



**Board of Directors**  
**Tuesday, September 29, 2020**  
**3:15 – 4:45 p.m.**  
**Board Meeting (Videoconference)**

**AGENDA**

**Members:** Mr. David MacKinnon (Chair), Ms. Nancy Evans (Vice-Chair), Mr. John Kearns (Treasurer), Ms. Jessica Anderson, Mr. Patrick Johnston, Ms. Tamara Kleinschmidt, Ms. Lisa O’Toole, Ms. Peggy Payne, Mr. Ross Rae, Mr. Christian Sauvageau, Mr. Andrew Fleming, Mr. Gary Hannaford, Mrs. Mary Clare Egberts (Chief Executive Officer), Dr. Colin MacPherson (Chief of Staff) and Ms. Carol Smith Romeril (Vice President and Chief Nursing Officer)

**Staff Present:** Brad Harrington, Jeff Hohenkerk, Susan Rowe, Catherine Walker

**Recorder:** Olivia Maynes

<b>Time</b>	<b>Item</b>	<b>Topic</b>	<b>Lead</b>	<b>Reason</b>
3:15	1.0	<b>Call to Order</b> 1.1 Approval of Agenda 1.2 Declaration of Conflict of Interest	D. MacKinnon	Decision Decision
3:20 3:30 3:40	2.0	<b>Reports</b> 2.1 Report of the Chair 2.2 Report of the President & CEO 2.3 Report of the Chief of Staff	D. MacKinnon M.C. Egberts C. MacPherson	Information Information Information
3:50 4:05	3.0	<b>Decision Items</b> 3.1 Approval of 2020/21 Balanced Scorecard 3.2 Approval of Financial Statements	L. O’Toole J. Kearns	Decision Decision
4:20	4.0	<b>Discussion Items</b> 4.1 Planning and Preparations for COVID/Respiratory Fall Season	P. Johnston	Discussion
4:40	5.0	<b>Consent Agenda</b> 5.1 Minutes of August 26, 2020 5.2 Evaluation of QHC Auditors 5.3 Governance, Communication and Strategy Committee – Policy Updates 5.4 Review of Action Items 5.5 Report of Chief Nursing Officer 5.6 Report of Medical Advisory Committee 5.7 Quality of Patient Care Committee Update 5.8 Audit and Resources Committee Update 5.9 Governance, Communication and Strategy Committee Update 5.10 Senior Leadership Evaluation and Compensation Committee Update	D. MacKinnon	Decision Decision Decision  Monitoring Information Information Information Information Information
4:45	6.0	<b>Adjournment</b> <b>Next Board Meeting:</b> November 24, 2020	D. MacKinnon	Decision
4:45 5:00	7.0	Media Interviews		

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>David MacKinnon, Board Chair</b>
<b>Topic:</b>	<b>Report of the Chair</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Information</b>

The pandemic has been an earthquake for QHC hospitals and I want to acknowledge the efforts of all staff and physicians to deal with problems resulting from the pandemic including managing the increased stress experienced by all.

The public sees front line people, mostly doctors and nurses and their contributions are frequently recognized and acknowledged. However, the contributions of staff members who do not encounter the public as often get less recognition even though their work is essential to the success of front line staff. Those who work in the finance and human resources departments have accommodated enormous change in recent months. Cleaners, infection control, process improvement, those who prepare food and many others in varying roles have been very important to our success as well. We need to recognize the whole team and I'd like to take this opportunity to do that.

Times of crisis and change often bring innovation and positive change and that has happened at Quinte Health Care. Virtual consultations with patients have become much more common. We have had hospital beds in other facilities. Staff have moved around to different roles in the hospital. Many other positive changes have also occurred. We need to keep this openness to innovation flourishing after the pandemic has lessened or disappeared.

I'd also like to recognize the people in government who have helped us manage in recent months. In particular, provincial staff have worked well with our leadership and our managers feel that the guidance coming from the province to this and other hospitals has, in general, been both timely and helpful.

Finally, the search for a new CEO has resumed and interviews will soon start. All members of the selection committee feel that we have a very strong pool of candidates. We should be able to proceed quickly because of this and I am hopeful that we can have a new CEO in place by the end of the year.

The Board correspondence tracker is attached and is no longer in the supplemental package.

### **Foundation and Auxiliary News**

#### **Help Fund the New Prince Edward County Memorial Hospital**

Please help the Rotary Club of Wellington raise funds for the proposed new hospital for the County by joining their FlipGive team. FlipGive is a fundraising vehicle for online shopping. The Rotary Club can earn cash back for their team with every purchase. The selling companies donate a percentage to the hospital campaign. For more details, please visit the Rotary's website at [www.wellingtonrotary.ca](http://www.wellingtonrotary.ca).

**Belleville General Hospital Foundation (BGHF)**

BGHF Annual Golf Tournament is being held on October 8, 2020 at Black Bear Ridge Golf Course for the Fairways for Fractures Fall Classic. BGHF is excited to be able to offer a premium golf day experience while raising funds for Belleville General Hospital's regional Fracture Clinic expansion project. For more information, please visit [bghf.ca](http://bghf.ca).

**Trenton Memorial Hospital Foundation (TMHF)**

The 2020 For Your Eyes Only gala is the Quinte region's first virtual gala being held on October 17, 2020. Enjoy a delicious dinner, wine, entertainment and a chance to help support TMHF at this one-of-a-kind event. For more information, please visit [tmhfoundation.com](http://tmhfoundation.com).

