

PRESENT: Marg Tubman, Chair
Meena Ballantyne
Tom Faloon
Sandi Heins
Shauna Lemenchick
Phil Marcella
Robert Pelletier
Dr. Steve Radke
Rob Tripp
Dr. Angela Varrin
Chris Ferguson, Vice-President, Patient Care Services
Julia Boudreau, President & CEO

GUESTS: Tim Sonnenburg, Vice-President, Financial Services
Alison Green, Vice-President, Corporate Services
Heather Coughlin, Communications
Sandra Buttle, Recording Secretary

REGRETS: Catherine O'Neil

ATTENDANCE: 92%

PRESENTATION

Cameron Love, CEO, and Joanne Read, Chief Planning and Development Officer at The Ottawa Hospital, did a presentation on the redevelopment of The Ottawa Hospital Civic Campus.

The new site, at a cost of \$2.8 billion, will open to the public in 2028. It will be built on Carling Avenue just down from the existing Civic campus. The 2.5-million-square-foot facility's main building will see two towers of 11 storeys and 7 storeys connected by a central atrium. Emergency care will be one floor below grade, while acute care will occupy the west wing and critical care beds will be in the eastern-facing tower. Additional buildings with clinical, educational and research functions will be built on the lower portion of the campus. The campus will be integrated into the nearby Experimental Farm and Dow's Lake areas, with access via numerous roadways and a covered walkway connecting the hospital to the forthcoming light-rail transit station as part of Stage 2.

The main access to the site from Carling Avenue will see an underground entrance take patients directly to emergency care and a cul-de-sac approach for non-emergency visits. Ambulance access would be primarily from the rear of the building.

All of the new Civic campus's beds will be in fully private rooms, with bathrooms for single patients. Avoiding shared touch points and other spaces can greatly reduce transmission risks between patients and their caregivers.

Not including the Heart Institute, the new facility will have 640 beds in total, compared with 460 existing beds at the current Civic.

The layout of the hospital is designed to implement infection control protocols that minimize the impact to operations and avoid compromising patient wellness.

Entrances to the hospital can be designed to easily implement screening protocols in the event of a pandemic, and the intensive care unit can be built with surge capacity to double the number of available beds without squeezing multiple ICU patients into one room.

The new Civic campus is being designed to adapt patient care well into the future for technological advancements. This means digital charts in each patient's room to allow physicians, nurses, patients and their family to access the latest test results and prognoses, as they are available. It also means translating those technologies beyond the walls of the Civic with digital care to monitor outpatients after they have left the hospital.

The Ottawa Hospital is already making use of some robotics in surgical procedures today and these applications will grow over the coming decades. While the shape of future health-care innovations is unknown, the new Civic campus is being built with the flexibility to accommodate future technologies.

The massive Civic campus project is just one phase of a multi-decade plan that will see ripple effects on health-care institutions across Ottawa.

The Riverside Campus will see a new long-term care centre built in concert with the new Civic. The hospital is taking this move in recognition that many patients with chronic conditions such as heart disease or diabetes require post-acute care and already have to visit clinics at the Riverside to treat these conditions on an ongoing basis.

As the new Civic opens up the old campus will be repurposed for post-acute and community-based care. Between the old Civic, the new Civic and the Royal Ottawa Mental Health Centre, Carling Avenue will become a "hospital row".

The Board Chair thanked Cameron Love and Joanne Read for their great presentation.

1. CALL TO ORDER

With a quorum present, the Chair called the meeting to order.

2. DECLARATION OF CONFLICT OF INTEREST

There were no declarations of Conflict of Interest.

3. MINUTES OF PREVIOUS MEETING

It was moved by Robert Pelletier,

And seconded by Tom Faloon,

That the minutes of the meeting held on May 27, 2021 be adopted. – Carried.

4. REPORT OF THE PRESIDENT & CEO

- **COVID/VACCINE CLINIC UPDATE**

- At the request of Mayor Eady, another presentation will be made to Town Council on June 23rd. Mayor Eady was amiable that the vaccine clinic would be able to extend their stay at Ma-te-way. The clinic may have to move upstairs and will continue to have space in the main lobby.

