



**Stevenson Memorial Hospital
Meeting of Board of Directors**

June 9, 2022
TEAMS Meeting
5:00 p.m.

**Vision: Setting a New Standard for Community Hospital Care
Mission: Promising Progress, Pursuing Perfection**

"P"= Present, "R"= Regrets, "A"=Absent, "T"=Teleconference, "S"= Staff, "G"= Guest, "E"= Ex-Officio							
Colleen Butler	P	John Murray	R	Norm Depta	P	David Knight	P
Wendy Fairley	P	Jan Tweedy	P	Sheila Kaarlela	P	Kevin Mullins	P
Shelly Cunningham	P	Jeff Stubbs	R	Alison Howard	P	Nishika Jardine	P
Jody Levac	L	Julia Sek	R	William Bye	E,P	Jaco Scheeres	E,P
Boris Pavlin	E,P	Gary Munro	E,P	Oswaldo Ramirez	E,P	Jodi Walker	G
Nicole Harada	G	Patsy Morrow	G				

Chair: Norm Depta

Recorder: Sharon Crowe

1.0 WELCOME, CALL TO ORDER AND LAND ACKNOWLEDGEMENT – N. Depta

Meeting started at 5:01 pm

1.1 QUORUM

N. Depta advised the Directors that a quorum was present and called the meeting to order.

1.2 DECLARATION OF CONFLICT OF INTEREST

N. Depta reminded those in attendance of their responsibilities as Board members with respect to conflicts of interest, as outlined in the Corporation Bylaws, and asked if anyone present wished to declare a conflict of interest. No declarations were made.

1.3 APPROVAL OF AGENDA

Motion: Moved by S. Kaarlela, seconded by S. Cunningham.

"That the Board of Directors approves the agenda as amended."

All in favour. Motion passed.

2. PRESENTATION

2.1 Strategic Planning – P. Morrow

Patsy Morrow from Develop Consulting attended the meeting and discussed the plans for a Strategic Plan Refresh. Mission, Vision, Values will not be changing.

Her presentation was sent to the Board previously. The six areas of work include:

On-boarding

Strategic Review (June-September)

Data Collection and Validation (June-September)
Strategic Goals Generation
Goals Validation and Evaluation
Final Report

Estimated Timeline was reviewed which includes 20 days over 10 weeks.

Next steps: Establish Metrics and methods of collection/sharing
 Develop Stakeholder map and approach based on Board discussion
 Determine draft timelines for all activities and circulate to leadership
 team for review and feedback
 Develop Communications Strategy

P. Morrow had questions about a community engagement event and this was discussed.

2.2 HIROC (Hospital Insurance Reciprocal of Canada) Claims Report – N. Harada

N. Harada reviewed cases open at the end of the fiscal year, Claims Financials by Fiscal Year, Claims Frequency Comparison and average cost per claim. Submitted 12 claims for 2021/2022. Described the Peer Comparison Report.

W. Fairley wanted to know what the link is between HIROC and fiduciary risk. HIROC has met with SMH regarding insurance coverage for the Redevelopment project.

2.3 HIROC RAC (Risk Assessment Checklist) – J. Walker

HIROC identifies the top 30 risks across the Country. The top three risks that SMH will focus efforts on to complete the 2-year cycle will be Medication Adverse Events, Delayed Decision to Delivery Time for Caesarean Sections, and Diagnostic Errors. Next submission is due to HIROC in September 2022.

J. Walker explained how these top 3 risks were ranked and arrived at in response to questions from Board members.

Approval of the HIROC (Healthcare Insurance Reciprocal of Canada) Risk Assessment Checklist (RAC)

Motion: Moved by N. Jardine, seconded by S. Cunningham.

“That the Board of Directors approves the HIROC RAC as presented, and as recommended by the Board Quality Committee.”

All in favour. Motion passed.

Integrated Quality and Safety Plan – J. Walker

Approved last year and set up to align with our strategic plan. It has not changed and will be refreshed in alignment with the Strategic plan.

3. APPROVAL OF CONSENT AGENDA

Included with the Meeting package were:

- Board of Director Minutes – May 5, 2022
- Finance, Audit and Property Committee Minutes - June 1, 2022
- Board Quality Committee Minutes – May 11, 2022
- Governance and Nominating Committee Minutes – May 13, 2022
- Board of Director Minutes – May 27, 2022

Motion: Moved by J. Tweedy, seconded by C. Butler.

“That the Board of Directors approves the June 9, 2022 Consent Agenda”

All in favour. Motion passed.

