



Board of Directors
Tuesday, March 23, 2021
Open Session 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, Ms. Stacey Daub (President & Chief Executive Officer), Dr. Colin MacPherson (Chief of Staff) and Ms. Carol Smith Romeril (Vice President and Chief Nursing Officer)

Staff Present: Brian Edmonds, Jeff Hohenkerk, Susan Rowe, Catherine Walker

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	D. MacKinnon	Decision Decision
3:20	2.0	QHC Values in Action Award Presentation		
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	D. MacKinnon S. Daub C. MacPherson	Information Information Information
4:00	4.0	Decision Items 4.1 Ontario Health Team Application	L. O’Toole	Decision
4:15 4:30	5.0	Discussion Items 5.1 Physician Recruitment Update 5.2 COVID Update	P. Johnston P. Johnston	Discussion Discussion
4:40	6.0	Consent Agenda 6.1 Minutes of January 26, 2021 6.2 Approval of January 2021 Financial Statements 6.3 Board and Individual Director Evaluation – Policy Update 6.4 Review of Action Items 6.5 Report of Chief Nursing Officer 6.6 Report of Medical Advisory Committee 6.7 Governance, Communication and Strategy Committee Update 6.8 Quality of Patient Care Committee Update 6.9 Audit and Resources Committee Update 6.10 CEO Transition Ad-hoc Committee Update 6.11 SLEC Update	D. MacKinnon	Decision Decision Decision Monitoring Monitoring Monitoring Information Information Information Information Information
4:45	7.0	Adjournment Next Board Meeting: May 25, 2021	D. MacKinnon	Decision
4:45 - 4:55	8.0	Media Interviews/Break		

* Indicates Attachment



**Value in Action Award to all QHC staff and physicians
Presented by – Quinte Health Care Board of Directors, March 26, 2021**

A year of COVID at Quinte Health Care

One year ago, on March 23, 2020, Quinte Health Care (QHC) admitted its first COVID-19 patient.

Our teams had been on standby since early February when Canadian citizens were repatriated from China and began quarantining at CFB Trenton. If any of these citizens needed hospital-level medical care, we would be ready to receive them. At that point, we were still referring to the deadly virus as Novel Coronavirus (the World Health Organization didn't name it COVID-19 until February 11th), and Canada had, so far, only seen a few cases.

Luckily, as we waited with bated breath, none of the hundreds of repatriated citizens needed QHC care. It wasn't until a few weeks later, after Canadian cruise ship passengers arrived at CFB Trenton to quarantine, that we received a call about a passenger who was having trouble breathing and had low stats.

"We got off the phone, caught our breath and felt the anxiety," said Dr. Andrew Samis, an Intensivist in the Intensive Care Unit (ICU). "I thought, 'so this is it.'"

Dr. Samis and Dr. Michele Miron, a Belleville General Hospital Emergency Department physician, worked as a team to assess and admit the patient.

"In the beginning, there was so much fear and confusion about what treatments to use, but now we have policies and procedures and we have a better understanding about what personal protective

equipment (PPE) is required,” said Dr. Samis. “We have come so far as an institution. We haven’t been static – we’re constantly learning, adapting and improving.”

For some, the past year has sped by quickly. For others, the opposite is true. “It has certainly been a difficult year for our communities, our organization, and all our staff,” said Dr. Al Bell, Trenton Memorial Hospital Emergency Department physician. “It’s hard to believe that it has only been a year, to be honest. It seems significantly longer given all the work that we have done to prepare, and to keep preparing as situations evolve and guidelines change. I think this speaks to how labour intensive and emotionally draining the entire process has been.”

The past year has been an incredible journey for Quinte Health Care staff and physicians. We’ve had highs and lows, teaching moments, anxiety about our health and safety, feelings of pride, glimmers of hope, and a whole lot of team-building.

“If you don’t work in a hospital, you don’t realize that we’re not the same people we were a year ago,” said Dr. Samis. “Everyone has had to pitch in – there’s not a single person at QHC who hasn’t contributed.”

To commemorate the one-year anniversary of COVID-19 at Quinte Health Care, we asked staff members and physicians in various roles and departments for their thoughts, feelings and perspectives. Here’s what they had to say:

What are your general reflections of this past year?

