



**Board of Directors
Tuesday, September 28, 2021
3:15 p.m. – 4:45 p.m. (OPEN)**

Zoom: <https://us06web.zoom.us/j/87915397211>

Password: **BOD2021**

If dialing by phone: +14388097799,,87915397211#

AGENDA

Members: Nancy Evans (Chair), Lisa O’Toole (Vice-chair), John Kearns (Treasurer), Patrick Johnston, Tamara Kleinschmidt, Peggy Payne, Ross Rae, Christian Sauvageau, Andrew Fleming, Gary Hannaford, Janet Dalicandro, Aileen Edwards, Stacey Daub (President & Chief Executive Officer), Dr. Colin MacPherson (Chief of Staff) and Carol Smith Romeril (Vice President and Chief Nursing Officer)

Senior Leadership: Susan Rowe, Jeff Hohenkerk, William (Bill) Tottle

Recorder: Olivia Maynes

Time	Item	Topic	Lead	Reason
3:15	1.0	Call to Order 1.1 Approval of Agenda 1.2 Declaration of Conflict of Interest	N. Evans	Decision
3:20	2.0	<i>QHC Values in Action Award</i>		
3:30 3:40 3:50	3.0	Reports 3.1 Report of the Chair 3.2 Report of the President & CEO 3.3 Report of the Chief of Staff	N. Evans S. Daub C. MacPherson	Information Information Information
4:00	4.0	Decision Items 4.1 Approve Balanced Scorecard		Decision
4:15	5.0	Discussion Items 5.1 Fourth Wave Planning and Strategies to Build Back Better (B3)	C. Sauvageau	Discussion
4:25		5.2 Strategic Planning	G. Hannaford	Discussion
4:40	6.0	Consent Agenda 6.1 Minutes – June 22, 2021 6.2 Minutes – June 22, 2021 – New Board 6.3 Approve Policy Change – SLEC as Standing Committee 6.4 Approve Financial Statements 6.5 Quality of Patient Care Committee Update 6.6 Audit and Resources Committee Update 6.7 Governance, Communication and Strategy Committee Update	N. Evans	Decision Decision Decision Information Information Information Information
4:45	7.0	Adjournment Next Board Meeting: November 23,2021		
4:45 – 4:55	8.0	Media Interviews/Break		

Values in Action – Foundations/Fund Development – Sept 2021

At the beginning of each meeting of the Quinte Health Care Board of Directors, we take a moment to recognize members of Team QHC with the “Values in Action” award. It is my pleasure to share this month’s story of our Foundation and Fund Development Committee partners, who have supported our teams for many years, but of particular note, throughout the challenges of the pandemic.

When the first lockdown hit in March of 2020, people in our communities wanted to express their gratitude and support to frontline staff but didn’t always know the best way to do this. Our three Foundations in Trenton, Belleville and Prince Edward County, and our Fund Development Committee in North Hastings, stepped in. They collaborated with businesses, community partners, politicians, families and individuals to organize food and drink donations, small gifts and expressions of gratitude for QHC staff. They also helped our Communications team by thanking businesses and individuals for their donations on social media, when our Communications team had to remain focused on COVID communications.

Our Foundations and Fund Development Committee also played a role in collecting personal protective equipment donations from businesses and the public, and sewn masks from sewing clubs and individuals who took up the hobby just to provide protection for our teams. This was crucial at a time when PPE was scarce and those donations meant the world to our teams.

Throughout the successive waves, the Foundations and Fund Development Committee continually reinvented their efforts and encouragement to our teams, organizing survival kits, yellow ribbon campaigns, lunches, treats and endless words of support and kindness that positively fueled our staff and teams with the knowledge that their Foundations and Communities care deeply for them.

On top of all of this, our Foundations and Fund Development Committee continued to find ways to raise money for our hospitals and teams in this difficult environment. They were adaptable and innovative and never stopped working their magic, despite the challenges. Today, while some normalcy has returned in our world, our Foundation and Fund Development Committee teams still face challenges in their fundraising endeavours – galas have been cancelled or gone virtual, capacity limits and social distancing need to be taken into consideration for in-person events – but the teams continue to impress us with their persistence and success.

On behalf of the QHC Board of Directors, I want to express our gratitude. To the Foundation and Fund Development team members who were able to join us today for this presentation, we are so thankful to have you as part of the QHC Team and we appreciate your ongoing commitment to our hospitals and our communities. You have each made a difference to the lives of our staff, and by extension our patients, and for that we are very grateful.

Olivia will arrange for you to receive this month’s Values in Action Award Certificate. Thank you.

BOARD OF DIRECTORS
Board Chair Report

From:	Nancy Evans, Board Chair
Subject	Board Chair Report
Meeting Date:	September 28, 2021
For:	Information
Management Support:	

Purpose of Agenda Item		
Why brought forward?		Description
(✓)		
Information	✓	The purpose of the agenda item is for the Chair to update the board on governance-level activities and matters since the last board meeting
Discussion / Input		
Decision		

The board has begun its new year cycle and we kicked off with an excellent education session on September 7 including a presentation and discussion with Dr. Jason Pennington, a member of the Indigenous Physicians Association of Canada about indigenous principles and reconciliation in health care. This is only one step in ongoing Board engagement in reconciliation with more to come in the months ahead.

The education session was also an important opportunity to ensure as a board we understand and had a chance to discuss the current health human resource challenges; how they are impacting QHC; and the next steps to address these challenges.

We have also had a very productive first set of committee meetings setting the groundwork for the year. I welcome our two new Board members - Janet Dalicandro and Aileen Edwards -, as well as the Community Members - Sasha Alexander, June Hagerman, Alan Mathany, and Bev Woods - and physician and staff representatives who are giving their time and energy to be on our committees.