- Dr. Varrin stated that over 10,000 vaccines have now been administered since the first clinic opened on February 28, 2021. They are now giving 1200 doses a week and they are getting second doses into arms.
- Hospital visiting guidelines have opened up to one visitor per day but it may be a different visitor each day.
- **ONTARIO HEALTH TEAMS (OHT) UPDATE**
 - As indicated at the May meeting, the Ministry did a virtual community assessment on June 7th, 2021 with multiple stakeholders. Everyone in attendance felt that it went well. The Ministry will be deliberating amongst themselves and putting a recommendation forward to the Minister of Health. There is still uncertainty in the external landscape. Our Ontario Health region is very large and it will be an interesting evolution over the next months.
- **ACCREDITATION**
 - Making great strides in process preparation for accreditation. The high-level overview plans have been completed and the review of standards done. The Required Organizational Practices (ROP's) are almost complete as well as the ethical framework. Over the summer, we will continue with education and staff huddles. Everyone has done very well in preparing for accreditation in spite of Covid.
 - Chris Ferguson is the lead for accreditation at RVH and St. Francis Memorial Hospital.

5. REPORT OF MEDICAL STAFF

Dr. Radke presented the report of the Medical Staff. Physicians as well as staff, senior management and the board have accomplished a lot in the past year despite Covid, and we will continue to move forward. Front line staff continue to be vigilant. We have successfully rolled out 360° physician reviews, as well as moved forward with integration with TOH for nephrology. Integration with the Heart Institute is another goal. Dr. Januvi Jegatheswaran, Nephrologist, and Dr. Catherine Tucker, Paediatrician, have both started at RVH.

The Credentials Committee reviewed applications and recommended approval.

*It was moved by Sandi Heins,
And seconded by Tom Faloon,*

That the report of the Medical Staff be adopted. – Carried.

6. REPORT OF AUXILIARY

Shauna Lemenchick advised that the gift shop was back in business with hours from 11:00-15:00. At this time, they are looking for a Manager for the Gift Shop.

7. REPORTS OF COMMITTEES

A. GOVERNANCE COMMITTEE

Marg Tubman presented the minutes of the Governance Committee held on June 2, 2021 as follows:

As discussed at the Board of Director's meeting on May 27, 2021, this meeting was called to further discuss the results of the Governance Functioning Tool and the Board Evaluations.

BYLAW

Board terms were raised at the Board meeting, May 27th. This will be addressed in the minutes going to the AGM for a change in the bylaw before final approval June 17, 2021. It was noted that anyone reapplying to the Board after taking a one-year break from their previous nine-year appointment still had to go through the official process. In the past, this has not been an automatic appointment.

BOARD RECRUITMENT

The Foundation is working on a video tour of RVH done by professional videographers with a voiceover to be used for physician and staff recruitment. In the last 2 minutes of the video tour, we can change the script to suit various purposes. Script will be added how to get involved as a volunteer i.e. Board Director, PFAC, Auxiliary, Palliative Care, etc. This video is being recorded at the end of June.

The Recruitment Committee is aware that we need someone from the younger demographic to sit on the Board. Having said that, we need to be cognisant of the skills matrix of our Board and current requirements.

It was noted that we currently have a vibrant board representing a diverse set of skills.

Board Recruitment was further discussed at the Board meeting and noted that in the past, there were challenges to bring on new members to the board and past former directors were invited to reapply, still going through the formal process. It was noted that these members retain valuable history.

There was discussion on Board Chair responsibilities. The Chair advised that anything of importance gets discussed at the committee level and then through that process comes to the Board. The Chair is in touch with the CEO on a regular basis, and the month when there is no board meeting, the CEO has been sending updates. If any Directors have any questions, please feel free to reach out to her at any time.

*It was moved by Robert Pelletier,
And seconded by Rob Tripp,*

That the minutes of the Governance Committee be adopted. – Carried.

B. FINANCE AND PROPERTY COMMITTEE

Phil Marcella presented the minutes of the Finance and Property Committee held on June 14, 2021 as follows:

a) MINISTRY ATTESTATIONS**i. Broader Public Sector Accountability Act (BPSAA)**

The Year End Attestation for April 1, 2020 to March 31, 2021 was presented attesting to:

- The completion and accuracy of reports required RVH pursuant to Section 6 of the Broader Public Sector Accountability Act (BPSAA) on the use of consultants;
- RVH's compliance with the prohibition in Section 4 of the BPSAA on engaging lobbyist services using public funds;

- RVH's compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;
- RVH's compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
- RVH's compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet.

ii. HSAA and MSAA Declarations of Compliance

As part of the HSAA and MSAA process, a declaration is required, signed by the board chair, which states that the programs have fulfilled their obligations under the service accountability agreements. Management can attest that all of the provisions in the HSAA and MSAA Declarations of Compliance have been met and adhered to.

