



REGULAR OPEN MEETING of the BOARD OF GOVERNORS

Thursday, October 6, 2022 / 5:00 pm / RMH Boardroom

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<b>Elected</b>	Wanda Percival, Board Chair	David Kimmerly, Treasurer*
<b>Governors:</b>	Larry Hope, Governor Beverley John, Governor Brian Kelsey, Governor Bonnie Kennedy, Governor	Bob Nielson, Governor Christine Norris, Vice Chair Meri Saunders, Governor* Karissa Ward, Governor
<b>Ex-Officio / Appointed</b>	Anne Botond, President, RMH Auxiliary Dr. Bharat Chawla, Chief of Staff	Anne Overhoff, VP Clinical / CNE* vacant, President, Professional Staff
<b>Governors:</b>	Kelly Isfan, President & CEO Pat O'Reilly, CKL Council Representative	vacant, VP Professional Staff
<b>Regrets:</b>	Paul McPherson, Governor	Amy Terrill, Governor
<b>Staff</b>	Emma Elley, CHRO	Veronica Nelson, VP & COO
<b>Resources:</b>	Tamra Fierheller, Executive Assistant, Recorder	Paul Truscott, CFO & CIO
<b>Guests:</b>		

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1. **CALL TO ORDER**

Ms. W. Percival, Chair, called the (Open) meeting to order at 5:36 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. O'Reilly, **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 June 2, 2022 be approved as circulated.**

2. **MOTION: That the draft minutes of the (Open) Board of Governors meeting of June 16, 2022 be approved as circulated.**

3. **MOTION: That the Board of Governors receives the draft minutes of the Quality/Governance & Planning Committee meeting of September 20, 2022.**

4. **MOTION**: That the Board of Governors approves the Quality/Governance & Planning Committee Terms of Reference as amended, and as recommended by the Quality/Governance & Planning Committee.
5. **MOTION**: That the Board of Governors receives the draft minutes of the Resources & Audit Committee meeting of September 15, 2022.
6. **MOTION**: That the Board of Governors approves the Resources & Audit Committee Terms of Reference as amended, and as recommended by the Resources & Audit Committee.

Thereafter, there was a

**MOTION**: *That the Board of Governors approves motions 1 through 6 on the (Open) Consent Agenda for October 6, 2022 as presented.*

Mr. L. Hope/Ms. K. Ward, **CARRIED**

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

**3.1 Quality Improvement Plan (QIP) Dashboard – Q12022/23** – The Quality Improvement Plan (QIP) Dashboard for Q1 2022/23, and related minutes from the Quality/Governance & Planning Committee meeting of September 20, 2022, were pre-circulated. Performance has met or exceeded target for the measurable indicators. The service excellence indicator related to patients ‘receiving enough information about their health and their care at discharge’ is currently on-hold until a new patient surveying tool is available.

The success in reducing Alternate Level of Care (ALC) days is the result of staff and physicians continuing to support the Home First philosophy which promotes safe and timely care, services and supports to meet the health care needs of patients and families in the most appropriate setting. Home First activities include having Team Leaders in place on the inpatient units with discharge as a priority, early engagement with patients and family, noting the expected discharge date as part of daily rounds, etc. Emergency Department (ED) diversion activities have also improved the ALC rate. These activities include early recognition by the ED team to refer to the Geriatric Emergency Management (GEM) nurse in the ED, Home and Community Care Support Services, Community Paramedic Program, etc.

The success in decreasing medication errors is primarily attributed to the introduction of Epic, which allows staff to perform a closed loop medication administration at the bedside. A number of education sessions and competitions were held in January 2022 to support nursing with this change in practice.

The success in reducing the number of patients who return to the Emergency Department with mental health and/or addictions is the result of teamwork between Mental Health and Emergency Department staff and physicians, and community partners. Activities that support this include detailed patient-specific care plans involving community partners, and the Rapid Access Addiction Medicine Clinic (RAMM) that is now well established at the Hospital.

The number of workplace violence incidents are measured based on the number of reported workplace violence incidents within a 12-month period. The denominator is the total number of fulltime equivalent employees. The Workplace Violence and Harassment Prevention Steering Committee is revitalizing the Workplace Violence and Harassment Prevention Program. A recent

staff survey specific to violence in the workplace identified the following three key areas for improvement: (1) enhancing education on nonviolence crisis intervention training, (2) standardizing and improving the reporting process for aggressive behaviour, and (3) improving access to and guidelines around use of the security team.

