



# BOARD OF DIRECTORS MINUTES

Thursday, September 8, 2022 at 4:00 pm



Virtual via Zoom

Approved October 13, 2022

**PRESENT:**

<i>Elected Directors:</i>	Moreen Miller	Dave Uffelmann	Tim Ellis	Line Villeneuve
	Marsha Barnes	Carla Clarkson-Ladd	Anna Landry	Bruce Schouten
	Brenda Gefucia	John Sisson	Evelyn Bailey	
<i>Ex-Officio Directors:</i>	Cheryl Harrison	Dr. Khaled Abdel-Razek	Dr. Ken Hotson	
	Dr. Allison Small	Melissa Bilodeau		
<i>Executive Support:</i>	Janice Raine	Andrew Gall	Brody Purser	
<i>Staff Resources:</i>	Tammy Tkachuk	Allyson Snelling		
<i>Guests:</i>	Dr. Rose Zacharias	Lauren Calligen	Janine van den Heuvel	Dr Rohit Gupta

## 1.0 CALL TO ORDER

The meeting was called to order by the Chair, Moreen Miller at 4:00 pm. Participants were asked to reflect on the Land Acknowledgment Statement and were informed that today is Canada’s Official Languages Day. Canada’s rich history of many Indigenous languages was noted and it was acknowledged that many of the actions of the past have harmed or limited the development of these languages, and in recent years Canadians have come to better understand the role that languages play in our Indigenous communities especially when it comes to health care. The Chair welcomed meeting participants and in Ojibway stated “Welcome, I am happy you are back.”

The Chair also recognized the death of Queen Elizabeth II noting that her influence on the history of Canada will not be forgotten.

## 1.2 APPROVAL OF AGENDA

*It was hat the meeting agenda be approved as circulated.*

## 1.3 DECLARATION OF CONFLICT OF INTEREST

Members were reminded that conflicts are to be declared for any agenda items and the Director shall not attend any part of a meeting during which the matter in which they have a conflict is discussed. There were no conflicts of interest declared.

## 1.4 PHYSICIANS’ ROLE IN HOSPITAL AND HEALTHCARE LEADERSHIP

Dr. Rose Zacharias, the President of the Ontario Medical Association (OMA) was welcomed and introduced by Dr. Khaled Abdel-Razek, Chief of Staff. A presentation was provided outlining how physicians are well positioned to identify system solutions, the importance of developing physician leaders, the OMAs recommendations to improve health care delivery and the importance of building a strong relationship between physicians, the hospital and the Board. At the conclusion of the presentation, the floor was open for questions and comments.





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With respect to the OMAs physician leadership program, it was noted that it is a new program and the Board can encourage physicians by ensuring there is awareness of the opportunity regarding this esteemed program.

In terms of the current state and future of Canada's health care system, the importance of a publicly funded system was reinforced and it was noted that improvement needs to focus and strive for equity and access for all. The Board was further informed that all of the OMA's recommendations are tabled under the umbrella of preserving a publicly funded system.

In response to a question relative to advocacy for recognition and remuneration related to the challenges associated with physicians transitioning to an administrative role, it was recognized that more needs to be done as physicians are needed at these leadership and decision making tables.

The Chair thanked Dr. Zacarias for the presentation and reinforcing that many of MAHC's challenges are shared broadly.

## 1.5 PATIENT STORY

Cheryl Harrison shared a patient story that highlighted the impact that staffing shortages can have on patients, their families and the Team members that care for them. Gratitude was expressed for the story as it provided better appreciation for the Board as to the effect of the many redirect memos that they are in receipt of.

## 2.0 REPORTS

### 2.1 CHAIR'S REMARKS

The Chair welcomed all new Director and Staff members to the table. The Board was informed that given the space constraints internally, staff have been requested to explore options off site large enough to accommodate future Board meetings. The Board was informed that work is underway to coordinate an informal gathering to express appreciation to former Directors; additional details will follow. The date of the upcoming Board Retreat was noted – October 31, 2022.

The Chair recognized September 23, 2022 as Bi Visibility Day and September 30<sup>th</sup> as the National Day for Truth and Reconciliation.

The Board was referred to the upcoming events list for the Foundations as appended to the agenda and encouraged Directors participate as they are able.

As the Fall meeting schedule gets underway, the Chair thanked all Directors for their dedication in advance and recognized the hard work ahead. Likewise the staff team was acknowledged for the work to provide excellent care and reinforced that the Board is here to support that work.



