



BOARD OF DIRECTORS OPEN MEETING

Thursday, January 28, 2021 at 2:00 pm via MS Teams

PRESENT: Paul Nichols (Chair), Varouj Eskedjian, Cathy Vosper, Sandra Chapman, Nancy French, Joe Csafordi, Valerie Przybilla, Karen MacGinnis, Craig Hitchman, Liz Mathewson, Michael Bunn, Trish Wood, Heather Zak, Kevin Huestis, Bruce Thompson, Robbie Beatty, Dr. Bruce Bain.

REGRETS: Dr. Kelly Parks, Patricia McAllister.

STAFF PRESENT: Aleena Halliwushka (for Board Education session), Alysia English - CNO, Mark O'Dell – CFO, Caitlin Lavoie - Communications Coordinator and Lynda Tinney, Interim EA to CEO and Recorder.

AGENDA ITEM & DISCUSSION	MOTION / DISCUSSION OUTCOME
<p>INTRODUCTION</p> <p>Varouj Eskedjian introduced Caitlin Lavoie, CMH's new Communications Coordinator. Caitlin joined the CMH team in December.</p> <p>Caitlin stated it has been excellent working experience so far and she has met a lot of great people at CMH. Her background is she spent 7 years at the South-East LHIN and was a communications consultant with the Hastings Prince Edward Public Health Unit. Her background includes working in the municipal environment and she is also a professional photographer.</p>	<p>Caitlin Lavoie's position will be shared between the CMH Foundation and the hospital.</p>
<p>EDUCATION SESSION</p> <p>Aleena Halliwushka, CMH's Lab Director, gave a presentation on the "Choosing Wisely Canada" campaign. The campaign is well known nationally, is evidence based, and looks at patient safety and the quality of what we do. Patient education is important and choosing wisely is the foundation of the campaign. There is good communication with the order set committee of the CIS project. PFAC involvement in the campaign will be beneficial.</p>	<p>For information and educational purposes.</p> <p>Progress reports on the efforts made to adopt the choosing wisely approach will be provided to the Quality Committee.</p>
<p>1. CALL TO ORDER</p>	<p>Paul Nichols called the meeting to order at 2:20 pm.</p>
<p>1.1 Quorum</p>	<p>A quorum was confirmed.</p>
<p>1.2 Approval of Agenda</p>	<p>MOVED by Valerie Przybilla; SECONDED by Bruce Thompson that the agenda be approved. CARRIED.</p>
<p>1.3 Declaration of Conflicts of Interest</p>	<p>None declared.</p>

<p>2. APPROVAL OF PREVIOUS MINUTES</p>	<p>MOVED by Karen MacGinnis; SECONDED by Trish Wood that the minutes of the Board of Directors meeting held on November 26, 2020 be approved. CARRIED.</p>
<p>3. BUSINESS ARISING</p>	
<p>3.1 <u>COVID Update</u></p> <p>Alysia English provided the update. From a provincial standpoint, we are starting to see a decrease in the number of cases which is very reassuring. It is also mirrored in what we are seeing in the HKPR Public Health Unit as well and overall in Northumberland County. In Trent Hills, the numbers have decreased and hopefully that trend continues. Island Park was declared on outbreak and late last week the outbreak status was declared over. It was just one case at the retirement home and thankfully it stayed to that one case. From CMH's support standpoint, Marilyn Petherick is able to provide some additional infection control support to some of the retirement homes and local long term care homes as well. CMH is not just supporting the hospital, but is now providing additional infection control support to those organizations and some additional facilities in the community as well.</p> <p>From a hospital standpoint, CMH did have one additional COVID positive patient that was with us on the in-patient unit briefly. That individual has recovered well and was discharged home last week and is doing well. Since then the hospital has had no other COVID positive patients, and today, there are no COVID positive patients in the hospital.</p> <p>With regard to restrictions, some of the biggest changes having been looked at are from a visitation perspective. Prior to the initial December provincial lockdown, we reduced from allowing each patient to have 2 visitors down to 1, and were asking that these people be essential care givers or family members that were supporting the patient prior to coming into the hospital, but also to be there to support them again once they were discharged. Communications were put in place in the last two weeks stating that the hospital was trying to keep the visitors local. There was some concern that some people were coming, not just from other areas in Ontario previously designated as hot zones, but from out of province and even from the United States. It was decided that some very clear, firm directions needed to be put in place. Virtual appointments are available.</p> <p>From the assessment center standpoint, there has been a decrease in volumes. Prior to Christmas, 75 people per day were being swabbed. In the last 2 weeks, the numbers have decreased down to 20 to 40 people per day. The assessment center continues to operate 4 days per week in conjunction with our paramedic partners from Northumberland County.</p> <p>If there is a person working in a long term care home, they have the option to set up a repeat appointment and they are coming to our assessment center. With decreased volumes, self-referral appointments can be made the same day.</p>	<p>For information purposes.</p>