“This year has pushed and pulled all of us in directions that we never anticipated. I joked in March 2020 that I must have slept through the pandemic part of medical school, because I certainly did not have an understanding of what would be asked of us. I noticed the resiliency and resourcefulness of the people around me, from federal, provincial and local leaders, to colleagues at QHC and the Prince Edward Family Health Team, to my family, friends and community members. These people, their commitment, and their actions continue to inspire me and give me hope.” – *Dr. Sarah Leblanc, Medical Lead, Prince Edward County Memorial Hospital*

“It’s been a time of change and growth. At the beginning of the pandemic, the Diagnostic Imaging booking team had to cancel and rebook more than 9,000 patients due to the initial shut down, of which they did an incredible job! Staff had to retrain in different modalities, with staff from other hospital sites coming to Belleville General Hospital to help accommodate staffing needs. I feel that through the ups and downs, we are stronger people and a stronger team.” – *Danielle Sangiuliano, Charge Technologist and Clinical Coordinator of Radiology.*

“This past year has been all about community. The QHC community at the management level identifying our most pressing needs and addressing them (e.g. sourcing P100 masks to ensure we could safely provide care, and providing regular pandemic communication and Zoom meetings). Community at the unit level (e.g. working together to swiftly and effectively build two sections of our TMH emergency room to provide the best care possible to our patient population). Lastly, the external community support was amazing! Local businesses and community members providing meals, masks, putting up signs in their windows, children dropping off artwork thanking frontline workers. The appreciation shown toward us made coming to work a lot easier.” – *Barb Brooks, Trenton Memorial Hospital Emergency Department RN and Patient Care Lead*

“The constant effort to have the best and most current information and practices in place due to the quickly changing information was a challenge but we feel we all came through resilient.” – [Amy Rundle, Infection Prevention and Control Practitioner](#)

What are some things we’ve learned in the past year?

“The importance of PPE, inventory monitoring and understanding specifically what is required to avoid transmission. When we had to ration PPE, this was a sobering time for me personally. Our generation has never known what rationing is.” – [Ruthann Hubbs, Manager, BGH Quinte 5 \(COVID Unit\)](#)

“Change is going to happen. Don’t drag your feet, but speak up. Try to help make things better. If you notice someone struggling, plain and simple – help them! We hold each other up. Everyone’s voice is needed. There’s always room for improvement.” – [Donna Ray, Hospitality Services Representative](#)

“For my department specifically, we have learned many new techniques and skills with the onboarding of in-house COVID testing. There have been many highs and lows through the past year but we have stuck together as a team to make it through the difficult times. We have learned that Microbiology is an important aspect in the local pandemic response and, as a service that is typically in the background, it is nice to have that acknowledgement.” – [Jessica Pilon, Charge Medical Laboratory Technologist – Microbiology and Virology](#)

“I have learned that one of my purposes is to problem solve and to support my colleagues by figuring out the safest, best practices by sifting through the science as it emerges. I have learned that we have to be flexible to be able to shift with the continuing changes in our understanding of COVID. I have also learned to appreciate any downtime I can get and that my home is a sanctuary for me.” – [Heather Leonard, Professional Practice Specialist](#)

Through the various challenges we’ve faced, has anything made you particularly proud?

“I have pride in our communities, and how there was widespread adoption of mask adherence, consistent handwashing, and social distancing. I have pride in the leadership and administrative teams that worked hard on both large and seemingly granular issues, and who advocated for and pursued endeavours focused on staff and patient safety. And I have a lot of pride in the physicians, nurses, allied health staff, and support workers in the hospital, all of whom continued to come to work when faced with both uncertainty and adversity, and prioritized the ongoing provision of excellent patient care in the face of what has been the most difficult public health challenge in a generation.” – [Dr. Al Bell, Emergency Department Physician](#)

“I am very grateful and proud to work with such an amazing team who exemplified resilience, team work and support of one another, especially during the early trials of the, at times, daily changes that came our way.” – [Lisa Mowbray, Prince Edward County Memorial Hospital Site Lead and Patient Services Manager](#)

“Courage under fire. Initially, many of us were uncertain and anxious during the first wave. This “thing” was new and unnerving. I am so proud of the team here on Quinte 5. They are exceptional staff who continued to provide exceptional care during some real challenging times!” – [Ruthann Hubbs, Manager, BGH Quinte 5 \(COVID Unit\)](#)

“Among us are some real unsung heroes like X-ray Techs and Hospitality staff who could be exposed to COVID patients several times throughout their day as they meet new patients or clean multiple rooms. They do their job and show no resistance. It’s really courageous. A lot of doctors and nurses get attention but we’re not at the highest level of exposure.” – [Dr. Andrew Samis, Intensivist and General Surgeon](#)

What does it mean to you now that the vaccine is available for healthcare workers?

