the leadership level as a whole?

- **3.5: Required information and documentation is received in enough time to prepare for meetings and decision making.** The group identified that the size of the Board meeting packages was of concern. As changes and additions are often received closer to the meeting, it can create added pressure for members to review the required materials in a timely manner.

Group #3: Criteria Assigned to Review: 5.4 to 5.5, 6.1 to 6.3, 7.1 to 7.9, 8.1

The group consisted of Da. Giroux, F. Grosso, C. Redmond, and M. Liedke. They identified the following:

- **6.1: The governing body oversees the strategic planning process and provides guidance to the organization's leaders as they develop and update the organization's vision and strategic plan.** The group identified that due to a high volume of materials, at times this leads members "into the weeds". To ensure quality over quantity, and ensure Board members are clear on the roles and responsibilities, it would be beneficial to take a step back and examine the governance components. As an example, when looking at financials, it would be ideal to receive materials that are short and concise and to provide clear explanations and expectations on the current state of things, and on the future direction.
- **7.9: The governing body oversees the development of the organization's talent management plan.** The group identified that there will be the implementation of the Human Capital Management System (HCMS), however this is quite different from the talent management plan. This will be an important initiative in the upcoming years from a risk management perspective, and a governing body perspective.

Group #4: Criteria Assigned to Review: 8.2 to 8.5, 9.1 to 9.9, 10.1 to 10.3

The group consisted of Dr. K. DeBlacam, R. Kinoshameg, S. Plante, L. Smith, M. McLelland. They identified the following:

- **8.4: There is a documented process to address and performance issues identified with healthcare professionals with privileges.** The group noted that new members of the Board would not be as knowledgeable with respect to granting privileges. This would require clarification at times.
- **10.3: The governing body addresses recommendations made in the organization's quarterly patient safety reports.** The group noted that patient safety is of utmost importance and relates back to the Strategic Plan. There is question as to what action is taken from the items identified in the quarterly patient safety reports.

Group #5: Criteria Assigned to Review: 10.4 to 10.5, 11.1 to 11.7, 12.1, 12.1.1 to 12.1.6

The group consisted of D. Duval, Dr. J. Fenton, F. Laughren, L. Papineau, Anthony Keating

- **11.7: The governing body, in collaboration with the organization's leaders, share reports about the organization's performance and quality of services with the team, clients, families, the community served, and other stakeholders.** The group identified that it was not felt that the Board is doing this currently and a formalized plan would be required to ensure the Board is actively engaged.
- **11.3: The governing body works with the CEO to establish, implement, and evaluate a communication plan for the organization.** The group felt an update was required on this topic.

Group #6: Criteria Assigned to Review: 12.2 to 12.7, 13.1 to 13.10

The group consisted of Dr. C. Cervin, T. Laughren, M. Hartman. The group noted that there is ample information that is shared on the public website, including Board minutes and attendance records. Some were not aware that this information was publicly available. Other items noted by the group are as follows:

- **12:3: The governing body ensures that an integrated risk management approach and contingency plans are in place.** It was noted that there a risk management report is presented at the Audit Committee. This report is perhaps not visible enough to the Board of Directors and it was suggested that this report may need to be enhanced and improved.
- **13.5: The governing body conducts or participates in an assessment of its structure, including size and committee structure.** While the group is well aware of the regular reflection that takes place following each Board meeting, there is a lack of reflection on the specific points of structure and size. More knowledge and information could be provided for members of the Board on this point.

D. Giroux thanked everyone for the work on this particular item. A report will be brought forward to the Governance and Nominating Committee on ways to address these top 12 areas.

Quality Committee

4.3 Report from Quality Committee

Dr. Catherine Cervin, Chair of the Quality Committee, thanked the Committee members for their contributions, dedication and thoughtful comments at the September meeting. She then reviewed and elaborated on the briefing note provided in the meeting package.

There are three parts to the Quality Committee Report. Dr. Cervin provided highlights for each of these areas.

(a) Patient Story

While it is assumed that members of the Board have already read the Patient Story, there was special mention related to the reflection of the care team, what was learned in the particular situation, and how this relates to the Strategic Plan. Dr. Cervin read excerpts as provided by the patient. The team's reflections were shared, and it was noted that it demonstrates HSN's commitment to the Strategic Plan. Of particular importance, the care team was humble enough to take a step back and listen to the patient and provide high quality patient care.

It was suggested that this was a wonderful format for the patient story. It was also noted that caregivers are a very important part of the patient journey.

(b) Semi-Annual Quality & Patient Safety Report: Patient Experience

There has been ongoing work with respect to the information transfer process. Attention should be drawn to the manner in which handover happens. The outgoing nurse shares information with the incoming nurse at the patient bedside, which ensures the patient is fully involved in the process and the information is properly communicated and also provides an opportunity for the patient to correct any information that is not accurate.