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Mary Clare Egberts, President &amp; CEO</b>
<b>Topic:</b>	<b>Report of the CEO</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Information</b>

Since the pandemic response and planning was covered extensively at the Quality of Patient Care Committee this month, I am not providing a COVID update as part of my report this month.

I did want to share the attached position paper from the Ontario Hospital Association that provides an overview of the financial toll of COVID-19 on Ontario hospitals thus far. This provides timely context for the QHC financial statements contained in this month's Board package.

The OHA is advocating that government action is urgently needed to address hospitals' operational, capacity and financial challenges and provides three recommendations to the government (on page 4 of the document).

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Dr. Colin MacPherson, Chief of Staff</b>
<b>Topic:</b>	<b>Report of the Chief of Staff</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Information</b>

### MAC Sub-Committees

In order to optimize the collective role of physician leaders within the organization, MAC has started two new sub-committees: the Credentialed Staff Resources Sub-Committee, and the Clinical Optimization Subcommittee. Each of our Chief/Medical Directors will be on one or another of these committees. The purpose is to ensure that a sufficient number of Chiefs maintain a consistent focus, regularly, and for a sufficient amount of time to advance meaningful improvements in these key areas over the course of each year. These sub-committees are now meeting monthly and have a clear Terms of Reference and Work Plan to guide their work over the next year.

The Credentialed Staff Resources Sub-Committee will oversee all aspects of credentialed staff resources at QHC to ensure that all requirements set out in the QHC bylaws, relevant QHC policies, and the Credentialed Staff Rules and Regulations pertinent to staff planning, recruitment, credentialing, privilege renewal, leaves and accommodations, professional development, and retention are met. The committee will promote common standards in credential staff resource management across the organization and make recommendations to MAC. Key areas for focus of this subcommittee for this year are expected to include improving oversight and reporting of credentialing processes, continuing to roll out the medical staff planning processes across all services, enhancing performance evaluation of medical staff, and completing pertinent policies as required by the new credentialed staff rules and regulations.

The clinical optimization subcommittee will oversee the quality and effectiveness of clinical care provided by credentialed staff at QHC to ensure that all requirements set out in the QHC bylaws, relevant QHC policies, and the Credentialed Staff Rules and Regulations pertinent to achieving excellent care delivery, reducing patient risk, increasing clinical transparency and optimizing teamwork are met. The committee will promote standards and clinical care across the organization and make recommendations to MAC. Key areas for focus of this subcommittee for this year are expected to include reviewing interdepartmental function in our emergency departments with the intention of setting clearer standards to improve care in our ERs, establishing processes to identify, review, and learn from "contested consultations", and completing pertinent policies as required by the new credentialed staff rules and regulations.

### Recruitment Update

Although the COVID-19 pandemic has posed challenges for recruitment, there has been consistent effort applied over the past 6 months. There have been 26 newly credentialed physicians between April and September 2020 (17 locum, 9 associate):

- Anaesthesia: 3 (2 locum, 1 associate)
- Paediatrics: 4 (3 locum, 1 associate)
- FM/Rural Medicine: 5 (4 locum, 1 associate)
- OBGYN: 1 (locum)
- Emergency Medicine: 7 (6 locum, 1 associate)
- DI: 2 (2 associate)
- Pathology: 1 (associate)
- Surgical Assist: 1 (associate)
- Medicine and Critical Care: 1 (locum)
- Surgery (dentistry): 1 (associate)

We continue to actively recruit for Psychiatry, Family Medicine, Emergency Medicine and Anesthesia.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Lisa O'Toole, Chair of Governance, Communications and Strategy Committee (GCSC)</b>
<b>Topic:</b>	<b>2020/21 Balanced Scorecard</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Decision</b>
<b>Motion:</b>	<b><i>That the QHC Board of Directors approve the 2020/21 Balanced Scorecard.</i></b>

The Board had not approved the 2020/21 Balanced Scorecard before the COVID-19 pandemic was declared in March. While a draft Scorecard had been prepared at that time, it was focused on strategic initiatives that are no longer the top priorities for QHC.

In June 2020, the Planning & Priorities Committee – made up of the Senior Leadership Team, Directors and Medical Directors – met to determine new priorities for the remainder of 2020/21 that would capitalize on the opportunities for innovation and system collaboration that have been sparked by the pandemic. Four priorities were identified, still aligned with the strategic priorities in the current QHC Strategic Plan:

- Develop partner coalitions for seamless care
- Enhance the culture of personal accountability for safety
- Embrace a “no wait hospital” philosophy
- Expand virtual care where appropriate

Each of these priorities now has a steering committee with a VP executive sponsor. The committees have determined the specific improvement initiatives to be implemented over the next six months and have set measureable targets for each. The weekly Grassroots Transformation Huddles have been relaunched over video-conference to allow for regular monitoring of progress against the goals. Once approved by the Board, the Balanced Scorecard results are reported to the Board through the Report of the CEO on a quarterly basis.

A subset of these initiatives and targets have been selected for the strategy portion of the attached 2020/21 Balanced Scorecard. These specific metrics have been chosen because they are: relatively easy to measure with access to reliable data; have widespread involvement of staff and physicians across the organization; and the leadership team can set stretch targets that are achievable (unless the organization needs to re-divert all efforts back to responding to a second wave of the pandemic).

