



Board of Directors Meeting MINUTES

Date: November 24, 2020

Time: 5:30 pm

Location: Zoom Meeting

Chair: Eleanor Vachon

Present: *Ms. Eleanor Vachon, Mr. Dennis Gushulak, Mr. John Frostiak, Mr. Trevor Zhukrovsky, Ms. Sue LeBeau, Ms. Meghan Gilbert, Ms. Audrey Blazek, Ms. Dianne Pertoci, Ms. Sonia Green, Ms. Brenda Cooke, Mr. Marshall Dumontier, Tanya Wilson, Dr. Andrew Gloster, Dr. Diane Zielke*

Staff: *Mr. Alex McAuley, Ms. Lavanya Authimoolam, Ms. Maleeha Sami, Ms. Pearl Fleming*

1. CALL TO ORDER

The meeting was called to order by Ms. Vachon at 5:29.

1.1 Quorum

Quorum was established.

1.2 Acceptance of Agenda

The following motion was brought forward:

MOTION NO: 20-40

Moved: D. Gushulak

Seconded: J. Frostiak

That the agenda for the November 24, 2020 meeting of the RLMCMH Board of Directors be accepted, with proposed revisions in the consent agenda.

Vote for motion: Carried.

1.3 Declaration of Conflict of Interest

None declared.

2. EDUCATION

2.1. Role of Governance

Mr. Mark Hurst, former CEO of North Bay Regional Health Centre, and current Director of Northern Ontario Medical School (NOSM) Board of Directors, presented on the role of governance. This included discussion on the Board roles and responsibilities in planning, performance and ensuring Hospital values vision, mission and strategic plan are achieved. Directors are responsible to develop an annual work, and to ensure the budget and operational plan are in place and followed. Other responsibilities include community engagement, recruiting with a skills matrix, and effective new Director orientation and mentoring. Exit interviews and self-assessment are also key to ensuring Director engagement, and effective Board functioning. Mr. Hurst provided positive feedback on our website, and stated it indicated that the Board and Hospital are addressing appropriate priorities.

3. CONSENT AGENDA

For the purpose of convenience and for expediting meetings, matters of business of repetitive or routine nature are included in the Consent Agenda and all such matters of business contained in the Consent Agenda are voted on collectively.

A particular matter of business may be singled out from the Consent Agenda for debate or for a separate vote upon the request of any Member. In the case of a separate vote, the excluded matter of business is served from the Consent Agenda, and only the remaining matters of business contained in the Consent Agenda are voted on collectively

- 3.1. Minutes, Board of Directors, Oct 27/20
- 3.2. Minutes, Quality Committee, Oct 13/20
- 3.3. Minutes, R&P Committee, Oct 20/20
- 3.4. Minutes, Medical Advisory Committee, Sept 17/20
- 3.5. Minutes, Patient and Family Advisory Committee, May 20/20
- 3.6. Minutes, Patient and Family Advisory Committee, Sept 23/20
- 3.7. Succession Plan, 2020-2021
- 3.8. Board Policy
 - 3.8.1. Broader Public Sector Perquisites Directives (BG-ACC-02/ADM-HR-V-16)
 - 3.8.2. Complaints RE: Chief of Staff and CEO

The following motion was brought forward:

MOTION NO: 20-41

Moved: J. Frostiak

Seconded: D. Gushulak

That the consent agenda for the September 22, 2020 meeting of the RLMCMH Board of Directors be accepted with proposed changes.

Vote for motion: Carried.

4. BUSINESS ARISING

4.1. Governance Accreditation Standards beyond ROPs

4.1.1. Board Self-Assessment Tool

Directors have until December 8, 2020, to complete OHA's Board Self-Assessment online tool. Outcomes will be reported at next Board meeting. This survey, along with the CEO and COS 360 assessments in Q4 will ensure the Board is meeting the Governance standards for accreditation. Our Hospital communication plan is in place and published, as per accreditation standards.

5. STRATEGIC PLANNING PROGRESS UPDATE

5.1. Q2 Scorecard

Q2 scorecard reviewed. Patient complaints were up this quarter. This was noted by other Hospitals in Ms. Sami's network. Most of our complaints related to changes in processes due to COVID. We have addressed these by making improvements such as moving outpatient Lab and DI entrance. Resolution for complaints has been positive, and we continue to welcome Patients and Care Partners to speak up with any concerns, and continue to work towards increasing Patient Satisfaction Survey returns

5.2. Q2 Board scorecard

Board scorecard reviewed.

