



Elected	Wanda Percival, Board Chair	Paul McPherson, Governor
Governors:	Pat Clarke, Governor	Bob Nielson, Governor
	Jim Griepsma, Governor	Christine Norris, Vice Chair
	Larry Hope, Governor	Nancy Rooney, Governor
	Bonnie Kennedy, Governor	Karissa Ward, Governor
	David Kimmerly, Treasurer	
Ex-Officio /	Anne Botond, President, RMH Auxiliary	Kelly Isfan, President & CEO
Appointed	Dr. Bharat Chawla, Chief of Staff	Anne Overhoff, VP Clinical / CNE
Governors:		
Regrets:	Ron Ashmore, CKL Council Representative	Dr. Andy Knox, VP Professional Staff
	Dr. Mostafa El Beheiry, President, Professional Staff	Meri Saunders, Governor
Staff	Emma Elley, CHRO	Veronica Nelson, VP & COO
Resources:	Tamra Fierheller, Executive Assistant, Recorder	Paul Truscott, CFO & CIO
Guests:	Matthew Barker, Carter AI (item 6.1)	Robert McEwen, Agnew Peckham (item 6.1)
	David Carter, Carter AI (item 6.1)	

1. CALL TO ORDER

Ms. W. Percival, Chair, called the (Open) meeting to order at 5:30 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. P. Clarke/Mr. L. Hope, **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 minutes of the (Open) Board of Governors meeting of April 1, 2021 be approved as circulated.

2. MOTION: That the Board of Governors receives the draft minutes of the Executive Committee meeting of May 5, 2021.

3. MOTION: That the Board of Governors receives the draft minutes of the Quality/Governance & Planning Committee meeting of May 18, 2021.

4. **MOTION:** That the Board of Governors approves the revised Chief Executive Officer and Chief of Staff Succession Planning policies/procedures as presented, 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 May 20, 2021.
6. **MOTION:** That the Board of Governors approves the Broader Public Sector Accountability Act attestation for the reporting period of April 1, 2020 to March 31, 2021, as recommended by the Resources & Audit Committee.
7. **MOTION:** That the Board of Governors approves both the Hospital Service Accountability Agreement Declaration of Compliance and the Multi-Sector Service Accountability Agreement Declaration of Compliance for the reporting period of April 1, 2020 to March 31, 2021, 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 3, 2021 as presented.*

Ms. N. Rooney/Mr. P. McPherson, **CARRIED**

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

3.1 Quality and Patient Safety – Q4 2020/21 – The Quality & Patients Safety Report 2020/21 Q4, and related minutes from the Quality/Governance & Planning Committee meeting of May 18, 2021, were pre-circulated. Vice President Clinical and Chief Nursing Executive, Ms. A. Overhoff reviewed the year-end status of QIP performance noting success in achieving four of the six indicators. The two indicators not met were both impacted by COVID-19.

With regard to the patient safety data, Q4 saw 237 incidents reported compared to 369 in Q3; a 35.77% decrease. 11.8% of all incidents reported resulted in harm as defined by the health care provider.

The one-year trial on the Medical Unit to reduce hospital-acquired pressure injuries has been successful and will be extended throughout the Hospital one unit at a time.

Strong infection control performance was noted. There was an increase in Clostridium Difficile Infection (CDI) in Q4, with a rate of 0.29/1000 patient days (four cases) reported. The stretch target of 0.19/1000 patient days is likely unattainable as it only takes two cases per quarter to exceed target.

3.2 Patient Experience 2020/21 – The 2020/21 Patient Experience Report, and related minutes from the Quality/Governance & Planning meeting of May 18, 2021, were pre-circulated. Vice President Clinical and Chief Nursing Executive, Ms. A. Overhoff highlighted the following with regard to patient experience throughout 2020/21.

1. Patient Relations – A total of 124 patient and family concerns were received during the year, a slight increase from the 109 received in 2019/20. The top three themes for complaints were care/treatment, attitude/courtesy, and communication.

2. National Research Corporation (NRC) Health Patient Experience Surveys – A total of 348 surveys were issued to medical and surgical inpatients, 183 to rehabilitation and stroke inpatients, and 1260 to emergency patients. The overall response rate was 4% higher than last year. On the two overall patient experience measures – “Overall Ranking” and “Would Recommend,” the Hospital’s performance saw an improvement in each area over the previous year, and ended the year above the Central East LHIN average. Areas that received the lowest score are the areas where improvement efforts will be focused in 2021/22.
3. Patient Experience Partner (PEP) Rounding – PEP rounding was suspended in 2020/21 due to COVID-19 restrictions.
4. Ontario Perception of Care (OPOC) Mental Health Patient Experience Surveys – Too few OPOC surveys were completed throughout the year due to COVID-19 restrictions to be statistically significant. These will be initiated again in Q1 2021/22.