4. BUSINESS ARISING FROM CONSENT AGENDA

There was none.

5. REPORTS

5.1 Report of the Chief of Staff

Dr. J. Scheeres provided an update on:

- PSA (Professional Staff Association) meeting on the 24th of June, awards will be presented to two retiring physicians. The AAPRC (Alliston Area Physician Recruitment Committee) are going to be involved with this. Focus will be on Physician Wellness.
- Medical fatigue in the province.
- COVID policies staying in place to keep staff and patients safe
- No monkeypox outbreaks in our hospital
- Dr. Singer retiring from Chief of Surgery. Had applications for a replacement and interviews will happen on June 22nd.

ACTION: The Board would like to send letters to the two retiring physicians.

5.2 Report of the VP/CFIO

W. Bye provided the following information and update:

- 2021-22 Year End
- COVID Expenses and Lost Revenue
- Update on Auditors (BDO)
- OHT and Technology
- Ontario Health Cyber Security Assessment
- Capital Position heading into 2022/23

A copy of W. Bye’s presentation was sent to the Board under separate cover.

5.3 Report of the President of the Professional Staff

Dr. Ramirez was not in attendance at this meeting.

5.4 Report of Auxiliary President

G. Munro provided the following update from the Auxiliary:

- Holding sidewalk sale next Wednesday.
- Sales of raffle tickets going very well.
- Card reader has been very successful for these sales.
- Raffle Tickets are available and you can email G. Munro to purchase.
- Coffee machine status is unchanged. Card reader is delayed for this equipment.
- Tag days are June 10th and 11th, 2022.

5.5 Report of the Foundation Board Chair

B. Pavlin referenced his written report and added:

- Focused on capital campaign and supporting the campaign cabinet.
- Going through midterm review of the campaign and will make adjustments as needed.
- Looking forward to matching gift boost in the next 6 months.

6. FINANCIAL HEALTH – D. Knight

6.1 Report of the Chair, Finance, Audit and Property Committee

The Finance, Audit and Property Committee met last week. The Auditor from BDO was very supportive of management and management's contributions to the audit process.

6.2 Draft Audited Financial Statements as at March 31, 2022

Circulated with the meeting documents were the 2021/22 Audited Financial Statements.

Motion: Moved by K. Mullins, seconded by A. Howard.

"On the recommendation of the Finance, Audit and Property Committee, the Board of Directors approves the draft 2021/22 audited financial statements as at March 31, 2022 as presented and authorizes the Board Chair and Board Treasurer to sign the financial statements as evidence of such approval."

All in favour. Motion passed.

6.3 Appointment of Auditors – 2022/23 FISCAL YEAR

MOTION: Moved by N. Jardine, seconded by C. Butler.

"On the recommendation of the Finance, Audit and Property Committee, the Board of Directors recommends:

(1) that the Members re-appoint BDO Canada LLP as the Auditors for 2022/23;
and

(2) that the Members authorize the Board of Directors to fix the remuneration of such auditors; at the forthcoming annual General Meeting.

All in favour. Motion passed.

6.4 Hospital Schedule D – Declaration of Compliance

Circulated with meeting documents was the 2021/22 Hospital Service Accountability Agreement (HSAA) Declaration of Compliance – Schedule D.

MOTION: Moved by C. Butler, seconded by S. Kaarlela.

“That the Board of Directors accepts the recommendation of the Finance, Audit and Property Committee to approve the Hospital Service Accountability Agreement – Schedule D Declaration of Compliance for 2021/22.”

All in favour. Motion passed.

6.5 2021/22 – Year End BPS Accountability Attestation

Circulated with the meeting documents was the 2021/22 Year End BPS Accountability Attestation

MOTION: Moved by W. Fairley, seconded by K. Mullins.

“That the Board of Directors accepts the recommendation of the Finance, Audit and Property Committee to approve the 2021/22 – Year End Broader Public Sector Accountability Attestation as presented.”

All in favour. Motion passed.

6.6 Community Schedule F – Declaration of Compliance

Circulated with the meeting package was the 2021/22 Multi-Sector Accountability Agreement (M-SAA) Declaration of Compliance – Schedule F. This M-SAA Declaration applies to the Mary McGill Community Mental Health Centre and Matthew’s House Hospice programs. Management confirmed the Hospital is in compliance.

MOTION: Moved by K. Mullins, seconded by J. Tweedy.

“That the Board of Directors accepts the recommendation of the Finance, Audit and Property Committee to approve the Multi-Sector Accountability Agreement – Schedule F Declaration of Compliance for 2021/22.”