Of course, a key priority for the year is the development of the new QHC strategic plan. I am particularly excited by the co-design approach being taken which will engage many and diverse voices among area residents, patients, families and health partners, as well as physicians and staff. This approach will ensure critically important community input into the strategy that will guide QHC in the years ahead. I am really looking forward to some interesting and important discussions as the process moves ahead.

Another milestone of community collaboration is the recent Ministry of Health announcement of the Hastings Prince Edward Ontario Health Team (OHT) which includes QHC and more than 40 other local health care providers, physicians and organizations. This is a key moment but we all recognize there is much more work ahead to support the evolution to a more connected and integrated approach to health care in the region.

Earlier this month, Stacey, Lisa and I met with the Chairs and Vice Chairs and senior staff of the Foundations and development fund to discuss opportunities to strengthen our working



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relationships and identify the priorities ahead. It was a highly productive discussion and we will continue to meet on a regular basis.

This continues to be a challenging time for QHC with COVID-19 Wave Four impacting the health care system including (as of time of writing) hospitalized patients at QHC, and recovery from earlier disruption still underway. The staff and physicians of QHC are demonstrating incredible effort and dedication, and on behalf of the Board, I thank them for their hard work and resilience.

BOARD OF DIRECTORS
President & CEO Report

From:	Stacey Daub, President & CEO
Subject	President & CEO Report
Meeting Date:	September 28, 2021
For:	Information
Management Support:	

Purpose of Agenda Item		Description
Why brought forward? (✓)		
Information	✓	The purpose of the agenda item is for the CEO to update the board on key activities related to strategy implementation, relationship-building, organizational risks and new opportunities.
Discussion / Input		
Decision		

2021/22 Priorities

We have now launched our 21/22 priorities (attached) that will help direct our organizational focus until we start implementing QHC’s next strategic plan in April. As QHC continues to manage the pandemic pressures, and as a bridge year in between strategic plans, we have kept the priorities relatively simple and meaningful to our teams:

- Make improvements for today – focus on improving access to care, stabilizing staffing and enabling our teams to implement small but meaningful safety and quality improvements.
- Re-imagine our future – so we don’t continue to be held back by the challenges of today, we will also co-create a new strategic plan; set the stage for the clinical transformation/regional information system; and strengthen key partnerships.

The Balanced Scorecard to support the board’s monitoring of our progress against these key priorities is being recommended to the Board from the GCSC committee.

Strategic Planning

I am thrilled to have launched our strategic planning process and will be spending much of late-September and October talking to patients, community groups, local leaders, QHC team members and others to gather their input on the future of QHC. Our goal is to collectively re-imagine and co-design the future of QHC and our community hospitals together.

To help facilitate this effort, we are working with The Potential Group, a small and energetic team that has effectively led strategy planning in health care organizations across Ontario. The Potential Group understands the importance of deep connection and really listening to people. Through the process, they will help us chart a plan that will address the needs and concerns of today, while preparing ourselves to meet the needs and innovations of the future.

More information on our rich engagement process is available through the separate agenda item from the GCSC. At the October Board Retreat, we will have the opportunity to provide you with an overview of the key themes we are hearing so far, in addition to hearing your perspectives on how we re-imagine QHC.

HPE Ontario Health Team Announcement

On September 17 the Minister of Health was in Tweed to announce the creation of eight new Ontario Health Teams (OHTs) in Ontario, including the Hastings Prince Edward OHT. This announcement is the culmination of years of partnership-building among the partners so that we can advance towards more coordinated and connected care for our shared patients. For example, the OHT partners are currently working together on wave 4 pandemic response efforts, including vaccination efforts, Community Assessment Centres and assistance with reducing emergency visits, admissions and delayed discharges where possible and appropriate.

While we are at a very early time in our partnership journey, the OHT holds great promise to better integrate our system around the needs of patients and community.

PECMH Redevelopment Support

While Minister Elliott was in our region, she also took the opportunity to attend PECMH with MPP Smith and show support for the new hospital build. We appreciated their willingness to reinforce the province's strong commitment to this project.

National Day for Truth and Reconciliation virtual event – September 30 at noon

The QHC Diversity, Equity and Inclusion committee has organized a live virtual event for September 30 that all Board Members are welcome to attend. We will be observing September 30 as the new National Day for Truth and Reconciliation to commemorate the tragic history of more than 150,000 First Nations, Metis and Inuit children forced to attend residential school systems in Canada. The event will help QHC team member to reflect on the impact of this on Indigenous communities and the importance of understanding this impact when providing exemplary Indigenous health care. We are honoured to welcome Ms. Susan Barberstock, Director, Community Wellbeing, Mohawks of the Bay of Quinte Health Centre as our guest speaker. The 30-minute event will be held on September 30 at noon.

QHC Board of Directors
Balanced Scorecard

From:	Gary Hannaford, Chair of Governance, Communication and Strategy Committee
Subject	2021/22 Balanced Scorecard
Meeting Date:	September 28, 2021
For:	Decision
Management Support:	Susan Rowe, Vice President, People & Strategy

Purpose of Agenda Item	
Why brought forward? (✓)	Description
Information	The purpose of agenda item is to receive Board input and approval of the 2021/22 Balanced Scorecard.
Discussion / Input	
Decision ✓	
Motion	<i>The QHC Board of Directors approves the 2021/22 Balanced Scorecard metrics and targets.</i>

Background

In a typical year, Senior Leadership would have brought the annual organizational priorities and balanced scorecard to GCSC in March for approval. In light of the ongoing pandemic and fourth wave, the SLT has needed to continue to evolve, streamline and simplify the 2021/22 priorities. As outlined in the Report of the CEO, the 21/22 priorities focus the organization on improving the capacity and staffing challenges QHC is currently facing; while also undertaking key planning to re-imagine and improve the future.