“Vaccination brings relief. Vaccination means that while I am still exquisitely careful with personal protective equipment and protocols, the little voice in my head saying, "Danger! Danger!" is a bit quieter, allowing me to focus on patients. Vaccination means that with a mask and good hand hygiene, I can walk into the nursing home where I am co-medical director, and not worry that I am bringing in a lethal virus. Vaccination means that, with precautions, I can spend time with my father who receives wonderful cancer treatment from my colleagues at QHC. Vaccination frees my mind to focus on what is important, being truly present with those around me.” – [Dr. Sarah Leblanc, Medical Lead, Prince Edward County Memorial Hospital](#)

“Relief! The team who organized the vaccines at QHC deserve a lot of praise. Well done! Thank you to QHC for acquiring the necessary refrigeration units for the vaccine.” – [Barb Brooks, Trenton Memorial Hospital Emergency Department RN and Patient Care Lead](#)

“I’m hopeful that widespread vaccination will allow us all to return to life as we knew it prior to COVID-19, both in the hospital and also in our outside lives, albeit potentially with an ongoing awareness and focus on the importance of hand washing and masking, depending on vaccine efficacy.” – [Dr. Al Bell, Emergency Department Physician](#)

“I am very grateful to know that frontline hospital workers are receiving the vaccine so we can have more confidence that we can look after our patients without increasing the risk of transmitting COVID to them or one another, or bringing it home to our families. We should be celebrating this amazing breakthrough – to have 4 vaccines approved in approximately a year since COVID arrived is a miracle. I hope that with all of the misinformation out there, people will educate themselves with respect to how the different vaccines work and then make their decision to get the vaccine, if not for themselves, then for others around them.” – [Heather Leonard, Professional Practice Specialist](#)

To:	QHC Board of Directors
From:	David MacKinnon, Board Chair
Topic:	Report of the Chair
Date of Meeting:	March 23, 2021
For:	Information

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

It would be hard to imagine a more consequential set of committee meetings than those held on March 9. The presentation by Dr. Theal on clinical transformation, the COVID update, progress on the new Ontario Health Team, and the financial report detailing an unusually challenging financial environment were all incredibly significant. Mr. Edmond's report on the new clinical transformation system was a particular highlight for me and I appreciated his fluency with the issues after such a short time with us.

We continue to make good progress on renewing our partnership with our foundations and have some important next steps happening over the months of March and April. These relationships and renewed ways to work together have important medium and long-term implications for health care in the Quinte Region.

Our management has dealt with financial issues very well, given the financial environment. I note that the province is extending the multi sectoral service agreement and the hospital accountability agreements, developments that hopefully will make their job easier by removing at least some of the uncertainties our staff face.

Finally, I have distributed a thank you note to the board that I recently received from Mary Clare. I also have an email from her that I would like to quote. She said "I must admit that I am loving retirement. The birth of our two new grandbabies has been wonderful and I am also enjoying my newfound time and ability to do some of the things I have really missed over the years."

To:	QHC Board of Directors
From:	Stacey Daub, President & CEO
Topic:	Report of the CEO
Date:	March 23, 2021
For:	Information

Hospital and Community Outreach

Since our last Board Meeting, I have continued to spend considerable time on relationship-building with QHC leaders, external stakeholders and community leaders, in addition to interacting with many of our patients, staff and physicians. A full list of my engagement activities over the last three months is attached.

I look forward to sharing a full summary of impressions and findings from my first 100 days at QHC at the Board's generative session in April.

Priorities for 2021/22

With input from managers, directors and medical leaders, the Senior Leadership Team has landed on the attached draft strategic priorities for 2021/22. The priorities for the next 12 months will create a bridge year between the end of our existing 2018 to 2021 strategic plan and the development of the next strategy to be launched in 2022. The intent was to keep the priorities simple, given the need for staff, physicians and leaders to recover from the pandemic and refocus on the future.

The two "Team Opportunities" on the top row will allow more space for front-line innovation and engagement, by providing higher level goals. Our clinical units and support areas will be able to apply the Quintuple Aim framework to set and implement team-based improvements that are most meaningful to them and their patients. The two "Organizational Opportunities" on the bottom row are for the leadership team and support areas to sustain the improvements and innovations we have made during the pandemic, while we also set the groundwork for QHC's future.

QHC Team Wellness

Part of the "Boost Team Safety and Wellness" priority is continuing to provide supports to our staff and physicians who have been impacted personally and professionally from the ongoing impacts of the pandemic. This has been a difficult for our health care teams who have faced fear, increased demands and constant change at work, in addition to the ongoing impact of the pandemic on everyone's personal lives. Our mental health support for is multi-faceted and includes:

- Helping to meeting basic safety and information needs to help reduce stress at work, including easy access to PPE, training and ongoing communications.
- Listening to staff and engaging them in changes, including through the regular Safety huddles on the clinical units.
- Enhanced access to the Employee Assistance Program, including onsite counsellor support at peak times during the pandemic.
- A new resiliency program and supports I shared with you in my last Board report.
- Promoting government funded mental health services, including some that have priority access for health care workers.

