



Elected	Wanda Percival, Board Chair*	Bob Nielson, Governor*
Governors:	Beverley John, Governor*	Christine Norris, Vice Chair*
	Brian Kelsey, Governor*	Meri Saunders, Governor*
	Bonnie Kennedy, Governor*	Amy Terrill, Governor*
	David Kimmerly, Treasurer*	Karissa Ward, Governor*
	Paul McPherson, Governor*	
Ex-Officio / Appointed Governors:	Dr. Bharat Chawla, Chief of Staff	Janice Raine, VP Clinical & CNE
	Kelly Isfan, President & CEO	Eric Smeaton, CKL Council Representative*
Regrets:	Anne Botond, President, RMH Auxiliary*	Dr. Jessica Robinson, VP, Professional Staff
	Dr. Jamie McNabb, President, Professional Staff	
Staff	Yen Daniel, Chief Financial Officer	Veronica Nelson, VP & COO
Resources:	Tamra Fierheller, Executive Assistant, Recorder	
Guests:	Dr. Baldeep Paul	

*voting member

1. CALL TO ORDER

Ms. W. Percival, Chair, called the (Open) meeting to order at 5:38 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. M. Saunders/Ms. B. John, **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 Governors meeting of April 6, 2023, be approved as circulated.

2. MOTION: That the Board of Governors receives the draft minutes of the Quality/Governance & Planning Committee meeting of May 23, 2023.

3. MOTION: That the Board of Governors approves the 2023-2027 Multi-Year Accessibility Work Plan which must be posted on the Hospital website, as recommended by the Quality/Governance & Planning Committee.

4. **MOTION**: That the Board of Governors receives the draft minutes of the Resources & Audit Committee meeting of May 18, 2023.
5. **MOTION**: That the Board of Governors approves the *Broader Public Sector Accountability Act* Attestation for the reporting period of April 1, 2022 to March 31, 2023, as recommended by the Resources & Audit Committee.
6. **MOTION**: That the Board of Governors approves the Hospital Service Accountability Agreement Declaration of Compliance for the reporting period of April 1, 2022 to March 31, 2023, as recommended by the Resources & Audit Committee.
7. **MOTION**: That the Board of Governors approves the Multi-Sector Service Accountability Agreement Declaration of Compliance for the reporting period of April 1, 2022 to March 31, 2023, as recommended by the Resources & Audit Committee.

Thereafter, there was a

MOTION: *That the Board of Governors approves motions 1 through 7 on the (Open) Consent Agenda for June 1, 2023, as presented.*

Mr. B. Nielson/Ms. K. Ward, **CARRIED**

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

3.1 Quality, Patient Safety and Patient Experience – Q4 2022-23 – The Quality, Patient Safety and Patient Experience – Q4 2022-23 report, and related minutes from the Quality/Governance & Planning Committee meeting of May 23, 2023, were pre-circulated.

The Hospital's Incident Management System (RL6) was down for much of Q4 due to the Code Grey. A paper-based reporting form was initiated for staff to ensure the continued capture of incident data. All paper incident reports completed during the downtime will be inputted into the RL6 system to allow ongoing tracking of incidents and concerns.

Epic now allows the tracking and reporting of falls as documented by staff in the electronic medical record (EMR). This function will provide more detailed information on falls which can be used to implement additional mitigation/improvement strategies.

Steven Lofkrantz, Senior Lead Quality and Patient Experience has leveraged the reporting functions in Epic to develop a weekly Quality Check Dashboard. The Dashboard provides the management team with key metrics at the departmental, program and hospital level. As Hospital priorities shift, so can the Dashboard.

The Q4 Patient Safety Indicators reflect that the Hospital did not meet target for performance related to the Clostridium Difficile Infection (CDI) Rate, or Hand Hygiene Compliance. Performance also trended negatively for Central Line-Associated Primary Bloodstream Infection and Surgical Site Infection Prevention. In Q3, the Hospital invited members from the Lakeridge Health Infection Prevention and Control (IPAC) team to complete a review of the IPAC Program. The review encompassed all elements of the Program including auditing and reporting, education and awareness, patient flow, construction, surveillance and outbreak management.

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 dated June 1, 2023, was pre-circulated.

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

- The new Medical Staff executive are Dr. Jamie McNabb, President, Dr. Jessica Robinson, Vice President, and Dr. Baldeep Paul, Treasurer. Per the Hospital's Corporate By-Laws, Dr. McNabb and Dr. Robinson will now sit on the Hospital's Board of Governors.
- It was acknowledged that in addition to the heavy workload placed on the current members of the Department of Hospitalist Medicine, the shortage of hospitalists and related gaps in the schedule affect the other medical departments as well. The MAC put forward a motion requesting that the Hospital consider the hospitalists contracts and recruitment a top priority. The Hospital has enlisted Hospitalist Consulting Services to conduct a review of the Department of Hospitalist Medicine to provide recommendations to help alleviate the current issues. It was noted that the shortage of hospitalists is impacting hospitals across Canada, and hospitals are competing for the same pool of resources.
- The May MAC meeting was dedicated to a physician engagement and leadership session on physician wellbeing by Dr. Chantal Lorio from Huron Consulting Group. It is hoped that the physician leaders can benefit from additional sessions in the future.

Following discussion, there was a

MOTION: *That the Board of Governors receives the Report of the Chief of Staff for June 1, 2023.*

Ms. M. Saunders/Mr. B. Kelsey, **CARRIED**

5.2 Report of the President & CEO – The Report of the President & CEO dated June 1, 2023, was pre-circulated.

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

- The Hospital's management team attended a two-day leadership development event with representatives from Huron Consulting Group in May.
- Senior leadership continues its efforts to finalize the 2023-24 strategic priorities/goals.
- Ontario hospitals are facing significant financial liabilities resulting from the overturning of Bill 124 in November 2022 which triggered re-opener provisions requiring renewed negotiations with all central unions for the years that were previously capped by the legislation. The total estimated retroactive costs for RMH for ONA, CUPE, OPSEU and non-unionized staff are between \$2.5-4 million. The ability for hospitals to adjust to this additional financial pressure going forward is not sustainable, and it remains to be seen what, if any, financial assistance the province will provide hospitals, The Ontario Hospital Association is working with hospitals on advocacy strategies to the Ministry.

Following discussion, there was a

MOTION: *That the Board of Governors receives the Report of the President & CEO for June 1, 2023.*

Ms. M. Saunders/Mr. P. McPherson, **CARRIED**

6. OTHER BUSINESS

6.1 RMH Foundation Campaign – Board Fundraising Support – Brian Kelsey, Board Campaign Ambassador, encouraged members to support the Hospital Foundation’s capital fundraising campaign. Members will receive campaign letters in the mail that will include a pledge form.

6.2 2022-23 Board Work Plan – The 2022-23 Board Work Plan was previously circulated.

Year-end status was reviewed, with it noted that some items remain in progress.

6.3 Next Regular Meeting Date – October 5, 2023.

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

On a motion of Ms. M. Saunders, the Open meeting adjourned at 6:26 pm and the Board moved into its Closed meeting.

Chair

Secretary

Date