**3.2 2022/23 CEO Goals** – The 2022/23 Chief Executive Officer (CEO) Goals, and related minutes from the Quality/Governance & Planning Committee meeting of September 20, 2022, were pre-circulated. The six goals were identified as:

1. Operationalize Strategic Plan with Strategic Goals – This will include hosting a leadership workshop to identify key strategic priorities for the next 12-18 months.
2. High Reliability Organization (HRO) – This will include beginning the Hospital’s ‘Journey to High Reliability’, including education on the science of high reliability and the characteristics of an HRO.
3. Leadership Development – This will include regular and ongoing leadership coaching.
4. Ross Memorial Hospital Foundation (RMHF) – This will include working with the RMHF to redevelop the RMHF-RMH Memorandum of Understanding.
5. Master Program / Master Plan – This will include working with the Chief Operating Officer to obtain Ministry approval for the Stage 1 capital submission.
6. Kawartha Lakes Ontario Health Team (OHT) – This will include providing leadership for further development of the Kawartha Lakes OHT.

A progress report will be provided to the Board throughout the year.

**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 October 6, 2022 was pre-circulated. Chief of Staff, Dr B. Chawla reviewed the items reference in the report.

Recruitment initiatives in the departments of Internal Medicine, Emergency Medicine, Hospitalist Medicine, Psychiatry and Obstetrics were reviewed. Physician representatives from RMH attended PRHC’s Medical Advisory Committee meeting in May 2022 to present RMH’s MRP Assignment Guide. Minor revisions were made to the document. The next step is to reach out to Lakeridge Health for input into the specific assignments that affect their professional staff.

Following an opportunity for discussion, there was a

**MOTION: That the Board of Governors receives the Report of the Chief of Staff for October 6, 2022.**

Ms. C. Norris/Ms. B. John, **CARRIED**

**5.2 Report of the President & CEO** – The Report of the President & CEO dated October 6, 2022 was pre-circulated. President & CEO, Ms. K. Isfan reviewed the items referenced in the report.

The Hospital’s Master Plan Pre-Capital submission was endorsed by Ontario Health East. Most recently, the Ministry of Health Capital Branch reviewed the submission and provided comments

and questioned regarding the Facility Development Plan, to which the Hospital has responded. The project is in Stage 1 in the Capital Planning Process. It is hoped that Stage 1 will be approved, and Stage 2 initiated by March 31, 2023.

There have been a number of arbitrations heard regarding unions challenging the fairness of COVID-19 vaccination policies and actions taken by employers to place employees on unpaid leave of absence or terminate employment if employees refuse to meet the requirement to be fully vaccinated. There have been no decisions to-date for any claims against a hospital. The first case has now been heard against Lakeridge Health with no decision made yet. CUPE has brought a case against RMH that is scheduled to be heard toward the end of 2022.

The Hospital is doing what it can to recruit and retain staff, including the introduction of a new premium pay that provided double time for all open weekend shifts from July 22 to September 19. The Hospital also recently participated in a healthcare focused job fair in Toronto.

The *More Beds, Better Care Act* (Bill 7) received royal assent at the end of August. The Bill is intended to stabilize the health and long-term care sectors and preserve hospital capacity. It includes provisions related to alternate level of care (ALC) patients and sets out a placement process by which a patient deemed to be ALC can be authorized admission to a long-term care home without their consent, as long as reasonable efforts have been made to obtain their consent. This has been managed without issue locally to-date, with the Hospital's ALC patients having submitted applications to LTC homes.

Following an opportunity for discussion, there was a

**MOTION: *That the Board of Governors receives the Report of the President & CEO for October 6, 2022.***

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

## 6. **OTHER BUSINESS**

**6.1 RMH Strategic Plan** – The draft Ross Memorial Hospital Strategic Plan was pre-circulated. A review of the draft Plan was completed with Hugh MacPhie from MacPhie Consulting as part of the Board education session prior to the meeting. The Hospital's new Vision, Mission and Strategic Directions are as follows:

Vision: To be the best for our patients, people, and community.

Mission: Delivering on the promise of a better healthcare experience.

Strategic Directions:

1. Providing the Best Possible Patient Experience
2. Continually Building a Passionate Team
3. Anticipating and Responding to the Needs of our Community
4. Championing System Improvements

Members supported revising the first bullet under the first Strategic Direction to read "Pursuing the journey of becoming a High-Reliability Organization".

The Hospital's Values remain unchanged as: compassion, respect, excellence and integrity.

There was a

**MOTION: That the Board of Governors approves the Ross Memorial Hospital Strategic Plan as amended.**

Mr. L. Hope/Mr. B. Nielson, **CARRIED**

**6.2 2022/23 Board Work Plan** – The 2022/23 Board Work Plan was previously circulated. Progress to-date was reviewed.

There was a

**MOTION: That the Board of Governors approves the 2022/23 Board Work Plan as circulated.**

Mr. P. O'Reilly/Mr. B. Kelsey, **CARRIED**

**6.3 Next Meeting Date** – December 1, 2022.

It was noted that the meeting would be Mr. O'Reilly's last as the City of Kawartha Lakes council representative on the Board. Appreciation and well wishes were expressed to Mr. O'Reilly.

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

On a motion of Ms. C. Norris, the Open meeting adjourned at 6:24 pm and the Board moved into its Closed meeting.

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Chair

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Secretary

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Date