Given that there are only six months remaining in the fiscal year, the former “planning” section of the Balanced Scorecard has been removed. For simplicity, the Operational metrics have not changed from the 2019/20 Scorecard, with the exception of removing the metric of “discharged medicine patients with length-of-stay greater than 9 days”. The operational metrics are provided for monitoring, rather than improvement efforts, unless results need to be actively addressed.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>John Kearns, Board Treasurer and Chair of Audit and Resources</b>
<b>Subject:</b>	<b>July 2020 Financial Statements</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Decision</b>
<b>Motion:</b>	<b><i>The QHC Board of Directors approves the July 2020 financial statements.</i></b>

### **Year-to-date (YTD) July 2020 Financial Results**

YTD results for the 4 months ended July 31, 2020 show a deficit of \$1.6M before building related items. This represents a \$2.5M negative variance to budget.

Fiscal 2020/21 was a challenge before it even began, with the sudden and intense impact of COVID-19 in mid-March. There were significant and immediate impacts on both service delivery and expenditures. QHC has incurred on average \$1M in incremental COVID related expenses each month. These were mitigated to the extent possible by redeploying staff whose normal roles were impacted by service reductions to support other needs in the organization. The costs of the redeployed staff are not included in the incremental cost estimates. These costs have been reported monthly to the LHIN/OH with the expectation that there will be funding to reimburse. Revenue loss figures are not currently being collected by the LHIN/OH and we have not factored in any reimbursement to date. Losses have been incurred with respect to parking, preferred accommodation and OHIP technical fees for diagnostic procedures.

In addition to the impacts of COVID-19, we are experiencing significant capacity pressures in the acute inpatient units. Additional capacity was created on Sills 4 to allow for a segregated area on Quinte 5 for COVID inpatient activity and offsite beds have been operated at Quinte Gardens to address ALC pressures. However, in recent days, we have utilized 46 of 50 beds on Quinte 5 for non-COVID acute patient activity as well as the additional 18 beds (Sills 4 and Quinte Gardens) that are not budgeted for. QHC is presently substantially above funded bed levels with no COVID patients.

### **Statement of Operations – Variance Explanation**

#### **Revenues**

#### **Ministry of Health – Global – positive variance of \$249K**

The variance is related to the following factors:

- QHC received \$1.385M in funding under the Growth Efficiency Model (GEM) model.
- Critical Care response Team (CCRT) funding in the amount of \$580K was budgeted under one-time funding.
- Quality Based Procedures (QBP) revenues have been reduced to reflect the drastic reduction in elective surgical activity.

**Ministry of Health – One-Time – positive variance of \$5.7K**

The key drivers of this variance are:

- Accrued revenue to offset COVID expenses in the amount of \$3.8M.
- Recognition of pandemic pay for staff and physicians totaling \$2.9M.

**Patient Revenue – negative variance of \$2.8K**

The largest contributors to this variance are:

- Reduction in preferred accommodation revenue in the amount of \$771K as we saw a temporary reduction in patient volumes and were unable to follow normal processes to obtain patient signatures due to infection control protocols.
- OHIP technical fees for diagnostic procedures showed a variance of \$893K to budget. Professional fees were also impacted but were offset by a reduction in fees paid to radiologists.

**Marketed Services – negative variance of \$488K**

This variance is due to a number of items including a reduction in parking activity.

**Recoveries & Other Revenue – negative variance of \$303K**

This variance is largely related to:

- Reduction in revenue related to fees for lens upgrades for cataract procedures.
- Timing difference related to receipt of discount and rebate revenues.

**Expenses****Compensation – Salaries – negative variance of \$4.9M**

There are many factors contributing to this variance:

- Pandemic pay in the amount of \$2.1M. Offsetting funding has been recognized.
- Incremental labour related to COVID-19 in the amount of \$2.6M is included in this variance. This is related to the costs of screening, enhanced Security, additional Occupational Health and Safety supports, staffing to support additional inpatient capacity, Assessment Centre staffing. A provision for funding has been included in revenue to offset these incremental costs.

**Compensation – Benefits – negative variance of \$1.1M**

This variance is driven by the following factors:

- Benefits on pandemic pay in the amount of \$323K.
- Benefits on the incremental labour in the amount of \$559K.

**Medical Staff Remuneration – positive variance of \$851K**

This variance is largely composed of:

- Reduction in OHIP professional fees of \$1.1M related to reduction in diagnostic imaging services.
- Pandemic pay in the amount of \$298K. Offsetting funding has been recognized.

**Medical & Surgical Supplies – positive variance of \$725K**

This variance is largely related to the surgical program which had a major reduction in activity in the first quarter.

**Drugs and Medicine – negative variance of \$256K**

This variance is primarily related to the Oncology program. The constant change in patient types and associated treatment regimens makes this difficult to predict. The majority of these costs are offset by funding from Cancer Care Ontario.

**Supplies & Other Expenses – negative variance of \$304K**

There are many drivers of this variance and the majority are related to our response to COVID-19:

- Costs associated with accommodating patients at Quinte Gardens.
- Contracted EMS support of Assessment Centres.
- Purchase of linen gowns in response to PPE supply chain issues.
- Equipment rentals to support expanded bed capacity and surge planning.