It was recommended that the attestation in accordance with Section 15 of the Broader Public Sector Accountability Act, 2010 for the period April 1, 2020 to March 31, 2021 be approved, AND it was recommended that the HSAA and MSAA Declarations of Compliance be approved.

b) OPERATING RESULTS

Hospital Operations for RVH, removing the impact of Covid, posted a deficit of \$210,485 taking into consideration the net impact of COVID funding RVH achieved a surplus of \$356,898 (0.72 % of total revenues) for the twelve months ending March 31, 2021. This result is higher than budget expectations.

Revenues

- When adjusted for COVID funding impact, overall revenues for the period were \$1,127,618 higher than budget (3.0 %).
- LHIN base revenue was on budget.
- Ministry of Health one-time funding is under budget as ED funding for shadow billing was lower due to lower ED volumes.
- Cancer Care Ontario funding was higher than budget due to increased volumes of oncology patients and reimbursement of higher costs drugs.
- Paymaster funding is slightly under budget due to lower dialysis volume.
- Inpatient funding is under budget as we saw very few non-resident inpatients due to Covid.
- Outpatient revenues are higher than budget as reduced volumes in Diagnostic imaging related to Covid shutdowns were offset by higher CT revenues and additional one time physician funding for ED.
- Semi private and Co Payment revenues were under budget as we had fewer patients than budgeted.
- Ambulance co-payments were down as overall ED volumes were lower.
- Sleep product sales are on budget as sales rebounded after initial shutdown.
- Other revenues are under budget due to lower staffing recoveries and lower discounts received.
- Grant amortization is higher than budget as EPIC capital grants are being amortized.

Expenses

- When adjusted for Covid expenses, overall expenses for the period were \$1,658,846 greater than budget (4.0 %)
- Salary and wages were under budget. Some costs were moved to Covid, union salary increases were under budget (ONA).
- Benefits were in line with Salary variances.
- Medical staff fees were higher than budget due to increased CT volumes. Hospitalist costs were on budget.

- Medical and surgical supply costs were under budget (8.0 %) as patient activity was down overall due to Covid. Some supply costs were charged as Covid.
- Drugs and medicines are on budget. Reduced activity due to Covid was offset somewhat by higher volumes and costs in oncology.
- Other supply costs are over budget due to the provision for Covid expenses .
- Amortization of equipment is higher than budget as EPIC is being amortized and Cerner Laboratory software was written off during the year, as the decision was made to implement Beaker in EPIC moving forward.

Other Votes

- This is made up of separately funded programs for palliative care, addiction treatment services and assisted living program. The programs were on budget for the period

Investments

- Total market value of investments at March 31, 2021 is \$10,876,560. Gross portfolio return for 12 months ending March 31, 2021 was 6.77%.

d) AUDITOR'S REPORT

The committee reviewed highlights of the Auditor's report ending March 31, 2021 as well as the recommendations. This is reported under the minutes of the Audit Committee held on June 14, 2021.

e) CAPITAL PROJECT UPDATE

- **Second and Third Floor renovations** - no change
- **ER Refurbishment** – no change from the previous meeting.
- Approved Capital Expenditures – 2020/2021
 - Total Approved Capital Equipment Budget 2020/2021: \$1,823,743
 - Total Approved Capital Equipment Expenditures to March 31: \$1,546,161
- **HIRF** - Exceptional Circumstances Funding (ECP) 2020 – no change from the previous meeting; ECP Projects costing \$4 Million have been submitted.
- **Generator Replacement** – no change from the previous meeting; it was noted that a delay claim has been submitted to the generator supplier.
- **Elevator Refurbishment** – no change from the previous meeting; it was noted that the mission, vision and values has been added to the elevator doors.
- **Pharmacy** - New standards for pharmacies like ours that mix drugs have been developed by the National body governing pharmacies. We have been working with regional partners to understand the impact of these new standards on our pharmacy. Based on a preliminary review, we expect that modifications to our pharmacy will be required. This project was approved as part of the 2021/2022 capital budget.
- **Land Purchase on Stewart Street** – The site is currently being used as a lay down yard by Cavanagh Construction for their work on Stewart Street.

f) CAPITAL FORECAST 2022-2023 TO 2025-2026

CAPITAL INVESTMENT	2022/2023	2023/2024	2024/2025	2025/2026	Total
Equipment	\$ 1,017,000	\$735,000	\$574,000	\$947,500	\$3,273,500
Special Equipment (high cost)	\$1,600,000	\$600,000	\$400,000	\$800,000	\$3,400,000
Total Equipment	\$2,617,000	\$1,335,000	\$974,000	\$1,747,500	\$6,673,500
Renovations & Plant Upgrade	\$3,350,000	\$2,050,000	\$1,550,000	\$1,350,000	\$8,300,000