The attached note outlines a number of impacts of the pandemic, one in particular is related to visits. Early in the pandemic, visitors were restricted. The concept of designated care partners which are identified through armbands and get through the screening more quickly, was a strategy put in place.

Complaints acknowledgment: even during the pandemic, 98% of complaints have been acknowledged within the target time. The pandemic has affected the length of time where patients could have a resolution to their complaint.

In examining the Patient Experience Survey, it was noted that there was a drop in performance related to family and friends being involved in decisions for care. This is likely related to the visitor restriction factor.

A Wordle was created and this was shared with members; the recurring themes are "thank you, dirty, food". The development of the question related to food has been proposed to the Patient and Family Advisory Council and this will be provided in January. It was suggested that the question related to food will be an important one as this is an important factor in the healing process.

(c) September Monitoring of QIP Targets

At the time of reduction of services, HSN did very well on the time to inpatient bed. As elective surgeries are increasing, the time to inpatient bed is trending upward and the organization is over occupancy regularly.

It was noted that Medication Reconciliation at discharge is progressing well.

In terms of Workplace Violence, HSN continues to meet its goal of increased reporting, however there continues to be difficulty in achieving the goal of fewer events involving physical force. This could be a result of the pandemic. An impressive 94% of staff have completed the Code White training.

Governance and Nominating Committee

4.4 Review of Policies II-2, II-3, II-5, and II-7

The four policies were reviewed by the CEO and the Vice President, People Relations and Corporate Affairs. Minor edits were proposed to policies II-3, II-5, and II-7, and no edits proposed to policy II-2. The Governance and Nominating Committee supported the recommendations.

MOTION: R. Gauthier / S. Plante

BE IT RESOLVED THAT the Board of Directors approve the revisions to the following Board policies, as recommended by the Governance and Nominating Committee at its meeting of October 22, 2020, and as presented at the Board meeting of November 24, 2020:

Policy II-3	Executive Direction
Policy II-5	Chief of Staff Direction
Policy II-7	Chief of Staff Succession

AND THAT the following Board policy be renewed without amendment:

Policy II-2	Global Executive Limitations
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CARRIED

5.0 Board Chair and CEO Reports

5.1 Board Chair Report

F. Laughren reviewed his report circulated in the Board package, elaborating on the following:

- It was noted that today is the last meeting this calendar year. At the beginning of the year, it was business as usual with members working towards the OHTs, QIP targets, however in March, COVID-19 arrived within the community and caused turmoil.
- The COVID-19 assessment centre at HSNRI was recognized by the province as an example of a highly functional and well thought out assessment centre. With the arrival of the winter months and requiring a sheltered centre for staff, the centre is moving to Regent Street.
- The lab currently serves 12 hospitals in the Northeast. To date, over 100K tests have been processed. There was also a visit from the Lieutenant Governor recently who provided thanks to staff for their ardent work during the pandemic.
- Also noteworthy is the approval by the province of HSN's application for 52 additional beds.

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. An overview of the pandemic statistics in the area were provided.

HSN currently has a high occupancy level. This does not include patients receiving care at the Clarion, which would push HSN to exceed a 125% occupancy rate.

These numbers are reviewed at Incident Command meeting on a weekly basis. The organization continues to trend upward. The Clarion Hotel has increased its capacity to 60 beds and is now fully occupied.

The CEO reviewed performance data with regards to Alternative Level of Care (ALC) patients, admitted patients waiting at midnight in the Emergency Department for a bed, and the Time to Inpatient Bed. A request has been submitted jointly by HSN and Extencicare to the Ministry of Health and the Ministry of Long-Term Care to try and revert a decision made in March to convert convalescent care beds to long-term care beds, and implement other measures to safely improve flow between hospitals and long-term care homes in public health units with low incidence rates of COVID-19. So far, the ministries have been reluctant to accept such recommendations.

There is a high need to be proactive in flu season in the event that there is an increase in hospitalizations. Every year has shown an increase in numbers as per the daily census. An examination of the peaks is required to assess the anticipated days where the demands will be high and plan accordingly.

HSN is planning to open 40 inpatient beds at the Daffodil Lodge. The occupancy among residents at the Lodge is currently low, with 8 occupants per day on average during the last fiscal year, and 14 during the current fiscal year. Lodging will continue to be provided to cancer patients at the Travelway Hotel which is conveniently located across the street from hospital. Should capacity deteriorate, there could be an increase of up to 60 inpatient beds at the Daffodil Lodge, which provides an "insurance policy" for capacity.

6.0 Adjournment of Open Session

F. Laughren asked for a motion to adjourn the open session meeting at 7:25 p.m.

MOTION: D. Duval / F. Grosso

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

CARRIED