**Balance Sheet**

The current ratio at July 31, 2020 is 0.82. This ratio assumes funding from the Ministry to offset both COVID related operating and capital expenditures. The current ratio is .71 without the Ministry funding.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Patrick Johnston, Chair of Quality of Patient Care (QPC) Committee</b>
<b>Subject:</b>	<b>Planning and Preparations for Fall Season</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Discussion</b>

### Issue

As QHC approaches the fall season which typically results in a surge of respiratory illness, we anticipate capacity challenges that exceed what we have experienced in past flu seasons as a result of COVID. The symptomatic resemblance between our usual influenza and COVID only emphasize the need for QHC to have robust and agile plans to ensure both staff and patient safety.

The supplemental package includes slide decks that provided detail about the adaptations required in 'wave one', plans to address the challenges the departments anticipate facing as a result of a 'second wave' and the expected impacts to quality of care and the patient experience a 'second wave' might have. The Committee found the slides contained good information that supported a robust discussion.

For discussion and questions, several operational leaders were able to contribute to the discussion; COVID Assessment Centre (James Russell), the Emergency Departments (Heather Campbell), the Medicine program (Anna-Marie Sutherland) Human Resources (Bree Gaber) and Mental Health (Janet Kinsey).

Below is a summary of topics that bear highlighting for the Board as a whole.

Wave 1 adaptations included stopping outpatient and non-urgent surgical activity. General meetings and projects were also stopped or deferred. Staff in administrative or support roles that could work from home (health records for example) were supported to do so. These shifts in activity allowed space to be repurposed and a number of staff to be redeployed.

- Examples of space changes include; clinic space being repurposed for patient needs such as an anticipated surge in patients coming to emergency departments. Meeting rooms were repurposed to receive community donations and warehouse PPE onsite so that it could be carefully distributed to where it was needed most.
- Examples of staff changes include; operating room nurses redeployed to the newly formed assessment centres in the community or the recovery room nurses redeployed to ICU or ED. Other staff were redeployed to a new 'scrub distribution room' and some to entrances to conduct the active screening roles. Another source of redeployment was the need for staff with health conditions to change out of roles that could expose them potentially to COVID.

The most significant wave 1 change that had to be addressed in every process of care was the separation of spaces and staff into COVID zones ("hot zone") and non-COVID zones ("cold zone"). The staff in the hot zone would be assigned to that area and not allowed to travel through or assist in the cold zone. This was a particular challenge in the ED where people arrive without knowledge of their COVID status and require multiple tests or consults to investigate their situation. It also increased the need to reduce time for patients in the ED spaces either waiting for consults or waiting for an inpatient bed. This patient experience was also highlighted as particularly anxiety provoking when someone was taken into the 'hot zone' as a potential COVID case and was not allowed to have family

accompany them and was cared for by staff in masks, gowns, gloves and eye protection. This concept of hot and cold areas, dedicated resources, was echoed throughout the hospital operations, using extra space and staffing. The need for extra space to ensure physical distancing had ripple effects across the organization in fewer available bed spaces (using semiprivate rooms as private rooms), fewer people could be in waiting rooms, and staff break rooms could not be used as freely.

Even with all these restrictive adaptations and a low prevalence of COVID in this area, QHC and our neighboring hospitals were not overwhelmed. In fact, many people who would have benefited from care, did not come. That has created a delayed, backlogged need for care that is now impacting the health system in a different way.

The greatest innovation or advantage in wave 1 has been the rapid adoption of virtual care options. For example, the preoperative assessment process has largely moved to phone calls. Patient experience has been positive at least in this short term. Children's Treatment Centre and Mental Health also used remote care options effectively. The patient experience office also helped patients stay connected with family over video chat platforms. Another advancement has been the optimum use of the surgical short stay service to avoid/divert the inpatient stay overnight.

Wave 2 has been characterized as "Living with COVID". Planning has been active all summer. The predictions continue to point to October as the likely time for more hospital pressures. The plans are based on the following assumptions and factors:

- Outpatient and surgical activity will not be 'shut down' – that process created short term benefit but has rendered patients 'sicker' on presentation and extends their recovery time.
  - Surgical and procedure activity has been fully resumed but clinics not fully resumed
  - Extreme pressures may require reduced activity but not limit activity as severely
- QHC is steadily operating overcapacity before any new COVID patients present – with more than 20 unbudgeted beds open on a consistent basis so the plans will need to extend beyond the previous gridlock levels of overcapacity
  - Following recommendations not to use 4 bed wards
  - Plans for additional bed spaces will focus on creating spaces to accommodate the hot and cold zone principles.
  - At extreme surge levels, the use of 'unconventional' bed spaces may be required such as a tent for extra ED triage space or converting a physio gym to a patient care space.
  - Staffing levels and plans need to anticipate absences/sick time rates as well as patient volume
- Flow to LTC will continue to be slow due to quarantine time and reduced due to restricted ward bed capacity
- Expectations continue for hospitals to manage (and expand) assessment centres and support LTC when necessary.
- More confidence in the science about how the virus is transmitted and that PPE will not be a limiting factor (supply chains more stable) for staff confidence in safety
- Testing will be more readily available in the community so we will have 'signals' from public health when cases are more prevalent and they will have capacity to trace contacts
  - QHC testing for inpatients will improve time for results to reduce the time of uncertainty

In summary, QHC has demonstrated agility, innovation and resilience during Wave 1 and has a plan to address Wave 2 in the same optimistic manner with a team that will adapt and adjust as needed.

**Quinte Health Care  
Board of Directors Meeting Minutes  
August 25, 2020 (Videoconference)**

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, August 25, 2020 via videoconference. Mr. MacKinnon chaired the meeting.