2021/22 Balanced Scorecard

To fit with the streamlined and shorter-term organizational priorities, Senior Leadership has developed the attached Balanced Scorecard for Board approval.

There will be an opportunity to work with GCSC in the Spring to reinvent the balanced scorecard in support of the next strategic plan. In the meantime, the format and metrics are familiar to the Board and QHC teams, although streamlined from past years.

- Under the monitoring metrics (formerly called operational metrics), the patient experience and margin metrics remain.
- In light of the current capacity and access challenges, the wait time metrics have moved from monitoring into improvement.
- In addition, for each of the identified 2021/22 priorities, leadership has identified the one metric that we feel is the best overall indicator of progress against the priority in the remaining seven months of the fiscal year.
- There is also one metric for the goal of “re-imaging the future of QHC.”

Quality of Patient Care Committee
Fourth Wave and Retooling Capacity: Build Back Better

From:	Christian Sauvageau Chair of Quality of Patient Care Committee
Subject	Fourth Wave Planning and Strategies to Build Back Better
Meeting Date:	September 14, 2021
For:	Discussion
Management Support:	Carol Smith Romeril Vice President and Chief Nursing Officer and Susan Rowe Vice President People & Strategy

Purpose of Agenda Item		
Why brought forward? (✓)		Description
Information		The purpose of agenda item is to inform and generate discussion regarding plans to address patient care risks associated with the fourth wave of COVID (short-term) and address strategies to build back better (medium and longer term).
Discussion / Input	✓	
Decision		

Background:

Given the growing concerns regarding a 4th COVID-19 wave in Ontario, added to the current capacity and staffing challenges, there is a need to ensure our plans are refreshed heading into the fall. Recent projections indicate that hospitals may experience spiking cases in mid October.

Pressures on the ICU capacity in Alberta have led to news reports that patients may need to be transported outside Alberta if the ICU cases reach projected levels in the next few weeks.

In addition to the need to prepare for a 4th wave, there are underlying capacity pressures that have been discussed at the QPC committee over the past three years. New approaches to organizing and delivering care will need to be designed and implemented in order to adjust, adapt or mitigate these longer term capacity pressures. This pressure is being seen in the emergency departments as well as the inpatient units and has increased rather than abated during this recent lull in COVID cases.

The capacity pressures have returned at the same time that health human resources are also strained to critical levels. This is not unique to QHC staff and physicians. It is also being reported across the province. There are a number of reasons, some of which include delayed retirements and surgical needs. Other reasons include leaving hospital work for alternative work (clinics, outpatient), exhaustion, and even burnout. The specter of a fourth wave is overwhelming for physicians and staff to contemplate given the long stretch of depleted energy that has been experienced.

Issues Under Consideration

1. Fourth Wave Planning (short term horizon)

Susan Rowe is facilitating program leads to ensure readiness for Wave 4.

Goals

Program leaders are meeting to identify any gaps in our current pandemic/surge plans to:

1. Manage a sudden influx of COVID patients, either local or to support other regions;
2. Help prevent the spread of COVID at QHC and across our communities; and
3. Support our teams through a fourth wave.

Key Challenges

1. QHC is already dealing with significant patient volumes and staffing shortages that are in excess of our baseline planning for waves 2 and 3.
2. Fatigue among our leaders, staff and physicians.

Opportunities

1. “Build Back Better” working team will implement mid to long-term opportunities to improve patient flow; improve physician coverage and address staffing shortages. (see next section)
2. Pandemic surge plans are already in place and only need to be updated or refreshed.
3. Community and regional collaboration continues to increase.

Plans

1. Return to stringent infection prevention and control (IPAC) precautions if they have become relaxed recently, including rigorous use of personal protective equipment(PPE)
2. Refresh and return to COVID plans for bed spaces, isolation, traffic flow, staff redeployment & training, staffing configurations, medical coverage.
 - o Planning for pediatric cases which may be more prevalent in this wave due to the unvaccinated status of the younger portions of the population.
3. Return to frequent communications, leadership visibility, wellness and other supports provided to staff in previous waves
4. Retooling capacity through Build Back Better working group
 - o *See work outline attached below.*
5. Use local and regional structures for collaborative planning (e.g. IPAC hub-and-spoke, East region Incident Management System (IMS) table, and the Ontario Health Team planning table)
6. Convenient access to testing and vaccinations for staff and for our communities.
7. Directive 6 regarding clear policy for vaccinations among staff.
 - o Communication and processes around mandatory vaccination policy
 - o October 1 for first vaccine dose and October 31 for second dose.
 - o See section below regarding the mandatory vaccine background.