Information Technology	\$150,000	\$150,000	\$150,000	\$150,000	\$600,000
TOTAL INVESTMENT REQUIRED	\$6,117,000	\$3,535,000	\$2,674,000	\$3,247,500	\$15,573,500

SOURCE OF FUNDS	2022/2023	2023/2024	2024/2025	2025/2026	Total
Cash Generated by Operations	\$1,700,000	\$1,600,000	\$1,500,000	\$1,400,000	\$6,200,000
HIRF Estimate	\$100,000	\$100,000	\$100,000	\$100,000	\$400,000
FUNDING REQUIRED	\$4,317,000	\$1,835,000	\$1,074,000	\$1,747,500	\$8,973,500

g) HOSPITAL INFORMATION SYSTEM (EPIC) UPDATE

EPIC went live at RVH along with five other partners (Atlas Alliance - TOH, Heart Institute, Hawkesbury, St. Francis and TOH Family Health Team) on June 1, 2019 - Happy 2nd anniversary!

2021 was a big year for Atlas Alliance as EMRAM level 6 was achieved as the top 2% of hospitals in Canada. EPIC was also instrumental in allowing Covid swabbing centers and vaccinations centers to use shared data. For patients with MyChart they were able to get test results in a fraction of the time that they would have waited otherwise.

Upgrades - An upgrade was completed in the spring of 2021 and another upgrade planned for the fall of 2021. Going forward we can expect two upgrades per year in order to keep our version of EPIC current. These upgrade costs are included in our annual operating costs.

New Modules - In fiscal 2021/22 Atlas Alliance will start to implement Beaker (Laboratory) with a go live November 2022. Beaker is replacing our existing Cerner system laboratory system. When Beaker is implemented, we will have seamless integration through of EPIC, which will resolve a number of current issues being experienced with the Cerner interface. In addition to Beaker, Atlas Alliance will be implementing Lumens (endoscopy). This will provide better integration and provide better information to clinicians. Lumens is scheduled to go live prior to March 31, 2022.

New Partners - Atlas Alliance was built on the premise of providing a regional electronic Health Record to best serve patients in our communities. In November 2022, four new partners will be joining the Atlas Alliance, Deep River Hospital, Kemptville Hospital, Winchester Hospital and the Group Health Center (Sault Ste. Marie. The new partners are responsible to pay incremental costs associated with coming on board and will also pay a portion relating to their volumes that could increase EPIC support costs. By bringing on new partners, the overall cost percentage of allocated costs for RVH go down as well.

The Committee thanked Tim Sonnenburg for the minute detail provided so that the committee is able to grasp and understand the financials on an ongoing basis. The information and material is outstanding.

*It was moved by Sandi Heins
And seconded by Rob Tripp,*

That the minutes of the Finance and Property Committee be adopted. – Carried.

C. ETHICS COMMITTEE

Tom Faloon presented the minutes of the Ethics Committee held on June 10, 2021.

a) MINUTES OF PREVIOUS MEETING

The Emergency Standards of Care that were reviewed at the last meeting did not have to be enacted. The Committee for these standards no longer meets as the crisis has passed.

b) ACCREDITATION 2021 PRESENTATION

- The Ethicist presented slides on standards that the Ethics Committee needs to be aware for the upcoming Accreditation survey in December
- The Governance and Leadership Standards; the IDEAs framework was reviewed (Identify Facts; Determine Ethics Principles; Explore Options; Act and Evaluate); also A4R framework
- Survey questions were reviewed, i.e. “What tools are available” and “What should staff know”; in the fall, we will look at blitzing the Ethics Committee for staff; it was suggested doing this in conjunction with National Health Ethics week in November; a few years ago we had fortune cookies with ethical messages inside
- Most of this committee has been through an accreditation survey, so are aware of what is expected of them when they meet with the surveyor
- CCHCE reviews trends for each organization on ethical issues; in 2020/21, RVH had five consultations and four education sessions; the consultations are on actual cases that were brought to the Ethicist’s attention as well as more informal ones that are not included.

c) PATIENT’S RIGHTS AND RESPONSIBILITIES POLICY

The Patient’s Rights and Responsibilities were reviewed and felt they were well written and robust. There were some questions regarding the wording of certain statements.

