



Elected	Wanda Percival, Board Chair	David Kimmerly, Treasurer
Governors:	Pat Clarke, Governor	Paul McPherson, Governor
	Larry Hope, Governor	Bob Nielson, Governor
	Beverley John, Governor	Christine Norris, Vice Chair
	Bonnie Kennedy, Governor	
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	Meri Saunders, Governor
	Dr. Mostafa El Beheiry, President, Professional Staff	Karissa Ward, Governor
	Dr. Andy Knox, VP Professional Staff	
Staff	Tamra Fierheller, Executive Assistant, Recorder	Veronica Nelson, VP & COO
Resources:	Emma Elley, CHRO	Paul Truscott, CFO & CIO
Guests:		

1. CALL TO ORDER

Ms. W. Percival, Chair, called the (Open) meeting to order at 6:03 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.

Mr. P. McPherson/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 draft minutes of the (Open) Board of Governors meeting of June 3, 2021 be approved as circulated.

2. MOTION: That the draft minutes of the (Open) Board of Governors meeting of June 17, 2021 be approved as circulated.

3. MOTION: That the Board of Governors receives the draft minutes of the Executive Committee meeting of August 31, 2021.

4. **MOTION**: That the Board of Governors receives the draft minutes of the Quality/Governance & Planning Committee meeting of September 21, 2021.
5. **MOTION**: That the Board of Governors approved the Quality/Governance & Planning Committee Terms of Reference as presented, as recommended by the Quality/Governance & Planning Committee.
6. **MOTION**: That the Board of Governors receives the draft minutes of the Resources & Audit Committee meeting of September 16, 2021.
7. **MOTION**: That the Board of Governors approves the Resources & Audit Committee Terms of Reference as presented, as recommended by the Resources & Audit Committee.
8. **MOTION**: That the Board of Governors receives the report of the Ross Memorial Hospital Foundation CEO dated September 2021.

Thereafter, there was a

MOTION: *That the Board of Governors approves motions 1 through 8 on the (Open) Consent Agenda for October 7, 2021 as presented.*

Ms. C. Norris/Mr. B. Nielson, **CARRIED**

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

3.1 Quality and Patient Safety – Q1 2021/22 – The Quality & Patients Safety Report 2021/22 Q1, and related minutes from the Quality/Governance & Planning Committee meeting of September 21, 2021, were pre-circulated.

149 patient safety incidents were reported in Q1, a 17.3% decrease compared to Q4 2020/21. The most prevalent safety incidents reported were: fall (48), medication/fluid (37), lab/specimen (27) and provision of care (10). Ten percent of all incidents reported resulted in harm, a decrease compared to Q4 2020/21. Staff reported six Good Catches.

Patient safety indicator performance in Q1 fell slightly outside of target for the majority of indicators. The Hospital continues to examine strategies to increase both the hand hygiene audit numbers and compliance rates, including introducing a new automated audit system. Clostridium Difficile Infection (CDI) rates exceeded target. The Pharmacy and IPAC teams are actively investigating the cause of the increase with a focus on anti-microbial stewardship.

The five RMH selected Quality Improvement Plan (QIP) indicators selected for 2021/22 were reviewed and performance noted as follows.

1. Decrease total number of ALC days – Q1 performance exceeded target as there remain a number of long-term care (LTC) beds available in the community.
2. Increase NRC Picker results – patients responded received enough information – Q1 performance improved but did not meet target. The target was set based on the overall LHIN average, peer averages, as well as real-time feedback received from PEP rounding.
3. Decrease percentage of hospital acquired pressure injury – Performance will be based on annual prevalence data.
4. Decrease percentage of unscheduled repeat ER visits following an ER visit for a mental health condition – Q1 performance exceeded target.

5. Decrease number of workplace violence incidents by hospital workers – Q1 performance exceeded target. This indicator was mandatory the previous two years.

3.2 2021/22 Board Work Plan – The draft 2021/22 Board Work Plan, and related minutes from the Quality/Governance & Planning meeting of September 21, 2021, were pre-circulated. The Work Plan is very similar to the one used during the previous board cycle, and aligns to the role of the Board as outlined in the Ontario Hospital Association’s Guide to Good Governance. The Request for Proposal (RFP) for strategic planning services has been issued. The Senior Team will evaluate the proposals received and a Steering Committee will be struck when the vendor is confirmed.

3.3 Board Member Resignation – The related excerpt from the minutes of the Quality/Governance & Planning Committee meeting of September 21, 2021, was pre-circulated. Board member Jim Griepsma recently tendered his resignation from the Board due to an upcoming relocation out of the area. Members noted their preference that the position be filled as soon as possible. The Nominating Committee will meet to review the skills matrix and determine recruitment needs.

Following an opportunity for discussion, there was a

MOTION: That the Board of Governors enlists the Nominating Committee to commence board recruitment to fill the vacant board position as soon as possible.

Ms. B. Kennedy/Ms. P. Clarke, **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 dated October 7, 2021 was pre-circulated. Chief of Staff, Dr. B. Chawla 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 Chief of Staff for October 7, 2021.

Ms. B. Kennedy/Ms. P. Clarke, **CARRIED**

5.2 Report of the President & CEO – The Report of the President & CEO dated October 7, 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 October 7, 2021.

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

6. OTHER BUSINESS

6.1 Next Meeting Date – December 2, 2021.

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

On a motion by Mr. P. McPherson, the Open meeting adjourned at 7:01 pm and the Board moved into its Closed meeting.

Chair

Secretary

Date