6. NEW BUSINESS

6.1. CEO Performance Scorecard

See 6.2

6.2. CEO Goals and 90-day plan

CEO's individual scorecard and 90-day plan reviewed. CEO and all Senior Leadership Team (SLT) members are accountable to each other for their own scorecard, which feeds into the overall Hospital Scorecard. All scorecards reflect weighted goals and activities which support our strategic plan. Each SLT member including CEO has a 90-day plan to support goal achievement. SLT scorecards are reviewed through monthly rounding between SLT and CEO. Priority goals can change and be replaced by new ones as improvements on current goals are successfully sustained.

The following motion was brought forward:

MOTION NO:20-42

Moved: A. Blazek

Seconded: T. Wilson

That the RLMCMH Board of Directors approves the CEO Performance Scorecard, as presented.

Vote for motion: Carried.

6.3. CEO and COS 360 evaluation

Pulse 360 will coordinate CEO and COS 360 assessments starting in January 2021. Informants will include Directors, SLT, Physicians, staff leads and community partners, as relevant. Surveys will be online, and open for three weeks. Results will be anonymized and themed. The cost is approximately \$1200 for both evaluations.

The following motion was brought forward:

MOTION NO:20-43

Moved: T. Wilson

Seconded: B. Cooke

That the RLMCMH Board of Directors approves the CEO and COS 360 evaluation to proceed with Pulse 360, as presented.

Vote for motion: Carried.

6.4. Financial Statements October, 2020

Statements reviewed by Mr. A. McAuley

The following motion was brought forward:

MOTION NO:20-44

Moved: T. Wilson

Seconded: A. Blazek

That the RLMCMH Board of Directors approves the October 2020 financial statements, as presented.

Vote for motion: Carried.

6.5. Review of Capital Spending, 2020-21

We likely will apply HIRF funding towards Nurse Call/Staff Duress system, to support our strategic priority to reduce workplace violence incidents.

7. EMERGING ISSUES FOR DISCUSSION

Brief COVID update provided.

8. REPORTS

8.1. RLMCH Foundation

- Ms. A. Blazek shared information on the fundraisers for items identified by Ms. M. Gilbert.

8.2. RLMCH Auxiliary

- Ms. D. Pertoci stated that fundraising for Christmas Cakes was successful. Mitchell's Midtown to take over Nevada ticket sales. IGA was recognized for having provided this service until now. Catch the Ace continues.

8.3. Medical Advisory Committee

- Updated information can be found in the medical committee meeting minutes attached.
- Dr. A. Gloster reports that the call schedule is heavy

8.4. Quality Committee Update

- Mr. M. Dumontier reported
- PFAC member D. Gilmore attending his first Quality Committee meeting
- Scorecard review (Item 5.1) was discussed

8.5. R&P Committee Update

- Ms. T. Wilson shared that the electrical panel capital spend HIRF project is complete
- COVID Isolation Centre is expected to continue to be supported by KDSB until at least end of this fiscal year
- Canadian Medical Association/Canada Helps grant of \$50K will fund our AI screener, automatic door opener at Outpatient entrance, iPads and reusable gowns

- It was advised that the non-financial statistics were not available soon enough and contributed to the delay.
- The committee then agreed that in order to accelerate the process of producing the financials the other stats included in the report could be added to the financial report prepared for the board meeting.

8.6. Chief Nursing Executive

- COVID Assessment Centre continues to operate well
- COVID testing protocols increased in frequency for long-term care
- NW Health Unit meeting every 2 weeks for COVID planning
- Kenora COVID cases rising – we continue to keep a close eye on regional situation to respond accordingly
- BPSO work continues
- Influenza immunization was offered to Directors, PFAC and staff families

8.7. Chief Executive Officer

- Ms. S. LeBeau reviewed the attached CEO report
- COVID testing turnaround times 2 days or less 79% of the time for RLMCMH.

9. CORRESPONDENCE / INFORMATION

- Ms. D. Pertoci reported that OHA's Governance education sessions for Directors were excellent

10. NEXT MEETING: January 26, 2021

10. **ADJOURNMENT:** The meeting was adjourned by Mr. D. Gushulak at 8:07 pm.

Eleanor Vachon
Chair

Sue LeBeau
President & CEO