



**Stevenson Memorial Hospital
Meeting of Board of Directors**

June 10, 2021
TEAMS Meeting
5:00 p.m.

**Vision: Setting a New Standard for Community Hospital Care
Mission: Promising Progress, Pursuing Perfection**

"P"= Present, "R"= Regrets, "A"=Absent, "T"=Teleconference, "S"= Staff, "G"= Guest, "E"= Ex-Officio							
Colleen Butler	P	John Murray	P	Norm Depta	P	David Knight	P
Wendy Fairley	P	Jan Tweedy	P	Sheila Kaarlela	P	Kevin Mullins	P
Shelly Cunningham	P	Jeff Stubbs	P	Alison Howard	A	Nishika Jardine	P
Jody Levac	E,P	Carrie Jeffreys	E,P	William Bye	E,P	Barry Nathanson	S,P
Tim Macdonald	G,P	Gary Munro	E,P	Oswaldo Ramirez	E,P	Jodi Walker	P,G

Chair: John Murray

Recorder: Sharon Crowe

1.0 WELCOME AND CALL TO ORDER – J. Murray

1.1 QUORUM

J. Murray advised the Directors that a quorum was present and called the meeting to order.

1.2 DECLARATION OF CONFLICT OF INTEREST

J. Murray reminded those in attendance of their responsibilities as Board members with respect to conflicts of interest, as outlined in the Corporation Bylaws, and asked if anyone present wished to declare a conflict of interest. No declarations were made.

1.3 APPROVAL OF AGENDA

Motion: Moved by K. Mullins, seconded by S. Cunningham.

"That the Board of Directors approves the agenda as presented."

All in favour. Motion passed.

2. PRESENTATION

2.1 Accreditation Board Governance Survey – J. Walker

Decision to hold a separate board meeting for board directors in June to review this survey with J. Walker.

ACTION: S. Crowe to send out Doodle Poll to find the best time for this meeting.

ACTION: S. Crowe to send out survey for Board review.

8.4 HIROC Claims Report – J. Walker

J. Walker reviewed cases open at the end of the fiscal year, Claims Financials by Fiscal Year, Claims Frequency Comparison and average cost per claim.

8.5 HIROC RAC (Risk Assessment Checklist) – J. Walker

HIROC identifies the top 30 risks across the Country. The top three risks that SMH will focus efforts on to complete the 2-year cycle will be Medication Adverse Events, Delayed Decision to Delivery Time for Caesarean Sections, and Diagnostic Errors. J. Walker explained how these top 3 risks were ranked and arrived at in response to questions from Board members.

Approval of the HIROC (Healthcare Insurance Reciprocal of Canada) Risk Assessment Checklist (RAC)

Motion: Moved by S. Kaarlela, seconded by N. Depta.

“That the Board of Directors approves the HIROC RAC as presented, and as recommended by the Board Quality Committee.”

All in favour. Motion passed.

8.6 Integrated Quality and Safety Plan – J. Walker

J. Walker went through the document included in the Meeting package that encompasses this program including the Quality Accountability Structure, Integrated Quality and Patient Safety Workplan, Facilitation Tools and Ethical Decision Making Framework. This document will be posted on our Website.

Approval of the Integrated Quality and Safety Plan

Motion: Moved by S. Kaarlela, seconded by N. Jardine.

“That the Board of Directors approves the Integrated Quality and Safety Plan as presented and as recommended by the Board Quality Committee.”

All in favour. Motion passed.

3. APPROVAL OF CONSENT AGENDA

Included with the Meeting package were:

- Board of Director Minutes – May 6, 2021
- Finance, Audit and Property Committee Minutes - June 2, 2021
- Board Quality Committee Minutes – May 12, 2021
- Governance and Nominating Committee Minutes – May 14, 2021

Motion: Moved by K. Mullins, seconded by J. Tweedy.

“That the Board of Directors approves the June 10, 2021 Consent Agenda”

All in favour. Motion passed.

4. BUSINESS ARISING FROM CONSENT AGENDA

There was none.

