

Perth and Smiths Falls District Hospital

Board of Directors Meeting

Tuesday, May 25, 2021

Via Videoconference @ 7:30 a.m.

PRESENT: S. Bird, G. Church, K. Clupp, C. Dolgowicz, L. Drynan, J. Fenik, Dr. B. Guppy, J. Hewitt, B. Hirst, Dr. W. Hollis, *D. Howard, Chair*, S. Pankow, Dr. M. Roberts, N. Shaw, Dr. K. Stolee, A. Thomlinson, Dr. K. Wickens

REGRETS: Dr. A. Kuchinad

IN ATTENDANCE: D. Hodgins, VP, Finance & Support Services, K. Kelly, Recording Secretary, M. Young, President, GWM Auxiliary, H. Bedor, ED, LCSS, R. Fromowitz, ED, LCMH, J. Wood, Patient Story

1. Call to Order – D. Howard

D. Howard, Chair, called the meeting to order at 7:31 a.m.

2. Chair's Remarks – D. Howard

D. Howard welcomed everyone to today's meeting and offered the following remarks.

She reminded the members that there is a special board meeting tomorrow regarding the regional HIS initiative. The intent of the meeting is to review the HIS proposal and direct questions to the HIS executive leads and ultimately consider a motion regarding the PSFDH support for the initiative. B. Hirst indicated that he may not be able to participate due to a planned power outage.

D. Howard also noted that the draft audited financial statements will be considered today and R. Fromowitz, ED, LCMH will present her quarterly report.

3. Patient & Family Centred Care – N. Shaw

N. Shaw welcomed J. Wood to the meeting to speak to her family's experience in the recent months. Mrs. Wood spoke about her late husband's journey in Florida and his return to his hospital in Smiths Falls. She spoke very highly of the communication with her and her family and efforts made to ensure visits by family.

D. Howard thanked Mrs. Wood for sharing her family's story that was very touching to all members. The story provided great insight for the members and serves as a reminder as to why the board is at the table. She offered her sincere condolences to Mrs. Wood and family over the loss of their husband and father.

J. Wood left the meeting at 7:45 a.m.

4. Declaration of Conflict of Interest – D. Howard

D. Howard reminded members to declare at any point during the meeting.

5. Approval of Agendas – D. Howard

a) Regular Meeting and Consent Agendas

D. Howard confirmed that the draft minutes are posted to the portal earlier for members to review.

Regular Meeting Agenda/ Consent Meeting Agenda

RESOLUTION No. 57/21

*MOVED by C. Dolgowicz
SECONDED by J. Fenik*

The regular meeting and consent agendas were approved as presented.

CARRIED.

6. Foundations & Auxiliaries

a) PSFDH Foundation – Dr. K. Wickens

Dr. K. Wickens reported that the Foundation submitted the by-laws to CRA for review and approval. The “Future Stars” program was launched in support of women’s health initiatives. To date, eight stars have been sold.

b) GWM Auxiliary – M. Young

M. Young indicated that she did not have a formal report to share. The GWM Auxiliary has requested to have some volunteers onsite to work on the GWM Site gardens. The request is pending approval.

7. Action Items

7.1 Leadership Report – Dr. B. Guppy

Dr. B. Guppy referred the members to the May 2021 Leadership Report which was shared in advance of the meeting. He highlighted the following:

- Ontario Health has modified its organizational structure and will see a reduction of two Chief Regional Officers (from five.) PSFDH is part of the Eastern Ontario Region and this region will now be included with the Toronto Region. General discussion regarding dilution of population with the larger centre.
- Surgical services are resuming following almost six (6) week service reduction. Dr. B. Guppy advised that approximately 125 surgeries have been delayed but it is anticipated that the team can catch up. Dr. B. Guppy noted that the difference from the initial ramp down is that hospitals were permitted to continue with or diagnostics and clinical services.
- Vaccination rates – sense they may be underreported or underestimated as the rates are reliant on the employee advising Occupational Health if they are vaccinated at another location.
- Quality Based Procedures – PSFDH continued to perform well despite the impacts throughout the year (of pandemic.)
- Ontario Health Teams – the group continues the process of implementing the OHT CDMA structure. The first step is the population and inaugural meetings of the North and South Multi-Sector Collaboration Committees. PSFDH is aligned with the North group.
- Dr. B. Guppy acknowledged the generous donations to the hospital team from the community and their ongoing support.

K. Clupp suggested a public recognition with local media related to the donations and continued support for staff.

RESOLUTION No. 58/21

*MOVED by K. Clupp
SECONDED by B. Hirst*

THAT the PSFDH Board of Directors accepts the Leadership Report as presented.

CARRIED.

7.2 Chief of Staff Report – Dr. K. Stolee

Dr. Stolee appreciated hearing J. Wood’s story and asked N. Shaw to pass along remarks.

