

**Health Sciences North
Board Meeting Minutes – Open Session
October 6, 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	Chris Redmond	Lyse-Anne Papineau (6:35)
Tom Laughren (6:24)		

Voting Members Excused:

Dr. Kevin McCormick

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
 Jessica Grenier, Chair, Patient and Family Advisory Council
 Dr. Kristy Côté, Chair, Northern Cancer Foundation
 Anne Gauthier, Executive Assistant, People Relations and Corporate Affairs

Recorder:

Rebecca Ducharme

1.0 Call to Order

The meeting was called to order at 5:30 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 / Dr. C. Cervin

BE IT RESOLVED THAT the consent agenda of the October 6, 2020 Board of Directors meeting be adopted as presented.

CARRIED

7.1 Minutes of June 2, 2020 Open Board Meeting

BE IT RESOLVED THAT the minutes of the Board of Directors open session meeting held on June 2, 2020 be approved as circulated.

3.0 Approval of Agenda

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

MOTION: V. Balakrishnan / R. Gauthier

BE IT RESOLVED THAT the agenda of the October 6, 2020 Board of Directors meeting be adopted as presented.

CARRIED

4.0 New Business

4.1 Patient and Family Advisory Program – Presentation

Jessica Grenier, Chair of the Patient and Family Advisory Council (PFAC), provided Board members with an overview of the Patient and Family Advisory Program and reviewed the membership of the PFAC. She also provided an overview of existing and proposed patient engagement opportunities, including opportunities during the COVID-19 pandemic and engagement opportunities linked

directly to the Strategic Plan. J. Grenier then described current improvements to the Patient and Family Advisory Program related to engagement, communication and visibility, and described in detail the following ongoing improvement initiatives: increasing development and learning opportunities for Patient and Family Advisors (PFAs), engaging PFAs early in improvement work, enhancing the PFA resource pool, and promoting patient and family engagement.

J. Grenier also noted that this is her final year as Chair of the PFAC and that she is working with HSN's Patient Experience Coordinator to identify a successor.

It was asked whether there is an ideal number of PFAs. J. Grenier indicated that there is no target. There are 12 members of the PFAC and 41 PFAs in total. Recruitment is ongoing with the hope of increasing diversity within the volunteer pool.

F. Laughren thanked J. Grenier and the PFAC for their important work.

4.2 Northern Cancer Foundation – Presentation

Dr. Kristy Côté, Chair of the Northern Cancer Foundation (NCF) Board of Directors, began her presentation by providing Board members with a brief history of the organization. The NCF has been in place since 1992 and started with a legacy donation of \$20. Since that time, the NCF has raised over \$38 million for cancer care treatment, equipment and research

Dr. Côté then provided an overview of the NCF's fundraising efforts in 2019-2020 and highlighted a number of initiatives to which funds were distributed, including capital grants supporting the purchase of the Sam Bruno PET Scanner and other equipment at HSN, research grants and direct patient support.

Dr. Côté reviewed the strategic goals shared by the Foundations and the Volunteer Association and thanked Anthony Keating, President and Chief Development Officer for the Foundations and Volunteer Groups, and Tannys Laughren, Executive Director of the NCF, for their leadership in the development of the joint strategic plan between the Foundations and volunteer groups.

Dr. Côté acknowledged that the NCF team has been working hard to find new and innovative ways to raise funds during the pandemic. She highlighted the major fundraising initiatives and donations so far in 2020-2021, including the HSN Joint 50/50 Cash Lottery for the North and a \$500,000 donation from Glencore for the new MRI machine, among others. The NCF has also had success with several virtual events, including the Virtual Luncheon of Hope and Virtual Conquer the Crater, among others.

Dr. Côté finished her presentation by reviewing the NCF's upcoming events and outlining the organization's areas of focus moving forward, including a work from home / office hybrid approach, clear Board work plans, collaboration on fundraising projects with the three Foundations, a focus on stewardship by all team members, and the MRI fundraising campaign.

F. Laughren thanked Dr. Côté for the work of the NCF.

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.

(a) Patient Story

Dr. Cervin acknowledged Andrea Desjardins' attendance at the Committee meeting, during which she shared a video detailing her transgender son's experiences at HSN. A. Desjardins' son Tobie has been mis-gendered numerous times, largely due to systemic reasons such as difficulty in achieving a name change and having a health card with his chosen name and gender. The mis-gendering was very traumatic. When Tobie's concerns were brought to the attention of HSN, the response was immediate and positive. A. Desjardins has now joined the PFAC, participating in the co-design of a Self-Learning Package geared towards addressing the needs of the 2SLGBTQ+ community.

The Committee asked about how it will be kept apprised of continued progress on 2SLGBTQ+ initiatives at HSN. Reporting will occur through the regular Strategic Plan updates.

