



Elected Directors:	Christine Norris, Board Chair*	David Kimmerly, Treasurer*
	Emily Avery-Graves, Director*	Paul McPherson, Director*
	Milad Bazaz, Director*	Amy Terrill, Director*
	Maggie Houston-White, Director*	Karissa Ward, Vice Chair*
	Beverley John, Director*	Mark Wilson, Director*
	Brian Kelsey, Director*	
Ex-Officio / Appointed Directors:	Dr. Bharat Chawla, Chief of Staff	Janice Raine, VP Clinical & CNE
	Kelly Isfan, President & CEO	Eric Smeaton, CKL Council Representative*
	Dr. Jamie McNabb, Professional Staff President	
Regrets:	Dr. Jessica Robinson, Professional Staff VP	
Staff Resources:	Yen Daniel, VP & CFO	Tamra Fierheller, Executive Assistant, Recorder
	Emma Elley, CHRO	
Guests:	Susan Grant (1.5 & 3.1)	

*voting member

1. CALL TO ORDER

Ms. C. Norris, Chair, called the (Open) meeting to order at 5:33 pm.

1.1 Quorum – Quorum was confirmed.

1.2 Approval of Agenda – The agenda was reviewed. Thereafter, there was a **MOTION: That the agenda be approved as presented.**

Ms. B. John/Mr. P. McPherson, **CARRIED**

1.3 Declarations of Conflict of Interest – None declared.

1.4 Acknowledgement of the Hospital's Vision/Mission/Values – The Hospital's Vision, Mission and Values were acknowledged.

1.5 Patient Story – A Patient Story was shared.

2. CONSENT AGENDA

Items identified as part of the consent agenda were pre-circulated and the related motions were presented as follows:

1. MOTION: That the draft minutes of the (Open) Board of Directors meeting of February 1, 2024, be approved as circulated.

2. MOTION: That the Board of Directors receives the draft minutes of the Quality/Governance & Planning Committee meeting of February 20, 2024.

3. MOTION: That the Board of Directors receives the draft minutes of the Quality/Governance & Planning Committee meeting of March 19, 2024.

4. **MOTION:** That the Board of Directors receives the draft minutes of the Resources & Audit Committee meeting of March 21, 2024.
5. **MOTION:** That the Board of Directors approves the Approval Authorizations policy as presented, as recommended by the Resources & Audit Committee.

Thereafter, there was a

MOTION: *That the Board of Directors approves motions 1 through 5 on the (Open) Consent Agenda for April 4, 2024, as presented.*

Mr. B. Kelsey/Ms. B. John, **CARRIED**

3. **BOARD BUSINESS – QUALITY/GOVERNANCE & PLANNING COMMITTEE**

3.1 2024/25 Quality Improvement Plan - The draft 2024/25 Quality Improvement Plan (QIP), and related minutes from the Quality/Governance & Planning meeting of March 19, 2024, were pre-circulated. The Hospital was exempt from submitting a QIP in 2023/24 due to the Code Grey. Hospitals receive direction from Ontario Health annually regarding which QIP indicators are recommended or mandatory, and hospitals can also add their own areas of focus. The proposed performance indicators are:

Access & Flow

- 90th percentile Emergency Department wait time to inpatient bed (baseline – 33.0 and target – 32.0). This is an Ontario Health recommended indicator.
- Percentage of patients who visited the Emergency Department and left without being seen by a physician (baseline – 9.8% and target – 7.0%). This is an Ontario Health recommended indicator.

Equity

- Percentage of Management Team members who have completed relevant equity, diversity, inclusion, and antiracism education (baseline – data collection and target 100%). This is an Ontario Health recommended indicator.

Experience

- Did patients feel they received adequate information about their health and their care at discharge (baseline is undetermined and target is data collection using the new survey tool). This is an Ontario Health recommended indicator.
- Rate of delirium onset during hospitalization (baseline is 0.6 and target is data collection). This is an Ontario Health recommended indicator. Ontario Health will be launching a new Delirium Program in April.

Safety

- Prevalence of healthcare acquired pressure Injury (baseline is 8.2% and the target is 7%). This is a RMH area of focus.
- Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12-month period (baseline is 120 and target is data collection). This is an Ontario Health recommended indicator, but RMH will track overall incidents rather than just lost time from violence.
- Rate of medication reconciliation at discharge for inpatients (baseline is 76.25% and target is 80%). This is an Ontario Health recommended indicator.

