



**MINUTES**  
**REGULAR OPEN MEETING of the BOARD OF DIRECTORS**  
Thursday, March 6, 2025 / 5:30 p.m. / Virtual

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| <b>Elected Directors:</b>                | Christine Norris, Board Chair*<br>Emily Avery-Graves, Director*<br>Milad Bazaz, Director*<br>Karen Goodhand, Director*<br>Maggie Houston-White, Director*<br>Beverley John, Director* | David Kimmerly, Treasurer*<br>Paul McPherson, Director*<br>Amy Terrill, Director*<br>Mark Wilson, Director*<br>Laurie Wright, Director* |
| <b>Ex-Officio / Appointed Directors:</b> | Dr. Bharat Chawla, Chief of Staff<br>Kelly Isfan, President & CEO<br>Dr. Jamie McNabb, Professional Staff President                                                                   | Vlad Padure, VP Clinical & CNE<br>Dr. Jessica Robinson, Professional Staff VP                                                           |
| <b>Regrets:</b>                          | Karissa Ward, Vice Chair*                                                                                                                                                             |                                                                                                                                         |
| <b>Staff Resources:</b>                  | Yen Daniel, VP & CFO<br>Emma Elley, CHRO                                                                                                                                              | Tamra Fierheller, Executive Assistant, Recorder<br>Daniel Meraw, CIO & Director ICT                                                     |

**Guests:**

\*voting member

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**1. CALL TO ORDER**

Ms. C. Norris, Chair, called the (Open) meeting to order at 6:04 p.m.

**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/Ms. A. Terrill, **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. The Chair noted an intent going forward to share stories of how staff embody the Vision, Mission and Values.

**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 December 5, 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 18, 2025.**

**3. MOTION: MOTION: That the Board of Directors approves the Just Culture policy as presented, as recommended by the Quality/Governance & Planning Committee.**

4. **MOTION:** That the Board of Directors receives the draft minutes of the Resources & Audit Committee meeting of February 20, 2025.
5. **MOTION:** That the Board of Directors approves the extension of both the Hospital Service Accountability Agreement and the Multi-Sector Service Accountability Agreement to March 31, 2026, 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 March 6, 2025, as presented.*

Ms. M. Houston-White/Mr. P. McPherson, **CARRIED**

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

**3.1 2025/26 Quality Improvement Plan** – The draft 2025/26 Quality Improvement Plan draft report, and related minutes from the Quality/Governance & Planning meeting of February 18, 2025, were pre-circulated.

Ross Memorial Hospital's 2025/26 Quality Improvement Plan (QIP) outlines the organization's annual strategic approach to enhancing healthcare services, aligned with Ontario's provincial priorities in Access and Flow, Equity, Experience, and Safety. Required under the *Excellent Care for All Act* and the Hospital Service Accountability Agreement, the QIP includes both mandatory and optional performance targets.

The intended 2025/26 areas of focus are:

Mandatory

1. 90<sup>th</sup> percentile ambulance offload time – 30-minute target.
2. 90<sup>th</sup> percentile ED wait time to physician initial assessment – 4-hour target.
3. ED census of admitted patients waiting for an inpatient bed at 08:00 daily – ≤16.

Optional

4. Percentage of ED patients who left without being seen – 5% target.
5. Equity target to be confirmed. Focus may be on continued indigenous cultural safety training for management staff and/or general staff training related to empathy/compassion training identified as part of a recent staff survey.
6. ED outpatient survey experience rating out of 10 – 70% target.
7. Inpatient survey overall experience rating out of 10 – 80% target.
8. Rate of workplace violence incidents resulting in lost time – 0 target.

Custom

9. Quarterly incident rate of hospital acquired pressure injuries – 3% target.
10. Incident rate of patient falls per 1000 occupied bed days – 0.05 target.

There was a

**MOTION:** *That the Board of Directors approves the draft 2025/26 Quality Improvement Plan indicators and targets as presented.*

Ms. L. Wright/Ms. B. John, **CARRIED**

**3.2 Professional Staff By-Laws** – The revised draft Professional By-Laws, and related minutes from the Quality/Governance & Planning meeting of February 18, 2025, were pre-circulated.

At the request of the Professional Staff President, revisions were made to Article 10 to update the language regarding the required notice for annual and special meetings of the professional staff, as well as to modify the quorum requirements. Additionally, Article 11 was amended to clarify the wording related to the nomination and election process for professional staff officers.

Furthermore, at the recommendation of the Quality/Governance & Planning Committee, language in section 11.3(2) was revised to ensure consistency with the revised wording in section 10.1(3), and the language concerning virtual meeting attendance in section 10.3 was aligned with the language used in the Ontario *Not-for-Profit Corporations Act* (ONCA).

There was a

**MOTION: *That the Board of Directors approves the revised Bylaws, Professional Staff as presented.***

Mr. M. Wilson/Ms. E. Avery-Graves, **CARRIED**

**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 was pre-circulated.

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

- The Medical Advisory (MAC) discussed the pros and cons of sending MAC minutes to the Board, ultimately deciding instead to include relevant motions in the Chief of Staff's report.
- The Department of Internal Medicine is recruiting for two full-time intensivists. It has been a challenge to cover the schedule for the intensive care unit (ICU), with no shifts covered for the second internal medicine line in January or February. This has prompted review of the coverage model and development of a recruitment strategy.
- The Department of Surgery has welcomed Dr. Hammad Asim (Urologist) and Dr. Mei (Orthopaedic Surgeon). The Department has noted concern regarding the growing waitlist for joint replacements that is outpacing Quality Based Procedure funding. A team led by the Chief Nursing Executive and the Surgical Program Director will analyze resources and capacity.
- The Department of Obstetrics has been working to address gaps in on-call coverage. Following a motion at the December MAC meeting, a working group was formed to develop a detailed plan, with engagement from key stakeholders. The Chief now provides regular updates at MAC meetings to closely monitor progress. Efforts are underway to ensure that full-time obstetricians coordinate their schedules to avoid simultaneous absences during peak periods, which can make locum coverage difficult to secure. Recruitment for a third obstetrician is ongoing, and while improvements in on-call coverage have been noted, continued effort is needed to strengthen locum support.

Following an opportunity for discussion, there was a

**MOTION: *That the Board of Directors receives the Report of the Chief of Staff for March 6, 2025.***

Ms. B. John/Ms. L. Wright, **CARRIED**

**6. OTHER BUSINESS**

**6.1 2024/25 Board Work Plan Status Update** – The Board of Director’s Annual Work Plan (September 2024 – June 2025) was pre-circulated. The Board’s progress through to the end of February 2025 was reviewed with it noted that review of the annual strategic goals progress is deferred to the April Board meeting.

**6.2 Next Regular Meeting Date** – April 3, 2025.

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

On a motion of Mr. P. McPherson, the Open meeting adjourned at 6:42 p.m. and the Board moved into its Closed meeting.

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Chair

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date