Dr. Stolee referred the members to the report included in the meeting materials. She highlighted the following items:

- MAC credentials to be in closed session.
- The proposed by-law amendments (found under Agenda Item 9.1 New Business) have been sent to Medical Staff Association for review and the proposed amendments will then be reviewed by Medical Advisory Committee for recommendation to the board (anticipate by June board meeting).
- Dr. K. Stolee reflected on special board meeting to discuss the HIS initiative. She shared a story regarding a patient who suffered a stroke and the subsequent patient journey with an estimated 200+ people contributing to the patient's chart—this manual process will be much simpler with HIS. She encouraged everyone to attend and shared her enthusiasm with this project and achieving this milestone.

RESOLUTION No. 59/21

*MOVED by Dr. W. Hollis
SECONDED by L. Drynan*

THAT the PSFDH Board of Directors accepts the Chief of Staff Report as presented.

CARRIED.

7.3 Medical Staff Association (MSA) Report – Dr. M. Roberts

Dr. M. Roberts reported that there are no pressing matters. He confirmed that Dr. Guppy continues to attend MSA meetings and the MSA appreciates this opportunity.

In regards to HIS, Dr. M. Roberts reported that the Medical Quality Assurance Committee reviews critical incidents to determine root causes and implement strategies to avoid similar incidents. He noted that one matter that prevents implementing some safety measures and controls is limited by the hospital's current HIS. He remarked that as a patient moves through system, they receive various medication orders which are not all easily tracked electronically. The current HIS does not recognize medications pre/post/discharge periods (as an example) and a manual review is conducted. The human element increases the potential for medication errors.

He stated that the MSA would like to have had the new HIS yesterday and until the new system is in place, there is very little we can do to manage the potential human errors.

7.4 Governance Committee Items – J. Hewitt

i) Governance Process Policy No. 2.24, "Community Panels Terms of Reference"

J. Hewitt reported that the Liaison and Governance Committees have reviewed the proposed terms of reference and the initial draft was shared with the Board.

*Preliminary motion
MOVED by J. Hewitt
SECONDED by G. Church*

THAT the PSFDH Board of Directors accepts the recommendation of the Governance Committee to approve the Governance Process Policy No. 2.24, "Community Panels Terms of Reference" as presented.

Prior to carrying the motion, S. Bird asked for clarification on the length of term as he suggested that the potential length of service could be 12 years under the proposed wording (input problematic wording). The members agreed that the renewal of one term is sufficient.

AMENDED MOTION:

RESOLUTION No. 60/21

MOVED by J. Hewitt
SECONDED by G. Church

THAT the PSFDH Board of Directors accepts the recommendation of the Governance Committee to approve the Governance Process Policy No. 2.24, "Community Panels Terms of Reference" with the change to "Term of Membership" to read, "...with an option for renewal for three years but may resign at any time."

CARRIED.

ii) By-Law Amendment – Article 4.1, "Composition of Board"

J. Hewitt referred the members to the proposed change to Article 4.1, "Composition of Board" to add reference to the new member to the board (PSFDH Foundation Chair or designate.) The revised article if approved, will be brought to the 2021 AGM for full membership approval.

MOVED by J. Hewitt
SECONDED by Dr. W. Hollis

THAT the PSFDH Board of Directors accepts the recommendation of the Governance Committee to approve Article 4.1, "Composition of Board" as amended to include reference to include the Chair or designate of the Perth and Smiths Falls District Hospital Foundation as ex officio voting member.

Prior to calling support for the motion, S. Bird requested clarification on the position of "Mayor" as municipal representative (as the by-law suggests having a "municipal councillor"). G. Church clarified that the mayor is a councillor under the *Municipal Act*. Discussion ensued and it was suggested that reference to "councillor" in Article 4.1 b) i) and ii) be changed to "representative".

Based on the discussion, the motion was amended as follows:

AMENDED MOTION:

RESOLUTION No. 61/21

MOVED by S. Bird
SECONDED by S. Pankow

THAT the PSFDH Board of Directors accepts the recommendation of the Governance Committee to approve Article 4.1, "Composition of Board" with the following amendments and changes:

- Article 4.1 b) i) and ii) will be modified to remove reference to "councillor" and replace with, "elected representative"; and
- Addition of Article 4.1 d) to include reference to the Chair or designate of the Perth and Smiths Falls District Hospital Foundation as ex officio voting member.

CARRIED.

7.5 Finance Committee Items – K. Clupp

i) Draft 2020/21 Audited Financial Statements

K. Clupp reported that the draft 2020/21 audited financial statements were reviewed at the May 2021 Finance Committee meeting and noted that PSFDH ended the year in a good position. D. Hodgins noted that there will be formatting changes made before the AGM however the substance and numbers will not change. D. Howard added that the corporation membership will approve the final statements.