<p>The hold up for the hospital to be able to do COVID testing is Health Canada's approval. The hospital has all the Provincial licensing required, but is waiting for federal approval to actually proceed to do the testing.</p>	
<p>3.2 <u>Accreditation Update</u></p> <p>Alysia English provided an update. The current accreditation process is that the hospital gets surveyed by Accreditation Canada every 4 years. That process will continue when the hospital is surveyed this December 2021. Accreditation Canada is changing that process and will be introducing a continuing assessment program that takes place throughout the 4 year period. Specific guidance and information, once received, will be shared with the Board of Directors. It will be set up in a system or phases, and before you can move on to the next phase, you have to make sure the previous one was actually completed. Some of the existing instruments will be modified. For example, they are revising the governance functioning tool and looking at combining the usual 2 staff surveys, (Work Life Pulse Survey and Canadian Patient Safety Culture Survey) into 1 survey.</p> <p>The upcoming accreditation survey is scheduled from December 6 to 9, 2021 and the majority of the survey will be virtual. The surveyors will come on site for one day.</p> <p>Alysia acknowledged that the Governance Committee completed the self-assessment in January. Results have been received and will be shared with the committee. The governance functioning tool is the instrument that board members were asked to complete individually. There have been 9 responses to date.</p> <p>From an internal hospital perspective, there is a team lead for each of the 11 standards. All of the self-assessments have been completed and work has begun on the action plans for the areas rated as areas of concern. CMH has met the minimum threshold for completion of the staff surveys. Once the results are received, Alysia will put together a slide deck to share the results with staff.</p> <p>Evidence-based continuous virtual platforms will have to be set up since the majority of the survey is virtual, as opposed to having evidence-based binders as in the past.</p>	<p><u>Action:</u></p> <p>The results and action plans from the Governance Committee's self-assessment will be brought to the Board in March to start to work on those areas felt to be non-compliant and identified as a concern.</p> <p>Alysia English will prepare a report showing the results of the staff Work Life Pulse Survey in terms of what the responses were like, to be shared with the Quality Committee and the Board of Directors in March, to give a sense of the tenure and morale of the staff and any issues that they have identified where we need to make improvements.</p>
<p>4. BUSINESS ARISING</p>	
<p>4.1 <u>COVID Vaccination Update</u></p> <p>Varouj Eskedjian provided an update. In regard to distribution of the vaccine, the crux of the issue appears to be some disorganization and not good planning and the inability to get sufficient vaccine. We were recently informed that we would be receiving 3,500 doses of the Moderna vaccine the first week in February which would be sufficient to vaccinate all long term care residents in the region along with all long term care staff and retirement homes. Before February, a shipment of 700 Moderna doses arrived unannounced at the Ross Memorial Hospital, which is the centralized site holding the</p>	<p>For information purposes.</p>

<p>vaccine; certainly not the 3,500 that was expected. Today, we found out not to expect anything on February 1. The delay of the vaccine is hindering best made plans unfortunately.</p> <p>Speaking from a provincial standpoint, Alysia English advised that 700 doses received would start us in phase 1. The priority was to vaccinate residents in long term care and high-risk retirement homes and the staff of those facilities as well and caregivers, but with the 700 doses that have been received, it will barely cover the residents of those facilities.</p> <p>From a hospital standpoint, we have not been asked at this time to assist any facility with the vaccine distribution. The facilities themselves are able to manage the vaccine distribution.</p> <p>The hospital has been preparing more for phase 2 where they look broadly at vaccinating health care workers.</p> <p>It is unknown when staff at CMH will get the vaccine. An Ethical Framework for COVID 19 vaccine distribution was developed in partnership with the COVID vaccine distribution task force to guide further vaccine prioritization and distribution across the province. Alysia explained how prioritization with hospital staff is being done, given the size of our hospital. Our front line workers are prioritized as first.</p> <p>Vaccine distribution in general has been a frustrating issue at this point. There is a system in place associated with administration of the COVID vaccine that documents all of the administration of the vaccine ensuring that anyone who gets the vaccine gets a second dose.</p>	
<p>5. STRATEGIC MATTERS</p>	
<p>5.1 <u>President & CEO Report</u></p> <p>The President & Chief Executive Officer to the Board of Directors was pre-circulated. Varouj Eskedjian highlighted the items referenced in the report.</p> <p>Some internal succession achievements in some key positions in the hospital were highlighted. Ashley Buck is replacing Travis’s position as Collaborative Practice Leader. Katherine Nicholas will begin training for the role of Infection Prevention and Control Officer (a .6 FTE position), while continuing in her role as Medical Laboratory Technologist.</p> <p>The Epic/CIS Wave 1 “go live” date has been delayed because of the third party that is to host the data center. There is a mitigation plan involving the Deloitte (U.S.A. group) doing a review of the hosting situation and particularly this vendor that currently is still engaged in that.</p>	<p>For information purposes.</p> <p>Varouj Eskedjian will send a note to the Board updating them on the Epic/CIS mitigation plan as soon as he receives definitive information.</p> <p>A tour, virtually or in person, of the new Digital X-Ray machine and room will be arranged for the Board in the near future.</p>
<p>5.2 <u>Chief of Staff Report</u></p>	<p>For information purposes.</p>

