

**ARNPRIOR REGIONAL HEALTH**  
**Meeting of the Board of Directors**  
**February 20, 2020**

**MINUTES**

**PRESENT:** Donna Anderson, Don Carmichael (teleconference), Deborah Clark, Barbara Darlow, Eric Hanna, Becky Hollingsworth, Cathy Jordan, Ryan Lunney, Tyler Pirie, Dr. Christine Schriver and Robin Sully

**REGRETS:** Jenny Buckley, Valerie Habraken, Susan Leach, Erin Stitt-Cavanagh, Angie Heinz

**ABSENT:** Christine Fiedorowicz, Dr. Susan Kurian, Bernice O'Connor

**GUESTS:** Ben Gardiner – Foundation Executive Director, Simmie Palter - DDO Health Law, Brad Hilker, Melissa McDermott, Sharon Ryan - recorder

**1.0 Call to order**

Barbara Darlow called the meeting to order at 1633 hours with a quorum present. Ben Gardiner, new Executive Director for the ARH Foundation, was introduced and background information provided.

**2.0 Approval of agenda**

**MOTION #1**

Moved by: Debs Clark

Seconded by: Tyler Pirie

That the agenda be accepted. Motion was carried

**3.0 Declaration of Conflict of Interest**

Members were asked to declare any conflict of interest; none declared.

**4.0 Education: Health Privacy (PHIPA)**

Simmie Palter, Senior Health Law Counsel – DDO Health Law, presented an overview on health privacy, current legislation and board-specific privacy issues. A brief questions/answer period followed. She agreed to followup on a question regarding privacy for clergy members. Simmie was excused from the meeting at 1707 hours.

Discussion followed on Ontario Health Teams and multiple sharing agreements. Andrea McClymont, Chief Privacy Officer, will be asked to review the presentation and provide an overview on our strengths in this area.

**5.0 Board Retreat Next Steps: Patient Voice Relative to Governance**

Cathy Jordan spoke to the board of the patient voice relative to governance. The following points were noted:

- Good presentation at retreat on the patient voice that addressed moving from an advisor role to partner and leader and the related benefits.
- At ARH there is evidence of patient engagement – active Family and Resident Councils, active Patient Family Advisory Council, as well as patient representation on clinical committees.
- ARH has a Community Engagement Policy and patients are stakeholders
- Engagement at the governance level is elusive; board needs to step back in our governance role to ensure a patient voice, a role around oversight

- Surveys, feedback, and complaints – need to ensure board is aware of more than just the results of experience strategic goals
- Foresight role – make sure there is patient and family engagement
- Insight function – more ideas and generative discussion, always asking if there is a voice at the table
- Always asking the question where the patient has had input
- At the governance level
  - 1- skilled patient (patient/family caregiver)
  - 2- presentations to be done by a patient representative – find ways to engage patients and families
  - 3- reports – make sure we see that patients were engaged in these reports
- To do this well there needs to have a concerted effort – a culture throughout the organization – similar to Grove and resident centered care
- With the Grove redevelopment and Meditech there are already large projects for senior management which will reduce the ramp up of additional strategies to increase engagement.
- Larger hospitals have a patient engagement person so to do this well we need a planned and mindful approach. At this point there are some tweaks and the opportunity for board to do some work.
- Barbara Kieley, an incoming committee representative on the Quality Committee, has extensive experience at Bruyere Board and she may be of assistance in this direction.
- think it is important for OHTs to build in that culture

Discussion followed and it was noted that we need to keep this on our radar and continue to ask at what level of participation they can be included. Accreditation Canada has carried out a lot of work on patient participation and requesting a Patient Surveyor for our next accreditation survey was suggested. Use of social media, Twitter and the website to engage younger people also suggested. Other suggestions include signage to encourage patients to provide feedback, and invite a successful organization to speak to the board.

Eric Hanna suggested that management identify how we plan to engage patients/clients in achieving the 2021 strategic goals. He also noted that Melissa McDermott is the Manager of Communications and Community Engagement.