3.3 Corporate Goals 2021/22 – The draft 2021/22 corporate goals and objectives, and related minutes from the Quality/Governance & Planning Committee meeting of May 18, 2021, were pre-circulated. Ms. K. Isfan noted the corporate priorities for 2021/22 as follows:

1. Advance toward implementation of the shared Regional Clinical Information System (CIS).
2. Advance safe and quality patient care through the 2021/22 Quality Improvement Plan.
3. Work with partners to evolve the Kawartha Lakes Ontario Health Team to expand and improve opportunities for connecting local care.
4. Complete Master Programming/Master Planning and submit a Stage 1 Capital Planning Proposal to the Ministry.
5. Action follow up on areas for improvement identified in the Employee Engagement survey conducted in 2020.
6. Steward financial health and fiscal responsibility.
7. Initiate planning towards the development of a new Strategic Plan.
8. Support staff, physicians and the community through the COVID-19 pandemic.

Following an opportunity for discussion, there was a

MOTION: That the Board of Governors approves the 2021/22 Corporate Goals & Objectives as presented.

Ms. C. Norris/Ms. P. Clarke, **CARRIED**

4. BOARD BUSINESS – RESOURCES & AUDIT COMMITTEE

4.1 2020/21 Draft Audited Financial Statements / Audit Report – The Final Audit Report and the draft audited Financial Statements for the period ending March 31, 2021, and related minutes from the Resources & Audit Committee meeting of May 20, 2021, were pre-circulated. Chief Financial Officer and Shared Chief Information Officer, Mr. P. Truscott provided a high level overview of the Audit Report and findings highlighting:

- Revenue Recognition – In addition to regular funding deferrals, the Ministry of Health required additional funding be recorded at the end of the fiscal year. BDO reviewed the correspondence from the Ministry and assessed each significant funding item at the end of the year to determine the appropriateness of revenue recognition based on guidance from the Ministry. The revenue recognized appears to be in accordance with Ministry guidance, with the exception of deferred operating expense reimbursement for COVID-19 (noted in Appendix B of the Audit Report). The Hospital accrued the expense reimbursement correctly

based on direction from the Ministry, however the Ministry overestimated the amount and instructed an additional accrual of \$133,090.

- COVID-19 – The Ministry has continued to update and amend guidance related to the recognition and accounting of the COVID-19 funding, with many meetings throughout the audit between the Ministry of Health, management and the audit firms for the various hospitals. The financial statements were prepared based on the most recent directives from the Ministry and the journal entries (see Appendix B) were prepared based on knowledge to date. Actual results may vary as the Ministry solidifies its reconciliation process, which could result in an adjustment to the surplus currently recorded.

With regard to the financial statements, the Hospital ended the fiscal year with a net surplus of \$2,062,035. As noted above, there is some uncertainty associated with Ministry revenue. As the funding is subject to review and reconciliation in subsequent periods, funding recognized as revenue during a period may be increased or decreased in subsequent periods. The most notable area where this could occur is related to \$804,000 in working capital relief funding announced that the Ministry directed be recognized, although it remains uncertain if the Hospital will in fact receive or retain the funding (see Note 2 on the financial statements).

Following an opportunity for discussion, there was a

MOTION: That the Board of Governors approves the Financial Statements for the fiscal year ending March 31, 2021 as presented.

Mr. D. Kimmerly/Mr. J. Griepsma, **CARRIED**

5. **REPORTS**

5.1 Report of the Chief of Staff – The Report of the Chief of Staff dated June 3, 2021 was pre-circulated. Chief of Staff, Dr. B. Chawla provided a high level review of items referenced in the report. In addition, Dr. Chawla reported the recent resignation of Dr. Krause, geriatrician, noting recruitment for a new geriatrician has been initiated.

Following an opportunity for discussion, there was a

MOTION: That the Board of Governors receives the Report of the Chief of Staff for June 3, 2021.