(b) Patient Experience Survey Follow-Up: Food Quality

The Board had asked that the Committee look into incorporating an additional question related to food quality in the NRC Picker survey. Survey results are provided to the hospital on a regular and

ongoing basis, whereas food-related data was previously collected once a year by a dietetic intern. The PFAC will be engaged to provide input into the wording of the question.

MOTION: F. Grosso / Dr. C. Cervin

BE IT RESOLVED THAT the Board of Directors approve the addition of a local custom question on Patient Experience surveys regarding inpatient food services, and that the development of the wording of the question be delegated to the Patient and Family Advisory Council, as recommended by the Quality Committee at its meeting of September 17, 2020 and as presented at the Board meeting of October 6, 2020.

CARRIED

(c) July Monitoring of QIP Targets

Dr. Cervin noted that overall, the Committee was impressed with the progress made to date, particularly during the pandemic, recognizing that Time to Inpatient Bed improved during ramp down but is now understandably reverting, as is utilization.

Dr. Cervin further noted that the real challenges, addressed in the CEO Report, relate to Alternate Level of Care (ALC) numbers, access to long-term care (LTC) beds and concerns about primary care resources in the community. Advocacy is underway with respect to LTC beds to address some of the concerns.

(d) Semi-Annual Report on Utilization Management

Board members were content with the materials provided.

Governance and Nominating Committee

4.4 Review of Policies IV-5, IV-6, II-1 and II-1a

The four policies were reviewed by the CEO, the Senior Vice President and Chief Operating Officer, and the Vice President, People Relations and Corporate Affairs. No edits were proposed to policies IV-5 and II-1, with minor edits proposed to policies IV-6 and II-1a.

The Governance and Nominating Committee supported the recommendations.

MOTION: R. Gauthier / Da. Giroux

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 August 27, 2020 and as presented at the Board meeting of October 6, 2020:

Policy IV-6	Investment Policy
Policy II-1a	Joint Policy for the Selection, Appointment & Termination of the CEO of the Hospital and the CEO of the Research Institute

AND THAT the following Board policies be renewed without amendment:

Policy IV-5	Asset Protection
Policy II-1	CEO Succession

CARRIED

Other

4.5 Annual Report from the Chief Nursing Executive

Lisa Smith, Vice President and Chief Nursing Executive (CNE) began her presentation by outlining the three domains within the CNE role: governance, leadership and practice. She also outlined five key responsibilities of the CNE: strategic planning, organizational decision-making and practice innovation; quality and patient safety; collaboration; professional accountability; and professional development.

L. Smith noted that the CNE has specific priorities within the domain of governance, including championing improvements that promote effective care delivery and promoting an interdisciplinary approach to care that is inclusive of all health disciplines. L. Smith further noted that she has a responsibility to stay informed at the provincial, regional and community levels.

With respect to leadership, L. Smith noted that the CNE is responsible for proposing strategies to improve quality outcomes, oversee and report on performance, and champion models of care delivery and nursing practice. Every nurse is an agent of change.

With respect to practice, L. Smith indicated that the CNE must ensure consistency in the standard of nursing practice across health care settings, champion inter-professional collaboration to achieve optimal patient- and family-centered outcomes, and select, monitor and evaluate practice and care excellence from a process and outcome framework. The CNE is also responsible for liaising with the College of Nurses of Ontario. L. Smith shared the vision of having Nurse Practitioners expand their scope of practice to become autonomous practitioners.

L. Smith then reviewed the nursing complement at HSN, as well as the nursing student placements during the last fiscal year. In this regard, Health Human Resources recruitment and retention will be an area of focus in the coming year. In the next five years or so, the intention is for the focus to shift to more research in nursing.

L. Smith concluded her presentation by noting that she is very proud of nursing mobilization and in particular, planned and unplanned care delivery during the pandemic to have the least amount of interruption to the organization and to patients. She then opened the floor to questions.

More detail was requested on the breakdown of student nurses. L. Smith indicated that the numbers included nursing students in 2nd, 3rd and 4th year, both at the college and university levels. Students in their 4th year may be doing an intensive with a preceptor on a particular unit, and placements can range from 12 to 16 weeks or even longer. There is a lot of flexibility with partner learning institutions in that students are not limited to Monday to Friday shifts during regular business hours. They are able to complete their placements in the evening, on weekends, etc. This flexibility also allows students to obtain as much diverse experience as possible.

It was asked how successful HSN is with recruiting its nursing students once they graduate. L. Smith indicated that HSN has been quite successful. Previously, there was a nurse graduate guarantee initiative through the government, which allowed for a supernumerary placement and was successful in helping create a heightened level of confidence and competency in new nurse graduates. More recently, 4th year nursing graduates often seek employment in the area in which they complete their 4th year intensive training.

It was asked whether the organization has a difficult time encouraging nurses on the floor to pursue management roles. L. Smith indicated that HSN's Leadership Development Program has really helped floor nurses gain the understanding and confidence required to spark an interest in getting involved at the management level.