5. REPORTS

5.1 Report of the Chief of Staff

Dr. B. Nathanson provided an update on:

- Dr. Singer and the OR team are ramping up OR procedures. It is estimated that it will take 1.5-2 years to clear the backlog of postponed surgeries across the province
- Volumes in the Emergency Department are increasing
- Physicians are enjoying the new sleep rooms
- The Board should be thankful for the Professional Staff that works at SMH

Dr. Nathanson informed the Board that he has decided to step down from his role as Chief of Staff at the end of August. He advised that he had enjoyed his time in the Chief of Staff role and thanked the Board for their support during his tenure

The Board thanked Dr. Nathanson for his service to the Hospital.

5.2 Report of the VP/CFIO

W. Bye provided the following update:

- 2020-21 Year End
 - SMH to report a balanced position on the Statement of Operations
 - The reconciliation process for last minute funding received from the government is still not clear, however all hospitals have this issue and the audit community is working to resolve it.
- OHT/Technology
- Ontario Health's Cyber Security Assessment
- Capital

A copy of W. Bye's presentation was sent to the Board under separate cover.

5.3 Report of the VP, Patient Services/Chief Nursing Executive

C. Jeffreys provided the following update:

- South Simcoe Ontario Health Team – Remote Care Monitoring
- Operating Room Ramp-Up
- Health Human Resources Update
- Assessment Centre
- Positivity Rates
- SMH Occupancy Rates

A copy of C. Jeffreys presentation was sent to the Board under separate cover.

5.4 Report of the President and CEO

J. Levac provided the following update:

- Ontario Health numbers and plans
- Stage 2 of Redevelopment

- Annual General Meeting Updates
- Lab Accreditation
- Heliport Designation

A copy of J. Levac's presentation was sent to the Board under separate cover.

5.5 Report of the President of Professional Staff

Dr. O. Ramirez provided the following update:

- Professional staff meeting took place June 24th
- He informed the Board that everything is running well in the hospital

5.6 Report of Auxiliary President

G. Munro provided the following update:

- AGM coming up
- Raffle tickets on sale again, send G. Munro an email to hold tickets for you

5.7 Report of the Foundation Board Chair

T. MacDonald referenced his written report and added:

- Update on the Interviews with candidates for Foundation CEO
- Thanked J. Murray and J. Levac for their help with this recruitment
- 3 new board members and 8 new people on the campaign cabinet
- Every Dollar doubled campaign raised \$315,000 and the donor matched it for a total of \$630,000.
- Year-end looked good and audited financial statements are done

K. Mullins left the meeting at 6:30 pm

6. FINANCIAL HEALTH – J. Stubbs

6.1 Report of the Chair, Finance, Audit and Property Committee

The Finance, Audit and Property Committee met 2 weeks ago. The Auditor from BDO was very supportive of management and management's contributions to the audit process.

6.2 Draft Audited Financial Statements as at March 31, 2021

Circulated with the meeting documents were the 2020/21 Audited Financial Statements.

Motion: Moved by J. Stubbs, seconded by N. Jardine.

"On the recommendation of the Finance, Audit and Property Committee, the Board of Directors approves the draft 2020/21 audited financial statements as at March 31, 2021 as presented and direct the Board Chair and Board Treasurer to sign the financial statements to evidence such approval."

All in favour. Motion passed.

6.3 Appointment of Auditors – 2021/22 FISCAL YEAR

MOTION: Moved by J. Stubbs, seconded by D. Knight.

“On the recommendation of the Finance, Audit and Property Committee, the Board of Directors recommends:

- (1) that the Members re-appoint BDO Canada LLP as the Auditors for 2021/22;
and
- (2) that the Members authorize the Board of Directors to fix the remuneration of such auditors; at the forthcoming annual General Meeting.

All in favour. Motion passed.

6.4 Hospital Schedule D – Declaration of Compliance

Circulated with meeting documents was the 2020/21 Hospital Service Accountability Agreement (HSAA) Declaration of Compliance – Schedule D.

MOTION: Moved by J. Stubbs, seconded by W. Fairley.

“That the Board of Directors accepts the recommendation of the Finance, Audit and Property Committee to approve the Hospital Service Accountability Agreement – Schedule D Declaration of Compliance for 2020/21.”

All in favour. Motion passed.

6.5 2020/21 – Year End BPS Accountability Attestation

Circulated with the meeting documents was the 2020/21 Year End BPS Accountability Attestation

MOTION: Moved by J. Stubbs, seconded by S. Kaarlela.

“That the Board of Directors accepts the recommendation of the Finance, Audit and Property Committee to approve the 2020/21 – Year End Broader Public Sector Accountability Attestation as presented.”