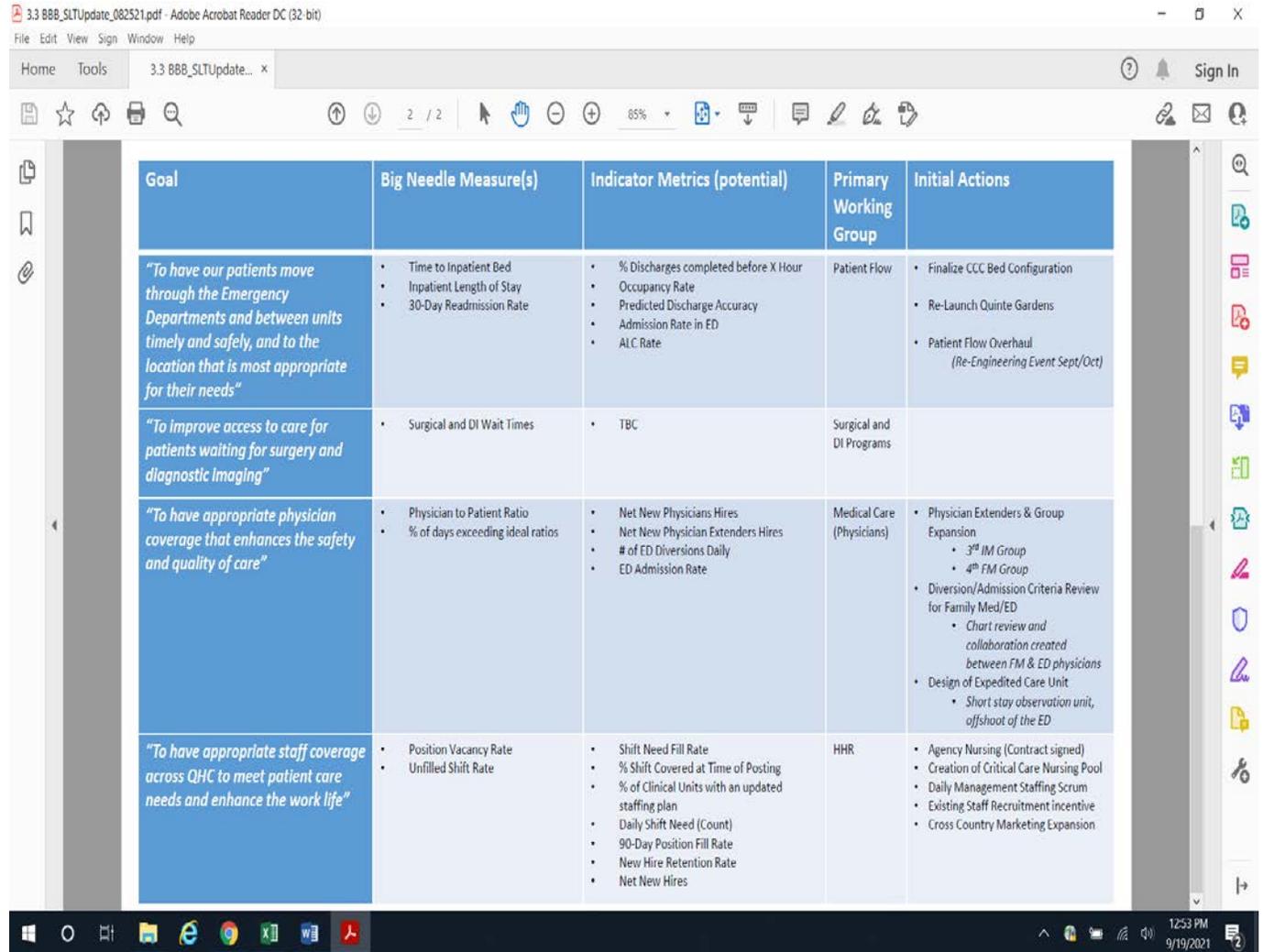
Build Back Better (medium and longer term horizon)

Jeff Hohenkerk and James Russell are leading a steering committee and associated working groups through this dynamic process.

The phrase and title Build Back Better invokes the notion that returning to the pre-pandemic state is not necessarily the goal. New ways of providing service have been adopted and can continue to add value. The restoration of the system and services beyond post the pandemic experience, needs to embrace innovations.

In addition, unintended consequences, such as extended wait times, particularly in diagnostic imaging and surgery need to be addressed. Similarly, other unsustainable pressures such as workload and overcapacity need to have near term responses to ensure that staff and physicians can respond to the needs of our communities. As in other emergency situations, the restoration begins with supporting the responders and retooling systems to effectively manage day to day before the task of building new and improved structures begins.

The initial work plan for this initiative is below.



Goal	Big Needle Measure(s)	Indicator Metrics (potential)	Primary Working Group	Initial Actions
<i>"To have our patients move through the Emergency Departments and between units timely and safely, and to the location that is most appropriate for their needs"</i>	<ul style="list-style-type: none"> Time to Inpatient Bed Inpatient Length of Stay 30-Day Readmission Rate 	<ul style="list-style-type: none"> % Discharges completed before X Hour Occupancy Rate Predicted Discharge Accuracy Admission Rate in ED ALC Rate 	Patient Flow	<ul style="list-style-type: none"> Finalize CCC Bed Configuration Re-Launch Quinte Gardens Patient Flow Overhaul (Re-Engineering Event Sept/Oct)
<i>"To improve access to care for patients waiting for surgery and diagnostic imaging"</i>	<ul style="list-style-type: none"> Surgical and DI Wait Times 	<ul style="list-style-type: none"> TBC 	Surgical and DI Programs	
<i>"To have appropriate physician coverage that enhances the safety and quality of care"</i>	<ul style="list-style-type: none"> Physician to Patient Ratio % of days exceeding ideal ratios 	<ul style="list-style-type: none"> Net New Physicians Hires Net New Physician Extenders Hires # of ED Diversions Daily ED Admission Rate 	Medical Care (Physicians)	<ul style="list-style-type: none"> Physician Extenders & Group Expansion <ul style="list-style-type: none"> 3rd IM Group 4th FM Group Diversion/Admission Criteria Review for Family Med/ED <ul style="list-style-type: none"> Chart review and collaboration created between FM & ED physicians Design of Expedited Care Unit <ul style="list-style-type: none"> Short stay observation unit, offshoot of the ED
<i>"To have appropriate staff coverage across QHC to meet patient care needs and enhance the work life"</i>	<ul style="list-style-type: none"> Position Vacancy Rate Unfilled Shift Rate 	<ul style="list-style-type: none"> Shift Need Fill Rate % Shift Covered at Time of Posting % of Clinical Units with an updated staffing plan Daily Shift Need (Count) 90-Day Position Fill Rate New Hire Retention Rate Net New Hires 	HHR	<ul style="list-style-type: none"> Agency Nursing (Contract signed) Creation of Critical Care Nursing Pool Daily Management Staffing Scrum Existing Staff Recruitment Incentive Cross Country Marketing Expansion

