

**MINUTES OF THE MEETING OF THE RENFREW
VICTORIA HOSPITAL BOARD OF DIRECTORS HELD
ON MARCH 25, 2021 AT 17:00 HOURS BY MICROSOFT
TEAMS**

PRESENT: Marg Tubman, Chair
Meena Ballantyne
Tom Faloon
Sandi Heins
Phil Marcella
Catherine O'Neil
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
Sandra Buttle, Recording Secretary

REGRETS: Shauna Lemenchick

ATTENDANCE: 92%

PRESENTATION

Rob Tripp presented the 2021-2026 Strategic Plan to the Board. Looking back over the last strategic plan there is evidence of leadership and innovation. The 2016-2021 strategic plan set the groundwork for many achievements. The Strategic Plan Committee felt that the previous plan was well done and still applicable today, so the decision was to update rather than overhaul the plan. It was suggested at the 2½-year mark that the plan be revisited to see what can be enhanced in the next revision.

The committee identified what to do, where to go and what was important with regards to mission, vision and values. They looked at past social, technical, and drew on new resources of information i.e. internal stats, patient experiences, data that was collected including Ontario Health, anti-racism, diversity and inclusion, etc. A survey was sent to stakeholders and a SWOT analysis was done. Strong input was received from all stakeholders including staff, physicians, management, and PFAC to help shape the language before it was brought back to the full committee. PFAC is a remarkable committee and almost all members had a comment and the suggestions are reflected in the document. The staff involved were engaged at many levels.

Senior Management and Departments will be developing their goals and objectives aligned with the quadrants in the strategic plan.

***It was moved by Robert Pelletier,
And seconded by Meena Ballantyne,***

That the 2021-2026 Strategic Plan be accepted. – Carried.

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 Sandi Heins,
And seconded by Cathy O'Neil,*

That the minutes of the meeting held on January 28, 2021 be adopted. – Carried.

4. CORRESPONDENCE

A thank you note was read from T. Plotz thanking RVH for her care and especially for the care provided by Dr. Sheeba Mustaq. Dr. Mustaq is a core Hospitalist and mentors new graduates in the hospitalist role.

5. REPORT OF THE PRESIDENT & CEO

- ONTARIO HEALTH TEAMS (OHT) UPDATE

A decision was made by the original three parties to move forward as a joint OHT called Network 24. We were invited by the Ministry to submit a full application by the end of March but due to the tight timelines, it was approved to submit by April 30th. We are working to have good representation on all working groups and Dr. Varrin has a key role in the primary care group.

- ONTARIO HEALTH

There are five offices of Ontario Health. The planning and funding functions of the Champlain LHIN are being moved to Ontario Health on April 1st. Effective that date, all service accountability agreements move to Ontario Health. The LHINs will continue to provide and support the delivery of home care and long-term care placements under a new name, Home and Community Care Support Services.

- COVID UPDATE

- There are significant outbreaks in the Champlain region including the University of Ottawa Heart Institute and there continues to be high patient occupancy throughout the region. We need to continue to be super vigilant with screening protocols and isolating patients until their Covid results are back. RVH's occupancy is good at this time but we are under an emergency management order to take patients from Ottawa due to their high occupancy rates. Two ALC patients not from our region have not been transferred yet as patient consent is required.

- **Vaccine Clinic** – Since March 21st, 11,572 doses have been administered in Renfrew County including the long-term care homes. The Renfrew Clinic has administered 1,650 doses to-date. Dr. Angela Varrin and Chris Ferguson have been the leads for this clinic. Physicians and support staff are on site vaccinating and answering questions. We are almost finished the 80+ group and moving to the 70+ group who can now register for their appointments. We are receiving vaccine for two-week blocks so we know how to plan the clinics. The Renfrew County Public Health website is the best site to get your information. We continue to attend weekly meetings and receive directives from the province.
- **Vaccine Uptake from staff** - we are significantly lower than other hospitals in the region. One reason could be that staff are not sending their forms to the Occupational Health Nurse indicating that they have received their vaccine. It is suspected that our percentage is much higher. Senior management is working on multiple initiatives to support and provide information to assist with the decision to be vaccinated. We will be keeping the clinic at 100 Health Village Lane as long as possible. A meeting was held with the Town of Renfrew with support from Sandi Heins for using the ice surface at Ma-te-way when we move to mass vaccinations.