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## 2.2 REPORT OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

The September report of the President and CEO was received for information as pre-circulated with the meeting package. Highlights from the report included the new Indigenous Patient Navigator role and the progress over the summer related to Capital Redevelopment. Terry Shields, former Chief Financial Officer was recognized for his great leadership over the years. The Board Rounding proposal was also outlined and explained that it will be an opportunity for Directors to hear directly from front line Team members. With respect to the ongoing health human resource challenges, the MAHC Team was commended for their ongoing commitment to identify solutions and as a result there have been many innovative strategies identified. The Board was also thanked for their response to the receipt call out regarding any temporary housing opportunities. As a result of the responses, the Team is exploring a more proactive approach to help address these issues in the future. A question was raised with respect to Nurse Practitioner recruitment. It was explained that generally there is more supply of this discipline however there is some wage related competition as a result of collective agreement versus the community structure. There were no actions arising from discussion questions raised.

## 3.0 PROGRAM QUALITY & EFFECTIVENESS

### 3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The June Medical Advisory Committee report as well as the report from the Chief of Staff covering the period of July and August 2022 were received for information. Highlighted from the reports was the ongoing recruitment for surgery and internal medicine, as well as the work underway to identify additional supports for the hospitalist program. In response to a question with regards to internal medicine recruitment, it was confirmed that this recruitment is focusing on specific candidates at this time.

### 3.2 QUALITY & PATIENT SAFETY REPORT Q1

Dave Uffelmann, on behalf of the Quality and Patient Safety Committee presented the first quarter Quality and Patient Safety Report highlighting the dashboard approach. It was explained that it is preliminary at this time with more work to be done and the intent is to provide a better understanding of the results and where more detailed discussion may need to be required.

In terms of the current results, the Board was assured that adequate attention is being focused on the areas that are not performing well. Medication Reconciliation on Discharge is being addressed from several different direction in an effort to impact improvement. Overcapacity continue to be a challenge that has been further exacerbated by health human resources challenges. With respect to patient satisfaction, the Board was provided with a brief overview of the work provincially related to the identification of a new vendor. The floor was open for comments and questions.

A question was raised regarding how to interpret the dashboard results as it pertains to the three year quality and patient safety plan. It was explained that it is one area that requires further work and how best to integrate it into the dashboard. The reds do not necessarily indicate a 'not meeting target' but rather



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indicate the number of initiatives that have not yet started in year two of the three year plan. It was reinforced that the full detail is available in the larger results report linked to the dashboard.

A comment was provided for the benefit of new Directors with respect to the amount of information that is primarily accumulated outside of MAHC's control and acknowledged that the lag in receiving the information can be frustrating and difficult to manage. All hospitals experience similar challenges.

There were no actions as a result of the questions or discussion.

### 4.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

#### 4.1 FINANCIAL RESULTS

On behalf of the Resources and Audit Committee, Tim Ellis presented the year to date financial results as at July 31, 2022 noted the surplus position of \$3.5 million versus the budgeted deficit. From the report highlights includes the funding for the ten transitional beds, expected pressure on the surplus moving forward as a result that the incremental expenses will not be funding and the continued pressures on the system and the continuing impacts and risks related to isolation burden. The change in the funding model for the Assessment Centre was noted. The Board was also informed that as a result of the discussions at the Committee meeting, the Finance Team is exploring a better forecasting model. There were no comments or questions from the floor.

*It was moved, seconded and carried that the Financial Results Year to Date July 31, 2022 be received.*

### 5.0 ENSURE BOARD EFFECTIVENESS

#### 5.1 CAPITAL REDEVELOPMENT GOVERNANCE STRUCTURE

John Sisson presented the pre-circulated documents related to the proposed governance structure highlighting that the Board was provided with the Capital Redevelopment Steering Committee Terms of Reference for approval and the draft Capital Redevelopment Operations Committee Terms of Reference for information purposes. It was also highlighted that a project management approach will be utilized moving forward and that the User Groups are of importance in ensuring broad input is received. The Governance Committee did have questions regarding the lack of detail in the Terms of Reference and it was explained that a Project Charter with that detail will come forward to the Board for approval in the future. The Committee had no substantive amendments for the Terms of Reference beyond minor clerical items. The floor was open for questions and comments.

Clarification was provided regarding the purpose and accountabilities of the two Committees in that the Capital Redevelopment Operations Committee is charged with ensuring a plan is developed and executed at the operational level while the Capital Redevelopment Steering Committee will oversee and be ultimately responsible to ensure the project remains on schedule and on budget. It was further noted that the Capital Redevelopment Steering Committee will oversee the work of the Local Share Committee.



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*It was moved, seconded and carried that the Capital Redevelopment Steering Committee Terms of Reference be approved.*

### 5.2 CAPITAL REDEVELOPMENT STEERING COMMITTEE MEMBERSHIP

The proposed membership of the Capital Redevelopment Steering Committee was presented as outlined in the decision document. It was also noted that given the length of the Capital Redevelopment project broadly, all members of the Board will have an opportunity to participate on this Committee. Following a review of the criteria to determine the proposed membership, there were no questions arising from the floor.