The Build back Better work plan (above) is also designed to tie closely to the improvement priorities that have been communicated for the remainder of the fiscal year, and are attached to the Report of the CEO.

GOVERNANCE, COMMUNICATIONS & STRATEGY COMMITTEE
Strategic Planning

From:	Gary Hannaford, Chair Governance, Communication and Strategy Committee
Subject	Strategic Planning - Process
Meeting Date:	September 14, 2021
For:	Discussion
Management Support:	Susan Rowe, Vice President, People & Strategy

Purpose of Agenda Item		
Why brought forward? (✓)	Description	
Information	The purpose of agenda item is to provide an overview of the strategic planning process, particularly the planned stakeholder engagement, and hear input from GCSC on the process.	
Discussion / Input		✓
Decision		

Background:

One of the key priorities for QHC this year is to undertake a comprehensive strategic planning process that will be a powerful tool to: refocus the team on the future; create new partnership opportunities; and change the conversation about the role of QHC in our communities. The intent is to be innovative and inclusive in the way that co-creates a new future for the QHC hospitals with our patients, teams, partners and communities.

Over the summer, Senior Leadership undertook an RFP process and selected third-party expertise to assist with this process: The Potential Group.

The Potential Group is a boutique firm that primarily focuses on developing strategy and innovation in the Ontario healthcare system. Over the past 15 years, they have designed and led more than 250 strategy development processes in academic and community healthcare. Their recent strategic planning engagements have included the Royal Ottawa Hospital, Sinai Health System, Queen’s Faculty of Health Science and SEAMO (Southeastern Academic Medical Organization), Holland Bloorview Kids Rehabilitation Hospital, St. Joseph’s Health Care, the Centre for Addictions and Mental Health, University Health Network, Women’s College Hospital and Sunnybrook Health Sciences Centre.

While the CEO must be the visible leader and champion of the strategic planning process – with the assistance of the Senior Leadership Team and active engagement of the Board – the role of The Potential Group is to help facilitate the process and provide expert guidance and support.

Danny Nashman and Cate Creede, Partners at The Potential Group, attended GCSC on September 14 to help provide an overview of the process and gather input on the stakeholders and opportunities for engagement.

More information is provided in the attached slide deck.

Role of the GCSC and Board

At the June meeting, the 2020/21 GCSC committee discussed the roles of the CEO, GCSC and Board in the strategic planning process, as outlined in Board Policy I-2. The GCSC confirmed that:

- The CEO is responsible for establishing and leading the strategic planning process.
- The GCSC provides oversight of the process, particularly ensuring a comprehensive engagement approach to ensure the full range of QHC stakeholder perspectives are heard and reflected in the final plan. The committee agreed that there was no need to create a separate ad-hoc committee for this purpose.
- All Board members are given opportunities to provide input and contribute to the development of the strategic plan.
- The Board approves the final mission/vision/values (or equivalent), ensuring they are aligned with community need and appropriate interdependencies with other health service providers.

**Quinte Health Care
Board of Directors Meeting Minutes
June 22, 2021 (Videoconference)**

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, June 22, 2021 via videoconference. N. Evans chaired the meeting.

Present: Nancy Evans, Acting Chair
John Kearns, Treasurer
Patrick Johnston
Tamara Kleinschmidt
Lisa O'Toole
Andrew Fleming
Gary Hannaford
Peggy Payne
Ross Rae
Christian Sauvageau
Ms. Stacey Daub, President & Chief Executive Officer
Dr. Colin MacPherson, Chief of Staff
Carol Smith Romeril, Vice President and Chief Nursing Officer

Guests: Janet Dalicandro
Regrets: There were regrets from David MacKinnon.

Staff Present: Bill Tottle
Jeff Hohenkerk
Susan Rowe
Catherine Walker
Olivia Maynes, recorder

1.0 Call to Order

N. Evans welcomed everyone, acknowledged members of the media and called the meeting to order at 4:00 p.m.

1.1 Approval of Agenda

Motion: To approve the open session agenda of June 22, 2021
Moved by: C. Sauvageau
Seconded by: L. O'Toole
Carried

1.3 Declaration of Conflict of Interest

There were no conflicts declared.

2:0 QHC Values in Action Award Presentation

G. Hannaford presented the QHC Values in Action award to the Infection, Prevention and Control Team (IPAC), for their ongoing and exceptional support to the entire QHC team during the pandemic. G. Hannaford added that while the team is small they are mighty and at the onset of the pandemic, they implemented a Personal Protective Equipment committee to help support the entire QHC team throughout the pandemic.

G. Hannaford, on behalf of the entire QHC Board of Directors, thanked the IPAC for the dedication and support throughout pandemic and beyond.

3.0 Reports

3.1 Report of the Chair

N. Evans offered her thanks to board colleagues for their flexibility and ongoing support throughout the year and their tireless efforts to continue to guide QHC through the pandemic, while maintaining good governance.

