



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

March 5, 2020
Physical Therapy Department
5:00 p.m. – 8:30 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	P	Norm Depta	P	David Knight	P
Wendy Fairley	P	Jan Tweedy	P	Sheila Kaarlela	P	Kevin Mullins	P
Shelly Cunningham	P	Jeff Stubbs	P	Alison Howard	P	Nishika Jardine	P
Jody Levac	E,P	Carrie Jeffreys	E,R	William Bye	E,P	Barry Nathanson	S,P
Margaret Barber	E,P	Gary Munro	E,P	Oswaldo Ramirez	E,R		

Chair: Colleen Butler

Recorder: Sharon Crowe

1.0 WELCOME AND CALL TO ORDER – C. Butler

1.1 Quorum

C. Butler advised the Directors there was a quorum.

1.2 Declaration of Conflict of Interest

C. Butler reminded those in attendance of their responsibilities as Board members with respect to the conflict 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 the Agenda

Motion: Moved by S. Kaarlela, seconded by K. Mullins.

"That the Board of Directors accepts the agenda as presented."

All in favour. Motion passed.

2. PRESENTATION

2.1 Quality Improvement Plan (QIP) – Jodi Walker

"The QIP is a public, documented set of quality commitments that a healthcare organization makes to its patients, staff and community on an annual basis to improve quality through focused targets and actions."

The QIP outlines the hospital's quality and safety priorities for the year in three parts:

- Narrative: A written overview of quality goals

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- Progress Report: An update on performance of 2019/2020 QIP target
- Work Plan: A detailed description of those quality goals with the measures, targets and associated actions plans

Jodi Walker, Quality, Risk and Patient Experience Coordinator, presented the 2020/21 Quality Improvement Plan (QIP) submission including:

Narrative

The Board reviewed and discussed the QIP narrative including the mandated format of:

Overview of the organization

Greatest quality improvement achievements from the the past year

Collaboration and Integration

Partnerships

Workplace Violence Prevention

Alternate Levels of Care

Virtual Care

Executive Compensation



QIP Narrative 2020 _
Final Draft.docx

Progress Report

The Board reviewed and discussed the QIP progress report for 2019/20 , with some amendments, as attached to the Minutes.



QIP Report
2020_Final Draft.doc

Work Plan

The committee reviewed and discussed the 2020/21 QIP Work Plan with some amendments.



StevensonMemorial
Hospital_Workplan_

MOTION: Moved by S. Kaarlela, Seconded by S. Cunningham.

“That the Board of Directors approves the 2020-21 Quality Improvement Plan as presented”.

All in Favour, Motion passed.

2.2 Governance Survey for Accreditation – Jodi Walker

J. Walker apprised the Board of the Governance Functioning Tool, which is a mandatory part of Accreditation. SMH are using Accreditation Canada’s Qmentum program to guide quality improvement efforts. This involves assessing and improving the services provided based on

Accreditation Canada's standards. The **Governance Functioning Tool** is an important part of this process. It is an online survey that asks for opinions on different aspects of your board experience. The results help us identify areas that may need to be improved. Widespread participation makes results be much more useful. The responses are completely anonymous. They are sent directly to Accreditation Canada and SMH receives a summary, not individual results.

2.3 Diagnostic Error – Dr. Barry Nathanson

Dr. B. Nathanson presented a Power Point presentation on Diagnostic Error.

A few take aways from his talk including:

“No one is more responsible than you are for your own well-being”.

Ask your doctor “what else could it be”?

3. CONSENT AGENDA

3.1 Board of Directors Minutes – February 6, 2020

3.2 Finance, Audit and Property Minutes – February 24, 2020

3.3 Board Quality Minutes – February 25, 2020

Motion: Moved by D. Knight, seconded by A. Howard.

“That the Board of Directors accepts the March 5, 2020 consent agenda.”

All in favour. Motion passed.

4. BUSINESS ARISING FROM CONSENT AGENDA

There was none.

5. REPORTS

5.1 Report of President and CEO

J. Levac provided an update consisting of themes within the Strategic plan:

Partnerships

J. Levac has been nominated to be chair of the Simcoe Country Alliance for the next 3 years.

Care

COVID 19. Weekly team pandemic and business continuity meetings. Team is ready and up or the task.