Discussion followed and there was agreement with this approach. Ms. Darlow noted this will continue as a regular topic to be addressed periodically.

## **6.0. Consent Agenda**

Mrs. Darlow asked directors if anyone wished to have an item under the consent agenda removed for further discussion. Foundation report removed from consent agenda for discussion – deferred to 7.0 - business arising.

The following matters were then presented under the consent agenda for Board consideration:

1. Minutes of the last regular (November 21, 2019)
2. Governance Committee (November 28, 2019; February 5, 2020)
3. Quality Committee (November 21, 2019; January 16, 2020)
4. Resources Planning & Audit Committee (Dec 12/19; Jan 30/20)
5. ARH Auxiliary Report
7. CEO and CFO Compliance Report
8. Next board meeting – Thursday, March 26, 2020

## **MOTION #2**

Moved by: Debs Clark

Seconded by: Robin Sully

that the Board of Directors accepts and approves the consent agenda items which includes:

- Updated governance policies 1.1. to 1.4. and 5.1. to 5.8.;
- Appointment of Barbara Kieley as Committee Representative on the Quality Committee for a two-year term ending June 2022;
- 2019/20 Audit Plan by KPMG
- 2020/21 annual planning submission

Motion was carried

## **7.0 Business arising from minutes**

### **7.1. Update on Role of Volunteers**

A meeting with Auxiliary President, Bernice O'Connor was held to address a new volunteer role in the emergency department waiting room, following which a task team was appointed. The concept was presented to the Patient Family Advisory Council and they gave their full support. A job description for the position will be presented for approval at the March 6<sup>th</sup> Auxiliary Board.

### **7.2. Foundation Report**

Foundation report was distributed in advance of the meeting and Ben Gardiner provided a recap and update to the report. Future reports will include metrics on cost per dollars raised.

Guests were excused from the meeting.

## **8.0 Move meeting in camera for Confidential Labour Relations and Physician Issues**

### **MOTION #3**

Moved by: Donna Anderson

Seconded by: Robin Sully

that the meeting move in camera at 1751 hours. Motion carried

## **10.0 Move meeting out of in camera at**

### **MOTION #6**

Moved by: Donna Anderson

Seconded by: Robin Sully

that the meeting move out of in camera at 1803 hours. Motion carried

Guests returned to meeting

## **11.0 Items of information/discussion/approval**

### **11.1. Grove Redevelopment Update**

Turner & Townsend progress report to January 2020 was distributed in advance of the meeting. Mr. Hilker provided a recap of the report's Executive Summary. Construction is 5.4% complete, on schedule, and below budget. In discussing risk, Mr. Hilker agreed to identify the contractor's union contract timelines.

A recommendation on the Model of Care is expected at the March board meeting.

**11.2. President and CEO Report**

**11.2.1. Report was distributed in advance of the meeting.**

Mr. Hanna noted that NRC Picker is unable to proceed with issuing our Employee Satisfaction Survey at this time due to a ransomware attack.

He also reported that the Three Rivers OHT sent an updated submission to ministry on January 20; subsequent to this a successful Primary Care Engagement Session was held with 60 physicians in attendance. It is expected that ministry will announce the next round of OHTs in March.

**11.2.2 Hospital Utilization Trends**

Presentation was distributed in advance of the meeting. Mr. Hanna provided highlights on the comparisons of ARH with peer hospitals over a 5-year study period. This included growth rate, average of stay, ALC days, average weighted cases, trends actual to expected, ED visits. In many cases ARH was a better performer than its peers.

**11.3. Volunteer Appreciation Luncheon**

Directors are invited to attend this luncheon Wednesday April 22<sup>nd</sup> at the Nick Smith Centre at 1130 hours.

**12.0 Adjournment** – meeting adjourned at 1842 hours on a motion by Ryan Lunney and seconded by Donna Anderson.

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Eric Hanna, Secretary

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Barbara Darlow, Chair