N. Evans thanked the members of the Senior Leadership Team for their support and dedication through the last year.

3.2 Report of the President & CEO

S. Daub briefly reviewed her written report including:

- The recent approval to move to next stage of development for PECMH and recent donation announcement.
- The recent OHT symposium held to help develop a sense of team for all those working together in this initiative.
- The first raising of the Pride Flags at QHC and town hall where staff shared why pride mattered to them.

S. Daub also updated the board on the current COVID status at QHC, noting that there is currently 1 admitted patient and local numbers remain are low.

The Board was advised that staff and physician vaccinations continue to increase with many getting access at QHC or out in the community.

3.3 Report of the Chief of Staff

Dr. MacPherson expressed his thanks to all physicians for their commitment and work throughout the year, adding to return to standard practices in the Fall and emerging partnerships the College of Physician and Surgeons of Ontario (CPSO) for quality initiatives. Physician leaders appreciate the no meeting Fridays to allow a rest and regroup over the summer.

The board was advised that both Operating Rooms (ORs) are up and running and despite some challenges in health human resources, they are running at full capacity. J. Hohenkerk advised that some recent announcements by the Ministry of Health would allow some collaboration opportunities regionally.

4.0 Consent Agenda

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

4.1 Minutes of May 25, 2021

4.2 Approval of Governance, Communication and Strategy Committee – Terms of Reference/Membership

Motion: **That the Board approve updated Terms of Reference for the Governance, Communications & Strategy Committee to remove the community member position on the committee.**

4.3 Multi-Sector Accountability Agreement (M-SAA) Declaration of Compliance: Schedule F

Motion: **That the QHC Board of Directors attest to QHC meeting all obligations under the service accountability agreement (the “M-SAA”) for the period April 1, 2021 to March 31, 2022**

Motion: To approve all items within the consent agenda of June 22, 2021.
Moved by: A. Fleming
Seconded by: J. Kearns
Carried

5.0 Recognition of Outgoing Board Members

N. Evans recognized J. Anderson and D. MacKinnon, two outgoing board members for their contributions and commitments throughout their tenures with QHC.

6.0 Adjournment

Motion: To adjourn at 4:29 p.m.
Moved by: C. Sauvageau
Carried

Next Meeting: June 22, 2021 (videoconferencing)

Action Items: There were no action items at the June 22, 2021 meeting.

Nancy Evans, Acting Board Chair
Board of Directors

Stacey Daub
President and CEO and Board Secretary

**Quinte Health Care
Board of Directors Meeting – New Members
June 22, 2021 (Videoconference)**

A meeting of the 2021/22 Board of Directors of Quinte Health Care was held immediately following the Annual General Meeting of QHC via videoconference, on June 22, 2021.

Present: Nancy Evans, Chair
Lisa O'Toole, Vice-chair
John Kearns, Treasurer
Janet Dalicandro
Andrew Fleming
Gary Hannaford
Patrick Johnston
Tamara Kleinschmidt
Peggy Payne
Ross Rae
Christian Sauvageau
Stacey Daub, President & CEO
Dr. Colin MacPherson, Chief of Staff
Carol Smith Romeril, Vice President and Chief Nursing Officer

Regrets: There were regrets from Aileen Edwards.

Staff Present: Bill Tottle
Jeff Hohenkerk
Susan Rowe
Catherine Walker
Olivia Maynes, recorder

1.0 Call to Order

In her role as Board Secretary, S. Daub acted as Chair for the first agenda item. S. Daub called the meeting to order at 6:20 p.m. and welcomed new members to their first meeting of the 2021/22 QHC Board of Directors.

1.1 Approval of Agenda

Motion: To approve the open session agenda of June 22, 2021
Moved by: L. O'Toole
Seconded by: A. Fleming
Carried

2.0 Decision Items

2.1 Approval of 2021/22 Board Officers

In accordance with Board Policy V-B-2, the Governance, Communications and Strategy Committee is responsible for ongoing succession planning for the leadership on the Board and the recommendation of a slate of Officers including Board Chair, Vice-Chair and Treasurer.

Motion: *That the QHC Board of Directors appoint the following Board Officers for 2021/22:*

*Chair – Nancy Evans
Vice-Chair – Lisa O'Toole
Treasurer – John Kearns*

Moved by: R. Rae
Seconded by: T. Kleinschmidt

Carried

2.2 2020/21 Board Committee Membership

In accordance with Board Policy V-B-3, Process for Nominations of Chair, Directors and Non-Director Members of Board Standing Committees, and based on director's preferences, previous committee experience and succession planning, the Governance, Communications and Strategy Committee has identified proposed membership for the 2021/22 Board Committees.

Motion: *That the Board of Directors approve the 2010/22 Committee Membership.*
Moved by: L. O'Toole
Seconded by: R. Rae
Carried

2.3 2020/21 Board and Committee Meeting Schedule

A proposed meeting schedule for 2021/22 Board and Board Committees was discussed. L. O'Toole advised that the schedule incorporates the following changes that were requested by a majority of board members:

- Holding GCSC, A&R and Quality as back-to-back meetings on the same day
- Adding an additional GCSC meeting, but reducing the meeting length to two hours
- Holding all committee meetings virtually, all board meetings and education/generative sessions will be held in person, when pandemic restrictions allow.

The board agreed to confirm with KPMG that they can meet the May Committee deadline, if not adjust the date as was done this year.

Board members were asked to block these dates in their calendars. In the event a Board member is unable to make a meeting, they are to notify the Board's Executive Assistant.