**Present:**

- Mr. David MacKinnon, Chair
- Ms. Nancy Evans, Vice-Chair
- Mr. John Kearns, Treasurer
- Ms. Jessica Anderson
- Mr. Patrick Johnston
- Ms. Tamara Kleinschmidt
- Ms. Lisa O'Toole
- Mr. Andrew Fleming
- Mr. Gary Hannaford
- Ms. Peggy Payne
- Mr. Ross Rae
- Mr. Christian Sauvageau
- Mrs. Mary Clare Egberts, Chief Executive Officer
- Dr. Colin MacPherson, Chief of Staff
- Ms. Carol Smith Romeril, Vice President and Chief Nursing Officer

**Regrets:** There were no regrets.

**Staff Present:**

- Mr. Brad Harrington
- Mr. Jeff Hohenkerk
- Ms. Susan Rowe
- Ms. Catherine Walker
- Ms. Olivia Maynes, recorder

### **1.0 Call to Order**

Mr. MacKinnon welcomed everyone, acknowledged members of the media and called the meeting to order at 5:03 p.m.

### **1.1 Approval of Agenda**

**Motion:** To approve the open session agenda of August 25, 2020  
**Mover:** Ms. Payne  
**Second:** Mr. Kearns  
**Carried**

### **1.3 Declaration of Conflict of Interest**

There were no conflicts declared.

### **2.1 COVID Update**

The Board discussed the ongoing planning and preparations for the second wave of COVID, should it hit the Quinte Region. Mr. Hohenkerk advised that additional testing, as a result of school resuming, will be performed by Public Health.

Dr. MacPherson commended the exceptional infection control practices of the Quinte Region, which assisted in keeping COVID prevalence low, despite increased travel to the area throughout the summer.

The Board inquired if as a result of the low number of COVID cases over the summer, frontline staff had been able to take time off. Dr. MacPherson advised that many used the summer as time to

regroup and prepare for the second wave. Ms. Smith Romeril added that many nursing staff were also able to take time off throughout the summer.

### **3.1 Approval of ICU Stage 4.1 Submission**

Mr. Harrington reviewed the ongoing capacity challenges of the BGH ICU and the urgent need for an expansion. Mr. Harrington noted that Approval for Stage 4.1 is coming directly to Board (not from the Audit and Resources Committee) to allow QHC to stay within the current timeline, with the hopes to begin construction this December.

**Motion:** That the QHC Board of Directors approve the submission of the Stage 4.1 submission for the Belleville General ICU expansion to Ontario Health (OH) and MOH.  
**Mover:** Mr. Kearns  
**Seconded by:** Mr. Rae  
**Carried**

### **3.0 Consent Agenda**

Approval of the following items was included within the consent agenda:

#### **3.1 Minutes of July 28, 2020**

**Motion:** To approve all items within the consent agenda of August 25, 2020.  
**Moved by:** Ms. Evan  
**Seconded by:** Ms. Anderson  
**Carried**

### **4.0 Adjournment**

**Motion:** To adjourn at 5:30 p.m.  
**Moved by:** Ms. Anderson  
**Carried**

**Next Meeting:** September 29, 2020 (videoconferencing)

**Action Items:** There were no action items at the August 25, 2020 meeting.

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*David MacKinnon, Board Chair*  
Board of Directors

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*Mary Clare Egberts*  
President and CEO and Board Secretary

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>John Kearns, Board Treasurer and Chair of Audit and Resources Committee</b>
<b>Subject:</b>	<b>Evaluation of QHC Auditors</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Decision</b>
<b>Motion</b>	<b>The Board of Directors adopt the framework and Assessment tool published by Chartered Professional Accountants of Canada; Canadian Public Accountability Board; and the Institute of Corporate Directors to inform the annual decision of reappointing QHC’s external auditors.</b>

### **Background**

Feedback from committee members in 2019/20 suggested management and the committee should consider adopting a more formal process for evaluating the annual audit and QHC Auditors prior to reappointment each year.

Included in the supplemental package is the framework published by Chartered Professional Accountants, Canada; Canadian Public Accountability Board; and the Institute of Corporate Directors.

The annual assessment tool in this publication is intended to be used in years when the audit committee is not conducting a comprehensive review of the external auditor.

The annual assessment tool in the above referenced publication identifies three key factors of audit quality for the audit committee to consider and assess:

1. *Independence, objectivity and professional scepticism* – Do the auditors approach their work with objectivity to ensure they appropriately question and challenge management’s assertions in preparing the financial statements?
2. *Quality of the engagement team* – Does the audit firm put forward team members with the appropriate industry and technical skills to carry out an effective audit?
3. *Quality of communications and interactions with the external auditor* – Are the communications with the external auditor (written and oral) clear, concise and free of boilerplate language? Is the auditor open and frank, particularly in areas of significant judgments and estimates or when initial views differ from management?

### **Assessment Tool**

The publication and assessment tool suggests the following step-by-step approach.

1. *Determine the scope, timing and process*

The audit committee chair, perhaps in conjunction with other audit committee members, determines the scope, timing and process of the annual assessment. This includes determining what information the audit committee requires from entity personnel about the external auditor. It also includes determining what questions the audit committee needs to consider in conducting the assessment. The appropriate sections of the tool are amended by the audit committee chair to reflect these determinations.