<p>The Report of the Chief of Staff was pre-circulated. Interim Chief of Staff, Dr. Bruce Bain reviewed the items referenced in the report.</p> <p>Dr. Bain reported on physician staffing in the ER, Med/Surg Unit and Operating Room. With the extra AFA funding until the end of March, there is a second physician covering most shifts in the ER since last November. This means there will be 2 ER physicians and 1 Physician Assistant on duty at all times.</p> <p>ER patient volumes are still below historical norms but acuity continues to be increased.</p>	
<p>5.3 <u>CMH Foundation Report</u></p> <p>The Report of the CMH Foundation was pre-circulated. Bruce Thompson read the report that highlighted <i>2020, The Year of “Unpredictability”, “Pivoting” and “Your Mic is Muted”</i>.</p> <p>Support to the CMH Foundation was incredible in 2020, surpassing their 2020 revenue goals as well as coming under budget in expenses. Total revenue was \$1,299,823 against their budget of \$1,110,600.</p>	<p>For information purposes.</p>
<p>5.4 <u>Auxiliary to CMH Report</u></p> <p>The Report of the Auxiliary to CMH was pre-circulated. Robbie Beatty read the report that included a report from the treasurer and announcements regarding the deferral of the January Polar Plunge and Annual Fashion Show.</p>	<p>For information purposes.</p>
<p>6. <u>BUSINESS and COMMITTEE MATTERS</u></p> <p>6.1 <u>Quality Committee Terms of Reference – 4-040</u></p> <p>Cathy Vosper and Joe Csafordi indicated their partners are members of the PFAC and requested guidance about a possible conflict of interest.</p> <p>The Quality Committee Terms of Reference were pre-circulated. Nancy French advised the Policy Committee and Quality Committee reviewed and updated the Terms of Reference of the committee and is now recommending approval to the Board.</p> <p>Karen MacGinnis noted that there has been a community member on the Quality Committee but that a member from the PFAC has been recommended to be added.</p> <p>Cathy Vosper asked if the PFAC was informed yet of the Quality Committee’s decision to have a PFAC member sit on the committee? Varouj Eskedjian noted that there is to be further discussion at this Board meeting related to the motion and some additional requests under the Governance Committee report. Varouj indicated to the PFAC that the Board is discussing it at this meeting and he will provide a reply both with respect to the Quality Committee, and also the other requests by PFAC to have a seat on the Board of Directors and the CEO Selection Committee.</p> <p>Cathy Vosper advised her partner was a member of the PFAC committee and asked if</p>	<p><u>Consensus</u></p> <p>The Board agreed that there was a conflict of interest and Cathy Vosper and Joe Csafordi excused themselves from all discussions related to PFAC..</p> <p><u>Motion</u></p> <p>MOVED by Karen MacGinnis; SECONDED by Cathy Vosper and CARRIED that the Quality Committee Terms of Reference – 4-040 be approved as recommended by the Quality Committee.</p> <p><u>Action</u></p> <p>Further discussion regarding the new PFAC member on the Quality Committee and other requests of the PFAC to take place under the Governance Committee agenda item 7.1 and Quality Committee agenda item 7.2 as it relates to both committees.</p>