Motion: *That the Board endorse the attached 2021/22 Board and Committee Meeting Schedules*
Moved by: L. O'Toole
Seconded by: J. Kearns
Carried

A. Edwards joined the meeting at 6:18 p.m.

3.0 Information Items

3.1 Mentors for New Board Members

According to Policy V-B-4, Board Orientation, a component of orientation is that each new Director is paired with a mentor on the Board. The mentors have been assigned as follows:

- Janet Dalicandro – Patrick Johnston
- Aileen Edwards – Tamara Kleinschmidt

4.0 Adjournment

4.1 **Motion to adjourn session at 6:20 p.m.**

Moved by: A. Fleming
Carried

Next meeting: **July 13, 2021 – CEO 100 Day Reflection**

Action Items:

- There we no action items from the June 22, 2021 meeting.

Nancy Evans, Board Chair
Board of Directors

Stacey Daub
President and CEO and Board Secretary

QHC Board of Directors
Policy Update

From:	Gary Hannaford, Chair of Governance Communication and Strategy Committee
Subject	Policy Update – SLEC as a Standing Committee
Meeting Date:	September 28, 2021
For:	Decision
Management Support:	Susan Rowe, Vice President, People & Strategy

Purpose of Agenda Item	
Why brought forward? (✓)	Description
Information	The purpose of agenda item is to ensure agreement on recommendation of changing SLEC from an Ad-Hoc to a Standing Committee of the QHC Board
Discussion / Input	
Decision	
Motion	<i>The Board of Directors approve the changes to Board Policy V-A-7 that would change the Senior Leadership & Compensation Committee from an Ad-Hoc to a Standing Board Committee.</i>

Background:

Members of the Senior Leadership Evaluation & Compensation Committee (SLEC) and GCSC last year recommended that GCSC consider changing SLEC to be a Standing Committee of the Board, rather than an Ad-Hoc Committee.

This change would require minor wording edits to Board Policy V-A-7: Board Standing and Ad-hoc Committees, but would not change the current role, responsibilities or work plan of SLEC. The changes are shown in the attached policy.

Typically, a committee is considered “ad-hoc” if it is being formed for a limited time frame, to fulfill a narrow and specific purpose. As an example, the Board creates a Nominations Ad-Hoc committee each year, which meets three times in order to recommend a slate of directors for the following board year. Once the slate has been recommended, the committee is disbanded and does not have an ongoing accountability to the Board.

SLEC, on the other hand, has ongoing responsibilities to oversee senior leadership succession planning, CEO/COS performance review and goal setting and executive compensation. It is therefore recommended that the policy be updated to reflect that SLEC functions as a Standing Committee of the Board.

QHC Audit and Resources Committee
Finance Report – July 2021

From:	John Kearns, Board Treasurer & Chair of Audit and Resources Committee
Subject	July 2021 Unaudited Financial Statements
Meeting Date:	September 28, 2021
For:	Decision
Management Support:	William Tottle, Vice President & CFO

Purpose of Agenda Item	
Why brought forward? (✓)	Description
Information	The purpose of agenda item is to approve the July 2021 financial statements and provide a year-end forecast.
Discussion / Input	
Decision	
Motion	The Board of Directors approves the July 31, 2021 Unaudited Financial Statements.

Executive Summary

For the four months ending July 31, 2021 the Hospital is reporting a year to date surplus of \$743K against a planned year to date operating deficit of (\$626k).

The year to date surplus is largely driven by higher one-time revenue with marginal changes in operating costs and lower than expected compensation expense against plan. The Ministry of Health funding for additional bed capacity and on-going COVID expenses has stabilized operations and offset extraordinary expense pressures in the same period.

Hospital operations were under significant pressure in the first months due to a COVID outbreak, higher than anticipated Emergency Department and In-Patient volume combined with health human resource supply issues that are being felt across Ontario.

The organizations cash position closed at \$8.6MM, a decrease of \$9.0MM since the beginning of the year due to delays in receipts for COVID funding, lower accrued liabilities and net capital investments. The timing of receipts is expected to be resolved in autumn.

Looking forward, management expects a continuation of supports in bed capacity and COVID related funding due to the planning for wave 4, however the Ministry of Health (MOH) has signaled a narrowing of support through this same period. As a result, the organization is reviewing strategies to address expected financial pressures due to the funding and operating environments as the region transitions from the pandemic year.

Please find attached the July 2021 Finance Report, inclusive of the July 31, 2021 Year to Date Unaudited Financial Statements.

**QHC Board of Directors
Committee Report**

From:	Christian Sauvageau, Chair Quality of Patient Care
Subject	Quality of Patient Care Committee Report
Meeting Date:	September 28, 2021
For:	Information
Management Support:	Carol Smith Romeril Vice President & CNO

Purpose of Agenda Item		
Why brought forward? (✓)		Description
Information	✓	A summary for the full Board of Committee agenda items, excluding the items that are brought forward to the Board agenda.
Discussion / Input		
Decision		

The new Chair, Christian Sauvageau welcomed Committee members and provided an overview of committee responsibilities.

Patient Story

The Patient Story provided an example of the discharge planning team meeting needs and successfully finding a more appropriate setting for the care of a community member that presented with urgent needs for housing and supports for daily living. The story highlighted the human perspective and the approach of the team to respect and honour the individual. The situation was complex and demonstrated the challenges that contribute to increasing length of stay and to the post-pandemic levels of patients designated as needing “alternative level of care” (ALC).

Indicator Reports

The committee received the familiar quarterly report and discussed the need to focus monitoring efforts on the priorities that have been communicated for the remainder of the 2021/22 fiscal year. Specifically, indicators and narratives on the progress to restoring and improving access to care (Build Back Better strategies), and stabilizing staffing by improving physician and staff coverage and supports.