2. *Obtain input from entity personnel*

Entity personnel, such as the chief executive officer (CEO), the chief financial officer (CFO) and internal auditors complete the tool's Obtain input from entity personnel section and return it to the audit committee.

3. *Assess areas for audit committees to consider*

The audit committee chair distributes to the audit committee the results of the prior-year annual assessment, the tool's amended Assess areas for the audit committee to consider section, and the input received from entity personnel. Audit committee members complete this section of the tool. At a meeting of the audit committee, members discuss each area of the assessment tool, comparing their views with those of entity personnel and the results of the prior-year annual assessment.

4. *Conclude on the annual assessment, and communicate the results*

Following this discussion, the audit committee reaches a conclusion on whether to recommend the external auditor to the board for reappointment and identifies matters that should be reviewed with the external auditors to improve their future performance and effectiveness. The audit committee records and communicates the results of the annual assessment. Keeping a record assists the audit committee when performing a subsequent annual assessment or comprehensive review of the external auditor.

**Suggested Process & Recommendations:**

Management is recommending that the Audit and Resource (A&R) committee follow the referenced framework for performing an annual assessment of QHC's external auditors.

Management recommends Section 1 be completed by the committee Chair (with assistance by management) and Section 2 be completed by Management and both be reviewed by the committee at the November A&R committee.

Section 3 would be completed by all A&R committee members prior to the January A&R meeting with the submission summarized and reviewed by the committee at that meeting. The committee typically meets with QHC's external auditors in January to approve the audit plan for the upcoming fiscal year end.

Section 4 would be completed by the committee chair (with assistance from management); tabled and discussed at the March A&R committee meeting.

The results would inform the committee's decision regarding reappointment of QHC's external auditors at the May A&R committee meeting

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Lisa O’Toole, Chair of Governance, Communications and Strategy Committee</b>
<b>Subject:</b>	<b>Approval of Board Policies</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Decision</b>
<b>Motion:</b>	<p><b>That the Board of Directors approve changes as recommended to the following Board policies:</b></p> <ul style="list-style-type: none"> <li>• I-1 Vision, Mission and Core Values</li> <li>• II-8 Chief of Staff Job Description</li> <li>• V-A-7 Board Standing and Ad-Hoc Committee</li> <li>• V-B-8 Board Meetings</li> <li>• V-B-13 Completion of Term, Resignation and-or Removal of a Director</li> </ul>

### **Background**

As per Board policy V-B-14 *Review of Board Policies*, Governance, Communications and Strategy Committee (GCSC) annually reviews board policies, the Corporate By-Laws and Professional Staff By-Laws for relevance and compliance with legislation.

### **Policy Review**

After a review of all policies, the following policy updates are recommended:

- I-1 Vision, Mission and Core Values: Updated the vision statement to reflect the board approved vision from the 2018 – 2021 QHC Strategic Plan.
- II-8 Chief of Staff Job Description: Updated to reflect the board approved job description used during the last COS recruitment process.
- V-A-7 Board Standing and Ad-Hoc Committee:
  - Updating the quorum for the Quality of Patient Care Committee to stipulate that at least four of the attendees must be Board Members for quorum, in recognition of the large number of non-Board members required to be on this committee as per the Excellent Care for All Act.
  - Moving oversight for staff and physician health and safety to the Quality of Patient Care Committee, to be consistent with the change made to the terms of reference of these committees a few years ago.
  - Changing responsibility for “oversight to senior leadership succession” from the GCSC to the Senior Leadership Evaluation and Compensation Ad-Hoc Committee (SLEC), to be consistent with the current terms of reference for these committees.
  - Clarified that the SLEC Committee recommends Senior Leadership compensation (not just CEO and COS), consistent with current legislation.

- V-B-8 Board Meetings: Wording change to avoid confusion regarding attendance during Closed Board Meetings. All Board Members (including ex-officio) should be included in any Closed Meeting of the Board, except during discussions of performance evaluations or other similar topics where organizational personnel should be excluded.
- V-B-13 Completion of Term, Resignation and or Removal of a Director: Removed the section related to removal of a Director as this is repeated in the separate Board Policy V-B-16 Removal of a Director.

The GCSC pulled the Strategic Planning, CEO Job Description and Position Description of the Board Chair policies for review and discussion at the November GCSC meeting.

Management has reviewed all other policies and is not recommending any other changes at this time. While numerous policies still refer to the Ministry of Health and Long-term Care and the South East Local Health Integration Network (LHIN); it is recommended that for simplicity these references are changed once the LHIN structure and name is fully transitioned to the new Ontario Health regions.

The Corporate and Professional Staff By-Laws have also been reviewed and no changes are needed at this time. The Board does not have to approve policies annually, so if the Committee agrees that no changes are required, the remaining policies and the by-laws will simply continue in force until the review next year.

The complete Board Policies and By-Laws without revision are available on the Board portal.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Carol Smith Romeril, Vice President &amp; Chief Nursing Officer</b>
<b>Topic:</b>	<b>Report of the Chief Nursing Officer</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Information</b>

### **Nursing & Personal Support Worker (PSW) Job Fair**

At the September 11th Job Fair, 38 candidates were welcomed from our community who were interested in RN and RPN and PSW careers with Quinte Health Care (QHC). Front line staff from Quinte 4 & 6 and the ICU provided candidates with realistic job previews of the roles within featured departments and managers conducted 43 interviews (leading up to and at the event).