All in favour. Motion passed.

6.7 2021/22 Compliance Report – Compensation Arrangement

Circulated for information was the 2021/22 Compliance Report – Compensation

MOTION: Moved by N. Jardine, seconded by S. Cunningham.

“That the Board of Directors accepts the recommendation of the Finance, Audit and Property Committee to ratify the 2021/22 Compliance Report – Compensation Arrangement as signed by the CEO.”

All in favour. Motion passed as amended.

7. GOVERNANCE

7.1 Report of the Chair, Governance and Nominating Committee

J. Tweedy noted that the May meeting of the Governance and Nominating Committee is a preparatory meeting for committee priorities for the upcoming year. The slate of

directors noted in the Minutes will be voted on at the AGM, and committee structure and staffing will be voted on by the Directors at a meeting immediately after the AGM. Review and revision of the Orientation manual was undertaken. This will be sent out to all Directors after the AGM.

7.2 Committee Structure

Three chairs of Committees are changing for next year. Chairs are appointed for 3 one-year terms. This will be formally approved at the meeting following the AGM. Redevelopment and Community Engagement Committee has been removed from the committee structure at this time.

7.3 OHA Survey

Board has received the surveys from OHA and will complete.

7.4 Approval of Policy 2.2-3 – Reimbursement of Board Director Expenses

MOTION: Moved by S. Kaarlela, seconded by W. Fairley.

“That the Stevenson Memorial Hospital Board of Directors approves Policy 2.2-3 – Reimbursement of Board Director Expenses as recommended by the Governance and Nominating Committee.

All in favour. Motion passed.

7.5 Approval of Policy 2.8-1 – Relationships

MOTION: Moved by J. Tweedy, seconded by D. Knight.

“That the Stevenson Memorial Hospital Board of Directors approves Policy 2.8-1 – Relationships as recommended by the Governance and Nominating Committee.

All in favour. Motion passed.

7.6 New Board Directors and Mentors

Christina Wieder and Michael Vear are the proposed new board directors. S. Kaarlela and D. Knight will be the Board mentors.

7.7 ONCA Update – C. Butler

Meeting soon and will be presented to Governance and Nominating Committee at the next meeting. Working through bylaws and will create a template to bring to GNC.

7.8 Approval of the Slate of Director Candidates

MOTION: Moved by S. Kaarlela, seconded by W. Fairley.

“That the Stevenson Memorial Hospital Board of Directors approve the following slate of candidates as Board directors; Jeff Stubbs and Kevin Mullins be re-elected for a three (3) year term; and Michael Vear and Christina Wieder be elected for a 3 year term; and furthermore that these names be brought forward for consideration by the voting members of the Corporation at the Annual General Meeting scheduled for June 27th, 2022.”

All in favour. Motion passed.

8. BOARD QUALITY

8.1 Report of the Chair, Board Quality Committee

Last meeting was on May 11th and Minutes have been circulated in the consent agenda.

8.2 Patient Experience Story – N. Harada

N. Harada took the Board through a positive patient story.

8.3 Board Scorecard and Brief – J. Walker/N. Harada

J. Walker explained to the Board that the QIP was delayed by the MOH (Ministry of Health) and this delayed our 2022/23 Scorecard development. Scorecard will be presented for approval at the September 2022 Board Meeting and will have an electronic approval with Board Quality before this. N. Harada went through the Scorecard Briefing note looking at the numbers and highlights of Q4, as included in the Meeting package.

Motion to Accept all Reports

Moved by N. Jardine, Seconded by S. Cunningham.

“That the Board of Directors accepts all reports as presented.”

All in favour. Motion passed.

10. IN CAMERA

Motion to move into closed session

MOTION: Moved by S. Kaarlela, Seconded by C. Butler.

“That the meeting move to In-Camera session”.

All in favour, Motion passed.

Motion to move into open session

MOTION: Moved by D. Knight, Seconded by C. Butler.

“That the meeting moves into open session.”

All in favour. Motion passed.

The Board Chair advised that the following motions arose from the in-camera session:

- Three (3) extension of privileges for members of the medical staff were approved;
- Sixteen (16) extensions of Locum Tenens privileges for members of the medical staff were approved; and
- Three (3) changes in privileges for members of the medical staff were approved.

11. ADJOURNMENT

UPCOMING MEETING DATE

The next Board meeting is scheduled to be held on Thursday September 1st, 2022.

There being no further business, the meeting adjourned at 7:08 p.m. Moved by K. Mullins.



N. Depta, Board Vice-Chair

Recording Secretary: Sharon Crowe