Critical Events Report

This is a routine report for the QPC committee that reports recommendations and other learning gained for reviews of critical events. This report focused primarily on the review following the outbreak of COVID-19 that occurred from April 27-to May 25 2021 on the Quinte 5 medicine floor. Recommendations are in progress or fully implemented. Monitoring is in place.

Regional Health Information System

The core support team for the project is being hired now, with a proposed launch of the project in December or January.

ICU Renovation

The project has experienced some supply chain delays but the bed spaces will not be reduced during the coming months so there are no anticipated impacts to capacity for care due to space.

**QHC Board of Directors
Committee Report**

From:	John Kearns, Board Treasurer & Chair of Audit and Resources Committee
Subject	Audit and Resources Committee Report
Meeting Date:	September 28, 2021
For:	Decision
Management Support:	William Tottle, Vice President & CFO

Purpose of Agenda Item		Description
Why brought forward? (✓)		A summary for the full Board of Committee agenda items, excluding the items that are brought forward to the Board agenda
Information	✓	
Discussion / Input		
Decision		

The Committee met on September 14, 2021. The Committee received reports for decision which are included in the Board of Director agenda. The following is a summary of items reviewed and discussed at the meeting.

1. Terms of Reference and Committee Work Plan

The committee reviewed and approved the Terms of Reference and annual Committee Work Plan and recommends them to the Governance Committee.

In addition to the development of a standard work plan based on the Audit and Resources Terms of Reference the committee develops a plan to discuss specific topics which require a broader generative discussion. Topics discussed and will be considered include: QHC's new strategic plan; the impact of a dynamic funding environment, the pandemic and operational pressures on financial sustainability; Regional Health Information System; Cyber Security; Organization Benefits Plan

2. Finance Report – July 2021

The committee reviewed and recommends approval by the Board of Directors, the July 2021 Finance Report inclusive of the July 2021 Unaudited Financial Statements. This item is included in the Board of Director agenda.

In addition, to the review of the Unaudited Financial Statements, the committee received a comprehensive education session on how to read QHC financial statements.

3. Audit Assurance Services Contract

The current audit assurance services contract expires at the end of fiscal 2021/22. As a result, the committee is engaged securing services in order to recommend appointment of an external auditor at the May 2022 meeting.

4. Capital Development Update

The committee received a written update on capital development projects including separate briefings on the status of the Belleville General Hospital – Intensive Care Unit (ICU)

expansion and the progress on the redevelopment of the new Prince Edward County Memorial Hospital (PECMH) which is progressing and on track to phase 3.2 of the project.

5. 2022/23 Operating and Capital Plan - Update

The committee received an update from management regarding the development of the 2022/23 Operating & Capital Plans. Management intends to table the first draft of the plans in January 2022.

6. 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 continuing significant variances that are as a result of changes in service as a result of the pandemic.

7. Review Statutory Filings

The committee received a regular report and briefing on statutory filings. All statutory filings are current.

8. 2021/22 Insurance Renewal

The committee received a briefing on the organization annual insurance program. The briefing highlighted that QHC's loss ratio is outperforming peer organizations and has appropriate insurance coverage for cyber security. The briefing also tabled developing insurance market trends in the broader sector. The briefing provided to the committee is included in your supplemental package.

**QHC Board of Directors
Committee Report**

From:	Gary Hannaford, Chair of Governance, Communication and Strategy Committee
Subject	Governance Communication and Strategy Committee Report
Meeting Date:	September 28, 2021
For:	Information
Management Support:	Susan Rowe, Vice President People & Strategy

Purpose of Agenda Item	
Why brought forward? (✓)	Description
Information	A summary for the full Board of Committee agenda items, excluding the items that are brought forward to the Board agenda
Discussion / Input	
Decision	

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

Supporting a Thriving Culture – next steps

Coming out of the board education discussion on how the Board best supports innovation at QHC, there were three takeaways for GCSC:

1. Develop a set of prompt questions for the Board, as a tool to help support a thriving culture of innovation
2. Make recommendation to the Board on the use of land acknowledgements at board meetings, in addition to next steps on the board’s role in Truth and Reconciliation
3. Make recommendations to the Board on how to restructure board and committee agendas/meetings to allow for more generative discussion about opportunities and “creative abrasion”

GCSC decided that first two above be added to the GCSC meeting agenda for November and the third be held for discussion in March, following the development of the strategic plan.

Board Retreat Agenda

The annual Retreat is an important opportunity for the Board and Senior Leadership Team to undertake long-term reflection and prioritization in response to key issues and opportunities facing QHC. The Retreat this year is also ideal timing for the Board to provide input into the QHC situational awareness and key questions to inform the early stages of the strategic planning process. GCSC provided input into the following agenda items. In addition, GCSC confirmed that the Retreat would need to be held virtually again this year based on current public health recommendations. The agenda will be adjusted accordingly to remove the dinner on the Monday evening and ensure ample times for zoom breaks throughout the meeting.

Individual Director Feedback and Development - Process

For individual director evaluations, the Board uses a peer-to-peer survey tool. Directors are asked to evaluate themselves and each other using 10 questions extracted from the OHA Individual Director survey sample. Results are available only to the Board Chair, who then shares the results with the Director.

AGENDA ITEM 6.7

In October 2019, GCSC decided on a process to improve the individual director evaluation process by having the Chair or delegate meet individually in the Fall with each Director. 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.

The Board Chair or delegate completes these conversations by the end of October. The timing is particularly important for those Board Members who will be at the end of their three-year term in June 2022, so that GCSC 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.