- **GENERATOR UPDATE**

The first and second shutdowns for the generator switch over is now complete. We now have a back up generator for the whole hospital and the old generator was re-purposed so we have a back up to the back up generator. Bob McParland, who retired a few years ago, has come back as the Interim Physical Plant Director, to help us through this project. All departments came back on two Sundays to help at the command centre to ensure patient care would not be affected. Community support was gratefully received from Canadian Tire, Dominos and Ma-te-way. Staff from R&R Electrical and Yemen Electric were also on site for the switchover. We expect handover of this project on April 2nd and will be within budget.

- **QUALITY IMPROVEMENT PLAN (QIP) 2021/2022**

The annual Quality Improvement Plan for 2020/21 was optional to post due to Covid. This year we were notified by Health Quality Ontario that there is no need for a plan but to focus our efforts on Covid.

- **EPIC UPDATE**

- The Atlas Alliance, including Renfrew Victoria Hospital and St. Francis Memorial Hospital reached EMRAM Level 6. This certification is an indication of how effectively and efficiently we use technology in patient care, and reaffirms our success with Epic. This is an important clinical milestone for RVH/SFMH. The Atlas Alliance, including The Ottawa Hospital, makes up the largest academic organization to reach Level 6 in Canada.

The international Healthcare Information and Management Systems Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM) scores hospitals around the world based on their EMR capabilities through an eight-stage (0-7) model. Level 6 is the second-highest rating, and only 12 other hospitals in Canada have achieved this. This puts our adoption and utilization of EMR functions in the top 2 percent of hospitals in the country, which is an amazing achievement for our hospitals.

RVH also achieved Outpatient EMRAM (O-EMRAM) Level 6, marking the success of our ambulatory services as one of less than 100 programs in Canada to hit the milestone. This is a significant technical development that could not have been achieved without the impeccable clinical execution and commitment to world-class care from our entire staff at all levels including the Board of Directors who approved this change.

A few other hospitals in the region are looking to be approved to join the Atlas Alliance Group. This will mean more patients can have seamless care in the region. It will take new hospitals about 18 months to get on board.

The Lab component has been very complicated and we will be moving to Beaker. A business case will be presented to the Finance Committee, as costs are around \$500,000 with additional operating costs.

- **HSAA & MSAA Extensions**
 - Notice was received from The LHIN to amend the Hospital Service Accountability Agreement (HSAA) and that the terms and schedules remain in effect until March 31, 2022.
 - Notice was received from The LHIN to amend the Multi-Sector Service Accountability Agreement (MSAA) and that the terms and conditions remain in effect until March 31, 2022.

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

That the HSAA and MSAA agreements be extended to March 31, 2022. – Carried.

- **Budget Day** – The Ontario Government has a deficit in 2020 of \$38.5 billion. Ontario's budget deficit for 2020/2021 is \$33.1 billion. Overall, health care spending will increase. Hospitals are expecting an overall 3.4% increase. Information will be circulated when it is received.
- **Year End** - RVH would like to reduce the operating surplus to 1% or \$300,000 by transferring it to Renfrew Health. The actual year-end amount is not known at this time. This will be brought to the Finance Committee in April.

6. REPORT OF MEDICAL STAFF

Dr. Radke presented the report of the Medical Staff.

Applications for re-appointment were reviewed for the year 2021 and it is recommended for approval.

Dr. Radke advised that Dr. Nicole Delbrouck is retiring May 31, 2021 and we are in the process of interviewing Nephrologists.

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

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

7. REPORTS OF COMMITTEES

A. GOVERNANCE COMMITTEE

Marg Tubman presented the minutes of the Governance Committee held on March 5, 2021.

a) Accreditation

A draft Governance Standards information package was reviewed by the Committee. This information is a review of what we have done since the last accreditation as well as in the past.