<p>she should excuse herself from those discussions?</p> <p>Joe Csafordi reiterated Cathy Vosper’s comment for himself as he has a partner who is Chair of the PFAC.</p>	
<p>6.2 <u>Community Engagement & Communications Policy – 6-020</u></p> <p>The policy was pre-circulated and presented by Michael Bunn. The policy is the controlling document for our annual community engagement and communications plan. The last plan was dated November 2019 and a new plan is currently being developed. Once completed, the new community engagement and communications plan will be reviewed by the Governance Committee and then recommended to the subsequent Board meeting for approval.</p> <p>Michael highlighted the policy, including the purpose, procedure, oversight and information.</p> <p>Varouj Eskedjian noted the new plan has been drafted and will be sent out to the Governance Committee for presentation and discussion at their February meeting.</p> <p>The Board’s work plan does not reflect this oversight approval scheme and will have to be reviewed and revised accordingly.</p>	<p><u>Motion</u></p> <p>MOVED by Bruce Thompson; SECONDED by Kevin Huestis and CARRIED that the Community Engagement & Communications Policy 6-020 be approved by the Board of Directors as recommended by the Governance Committee.</p>
<p>6.3 & 6.4 <u>CEO Selection & Succession Planning Policy and CEO Search Committee Terms of Reference – New Policies</u></p> <p>Heather Zak presented the two new policies that were pre-circulated. These policies are already enacted and being followed.</p>	<p><u>Motion</u></p> <p>MOVED by Karen MacGinnis; SECONDED by Bruce Thompson and CARRIED that the CEO Selection Planning Policy and the CEO Search Committee Terms of Reference Policy be approved by the Board of Directors as recommended by the Governance Committee.</p>
<p>6.5 <u>Risk Management Policy - 5-020</u></p> <p>Michael Bunn highlighted the policy statement, purpose, procedure, and monitoring and oversight segments of the policy.</p> <p>Under “procedure” there is a plan and there are 2 parts to the plan – methodology and reports. The risk management report has gone to the Policy Committee and on the agenda for this meeting. The policy specifies 5 basic elements that are required in the plan. An addition to the policy is the 5th basic element “Prioritize risks”. This is extremely complicated and detailed and what is most important for the Board is to have a summary of the top 10 risks and discuss them, monitor them and identify mitigation strategies.</p> <p>The idea is for risk management issues to be identified in committee meeting agendas to bring to the committee’s attention that in fact we are doing risk management oversight. In terms of the ultimate oversight, the Board will approve the plan annually. It will be an ongoing process at every committee meeting. Ultimately the plan will be reviewed and</p>	<p><u>Motion</u></p> <p>MOVED by Craig Hitchman; SECONDED by Karen MacGinnis and CARRIED that the Risk Management Policy 5-020 be approved by the Board of Directors as recommended by the Governance Committee.</p>

<p>approved annually and will require a change in the Board’s work plan.</p>	
<p>6.6 <u>Finance/Audit Committee</u></p> <p>6.6.1 Audit Plan – Mark O’Dell presented the Audit Plan that was pre-circulated and noted some key highlights.</p> <p>The materiality limit is staying at \$500,000 as in the prior year. Materiality is used to identify risks of materials misstatements, develop an appropriate audit response to such risks, and evaluate the level at which they think misstatements will reasonably influence users of the financial statements. Materiality has been set consistent with prior years.</p> <p>The audit will be focusing on financial impacts from COVID challenges. They will also focus on work-from-home financial controls and payroll system as it is the biggest cost to the hospital will be continued area of focus for them.</p>	<p><u>MOTION</u></p> <p>MOVED by Valerie Przybilla; SECONDED by Bruce Thompson and CARRIED approval of the Audit Plan, the December 2020 Financial Statements and the purchase of the Chemistry Analyzer.</p>
<p>6.6.2 Financial Statement to December 31, 2020 – Mark O’Dell highlighted the financial statements that were reviewed by the Finance/Audit Committee and pre-circulated to the Board. Revenue is stronger because of COVID re-imburement received and funding from the Foundation. Overall the hospital is (\$164,000) over budget resulting from \$300,000 worth of revenues that have been lost due to COVID.</p>	
<p>6.6.3 Chemistry Analyzer – Mark O’Dell advised the hospital has an opportunity to acquire a new chemistry analyzer for the lab. The premise is it will reduce the cost of the reagents so we can fund the acquisition as a capital item. The seven year cost reduction will be approximately \$150,000 and the cost of the equipment will be \$150,000. There will be a net operating savings of approximately \$70,000 over a 7 year period. This was approved by the Finance/Audit Committee to move forward.</p>	
<p>6.7 <u>Professional Staff Credentialing</u></p> <p>Dr. Bruce Bain presented professional staff applications that were reviewed and approved by the Credentials Committee and MAC and are recommended to the Board for approval.</p> <p>Dr. Sara Brisbin – Consulting - Gerontologist Dr. Cian Hackett – Term – Emergency medicine Dr. David Li – Term – Emergency Medicine Dr. Mathew Patenaude – Locum Tenens – Family Medicine/Hospitalist Dr. Fateme Salehi, Consulting – GNMI Medical Imaging Group</p>	<p><u>MOTION</u></p> <p>MOVED by Cathy Vosper; SECONDED by Joe Csafordi and CARRIED that the following professional staff applications be approved as recommended by the Credentials Committee and MAC:</p> <p>Dr. Sara Brisbin – Consulting - Gerontologist Dr. Cian Hackett – Term – Emergency medicine Dr. David Li – Term – Emergency Medicine Dr. Mathew Patenaude – Locum Tenens – Family Medicine/Hospitalist Dr. Fateme Salehi, Consulting – GNMI Medical Imaging Group</p>
<p>7. THE MATERIALS</p>	
<p>7.1 <u>Draft Governance Committee meeting minutes of December 3, 2020</u></p> <p>Varouj Eskedjian stated that the Governance Committee went through the self-</p>	<p><u>DECISION</u></p> <p>Cathy Vosper and Joe Csafordi excused themselves</p>