All in favour. Motion passed.

6.6 Community Schedule F – Declaration of Compliance

Circulated with the meeting package was the 2020/21 Multi-Sector Accountability Agreement (M-SAA) Declaration of Compliance – Schedule F. This M-SAA Declaration applies to the Mary McGill Community Mental Health Centre and Matthew’s House Hospice programs. Management confirmed the Hospital is in compliance.

MOTION: Moved by J. Stubbs, seconded by S. Cunningham.

“That the Board of Directors accepts the recommendation of the Finance, Audit and Property Committee to approve the Multi-Sector Accountability Agreement – Schedule F Declaration of Compliance for 2020/21.”

All in favour. Motion passed.

6.7 2020/21 Compliance Report – Compensation Arrangement

Circulated for information was the 2020/21 Compliance Report – Compensation

MOTION: Moved by J. Stubbs, seconded by D. Knight.

“That the Board of Directors accepts the recommendation of the Finance, Audit and Property Committee to ratify the 2020/21 Compliance Report – Compensation Arrangement as signed by the CEO.”

All in favour. Motion passed as amended.

C. Butler left the meeting at 6:42 pm

7. GOVERNANCE

7.1 Report of the Chair, Governance and Nominating Committee

J. Tweedy noted that the May meeting of the Governance and Nominating Committee is a preparatory meeting for committee priorities for the upcoming year. The slate of directors noted in the Minutes will be voted on at the AGM, and committee structure and staffing will be voted on by the Directors at a meeting immediately after the AGM.

Review and revision of the Orientation manual was undertaken. This will be sent out to all Directors after the AGM.

Committee evaluations are due tomorrow.

7.2 Committee Structure

2 chairs of Committees are changing for next year. Chairs are appointed for 3 one year terms. All Advisory members are being reappointed for next year.

7.3 OHA Survey

J. Tweedy reviewed the OHA Questionnaire which the Directors will complete and send it back to S. Crowe for results to be tabulated. The results will go to the Governance and Nominating Committee meeting in September. This is important for Accreditation in the Fall.

8. BOARD QUALITY

8.1 Report of the Chair, Board Quality Committee

Last meeting was in May and Minutes have been circulated.

8.2 Patient Experience

S. Kaarlela advised the Board of a recent positive patient story.

8.3 Board Scorecard – S. Kaarlela

S. Kaarlela went through the Scorecard and the Briefing Note looking at the numbers and highlights of Q4, as included in the Meeting package. Scorecard indicators and targets are not changing at this time. They will change when the QIP moves forward

with the next submission to Health Quality Ontario.

Approval of the Board Scorecard

Moved by S. Kaarlela, Seconded by W. Fairley.

“The Board of Directors approves the Board Scorecard as presented, and as recommended by the Board Quality Committee.”

All in favour. Motion passed.

K. Mullins returned to the meeting at 7:19 pm

9. REPORT OF THE HOSPITAL BOARD CHAIR

J. Murray provided the following update:

- Dr. Nathanson’s contract renewal, and subsequent resignation
- Involved with the SMHF CEO search which was a very thorough process
- Foundation AGM is June 29th and J. Murray encouraged all Board Members to attend
- J. Murray went through “The Impact of COVID-19 on Hospital Governance”, insight and perspectives questions. The Board had a vigorous discussion about this document

Motion to Accept all Reports

Moved by J. Tweedy, Seconded by N. Jardine.

“That the Board of Directors accepts all reports as presented.”

All in favour. Motion passed.

T. MacDonald and G. Munro left the meeting at 7:30 pm

10. IN CAMERA

Motion to move into closed session

MOTION: Moved by W. Fairley, Seconded by K. Mullins.

“That the meeting move to In-Camera session”.

All in favour, Motion passed.

Motion to move into open session

MOTION: Moved by S. Cunningham, Seconded by N. Jardine.

“That the meeting move into open session.”

All in favour. Motion passed.

11. ADJOURNMENT

UPCOMING MEETING DATE

The next Board meeting is scheduled to be held on Thursday September 2nd, 2021.

There being no further business, the meeting adjourned at 7:35 p.m. Moved by W. Fairley.

A handwritten signature in black ink, appearing to be 'J. Murray', enclosed in a light blue rectangular border.

J. Murray, Board Chair

Recording Secretary: Sharon Crowe