

**Health Sciences North  
Board Meeting Minutes – Open Session  
May 25, 2021**

**Voting Members Present:**

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

**Voting Members Excused:**

Chris Redmond, Francesca Grosso, 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	Jason Turnbull
Kelli-Ann Lemieux		

**Guests:**

Brian Ktytor, Interim Regional Lead for Ontario Health (Northern Ontario)  
Natalie Aubin, Administrative Director, Mental Health and Addictions  
Mary Beth Gibbons, Clinical Manager, Acute Inpatient Psychiatry  
Russel Landry, Regional Lead, Mental Health and Addictions

**Recorder:**

Anne Gauthier

**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: L. Papineau / V. Balakrishnan**

**BE IT RESOLVED THAT the consent agenda of the May 25, 2021 Board of Directors meeting be adopted as presented.**

**CARRIED**

**7.1 Minutes of March 23, 2021 Open Board Meeting**

**BE IT RESOLVED THAT the minutes of the Board of Directors open session meeting held on March 23, 2021 be approved as circulated.**

**7.4**

**BE IT RESOLVED THAT the Governance and Nominating Committee recommended to the Board of Directors the approval of the proposed amendment to the Terms of Reference for the Audit Committee as recommended at the May 25, 2021 Board meeting.**

**7.5**

**WHEREAS section 21.2 (c) of the Credentialed Professional Staff By-Law stipulates "The Medical Advisory Committee shall present the revised terms of reference to the Board for approval";**

**BE IT RESOLVED THAT upon the recommendation from the Medical Advisory Committee, the Board of Directors approves the revised Terms of Reference for the Medical Education Committee at its meeting of May 25, 2021.**

### 3.0 Approval of Agenda

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

**MOTION: Dr. C. Cervin / L. Dupuis**

**BE IT RESOLVED THAT the agenda of the May 25, 2021 Board of Directors meeting be adopted as presented.**

**CARRIED**

### 4.0 New Business

#### Quality Committee

##### 4.1 (a) Patient Story

Dr. Cervin read the patient story aloud, and noted the importance to hear the story read aloud to gain a better understanding of the patient experience.

This story emphasizes the need for team-based care and for people to remain in the community as long as possible. The Quality Committee noted that not everyone is as aware of the STAT program. It was further noted that the STAT program has received permanent funding and will allow for them to advertise more widely.

It was noted that on Facebook, there have been highlights for various things. It was suggested perhaps the STAT team be featured as it would be important to provide the information to the general public.

It was asked if this information is offered in both official languages, and also how are patients made aware of this program.

M. Hartman noted materials given to patients would be provided in both official languages. In terms of people obtaining the information related to services, it is provided through Primary Care or through hospital admissions. He noted that there is a multi-pronged approach to providing the information to the appropriate providers.

##### **(b) March Monitoring of QIP Targets (2020-2021 Final Report)**

Dr. Cervin noted that in the March Monitoring of QIP targets document, there is a focus on accountability and on public reporting, and these are important areas for Accreditation as well as ensuring compliance with legislative priorities.

The report has been circulated and it was noted that there are three QIP Targets and the overall accountability is to develop an annual QIP and link this to Executive Compensation and make it available to the public.

The first Indicator is Time to Inpatient Bed (TTIB); during the initial shutdown, the TTIB was quite short due to the pandemic. Since then, it has gradually increased and is at 21 hours, which is below the target of 30 hours, however it does not meet the pandemic standards to ensure physical distancing.

Supporting patients in the community has proven to be more challenging due to the pandemic. However there has been ample success in the collaboration with community partners and the hope is that this will continue post-pandemic.

With respect to next steps, it was explained that discharge planning begins even before admission. There is continued focus on ensuring patients can get safely leave the hospital, which reduces the TTIB.

A kudos was provided to the team who has worked diligently on Medication Reconciliation. It was noted that the 70% target has been surpassed and is at 71%.

For Workplace Violence, the focus is to develop the reporting culture and reduce the percentage of reports that involve physical force. The organization has done well but not well enough. A number

of strategies have been implemented. There has been education which was the focus in the last quarter and all deadlines for this have been met. Now underway is a behavioural de-escalation team training to lessen violence and physical force before they happen.

**(c) Semi-Annual Quality and Patient Safety Report**

At the most recent meeting of the Governance and Nominating Committee, the Patient Relations Process policy was reviewed. A question was asked by one of the Committee members relating to specific points within the policy and subsequently to this, a motion was passed addressing this. Accountabilities are listed in the document, and information is publicly available on how patients can raise concerns. Patient Values are noted on page 11 of the package. There is adequate response in terms of reaching a target of 100% of responding to complaints and inquiries within two business days, the percentage is currently at 98%. We also have seen over the last 3 years a gradual increase in the number of complaints however the reasons behind this are not clear. The hope is that it is related to the better awareness of this process. Dr. Cervin noted the types of complaints are listed within the package. She further noted the compliments are upward trending and are also shared with the relevant departments.