RESOLUTION No. 62/21

MOVED by K. Clupp
SECONDED by B. Hirst

The PSFDH Board of Directors hereby accepts the recommendation of the Finance Committee and approves the audited financial statements for the year ending March 31, 2021 as prepared and revised by Allan & Partners Chartered Accountants;

FURTHER that the audited financial statements be brought forward for the approval of the corporation membership at the 2021 Perth and Smiths Falls District Hospital Annual General Meeting.

CARRIED.

ii) BPSAA Attestations

K. Clupp reviewed the attestation information at the May 2021 Finance Committee meeting and he brought forward the following resolution:

RESOLUTION No.63/21

MOVED by K. Clupp

SECONDED by L. Drynan

THAT the PSFDH Board of Directors hereby accepts the recommendation of the Finance Committee and accepts the attestations prepared in compliance with section 15 of the Broader Sector Accountability Act 2010 as presented.

CARRIED.

iii) Capital Equipment Requests

K. Clupp reported that the Finance Committee reviewed the proposed capital equipment list. S. Bird requested clarification on the process of acquiring high/urgent needs should there be a funding shortfall. He also asked if a donor could direct their donation to a specific item.

Dr. B. Guppy advised that donors remain in control of where to direct their gifts as part of the donor agreement. He also stated that all effort is made to ensure that the items on the urgent/high priority list are purchased first. He added that the prioritization process is in place to ensure that the most important items are at the top of the list.

RESOLUTION No.64/21

MOVED by K. Clupp

SECONDED by S. Bird

THAT the PSFDH Board of Directors accepts the recommendation of the Finance Committee to authorize hospital staff to proceed with the finalized list of 2021/22 Capital Equipment needs as presented in Appendix A.

CARRIED.

7.6 Draft Corporate Balanced Scorecard – N. Shaw/L. Drynan

L. Drynan reported that the Board Quality Committee reviewed and recommended board approval of the draft scorecard.

Discussion ensued regarding the two financial items and their significance in terms of capturing the hospital's financial sustainability. D. Hodgins indicated that there are many indicators to measures and the two measures included are aligned with the H-SAA. Dr. B. Guppy noted that it is difficult to determine which financial measure is most appropriate to track. The Finance Committee will discuss this item.

N. Shaw commented that the purpose of the corporate balanced scorecard is to align with the operational plan, the quality improvement plan (QIP) and H-SAA. She reminded members that the QIP is on pause this year and with no current QIP indicators, PSFDH created internal indicators that align with other documents.

RESOLUTION No.65/21

*MOVED by L. Drynan
SECONDED by K. Clupp*

THAT the PSFDH Board of Directors accepts the Board Quality Committee recommendation to approve the 2020/21 Corporate Balanced Scorecard as presented.

CARRIED.

8 Business Arising from Minutes – Nil.

9 New Business

9.1 Professional Staff By-Law (Proposed) Amendments – Dr. K. Stolee

This item was discussed earlier in the meeting.

10 Board Committee Reports

10.1 Board Quality Committee – May 13, 2021 – L. Drynan

a) Committee Report to the Board

The Committee Report to the Board was included in the materials. The corporate balanced scorecard was discussed earlier. The Committee continues to receive informative education sessions.

10.2 Liaison Committee – May 14, 2021 – Dr. W. Hollis

a) Committee Report to the Board

The Committee Report to the Board was included in the materials. Dr. Hollis reported that United Counties of Leeds and Grenville have agreed to a three-year contribution to the core capital program. This rounds out ongoing efforts to work with our municipal partners to support the hospital's capital needs.

K. Clupp commented that he has spoken with Montague Township Reeve who indicated that the Township Council has not voted on the matter. It was suggested that an update be provided to the Township Council to address concerns and questions. Montague Township's concern is that they may be contributing twice given the overarching commitment of Lanark County.

Dr. B. Guppy added that the information requested from Montague Township remains embargoed but he will make best effort to address concerns/answer questions.

Going forward the Foundation will be involved with presentations, stewardship and recognition programs.

10.3 Governance Committee – May 18, 2021 – J. Hewitt

a) Committee Report to the Board

The Committee Report to the Board was included in the materials.

b) Acclamation of Directors 2021

He referred the members to the proposed acclamation of directors and noted that the supporting information outlining the member terms and renewals. J. Hewitt reported that the committee reviewed the terms to ensure that they align with the by-laws. This document was shared for information. K. K will circulate the updated terms listing to the members.

10.4 Finance Committee – May 20, 2021 – K. Clupp

a) Committee Report to the Board

The Committee Report to the Board was included in the materials.

b) CFO Report

The CFO report was included in the materials.