L. Smith was commended for her efforts towards ensuring that the nursing team's wellbeing has been a priority during the pandemic.

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:

- The Board very much appreciates the work being done by HSN staff throughout the pandemic.
- Much work has been done over the last two years to achieve and maintain a balanced budget. To have that swept away by the pandemic is understandably a blow. However, HSN is not alone as many hospitals in the province are having similar challenges.
- The occupancy rate at HSN continues to be over 100%. The pandemic has taken a lot of LTC beds out of the community and put increased pressure on HSN. It also presents a challenge when LTC patients do not want to be placed in the facilities that have vacant beds.
- The new HSN 50/50 raffle has been an amazing success. F. Laughren encouraged Board members to buy tickets and to contribute to the Foundations.

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.

The CEO then provided a COVID-specific update. He began by giving thanks to the members of the Senior Leadership Committee for their responsiveness and resilience during the pandemic.

The CEO highlighted the number of COVID-19 cases and deaths globally, nationally and provincially. He then focused more specifically on the statistics for Northern Ontario. In August, it seemed that the pandemic was trending in the right direction; unfortunately, things can change quickly. Since August, the number of COVID-19 patients admitted to Ontario hospitals has steadily increased.

The CEO indicated that COVID testing in the province has also steadily increased, from approximately 15,000 tests per day in June to approximately 50,000 test per day in the last few weeks. HSN is one of three primary labs in the North for processing tests.

In terms of age distribution of Ontario cases, the group with the highest number of cases is those aged 20-29, although the group with the highest number of deaths is those aged 80-89. The North East is doing relatively well, with no COVID-related deaths reported since May 1st. At HSN, the last COVID admitted patient was discharged on June 3rd.

The CEO reminded the Board that at the June 2nd Board meeting, he shared the seven key strategic COVID-related issues identified by senior management, including resuming elective and non-urgent surgeries and procedures and expanding lab capacity to serve Northeastern Ontario. Since that meeting, week by week, the number of swabs processed at the HSN lab and the number of tests performed at the Walford site have increased significantly. With respect to capacity, one night in August, there were 21 patients in the Emergency Department waiting for a bed, and this is where HSN began to publically raise some concern about the lack of flow to LTC homes and the need to cancel certain inpatient surgeries. In terms of the daily bed census, the number of admissions rose to a recent high of 504, although the occupancy rate can be misleading at times as the medicine units are generally those overcapacity.

The CEO noted that the second wave is upon us and proceeded to outline HSN's 8-point plan, which includes ensuring that the Wave 1 contingency plan to increase critical care bed capacity can continue to be implemented as required, maintaining the ability to transfer up to 90 non-COVID patients to an alternate location, maintaining elective surgeries and procedures within inpatient bed constraints, increasing the ability to process COVID swabs from the August average of 1,100 per day to 1,600 per day, increasing the ability to collect swabs for COVID from the August average of 290 per day to 550 per day, continuing to maintain the required PPE supply on average for at least 90 days on key items, not requiring care partner restrictions to the same extent as Wave 1, and not suspending volunteer and learner activities to the same extent as was done in Wave 1.

The CEO then highlighted the key governance decisions that will be brought before the Board over the next several months and proceeded to open the floor to questions.

It was asked why HSN shares the overall occupancy rate with the media as opposed to the numbers by unit. The CEO indicated that it would be possible to share that information, but HSN has been hesitant in the past to get into the minutia of how capacity is calculated. Instead, the focus is often on the number of patients in unconventional bed spaces, which is more tangible.

Dr. Fenton took a moment to emphasize the occupancy issue for the Board. He indicated that for a hospital to operate efficiently and accommodate surgeries and emergencies, occupancy should be below 90%. Accordingly, the current situation is quite dire. The occupancy issues are placing a tremendous amount of strain on physicians, who should be commended for putting in extra hours to accommodate the surge, particularly in the medicine program.

It was asked whether HSN has had any conversations with Ontario Health regarding the sustainability, or lack thereof, of current occupancy rates. The CEO indicated that in terms of bed capacity, Sudbury is one of the hot spots in the province, while other hospitals in the North and even in Southern Ontario have excess capacity. Accordingly, the capacity issue is somewhat unique to HSN and serves as a reminder that HSN was built too small. From a surgical standpoint, the Ministry of Health recently released a funding memo whereby hospitals will receive a 20% funding premium on the top 50% of specific surgical activity. HSN will be trying to add one surgical block per day seven days a week. The hospital's ramp up plans between now and the end of the fiscal year should allow HSN to bring the waitlist down to pre-COVID levels. In terms of LTC flow, HSN is engaging in advocacy to temporarily change the regulations regarding patient choice to allow for patients to be transferred to where there is excess capacity. That work is being done through a time limited working group.

6.0 Adjournment of Open Session

F. Laughren asked for a motion to adjourn the open session meeting at 7:31 p.m.

MOTION: R. Gauthier / Dr. C. Cervin

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

CARRIED