*It was moved, seconded and carried that the following Directors be appointed to the Capital Redevelopment Steering Committee, recognizing that further discussion will occur regarding the process to identify a Committee Appointee Member: Dave Uffelmann as Chair, Moreen Miller, Brenda Gefucia, Evelyn Bailey, Carla Clarkson-Ladd.*

The Board was reminded that the previously approved Committee assignments includes Dave Uffelmann as chair of the Local Share Committee. In moving forward with the membership of the Capital Redevelopment Steering Committee, it was believed that the best approach would be to have the previous Local Share Committee Chair, Moreen Miller, return to that role given the experience and likelihood that the work of this Committee will wrap up in the near future.

*It was moved, seconded and carried that the replacement of Dave Uffelmann as Chair of the Local Share Committee by Moreen Miller be approved.*

Moreen Miller expressed appreciation to all involved in the development of this structure and thanked the Governance Committee for their flexibility in hosting a special meeting to move this forward.

### 5.0 STRATEGIC DIRECTIONS

#### 5.1 STRATEGIC PLANNING COMMITTEE STRUCTURE

Evelyn Bailey explained that in discussion with several Directors, the Board is being asked to consider suspending the Strategic Planning Committee that currently meets once per year. The Strategic Plan needs to evolve and there have been two fundamental changes that need to be incorporated – that of a new President and CEO as well as the new developments in the Capital Redevelopment project. It was suggested that the upcoming Board retreat focus on these two factors and how they impact the Strategic Director for the corporation.

A motion was moved and seconded to suspend the strategic planning committee in its current form at this time as the Board holistically navigates the addition of the new President and CEO and the associated vision as it relates to the capital redevelopment, and the current Strategic Planning Committee Chair will continue to shepherd the strategic focus.



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Discussion ensued relative to the Board retreat in that the agenda is full and may not lend itself to developing a new strategic plan. It will need to be a multi-pronged approach to developing the plan. Clarification was sought regarding the expectations; it was explained that the new President and CEO as well as the capital redevelopment work both need to have input into the Strategic Plan. It was also further noted that this has not been identified as a priority for the current year. It is also a shared accountability with the Board. Given the solid pillars of the current plan and the association operational actions plans, it was suggested this it does not need to be a priority for the current fiscal. It was also acknowledged that the purpose of the Strategic Planning Committee has changed and further consideration is needed as to their role.

*It was moved, seconded and carried that the work of the Strategic Planning Committee be suspended and that a recommendation be brought back to the Board, at an appropriate time, regarding an action plan for both a Strategic Planning Committee structure and ensuring the Strategic Plan has suitable inputs from the Capital Redevelopment project as well as the new Executive Team.*

### 7.0 LEADERSHIP

#### 7.1 ANNUAL PERFORMANCE OBJECTIVES – PRESIDENT AND CHIEF EXECUTIVE OFFICER

Moreen Miller presented the proposed annual performance objectives for the President and CEO and noted that they have been aligned with the Strategic Plan and the format is aligned with the Chief of Staff as it relates to identifying those that are associated with the pay at risk portion.

A question was raised regarding how the pay at risk objectives were determined. It was explained that this was a comprehensive discussion with the Board Chair and Vice Chair, and generally the pay at risk were to be those objectives that are specific to the role and impacted by the individual rather than Team goals; those items that the role could have reasonable control to affect them coming to fruition. The Board was also reminded that that the pay at risk portion is marginal was carved out of the base salary when implementation.

*It was moved, seconded and carried that the 2022/2023 Annual Performance Objectives of the President and Chief Executive Officer be approved.*

### 8.0 CONSENT AGENDA

*It was moved, seconded and carried that the following items be approved or received as indicated:*

- 8.1 *Approval of the Board of Director Meeting Minutes of June 9, 2022*
- 8.2 *Approval of the Board of Director Meeting Minutes of June 20, 2022*
- 8.3 *Receipt of the Quality & Patient Safety Committee Report of August 25, 2022*
- 8.4 *Approval of the Quality & Patient Safety Committee Work Plan for 2022/2023*
- 8.5 *Receipt of the Resources & Audit Committee Report of August 26, 2022*
- 8.6 *Approval of the Resources & Audit Committee Work Plan for 2022/2023*
- 8.7 *Receipt of the Compliance Report*
- 8.8 *Receipt of the Governance Committee Report of August 24, 2022*
- 8.9 *Approval of the Governance Committee Work Plan for 2022/2023*





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- 8.10 *Receipt of the Performance Management Committee Report of August 29, 2022*
- 8.11 *Approval of the Performance Management Committee Work Plan for 2022/2023*
- 8.12 *Receipt of the Inclusion, Diversity, Equity and Anti-Racism Working Group Report*

### 9.0 ADJOURNMENT

*It was moved that the open session be adjourned at 5:54 pm and the Board of Directors proceed into the in-camera session following a short recess.*