assessment exercise in January and there were some standards related to how the governing body hears and incorporates the “voice” of clients and their families. The standard states the governing body includes clients and families where possible. There was a discussion about PFAC which is the patient and family advisory committee developed 2 years ago. We had been on the developmental mode for at least the first year and just before we were to expand further, the COVID pandemic began. The members of PFAC are eager to make a positive contribution to the organization and ultimately the experience of patients and family members that access CMH. The discussion emanated from the discussion of these two standards and it was passed over to the Quality Committee to ask, should there be consideration of the PFAC as a sitting member of the Quality Committee, and furthermore, should there be representation at the Board level. Subsequent to that, the Board Chair and Vice Chair received an email from the Chair of the PFAC requesting to specifically sit on the Board as members as well as on the CEO Selection Committee.

There is a motion from the committee for a member of the PFAC to sit on the Quality Committee, but there is a separate recommendation that then speaks to consideration of having a seat on the Board.

Two separate items, one is specifically a motion and the second is a recommendation.

The issue is the motion from the Quality Committee to have a member of the PFAC sit on that committee, and the second would be a request for membership on the Board.

The Quality Committee did approve their Terms of Reference at their last meeting. The membership of the committee now includes one representative from the PFAC.

The Board agreed that PFAC has a role to play that is one that is valued, but it is unclear what the nature of the request really consists of.

- what the PFAC is doing?
- what they have done? and
- what they are hoping to be able to do?

by membership on the Quality Committee and the Board.

A lengthy discussion ensued and there was consensus that the Board needs more information to understand and be clear as to what the PFAC’s plans are, who is on this committee and what their Terms of Reference are? An email from the Co-Chair of PFAC was received subsequent to the Quality Committee meeting. There is one draft of the PFAC’s Terms of Reference and it has been rewritten again with significant changes.

Two considerations were discussed:

- 1) PFAC’s representation status on the Quality Committee which the committee has committed to; and

from the discussion relevant to PFAC.

ACTION

- **Karen MacGinnis and Cathy Vosper agreed to retract their motion approving the Quality Committee Terms of Reference until a later date.**
- Table further discussion to the next Governance Committee meeting. Alysia English and Varouj Eskedjian will have some initial information that they had gathered at the outset of founding the PFAC, and will gather more information from PFACs in other small hospitals, to get a sense of what their PFAC Terms of References are like and how do they ultimately report and relate to their Boards in their structures.

Governance Committee will report back to the February 25 Board of Directors meeting in terms of furthering the discussion.
- Varouj Eskedjian will communicate with PFAC to inform them what the steps and timelines will be in the process forthcoming.

2) Board participation.	
7.2 <u>Draft Quality Committee meeting minutes of January 14, 2021</u> 7.2.1 Risk Management Plan power point 7.2.2 Performance Dashboard	For information purposes.
8. MOTION TO ADJOURN THE OPEN MEETING & MOVE INTO THE IN-CAMERA MEETING	MOVED by Craig Hitchman and SECONDED by Bruce Thompson that the Open meeting adjourned at 4:05 pm and the Board moved into its In-Camera meeting.