

ARNPRIOR REGIONAL HEALTH
Meeting of the Board of Directors
February 18, 2021

MINUTES

PRESENT: Donna Anderson, Jenny Buckley, Don Carmichael, Barbara Darlow, Eric Hanna, Cathy Jordan, Dr. Susan Kurian, Susan Leach, Ryan Lunney, Tyler Pirie, Dr. Christine Schriver, Robin Sully, Erin Stitt-Cavanagh, Oliver Jacob, Mark MacGowan, Barbara Kieley

GUESTS: Kate Dewhirst, Brad Hilker, Janice Marks, Judith Gilchrist, Ben Gardiner, Rujuta Kulkarni, Melissa McDermott, Sharon Ryan - recorder

1.0 Call to order

Barbara Darlow called the video conference meeting to order at 1632 hours with a quorum present.

2.0 Approval of agenda

MOTION #1

Moved by: Jenny Buckley

Seconded by: Donna Anderson

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

4.1. Board's Role in Oversight of Quality

Kate Dewhirst presented on the board's role in the quality agenda. Her presentation addressed three questions: As a hospital board member, what do you need to know about quality? What questions should you ask your leadership to be "vigilant" and "diligent" in your role as a board member? How do you know whether the answers you receive demonstrate that the hospital is meeting its quality goals?

The five sources of quality rules: Provincial statutes and regulations; case law; external reviews; industry/association guidelines; organizational context (bylaws, policies, etc.). The Excellent Care for All Act (ECFAA) mandate was highlighted including the Quality Committee, annual surveys, patient relations process, Quality Improvement Plan, Patient Declaration of Values, performance-based compensation, and compliance.

Additional information distributed included an extensive list of the statutes and regulations, and questions a board should ask related the ECFAA compliance, QCIPA, the quality of quality and culture.

Following a brief discussion Ms. Dewhirst was thanked for her presentation and excused from the meeting at 1704 hours.

5.0 Consent Agenda

Ms. Darlow asked directors if anyone wished to have an item under the consent agenda removed for further discussion.

Cathy Jordan requested that Governance Committee item 5.5. "Committee Member" be removed from the consent agenda; this item will be referred back to Governance Committee for further discussion.

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

1. Minutes of the last regular meeting: November 19, 2020
2. Executive Committee: January 6/21; February 10/21
 - appoint Search Committee
3. Governance Committee: February 3, 2021
 - Skills Matrix revision (Director & Officer Recruitment Guideline)
 - 4.1. CEO Recruitment and Section Policy
 - 4.2. CEO Roles and Responsibilities Policy
 - 4.3. CEO Performance Evaluation & Compensation Policy
 - 4.4. Succession Planning of CEO and Chief of Staff and Medical Director
 - 4.5. Chief of Staff Roles and Responsibilities
 - 4.6. Chief of Staff Performance Evaluation
 - 5.7. Evaluating and Monitoring Board Performance
 - Policy Compliance Review
 - President and CEO Job Description revision
4. Quality Committee: January 13, 2021
 - Terms of Reference revision
5. Resources Planning & Audit Committee: Dec. 10/20; Jan. 25/21
 - Audit Plan approval
 - Signing Authority and Perquisites policies (no changes)
6. Grove Seniors Village Committee: Dec.1/20; Dec.15/20
7. ARH Foundation Report
8. CEO and CFO Compliance Report
9. Next regular board meeting – Thursday, March 25, 2021

MOTION #2

Moved by: Donna Anderson

Seconded by: Cathy Jordan

That the Board of Directors accepts the consent agenda as presented and approves:

- Appointment of the Search Committee;
- 2020/21 Audit Plan; and
- The following revised and/or reviewed policies and documents
 - 3.1. Signing Authority policy (reviewed – no change)
 - 3.4. Perquisites policy (reviewed – no change)
 - 4.1. CEO Recruitment and Section Policy
 - 4.2. CEO Roles and Responsibilities Policy
 - 4.3. CEO Performance Evaluation & Compensation Policy
 - 4.4. Succession Planning of CEO and Chief of Staff and Medical Director
 - 4.5. Chief of Staff Roles and Responsibilities

- 4.6. Chief of Staff Performance Evaluation
- 5.7. Evaluating and Monitoring Board Performance
- Policy Compliance Review
- Skills Matrix (Director & Officer Recruitment Guideline)
- President and CEO Job Description (update)
- Quality Committee Terms of Reference (revision)

Motion carried

6.0 Business arising from minutes

7.0 Items for Discussion

7.1 Strategic Direction: Santis Report

The 5-year Strategic Plan ended in 2020 and Cathy Jordan provided the background information that led to the engagement of, and process undertaken by, Santis to achieve the outcome.