Preparing for and setting up for the event was considerably different than the previous event given social distancing and safety protocols. Many individuals, from infection control, professional practice, inpatient units, and support service undertook tremendous planning and set up processes to ensure the safety of our staff and participants all while focusing on attracting new staff to the QHC teams.

We are pleased to report that we have filled 9 nursing positions (4 RN, 5 RPN) as a result of the event with the possibility of hiring 2 more RNs. We also identified 4 PSWs that we would like to hire as future positions become available, potentially within the next month or two. A summary is included below with greater detail for those who are interested.

	<b>Number of Attendees</b>	<b>Number of Offers</b>	<b>Number of Acceptances</b>	<b>Notes</b>
<b>RNs</b>	7	6	4	This includes 3 fulltime and 1 part time. We are awaiting a response from 2 RNs who have been offered part time positions.
<b>RPNs</b>	10	5	5	This includes 2 full time and 3 temporary part time.
<b>PSWs</b>	20	TBD	TBD	

Finally, I would like to congratulate the HR Team for another successful venture and recognize them for the time and energy they dedicated to making this event a success! I understand that there are plans to hold the next Job Fair in March 2021.

### **New Grad Guarantee (NGG) Program Update**

This provincially funded program covers up to 26 weeks of salary coverage so that new graduates can be paired with experienced colleagues to learn alongside them in 'supernumerary positions'. Through the 2020-21 program, 28 RNs entered into this arrangement. The HR Team is awaiting news from the Ministry that the program will be funded and has been checking for updates regularly. Although the program has traditionally opened in April, we have not had confirmation it will be funded until the fall the past 2-years.

Almost all of the New Grads will have completed their orientation in time to assist with additional staffing needs around surge and the possible second wave of COVID this fall.

## ICU Update

Given the recently expanded beds, typical turnover rates, and the need to be prepared for a potential surge in critical care beds, there has been focus on recruiting experienced staff to ICU. It is typically a challenge to fill vacancies for specialized positions, such as ICU, with experienced staff. In the past few years, QHC has had very positive outcomes through 'growing our own' approaches by establishing 'internship positions'. Recently, 3 new ICU internship opportunities were posted and advertised internally. The internship approach was taken to provide internal opportunity for experienced staff that may have an interest in a specialized area but may not meet all the educational preparation expected in a ICU position. The incumbents who fill these positions will receive additional learning and development support to ensure success in the ICU environment.

To date, 1 of the 3 ICU internships has been offered and work is underway to fill the remaining two. Altogether, the recent hires (2) through the job fair, plus 2 other hires and the internships, which will produce future ICU nurses, these actions have largely addressed the potentially challenging staffing situation in ICU.

## Capacity

At one point during the depths of the initial COVID shutdown, there were a number of unoccupied beds at QHC. However, at this point, even before the traditional seasonal surge, inpatient occupancy is very high. In order, to maintain appropriate distances, including minimized time in ED, and to accommodate all the patients needing care, there are often nearly 30 unbudgeted acute beds in operation across the 4 hospitals. The 18 beds on Sills 4 did not close at the end of March as planned due to the declaration of the pandemic. These have proved very important assets, particularly during the time that LTC and retirement home facilities were closed to transfers and admissions.

Another approach to addressing capacity pressures was to partner with Quinte Gardens and Home and Community Care to create an alternative location of care for up to 10 patients who could not return home and were waiting for a different placement for care. This has proven to be a wonderful opportunity for patients who are able to take advantage of a less institutional environment to promote quality of life during a long period of stay. This arrangement has recently been approved to extend funding support beyond September 30, for which we are very grateful.

The volumes of critical care patients in ICU have been high but with the satellite ICU spaces, the team has been effective in ensuring critical care patients are moved quickly out of the emergency departments.

The high capacity situation is echoed across many other hospitals. There are multiple factors contributing to this but fundamentally, the health system is different. LTC homes are less accessible, services for preventative and maintenance care are still limited, length of stay is trending longer due to a greater burden of illness and reduced discharge support from family, friends, neighbors. We are prepared for another surge but our challenge is retaining flexibility to surge in our current state of stretch.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Dr. Colin MacPherson, Chief of Staff</b>
<b>Topic:</b>	<b>Report of the Medical Advisory Committee</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Information</b>

Most agenda items at the September Medical Advisory Committee meetings are covered as separate board agenda items or under the Report of the Chief of Staff. The MAC also had a presentation and discussion on the extreme surge planning for the coming months. In addition, the Committee discussed the approach to continuing to recognize physicians as part of the QHC Physician Compact implementation.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Patrick Johnston, Chair of Quality of Patient Care Committee</b>
<b>Subject:</b>	<b>Quality of Patient Care (QPC) Committee Update</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Information</b>

In addition to items on the Board agenda, the Committee received and discussed the following information at their September 15, 2020 meeting.

### **1. Patient Story**

The committee heard several stories reflecting the very positive patient and staff experiences with the extended hospital space in Quinte Gardens Retirement Home. This partnership allows up to 10 patients (they remain hospital patients) who are waiting for other levels of care, to wait in a less institutional environment, enjoying gardens, outdoor spaces and great meals.

### **2. Terms of Reference and Work Plan**

There were no material changes to the Terms of Reference. The work plan is similar to last year but added a report from the Advisory Council and indicates Medical Staffing Plans will be presented for approval throughout the year after they are endorsed by the Medical Advisory Committee. These items were forwarded to the Governance Committee.