People

Foundation has lined up lots of speaking engagements for the CEO, 22 over the next year.

Event	Tentative Dates	Time	Location
Hospital Tour	March 2020	8am-9am	SMH
	June 2020	3:30pm-4:30pm	SMH
	September 2020	8am-9am	SMH
	January 2021	3:30pm-4:30pm	SMH
	March 2021	8am-9am	SMH
Breakfast with the CEO	Tuesday, April 7, 2020	7:30am-9am	Stevenson Farms
	Tuesday, July 7, 2020	7:30am-9am	TBD
	Tuesday, November 3, 2020	7:30am-9am	TBD
	Tuesday, February 2, 2020	7:30am-9am	TBD
Dinner with the Docs	Wednesday, April 29, 2020	6pm-8pm	TBD
	Wednesday, July 29, 2020	12pm-2pm	Nottawasaga Inn
	Wednesday, November 24, 2020	6pm-8pm	TBD
		6pm-8pm	TBD
	Wednesday, February 23, 2021		

C. Jeffreys is travelling and to be quarantined for 2 weeks when home. J. Levac concerned about staff being off and being able to run the hospital on skeleton staff.

Investments

Tannis Chefurka and Paul Clarry working on the Stage 2 submission and engagement with front line staff has been excellent. The Board were updated on the changes from Draft to submission and the planning parameters.

There has been no invitation to the Budget lock up yet.

W. Bye worked with the LHIN to receive \$30,000 to be used to support financial and operating pressures.

5.2 Report of the Chief of Staff

Dr. Nathanson provided the following update:

- COVID-19 - Concerns about stock of PPE.
- Health Care providers should restrict their travel.
 - New name is changing to SARS-COVID.
 - Notify board if protocols change.

Dr. Nathanson approved the model for physician on call stipend by the MOH, which model was proposed by Dr. Ramirez.

Traditional Medical Model of Care for the ICU has been decided on.

Described feedback from physicians about Criticall and Dr. Nathanson has had discussions with the Lead there.

5.3 Report of the President of the Professional Staff

Dr. Ramirez was absent from the meeting.

5.4 Report of VP, Patient Services/Chief Nursing Executive

C. Jeffreys was absent from the meeting, but J. Levac read her report including:

QIP

- QIP has been a great process this year with good engagement at all levels. Jodi Walker has been instrumental in bringing together the narrative, work plan and progress report. The focus for next year is to be on the 5 key metrics with priority project on the Board to Bedside wall to articulate progress in these areas. Jodi was thanked for her hard work on the QIP.

Accreditation

- Currently there are two surveys underway to support the Accreditation process. 1. Worklife Pulse Survey and 2. Patient Safety Culture Survey. After surveys are complete actions plans to be put in place. A steering committee has been brought together and has met three times with detailed timelines and project plans to work through the workbooks. ROPS and tracers to be completed to address any gaps. The steering committee is the leadership team and encompasses all departments. The governance survey is slated for this month.

ICU

- The team has been working hard to prepare for the ICU. RT hiring process is underway and two RTs starting in March. ICU nurses are being recruited and the first internal candidate is starting in March with shadowing at a larger organization as part of orientation. CCIS is going live as of March 11 and testing is currently underway to ensure data is flowing CCSO. The construction update provided by Bill and timelines for opening of unit. Staff are excited.

COVID 19

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- Internal Team has been brought together to address process and protocols from MOH and is meeting weekly. Frontline staff engagement has been occurring weekly if not daily when needed for changes to screening criteria have been announced. IPAC, Deb Paton have been working closely with AMC, leadership and front line staff to ensure SMH meets the process and protocols required. Pandemic Planning is underway in alignment with the Business Continuity Plan to ensure the HR, equipment and supplies needed for pandemic are accessible.

MH and Form Pts

- Committee Against Violence has been brought together and includes frontline staff and leadership. Co-chaired by Wayne and Lorraine for clinical and facilities (security) priorities address.