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

Dr. Chawla then reviewed the revised draft Professional Staff Bylaws, noting they were previously updated a few years ago to align them to the Ontario Hospital Association's prototype Professional Staff Bylaws used by most hospitals across Ontario. New revisions include:

- terminology revised from Medical Staff to Professional Staff
- terminology revised from Chair of MAC to Chief of Staff
- terminology revised from Nurse Practitioner to Extended Nursing Class
- privileges/procedures are now defined the same
- under special circumstances (e.g. pandemic) a site visit is not necessarily required for new applicants
- honorary class privilege removed
- active staff may now hold active privileges at more than one site

MOTION: That the Board of Governors approves the revised Professional Staff Bylaws as presented.

Ms. P. Clarke/Ms. K. Ward, **CARRIED**

5.2 Report of the President & CEO – The Report of the President & CEO dated June 3, 2021 was pre-circulated. President & CEO, Ms. K. Isfan reviewed the items referenced in the report.

Following an opportunity for discussion, there was a

MOTION: *That the Board of Governors receives the Report of the President & CEO for June 3, 2021.*

Ms. C. Norris/Mr. P. McPherson, **CARRIED**

6. OTHER BUSINESS

6.1 Master Programming/Master Planning – The Vice President and Chief Operating Officer, Ms. V. Nelson, David Carter and Matthew Barker from David Carter Architects Inc., and Robert McEwen from Agnew Peckham Health Care & Facility Planners provided a Master Planning update.

Bed projections and key clinical volume projections over the three planning horizons of five, ten and 20 years were reviewed.

Master Program highlights were identified as:

- Implement satellite chemotherapy treatment and clinics (immediate need)
- Create dedicated mental health emergency services unit within the emergency department (immediate need)
- Upgrade pharmacy to comply with NAPRA standards (immediate need)
- Upgrade ICU to reflect contemporary Level 3 ICU planning standards with Airborne Isolation Rooms (immediate need)
- Co-locate medial and surgical outpatient clinics in contemporary shareable clinic facilities
- Create an integrated stroke unit that co-locates acute medical and rehabilitation beds for stroke care

Three Master Plan options, including construction costs, project costs and the RMH project cost share for each, as well as evaluation scoring for each were reviewed. The preferred Master Plan option identified was Option D – Jane Street. Rationale for this preference was noted to be:

- Greater flexibility to phase into smaller, more affordable projects
- Lower immediate capital costs and local share contribution relative to a new hospital
- Addresses immediate priorities (noted above) sooner than 10-13 years (approximate time for new hospital planning, approval and construction)
- Retains RMH's most recent capital investments
- Lowest impact on hospital operations throughout construction

It was noted that the recommendation to the Board of Governors was that it support:

- Preferred Master Plan Option D
- Facility Development Plan with Capital Cost Estimate and Local Share Estimate (both for immediate clinical facility needs and a new tower)
- Pre-Capital Submission
- Stage 1 Submission

Concern was expressed that there had not been enough time for the Board to absorb what was being presented, with it questioned whether more time could be provided to review the materials before considering approval. Concern was also expressed regarding lack of clarity on the project scope, timelines and budget.

The Ministry of Health Capital Planning process was reviewed again, with it noted that the Hospital remains in Stage 1 of the process. Members were reminded that a Master Planning Steering Committee including board members, staff, physicians and community partners was formed and has been kept informed and consulted throughout Stage 1 regarding the current and future service delivery model, the Master Program/Plan redevelopment over time (5, 10 & 20 years), as well as determining the preferred option for redevelopment. While scope and budget have been outlined at a high level, it is not until Stage 2 that the MOH requires much more detail regarding budget, design, etc. In addition, while four projects have been identified as immediate priorities, each will still be phased in over a number of years.

Following discussion, there was a

MOTION: That the Board of Governors approves RMH to finalize the Pre-Capital Submission and Stage 1 Proposal Submission based on the key materials presented.

Ms. P. Clarke/Mr. L. Hope, **CARRIED**

Members Bonnie Kennedy and Bob Nielson asked that it be known that they opposed the motion.

6.2 COVID-19 Update – Vice President Clinical and Chief Nursing Executive, Ms. A. Overhoff provided an update regarding the Hospital’s current and ongoing response and planning related to COVID-19.

6.3 2020/21 Board Work Plan – The 2020/21 Board Work Plan was pre-circulated. President & CEO, Ms. K. Isfan noted all work plan items were completed, with the exception of three items that will carry over into the next board cycle.

6.3 Next Meeting Date – June 17, 2021.

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

On a motion by Ms. P. Clarke, the Open meeting adjourned at 7:32 pm and the Board moved into its Closed meeting.

Chair

Secretary

Date