Accreditation Canada requires that a Governance Functioning Tool survey be completed to evaluate the effectiveness of the organization's governance structure and processes. The Governance Committee will complete this survey between March 8th to March 19th. Once completed, it goes to Accreditation Canada for analysis. They pay particular attention to the results with yellow and red flags. Any yellow or red flags will require an action plan to address the issues/gaps. The Committee requested that the 2017 Governance Tool results be emailed to them for review.

It was noted that Accreditation is scheduled for December 6, 7, 8, 2021.

b) RVH Bylaw

Suggested changes to the bylaws have been tracked since 2019. The administrative section of the bylaw were presented. The medical staff section of the bylaw has been approved by the Medical Advisory Committee and the Medical Staff. The complete bylaw (Administrative and Medical Staff sections) will be presented at the May Board meeting and at the Annual meeting in June for final approval.

c) Board Policies

Board Policies were reviewed. Included in these policies are evaluations on board performance, director self-evaluations, committee evaluations and board chair evaluation. It was resolved that the evaluations be done by Survey Monday from April 12 to 19, 2021. The results will be discussed at the May Board meeting.

*It was moved by Catherine O'Neil,
And seconded by Phil Marcella,*

That the Board Policies be approved. – Carried.

d) CEO Performance Review

The Board Chair will be doing a performance review on Julia Boudreau. It was noted that a succession plan is also required to meet accreditation standards.

e) Chief of Staff Performance Review

The President and CEO will be doing a performance review on the Chief of Staff and will be inviting input from the Governance Committee.

f) Board Committees

Board Committee membership was discussed. It was recommended that all members on the present board committees remain the same for the year 2021/2022 since we are in an accreditation year to ensure continuity. We will still conduct the appointment of officers at our annual meeting as per the hospital bylaw.

*It was moved by Sandi Heins,
And seconded by Phil Marcella,*

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

B. CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

Sandi Heins presented the CQI Committee minutes of January 27, 2021.

a) Review of Patient & Family Advisory Committee Minutes

The minutes from the PFAC meeting held on December 17th, 2020 were reviewed.

b) EPIC Presentation

Kelly Zieman, Manager, Health Records/Communications presented a power point presentation on how EPIC has been utilized in her departments. She gave various examples of dashboards that the department follows and the information that can be found on these. Dashboards included average registration time, appointments at a glance, and appointments volumes. She showed the various reports and tools that have been created within EPIC to help her gather all the information she must report on. These include census, department appointments reports (DARS), bed planning, ER tracking board, and various discharge reports.

Kelly indicated that EPIC has been a benefit in organizing the data she needs to collect in one program, but it is not perfect. There are still some aspects that don't work in our hospital but do in the larger centres. Some reports include all the Atlas Alliance, not just RVH, so she adjusts the reports accordingly.

The Committee was very impressed with the presentation and complimented Kelly and her Department on being able to collate all of this data into reports that are not only mandatory reporting to the LHIN or the Ministry (some up to 3 times a day), but also for our own needs.

c) NRC Picker Report

A phone call was held with NRC Picker regarding the easiest way to gather our data and put into a summary report for review. They reviewed our information for the last 3 years and created a report for the ER and inpatient unit showing how we have been rated on the various questions asked on the surveys. This summary was presented to the committee including the matrixes created that show our top five strengths and areas of

improvement. This information will go to the managers of both units so they can plan on how to address this information to improve patient satisfaction.

*It was moved by Tom Faloon,
And seconded by Rob Tripp,*

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

D. PERSONNEL COMMITTEE

Robert Pelletier presented the minutes of the Personnel Committee held on February 3, 2021.

a) Items From Previous Meeting

- Staff flu shot rate at 59%. Flu rates in community are exceptionally low with only one case reported this season so far.
- Rapid tests: we do not know when these will be more widely available, but RVH has been asked to participate in a pilot project rapid test rollout to LTC.

b) COVID HR Update

RVH was asked to open a vaccine clinic for LTC and Retirement Home's essential caregivers and staff in our catchment area, followed by RVH Staff and then the broader community. The clinic is set up at 100 Health Village Lane. Over 80 staff offered to help at the clinic as well as retired staff and almost all the family physicians.