There was a

MOTION: That the Board of Directors approves the 2024/25 Quality Improvement Plan as presented.

Ms. K. Ward/Ms. B. John, **CARRIED**

3.2 2023/24 Board Evaluation Processes - The 2023/2024 Board/Chair/Peer Evaluation report, and related minutes from the Quality/Governance & Planning meeting of March 19, 2024, were pre-circulated. The proposed board, board chair and board peer evaluation processes, surveys and timelines were reviewed. The Quality/Governance & Planning Committee supported proceeding with the annual board evaluation in April, the chair evaluation in May, and to reinstate the peer evaluation in June. The annual board evaluation will again be conducted using the OHA survey tool, and a survey link and instructions will be circulated to board members in early April.

4. BOARD BUSINESS – RESOURCES & AUDIT COMMITTEE

None identified.

5. REPORTS

5.1 Report of the Chief of Staff – The Report of the Chief of Staff for April 4, 2024, was pre-circulated.

Chief of Staff, Dr. B. Chawla reviewed the items referenced in the report. Of highlight:

- The Medical Advisory Committee requested that the physician specific Worklife Pulse Survey results be shared with the Board. A copy of the results was appended to the report.
- The College of Physicians and Surgeons (CPSO) approved the Hospital's submission for participation in the Quality Improvement (QI) Program. Sessions will begin in May.
- The orthopaedic surgeons are in the process of hiring a Physician Assistant (PA). Once a PA is secured, recruitment efforts will begin for a fourth orthopaedic surgeon. This will be a welcome addition as on-call coverage has been difficult to secure at times, resulting in orthopaedic patients being transferred to another hospital.
- The Hospital is optimistic that an obstetrician/gynecologist (OB/GYN) currently at RMH providing locum coverage will sign a contract before he leaves. The Hospital is also in discussion with a third potential OB/GYN.
- The Hospitalist schedule is full to the end of 2024.

Following an opportunity for discussion, there was a

MOTION: That the Board of Directors receives the Report of the Chief of Staff for April 4, 2024.

Mr. D. Kimmerly/Ms. A. Terrill, **CARRIED**

5.2 Report of the President & CEO – The Report of the President & CEO dated April 4, 2024, was pre-circulated.

President & CEO, Ms. K. Isfan reviewed the items referenced in the report. Of highlight:

- The Hospital's Accreditation Survey in early March was very successful, with the Hospital achieving 100% compliance with all Required Organizational Processes and 95% of all accreditation standards. The final award decision and report have not been received.

- The development of the 2024/25 strategic goals remains in progress. The final draft will be presented to the Board in June.

Following discussion, there was a

MOTION: *That the Board of Directors receives the Report of the President & CEO for April 4, 2024.*

Mr. P. McPherson/Mr. M. Bazaz, **CARRIED**

6. **OTHER BUSINESS**

6.1 2024 Annual Meeting Date and Format – Members were asked to provide suggestions regarding the format of the Hospital’s Annual Meeting in June. It was agreed that a small working group of Board members would be recruited to determine the meeting format, attendance, etc. The Annual Meeting date is Tuesday, June 25, 2024, with a tentative start time of 5:00 pm.

6.2 StrategyCorp Ontario Hospital CEO Survey Report 2024 – StrategyCorp’s Ontario Hospital CEO Survey 2024 was pre-circulated. As noted directly in the report, the results indicate that while there are differences in experiences across hospital systems, often stemming from geography, population, community make up, fundraising capacity, and other factors, there are also clear similarities across organizations when it comes to some of the challenges hospitals are encountering related to current funding, health human resources, expectations from the communities served and system integration.

6.3 2023/24 Board Work Plan Status Update – The Board of Director’s Annual Work Plan (September 2023 – June 2024) was pre-circulated. As of the end of March, most of the Work Plan items remain on track for completion by the noted timeline. Unfortunately, the Board was unable to secure a date for a Board Retreat during this board cycle. Part of the intended education for this year’s retreat will be deferred to the beginning of the next board cycle, as some of it will be important learning for new members and a good refresher for existing members.

6.4 Next Regular Meeting Date – June 6, 2024.

7. **MOTION TO ADJOURN THE OPEN MEETING & MOVE INTO THE CLOSED MEETING**

On a motion of Mr. B. Kelsey, the Open meeting adjourned at 6:16 pm and the Board moved into its Closed meeting.

Chair

Secretary

Date