### **3. Monitoring Reports Received**

- The Quality of Patient Care Indicator Report was discussed in order to select the most appropriate indicators to monitor for the remainder of the fiscal year.
- The Human Resource Indicator Report was accepted without changes to the selected indicators. There was a brief note regarding sick time supports and observations during the spring and summer.
- Critical Events Process and Disclosure Report was submitted with zero critical events being reported in the prior periods.

### **4. Board Policies Annual Review**

The policies relevant to the Committee were not amended or changed after review.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>John Kearns, Board Treasurer &amp; Chair of Audit and Resources Committee</b>
<b>Topic:</b>	<b>Audit and Resources Committee Update</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Information</b>

In addition to the items on the Board agenda, the Committee also received and discussed the following updates from management at their September 15, 2020 meeting.

**1. Fiscal Health Sustainability**

The committee received a briefing on 2020/21 funding levels and the fiscal impact of the Pandemic.

**2. Terms of Reference (TOR) and Committee Work Plan**

The committee reviewed its TOR and workplan and recommended them to the Governance committee.

**3. Capital Projects Update**

The committee received a written update on all capital projects which highlighted updates on the PECMH Redevelopment and the progression of work on the Master Plans priorities for Trenton and Belleville.

**4. ICU Expansion Project**

The committee received a separate briefing memorandum on the status of the ICU renovation project. Management has begun to submit the Stage 4.1 tender package and is working closely with the MOH to expedite approval.

**5. Regional Hospital Information System (RHIS)**

The committee received a briefing from management on the latest work plans and timelines related to onboarding new systems for QHC.

**6. Statutory Filings**

The committee received its regular briefing on statutory filings. All statutory filings are up to date.

**7. Internal Controls.**

The committee had a discussion with management regarding financial internal controls regarding areas where improvements could be made.

**8. Financial Statements Education**

The committee received a comprehensive education session on how to read QHC financial statements.

**9. Hospital Sector Accountability Agreement (HSAA) Indicator Report**

The committee regularly receives an update on compliance with performance metrics of the HSAA agreement. Management tabled the regular report which highlights significant variances that are as a result of changes in service as a result of the pandemic.

**10. 2021/22 Operating & Capital Plan Development**

The committee received an update from management regarding the development of the 2021/22 Operating & Capital Plans. Management intends to table the first draft of the plans in January 2021.

**11. Generative Discussion Plan.** The committee annually creates a plan to discuss specific topics which require a broader generative discussion. Topics identified by the committee this year include the fiscal impact of the pandemic; Regional Hospital Information System\Financing; Back Office System Selection; New directions for Ontario hospital funding and Foundation\Fund Development contributions to QHC.

**12. Annual Policy Review**

The committee annually reviews financial board policies for relevance and compliance with legislation. Board policies IV-1 – IV-6 were tabled by management and accepted without revision.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Lisa O’Toole, Chair of Governance, Communications and Strategy Committee</b>
<b>Topic:</b>	<b>Governance, Communications and Strategy Committee (GCSC) Update</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Information</b>

At their September 15, 2020 meeting, in addition to what is in the Board Package, GCSC received and discussed information on the following topics:

### **1. Terms of Reference and Work Plan**

The Terms of Reference and Work Plan were reviewed and approved. The Work Plan includes at least 5 GCSC meetings this board year, with an additional meeting in May if required.

### **2. Board Retreat – input on agenda**

The GCSC provided input to management on proposed topics for the annual QHC Board Retreat. The Retreat is typically an opportunity for long-term reflection and prioritization in response to key issues and opportunities facing QHC. Although this is an unusual year because the next QHC CEO will not be confirmed, the Retreat does provide an excellent opportunity for the Board to discuss how to support the next CEO and priorities the CEO needs to consider. The detailed agenda is being created following input from the GCSC and follow-up discussion with the facilitator, and then confirmed with David, Nancy and Lisa.

### **3. Individual Director Feedback and Development Process**

In October 2019, GCSC decided on a process to improve the current individual director evaluation process by having the Chair or delegate meet individually with each Director in the Fall. The Chair of Governance can also take part in any meetings where the Chair or the individual Director feels additional support may be required. The purpose of these meetings is three-fold:

1. Share the results of the peer-to-peer and self-evaluation;
2. Discuss any areas for development, including any educational or other supports the Director would want to access; and
3. Understand the Director’s plans to continue on the QHC Board and if they would like to be a Committee Chair or hold a Board Officer position in the future.

Unfortunately, the peer-to-peer and self-evaluation tool was not done in the spring of 2020 due to Covid. However, it is recommended that even without these updated results, the Board Chair or delegate complete these conversations by the end of October to cover the second and third points above.

These meetings are particularly important for those Board Members who will be at the end of their three-year term in June 2021, so that the Governance Committee can be informed of how many Directors would like to continue for a subsequent term and how many vacancies the Nominations Ad-Hoc Committee will need to fill for the 2021/22 year.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Nancy Evans, Board Vice-chair and Chair of the Senior Leadership Evaluation and Compensation Ad-hoc Committee</b>
<b>Topic:</b>	<b>Senior Leadership Evaluation and Compensation Ad-hoc Committee Update</b>
<b>Date of Meeting:</b>	<b>September 29, 2020</b>
<b>For:</b>	<b>Information</b>

In addition to the closed agenda SLEC also discussed, at the September 18, 2020 meeting, its Terms of Reference and Work Plan and recommended them to the Governance, Communication and Strategy Committee for approval