10.5 Sponsored Organizations – D. Howard

D. Howard thanked H. Bedor and R. Fromowitz for joining today's meeting and providing updates.

At this point, she asked R. Fromowitz to provide her quarterly report.

a) Lanark County Mental Health – R. Fromowitz

R. Fromowitz presented her quarterly report. She shared a success story that is most impactful (Mission Moment). A written report was included in the materials.

She highlighted the following items from her presentation:

- Mission Moment – this is a client testimonial about the service and care received.
- Current significant issues:
 - o Ongoing service provision – LCMH continues to provide both virtual and in-person mental health and addictions services to clients
 - o There has been a surge in client referrals with an average 17 new referrals per day (at the end of Q4). The previous year there were an average 12 per day.
 - o Psychiatry services – the primary LCMH psychiatrist is contracted by Brockville General Hospital (BGH) under a memorandum of understanding with LCMH to support clients living in Lanark County (South East.) BGH advised LCMH that the psychiatrist will no longer be working at BGH and LCMH. BGH currently has four psychiatry vacancies at this time leaving no resources to support Lanark County.
 - o She reviewed current performance indicators (year end total and year end targets, Mobile Crisis Team statistics and same day/next day.
- Other matters such as the self-isolation centre and other initiatives.

R. Fromowitz shared what is ahead for LCMH.

Discussion ensued regarding the limited resources available to respond to surge in urgent client need. R. Fromowitz noted that there has been various limited and or one-time funding provided but this can make it difficult to recruit full time staff. LCMH is seeking an increase to base funding.

The members considered the increase to service levels year over year but the fact that the LCMH budget has not kept pace. S. Pankow recognized the ongoing challenges and the funding limitations. He asked what the role of the board or municipality to lobby or advocate to ensure LCMH has what it needs to support our citizens. R. Fromowitz will work with Dr. B. Guppy to advocate with Ontario Health.

L. Drynan advised that Lanark County will be seeking support from Council to request a delegation at the AMO conference on the matter of mental health funding. S. Pankow suggested a presentation to the Town of Smiths Falls on the LCMH program. There is a general sense that we have to work with the region to educate on who LCMH serves which is a very large population with a small budget.

K. Clupp asked whether the increase calls and workload has changed the number of interactions with law enforcement. R. Fromowitz answered that this is not specifically tracked however, there has been an increase in 911 calls with a mental health component and LCMH is working to increase our response. LCMH continues to work to minimize justice involvement. It was suggested that funds not placed with LCMH may be spent on law enforcement response and hospital costs.

b) Lanark County Support Services – H. Bedor

D. Howard noted that H. Bedor will present the LCSS quarterly report at the June Board meeting. The written report was included in the materials for information.

H. Bedor offered clarification on the reported vaccination rates for LCSS staff indicating that the data captures active staff and may not include those who are casual.

H. Bedor, R. Fromowitz, M. Young left the meeting at 9:04 a.m.

11 Closed Session Items

RESOLUTION No. 66/21

MOVED by K. Clupp

SECONDED by G. Church

THAT the PSFDH Board of Directors moved to a closed session at 9:05 a.m.

CARRIED.

RESOLUTION No. 67/21

MOVED by G. Church

SECONDED by Dr. W. Hollis

THAT the PSFDH Board of Directors moved out of the closed session at 9:31 a.m.

CARRIED.

D. Howard asked that one resolution be presented for the following:

- Approval of Agenda;
- Closed Session Notes;
- Professional Staff Reappointments; and
- Nominations for the Beverley McFarlane 2nd Annual Awards of Excellence.

RESOLUTION No. 68/21

MOVED by G. Church

SECONDED by B. Hirst

THAT the PSFDH Board of Directors approved the following items:

- April 29, 2021 closed session notes as presented;
- May 25, 2021 Closed Session agenda;
- Professional Staff reappointments listing; and
- 2nd Annual Beverley McFarlane Awards of Excellence nominations.

CARRIED.

12 Standing Items

12.1 Strategic Planning Update – D. Howard/Dr. B. Guppy

Dr. B. Guppy indicated that data and environmental scan information is being collected. The information can be posted to the portal for update and information.

13 Information Items – items were provided for information.

14 Next Meeting Date

Regular Meeting: Tuesday, June 22, 2021, via videoconference at 7:30 a.m.

Annual General Meeting: Tuesday, June 22, 2021 via videoconference at 4 p.m.

In closing, D. Howard again remarked that today's patient story was a reminder of why we are all here.

15 Adjournment

RESOLUTION No. 69/21

MOVED by Dr. W. Hollis

SECONDED by C. Dolgowicz

THAT the May 25, 2021 Perth and Smiths Falls District Hospital Board of Directors' meeting adjourned at 9:33 a.m.

CARRIED.



D. Howard, Chair



Dr. B. Guppy, Secretary