- The third point, under responsibilities, “it is the patient’s responsibility to advise caregivers when they do not understand”. Suggested that the wording be changed, as it is a lot of responsibility on the patient. Suggested change to “the patient is encouraged to advise caregivers...”. The statement “the staff is entitled to anticipate patient compliance” was questioned. Better phrasing was suggested.
- In the sixth point, the responsibility does not match the rights. Responsibility has to be in the document as “Patients have the responsibility to behave toward others in a courteous and respectful manner”. This statement is used frequently when meeting with patients and families. It was suggested it be moved to another part of the document.
- It was questioned whether “Caregivers” was the right title to use throughout the document to refer to staff; the term caregivers has taken on a whole new meaning in these COVID times; it was suggested to change this and use one term throughout to be consistent. Chris Ferguson and the Ethicist will review, revise, and circulate to the committee for endorsement. It was suggested that it be sent to the PFAC committee for review.

c) MAID PRESENTATION

The Ethicist reviewed the slides with regards to changes to the MAID legislation. The major change is that an individual can be eligible for MAID even if they do not have a reasonable, foreseeable death, as before it was required. Other changes included only one witness is required. In regards to mental health, this will be reviewed over the next 2 years. The

Champlain Centre for Health Care Ethics is still reviewing all of the changes to the legislation and will keep us informed.

The Ethicist advised that the MAID requests in the last 5 years have increased significantly.

*It was moved by Phil Marcella,
And seconded by Robert Pelletier,*

That the minutes of the Ethics Committee be adopted. – Carried.

D. CONTINUOUS QUALITY IMPROVEMENT COMMITTEE (CQI)

Sandi Heins presented the CQI Committee minutes of June 3, 2021 as follows:

a) REVIEW OF PATIENT AND FAMILY ADVISORY COMMITTEE MINUTES

Minutes of the PFAC meeting held on April 21st, 2021 were reviewed. Patient's Rights and Responsibilities policy were reviewed and committee agreed that it was comprehensive and concise document that addressed the obligations of not only the hospital, but of the patients and families.

The Annual PFAC report will be presented in June, in conjunction with the RVH Annual report. Results of virtual patient satisfaction survey will be here soon. This was put out through Atlas Alliance and can be broken down by hospital, so will have some valuable information to share.

b) MEDICAL IMAGING EPIC PRESENTATION

Lisa Wherry, Manager of Medical Imaging Department, made a presentation on how EPIC has been utilized in that department. She reviewed various metrics including imaging key performance indicators; wait times for patients, staff and radiologists; ED turnaround time per modality; operational activities and reports; appointment volumes and subscribed reports. This was a thorough and informative presentation. They continue to be impressed with the data that we are able to obtain with EPIC.

c) REVIEW DISCLOSURE OF ADVERSE EVENTS POLICY

This Committee reviewed this policy. It reiterates that this process is in place to bring forward critical incidents and how RVH goes about investigating incidents. It was asked how many critical incidents occur in a year at RVH. The trend shows that we average 3-4 per year over the last few years with most being patient falls, but there have been some other serious incidents. These incidents are also reported on our indicator report and brought to the attention of this committee at each meeting.

d) INDICATOR REPORT (JANUARY - MARCH 2021)

The indicator report was reviewed for the quarter January to March 2021. Most of the numbers are similar and nothing had changed too drastically. Two critical incidents were brought to the committee's attention. It was explained what happened in each incidents and the steps that were taken to address them.

e) OTHER BUSINESS

- An update on the mass vaccination clinic at Ma-te-way was given. Everything is running very smoothly, the clinics are full and no dosages have been wasted. It is expected that by

June 7th 10,000 vaccinations will have been given. RVH has asked been asked to give a vaccination clinic update to the Town on June 22nd.

*It was moved by Tom Faloon,
And seconded by Robert Pelletier,*

That the minutes of the CQI Committee be adopted. – Carried.

E. PERSONNEL COMMITTEE

Robert Pelletier presented the minutes of the Personnel Committee held on June 15, 2021 as follows:

a) COVID HR UPDATE

The situation in the region is improving although there is concern provincially around the Delta variant. We continue to meet with our unions biweekly and there are no concerns with PPE. There has been improvement in staff morale as several staff have received their second vaccine, and the case numbers in the province are declining. RVH's vaccination levels are just over 80%. The province has struck an immunization strategy committee for hospitals and more details are expected soon.