OHT

- The SSOHT held an engagement session in February with Andrew Williams, CEO of Huron Perth Healthcare Alliance, to understand the approach being taken in other areas to both governance and Physician engagement. This session was insightful and provided an objective perspective on how to engage across primary care and the challenges that are experienced here in the South Simcoe are not unique. Further discussions and focus is currently on how to engage physicians in the FHT and the local FHO's in the area.
- Simcoe.com covered the OHT progress report submission and the Herald made it a front page story this past week. Highlights were quotes from primary care, Nancy Russell and Steven from the NSM Health Unit.
- Currently looking to include metrics on the BSC to assess level of integration with local health services to reflect OHT work. this is difficult data to capture and discussions are underway to identify the best indicators.
- Southlake has asked SMH doctors to be signatory on their OHT.

Operations

- AMC and the manager of Paramedical, Vicki Hoffman lead an External Diagnostic Imaging Operational Review – currently in the process of Implementing recommendations for greater efficiencies and to strategies to increase revenue. AMC and the manager of Periop, Bridget Mitchell are investigating leads to have an external operational review of the ORs to identify strategies for efficiencies and streamlined process for patients.
- In the Lab in December SMH Implemented Choosing Wisely guidelines as an initiative to reduce unnecessary laboratory testing. Changes made in December, have observed a significant reduction in the ordering of 2 specific lab tests and cost savings analysis is pending. In addition to hospital accreditation the Lab is preparing for IQMH Accreditation and Accreditation Canada
- For Med Reconciliation the pharmacy staff working in conjunction with the Periop team have initiated Best Possible Medication Histories on patients in the pre-op clinic who are going to be admitted and the Pharmacy is currently implementing strategies to focus on initiatives for

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opioid control and reducing risks with high alert medications.

5.5 Report of the VP, Chief Finance and Information Officer

- W. Bye thanked the Finance Committee for their level of expertise. Really enjoyed the process of going through the Budgets this year.
- Received a letter last night from the LHIN for one-time funding of \$30,000 and business case was sent in today.
- ICU kick off meeting to finalize contract with builders. Renovations to begin in March. Completed beginning of July. Everything else on schedule.
- Talked about supplies for COVID-19. Costs tracked and billed to the MOH.
- ED trauma room renovation just started. Washroom in ED to be fully accessible. W. Bye thanked Pam Wesson and the Finance Team for their great work.

5.6 Report of the Auxiliary President

G. Munro provided an Auxiliary update:

- Year-end coming up. Cheque presentation to foundation for over \$25,000 soon.
- New capital list is out and picking items to sponsor.
- Auxiliary AGM June 4th and Tag day June 20th.
- New volunteer with IT experience setting up point of sale system at the Coffee Corner.
- Counter for cream and sugar going in soon.
- Raffle tickets coming soon. Same price as last year.

5.7 Report of the Foundation Board Chair

M. Barber referenced her written report circulated with the agenda.

Motion to move into closed session

MOTION: Moved by W. Fairley, Seconded by N. Depta.

"That the Board moves to the In-Camera session".

All in favour, Motion passed.

Motion to close in-camera session

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

"That the Board of Directors move back into open session."

All in favour. Motion passed.

7. Investments – D. Knight

7.1 Approve 2020-21 Operating Budget

Assumed a 1% increase in revenue. ICU assumed to be more than 1 million dollars. As ICU won't be fully operational until June, able to balance budget this year. Next year might present pressure. W. Bye to keep everyone informed on that.

MOTION: Moved by D. Knight, Seconded by S. Cunningham.

“That the Stevenson Memorial Hospital Board of Directors approves the 2020-21 Operating Budget as presented”.

All in Favour. Motion passed.

7.2 Approve 2020-21 Capital Budget

MOTION: Moved by D. Knight, Seconded by S. Cunningham.

“THAT the Board of Directors accepts the recommendation of the Finance Committee and approves the 2020/21 capital budget in the amount of \$1,602,870 subject to funding commitment by the SMH Foundation, Health Infrastructure Renewal Fund and approved banking facility.”

All in favour. Motion passed.

8. REPORT OF THE HOSPITAL BOARD CHAIR

C. Butler discussing planning of the AGM. The suggestion was to go back to Stevenson Farms and S. Crowe will contact them to book for Tuesday June 16th, 2020.

9. IN-CAMERA

UPCOMING MEETING DATE

The next Board meeting scheduled to be held on Thursday April 2, 2020.

There being no further business, the meeting adjourned at 8:30 p.m. Moved by W. Fairley.



Colleen Butler, Board Chair

Recording Secretary: Sharon Crowe