c) Labour Relations Update

Biweekly meetings with CUPE and ONA continue. Current grievances include one from CUPE that has been referred to arbitration and one from ONA from last year that has also been referred to arbitration and one is active.

d) Vacancies

There are nine RN vacancies in total for Active Care, Continuing Care Unit, Operating Room and Nursing Coordinator.

e) French Language Services (FLS)

Approval of FLS partial designation is pending with the Ministry of Francophone Affairs. The Ministry may call each of the designated programs (Addiction Treatment Services, Regional Assault Care Program and Dialysis) to ensure that there is an active offer of French (including voicemail) and will review RVH's compliance with FLS standards for the designated programs. Training on MCIS Language interpretation was done for users on December 3, 2020.

f) Accreditation

The Worklife Pulse survey was distributed and response rates were high. We have received 203 responses to-date and 148 required. Thirteen physicians completed the survey. The survey closed Feb. 19, 2021.

g) RN Recruitment

We are continuing to explore creative ways to recruit and retain new nurses, and will be submitting an application for funding for two full time nurses through the new Community Commitment Program for Nurses (CCPN).

h) Surge Learning

Along with most other small hospitals in the region, RVH has recently transitioned to a new learning platform called Surge Learning, which is being rolled out to all staff. This is a robust online learning platform with over 250 optional courses, in addition to all courses required to enable RVH to meet both legislative and organizational requirements for staff education, policy management, and quality and risk management. Modules are designed to be brief, at 4-15 minutes each.

i) Employee Recognition Activities

- Celebration of Worklife Week was held Nov 30 to Dec 4, 2020 and was well received.
- Modified “pick up” Christmas Tea was held on Dec 10, 2020 in Cafeteria
- Staff were offered complimentary meals from the BBQ Backyard Gourmet on Christmas Day for day and evening staff.
- Complimentary coffee/tea and individual snack bags were given out New Year’s Day to staff working.
- We had a number of recognition events to beat the winter blahs including National Popcorn Day, and in recognition of Valentine’s Day two weeks of chocolate treats every day – *you can never have too much chocolate.*

j) Other

- Compliments for the communication channels at RVH. The weekly communiques are useful and appreciated.
- Compliments for the Physician billing code session offered to physicians

*It was moved by Catherine O’Neil,
And seconded by Phil Marcella,*

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

E. ETHICS COMMITTEE

Tom Faloon presented the minutes of the Ethics Committee held on February 9, 2021.

a) Ethics Case Study

Natalie Walters presented a case study that happened in real time bringing in the Ethicist for her expertise while this was occurring.

There was a question about a verbal “full code” directive. It is better to ensure that a person’s wishes are communicated clearly and understood by both the patient and family/substitute decision maker and best to have it written down on the chart.

RVH is looking at giving more education to staff and physicians around this issue.

b) Consent and Capacity and Ethics in Research Presentations

Two presentations were circulated to the committee prior to the meeting. It was decided that due to time constraints, the presentation on RVH Ethics in Research would be presented by the Ethicist at the next meeting.

The Ethicist went through her presentation on Consent and Capacity since this related to the case study that had just been presented. The three main points that were reviewed were Explore the Informed Consent Process, Discuss Incapacity and Substitute Decision Making and Consent and Capacity Board.

c) **Other Business**

- Chris Ferguson indicated that residents in the long-term care homes were being vaccinated against the COVID virus. Vaccine committees are ramping up, as the vaccine will start to be delivered in the next few weeks. RVH is in charge of organizing all of these vaccine clinics, so we cannot delay getting everything in place. RVH has developed a Prioritization Committee with other area representatives (Public Health, Paramedics, Physicians, and Municipal Representatives); The Ethicist has offered to sit on this committee, as there will be many discussions over who should be receiving vaccines first.

*It was moved by Robert Pelletier,
And seconded by Meena Ballantyne,*

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

8. **ADJOURNMENT**

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

*That the meeting adjourn. – Carried.
Time of Adjournment: 18:55 hours*