RVH is working with Algonquin College to upskill Registered Practical Nurse skills to their full scope of practice through skills training.

b) LABOUR RELATIONS UPDATE

- CUPE – negotiations are coming up as the contract is up in September 2021. There is one outstanding grievance that is pending arbitration: outstanding since 2019
- ONA – negotiations are coming in the Summer/Fall. There is one outstanding grievance pending arbitration since 2018, and one other grievance.

c) VACANCIES

RVH has vacancies in the following positions:

Position	Department
RN, Temp, PT – Barry's Bay & Renfrew	Dialysis
RN, Perm, PT (No Master)	Med/Surg
RN, Temp, PT, FLOAT	Med/Surg
RN, Perm, PT FLOAT	Med/Surg
RN, Temp, PT, Med/Surg/ICU	Med/Surg/ICU
Nursing Coordinator, Perm, PT	Nursing Office
RN, Temp, PT	OR
Training Opportunity - Regional Assault Care	RACP
Vascular Sonographer, Perm PT	Medical Imaging
RPN, Temp PT	Med/Surg
RN, Perm, PT (NO MASTER SCHEDULE)	Med/Surg
PSW, Temp, PT	Assisted Living

- Training opportunities have been a great recruitment tool.

- There is funding from the HFO for a \$10,000 hiring bonus for new nurses who accept a full-time job. RVH created new temporary full-time jobs with Med/Surg/CCC and OR and RACP, but both were filled internally so RVH was not able to take advantage of the funding.
- RVH is working on a RN Survey to assess what would improve retention or recruitment from an RN perspective.

d) FRENCH LANGUAGE SERVICES

The annual report on French Language Services was submitted for 2021. The Human Resources Committee reports to the Personnel Committee of the Board the following indicators each year.

- i. Number of clients selecting French as their language of comfort:
 - Between April 1, 2020, and March 31, 2021, within the ATS, Dialysis and RACP program, there were 11058 total client visits.
 - In 151 cases (1.366% of total cases), French was noted as the language of preference
- ii. Number of concerns/complaints received regarding French language
 - Between April 1, 2020, and March 31, 2021, there were no complaints received regarding French language.
- iii. Total number of visits by Francophone clients.
 - Between April 1, 2020, and March 31, 2021, within the ATS, Dialysis and RACP program, there were 1149 unique clients.
 - 17 clients were Francophone (1.48% of total clients)

e) FOLLOW-UP TO THE WORK LIFE PULSE SURVEY RESULTS

An action plan has been created to address areas for improvement. The results were similar in 2016. Four key priorities were identified:

- **Building a culture of patient safety** - RVH is implementing education and approaches on Just Culture over the next several months.
- **Recognize Staff and give opportunities to develop careers** - One on one feedback from Managers will be promoted along with recognition programs, promoting learning opportunities, promotion of education assistance fund with new hires and in the Communique, and posting opportunities for staff improvement.
- **Providing and acting on feedback** - Working with Managers on processes for staff feedback and communicating action plans. Not only through performance appraisal, 360° reviews, incident debriefings, departmental huddles but also by providing staff feedback on their ideas one-on-one.
- **Supporting Staff** - The Employee and Family Assistance Program (EAP) has seen an increase in usage as the pandemic continues. Supports are also available through Occupational Health, Regional Assault Care, Addictions and Human Resources. Bill Howatt from the Conference Board of Canada will do Mental Health Fitness training about on-going wellness for all staff and will do a more in-depth session for Managers in the fall. The celebration of Work Life video was excellent and really showed how supportive the RVH family is.

f) REFRESH OF THE HR TALENT MANAGEMENT PLAN

The current HR Talent Management plan for 2017-2022 will be refreshed this summer and fall over five meetings by a cross functional team. Now that the Strategic Plan has been finalized, the team will refresh the plan based on the strategic plan and will share with the Personnel Committee for feedback.

*It was moved by Phil Marcella,
And seconded by Tom Faloon,*

That the minutes of the Personnel Committee be adopted. – Carried.

8. OTHER BUSINESS

The Board Chair asked individual Directors if there was any further business.

- Tom Faloon was looking for policies on the intranet i.e. adverse events. Board policies are available to the Directors. Administration and department policies are operational issues. It was noted that when any of these policies need to be discussed at the board committee level, they are brought forward. With regards to posting of minutes of past meetings in the Board portal, it was noted that the intranet and the Board portal are being redone and should be up and running in September 2021.

9. ADJOURNMENT

*It was moved by Rob Tripp,
And seconded by Sandi Heins,*

*That the meeting adjourn. – Carried.
Time of Adjournment: 19:20 hours*