Santis was engaged to identify, assess and prioritize strategic options and scenarios related to future collaboration for the organization. The report was provided in advance of the board meeting and also included a report on social media to gain a sense of what the community views.

The report was based on the 4-hour scenario planning exercise and provided 3 scenarios for consideration: 1) Status quo (or status quo with some enhancement) as a viable option to address the issues facing ARH; 2) Proceed to next steps with an integration partner; 3) OHT route as an option to advanced integration on a regional level (and to address issues/challenges). Of these scenarios it was the opinion of Santis that ARH should consider continuing with status quo, as a stand-alone public hospital entity with a CEO and a Board.

Having deliberated on this, Cathy did concur with moving forward with status quo with enhancements keeping in mind those other opportunities for initiatives. Another important factor in this is the upcoming recruitment of a new CEO and new Chief of Staff, and the need to recruit those who can provide leadership both for immediate priorities and future opportunities. This report would be used as a guide in decision making for the coming year.

Barb Darlow thanked Cathy for the excellent summary. She recognized the upcoming change at both the board and executive levels and suggested the full strategic planning exercise be undertaken at the end of the next board year after the new Chair and CEO have been in place,

General discussion followed. Robin Sully noted a key takeaway was to better understand the gaps in service from the community as users of the services and also the physicians as clinicians providing the services and she suggested this be put on the agenda.

7.2. 2021/22 Strategic and Operational Goals

Recognizing that the 2020/21 goals are expected to be achieved some will be carried forward as part of a multi-year implementation plan.

In developing the goals being presented, the influences of external factors, internal factors, local considerations and the implication/assumptions of COVID environment were considered. Further to this the ranking of potential goals developed by the Management Team and the takeaways from the board retreat were used to determine the proposed goals.

Each member of the Senior Management Team presented the details on their respective proposed goal with a full discussion on each. The six goals for 2021/22 for board consideration were:

Experience:	Model of Care
Quality:	O/R Access Medication Safety
People:	Employer of Choice
Finance:	LTC Occupancy, Staffing and Transition Seniors Village

Based on these discussions the Senior Team will now populate the goal template for each which will include a goal statement, rationale, proposed engagement, and proposed target.

8.0. Items of information/discussion

8.1 COVID-19 Update

Susan Leach and Dr. Christine Schriver provided the following update:

- Visitor policy was moved to a level 2; Inpatients are allowed 3 visits a week.
- Regionally there is a tightening of PPE measures expected on masking of patients
- Regional testing of asymptomatic patients having general surgery. Regional communication expected. It would be the responsibility of the patient to be tested.
- Community Vaccine Clinic: co-leads are Karen Simpson from the Family Health Team and Susan Leach; clinic to be held at the Nick Smith Centre, appointments to be made through a booking system. Expect to vaccinate 500 people a day, 7 days a week.

8.2 President and CEO Report

Eric Hanna provided highlights of the President and CEO report to the board which was distributed in advance of the meeting. The 2020/21 corporate strategic goals are on track to be achieved this year. He commented on a social media post from a patient who shared a positive ER experience.

8.3 Four Rivers OHT Update

Further to the update provided in the President and CEO report, Eric Hanna spoke on opportunities for board members to be engaged in the process to complete the OHT application. Three aspects of the full application could be considered as a governance mandate: 4.1. Performance Measures; 5.1. Implementation Plan; and, 5.3. Systemic Barriers/Facilitators.

Following discussion several directors expressed interest in participating in a working group: Oliver Jacob; Jenny Buckley; and, Mark MacGowan is interested in technology discussions.

Guests were excused from the meeting.

9.0 Move meeting in camera for Confidential Labour Relations and Physician Issues

MOTION #3

Moved by: Jenny Buckley

Seconded by: Oliver Jacob

that the meeting be moved in camera at 1824 hours. Motion carried

11.0 Move meeting out of in camera

MOTION #5

Moved by: Donna Anderson

Seconded by: Oliver Jacob

that the meeting be moved out of in camera at 1827 hours. Motion carried

Eric report that the foundation has raised 85% of the funds for the Grove; Catch the Ace is doing very well as are all special events.

12.0 Adjournment – meeting adjourned at 1828 hours.

Eric Hanna, Secretary

Barbara Darlow, Chair