Information is provided relating to where there is improvement and how the organization compares to other benchmarks. To ensure that information on how to file a complaint is being assessed, two custom questions specific to HSN are asked: "*Given info to make decisions and support own care*" and "*Provided info on how to file a complaint/share concerns.*" The current trend is at 43.3% regarding information provided to support care and decision-making, and 17.1% regarding information provided to patients and families on how to share their concerns and feedback, indicating there is opportunity for improvement. There is work happening with marketing to ensure patients are informed of feedback processes. It was noted that the food question will be upcoming in May.

Dr. Cervin asked if these reports are an improving in outlining accountabilities. It was noted that the information is very clear on what the accountabilities are and this report does very well at outlining the information.

A Board member noted in the table that there is the inclusion of the total number of compliments, how can we foster the culture of getting more compliments from patients? It would be beneficial to receive the positive feedback in various areas and departments.

M. Hartman pointed out that the compliments typically occur through cards, notes, and well wishes directly to the unit level staff. The ratio of statistics is skewed as not all of these come through Quality and Patient Safety. For inpatients, there was a trial of the red, yellow, green smile system. Patients can provide feedback via this process.

A. Keating noted that one of the best ways that patients can recognize staff is through the Star Program where patients can make a donation for a staff member to provide their thanks. The HSN Heroes program received 250 compliments and donations. He noted that they work closely with Patient Relations to ensure two-way communication.

Dr Cervin thanked L. Dupuis for asking 'why things go well' as this is an important feature to continue building on strengths.

**(d) Public Reporting on Quality of Care and Safety Indicators**

Dr. Cervin drew attention to the fact that HSN is in legislative compliance with the above item. There are links included that provide information about various Quality and Patient Safety Indicators.

She provided thanks the Senior Leadership team for all of their work on this item.

**Governance and Nominating Committee**

**4.2 Review of Policies III-2, III-3, III-4, and III-5**

At its April meeting, the Governance and Nominating Committee reviewed the above policies. These policies were also reviewed by the Senior Leadership team. Only one minor edit was suggested to policy III-4.

**MOTION: R. Gauthier / Dr. C. Cervin**

**BE IT RESOLVED that the Board of Directors approve the following revised Board Policy, as recommended by the Governance and Nominating Committee at its meeting of April 22, 2021, and as presented at the Board meeting of May 25, 2021:**

**Policy III-4      Quality of Care Committees**

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

**Policy III-2      Utilization Management**  
**Policy III-3      Patient Relations Process**  
**Policy III-4      Risk Management**

**CARRIED**

## **5.0 Board Chair and CEO Reports**

### **5.1 Board Chair Report**

F. Laughren reviewed his report circulated within the Board package. He elaborated on the following:

- He has been Chair of the Board for two years, this is the last meeting that he will Chair. He gave thanks to fellow Board members who made the work collaborative. He thanked everyone for their work on their respective committees.
- He noted the Senior Leadership team has worked with the Chair and offered ample support. He believes HSN has been a source of comfort and positive thinking throughout the pandemic, not only for the patients, but for the community as well.

### **5.2 CEO Report**

The CEO confirmed that Board members had read the briefing note provided in the meeting package. Board members indicated they were content with the information provided.

He noted he will speak to Mental Health and following this, he will invite Dr. N. Aubin to provide a brief presentation related to the Addictions Medicine Unit.

The CEO provided information with respect to the pandemic priorities for the coming weeks. HSN is in a better position now than previously with respect to Covid. There are currently five priorities: vaccines, surgical waitlist, bed capacity, staff wellness, and pandemic readiness, which were explained in detail.

He emphasized the importance of allowing teams recover over the summer months, as well as ramping up to historical numbers in September.

Dr. N. Aubin provided information related to the Addictions Medicine Unit. She noted that 20 beds opened on March 10, 2021. She explained the Harm Reduction term, reducing health and social harm without requiring patients to stop substance abuse. There has been the recruitment of 25 staff and these individuals are learning how to provide quality addiction care. To date, care has been provided for 80 patients and workers have been connecting them with agencies across the province.

The presentation entitled Jada's Experience was shared with the Board.

The CEO noted the Quality Committee did a deeper dive and further information will be provided with respect to Mental Health at the September Board meeting.

### **Adjournment of Open Session**

F. Laughren asked for a motion to adjourn the open session meeting at 6:25 p.m.

**MOTION: R. Gauthier / S. Plante**  
**THERE BEING no further business to discuss, that the open session meeting of the Board of Directors be adjourned.**

**CARRIED**