- Supporting people to take vacation days when possible.

Board Appreciation

We have received wonderful comments from our managers, directors and physician leaders for the handwritten cards they received from board members. Thank you for taking the time to write and send these thoughtful notes. As you know, our leaders have dedicated incredible time, energy and skill to support their teams and patients through this pandemic and your notes of recognition were very meaningful to let them know their efforts have been noticed and appreciated.

COVID Recovery Framework

While we are all closely tracking the metrics for a potential third wave of COVID, we are also looking ahead to when we can focus on pandemic renewal and recovery.

I have attached a recent slide from a recent Ontario Health webinar that outline emerging areas of focus for long-term recovery across the health system, including how we Restore, Sustain and Transform the system coming out of the pandemic. These are well-aligned with the QHC priorities for the next 12 months. All government services and health systems have been impacted by COVID-19 and there will need to be monumental efforts across sectors, aligned to broader economic and societal recovery.

Health System Restructuring

The Ontario government has announced that the Local Health Integration Networks will officially transfer to Ontario Health on April 1, 2021. The home care portion of the current LHIN structure will operate under a new name of Home and Community Care Support Services. A new Provincial Home and Community Care Support Services Board will be put in place by July 2021 to support the integration of these services into local Ontario Health Teams. This is a long-awaited move that was first announced through the Connecting Care Act in 2019.

Further information about the change is provided in the attached news release.

President Outreach Activities – New Activity	
External	
Person/Organization/Group	Purpose
Bi-weekly Hastings Prince Edward (HPE) Ontario Health Team (OHT)	Steering Committee
Odila Hoye, Patient Experience Partner	Introductory Meeting
Dr. Carolyn Brown, Bancroft Family Health Team (FHT)	Introductory Meeting
Dr. Ann Marie Vaughan, Loyalist College President & CEO	Introductory Meeting
Dr. Barry Guppy, Perth Smith Falls President & CEO	Introductory Meeting
Chief Stephen Hunter, Kijicho Manito Madaouskarini Algonquin First Nation	Introductory Meeting
Wayne Coveyduck, Lennox & Addington President & CEO	Introductory Meeting
Rick Phillips, The Warden of Hastings	Introductory Meeting
Sheila Braidek, Belleville & Quinte West Community Health Centre Executive Director (ED), Jim Pine, Chief Administrative Officer of Hastings County and Mary Stuart, Central Hastings FHT	Governance Meetings
Nick Vlacholias, President and CEO of Brockville General Hospital	Introductory Meeting
Heather Chalmers, CEO of General Electric Healthcare Canada & GE Canada	Introductory Meeting
Linda Davis, Northumberland Hills Hospital President and CEO	Introductory Meeting
Pat Dobb, ED Community Care for Central Hastings	Introductory Meeting
Susan Sweetman, Community Mental Health – HPE	Introductory Meeting
Our TMH with Michael Cowan, Rose Beeby, Tom Kupecz, Lyle Desaulniers, and John Smylie	Introductory Meeting
Jennifer May-Anderson, ED Hospice Quinte	Introductory Meeting
R. Donald Maracle, Chief of the Mohawks of the Bay of Quinte	Introductory Meeting
SECHEP Hospital CEOs Forum	Meeting
Dr. Al Bell, former Chief/Medical Director (MD) Emergency Medicine (EM)	Introductory Meeting
Paul McAuley, 3SO CEO	Week of February 22

President Outreach Activities – Previous Activity	
External	
Person/Organization/Group	Purpose
Sheila Braidek, ED of Belleville & Quinte West Community Health Centre	Introductory Meeting
Dr. Zelt, Ontario Health East Incident Management System Commander	Introductory Meeting
MPP Todd Smith and David Joyce, Executive Assistant	Introductory Meeting
Dr. David Pichora, KHSC President & CEO	Introductory Meeting
Garry Laws, CEO of Addiction Mental Health Services Hastings Prince Edward	Introductory Meeting
Mayo Hawco, ED Gateway Community Health Centre	Introductory Meeting
Dr. Adam Stewart, Madoc, OHT	Introductory Meeting
Doug Socha, Director Emergency Service of Hastings County	Introductory Meeting
Cynthia Martineau, OH East Transitional Lead	Introductory Meeting
Dr. Nadia Knarr, Assistant Professor Queen's University	Introductory Meeting
Dr. Lionel Noronha, MD Stirling Medical Centre & Stirling Manor and Lead Physician Belleville FHO	Introductory Meeting

Shannon Coull, Prince Edward County Memorial Hospital Foundation (PECMHF) ED	Introductory Meeting
Kim Bishop, Chair of the North Hastings (NH) Fund Development Committee	Introductory Meeting
Cathy Szabo, Providence Care, President and CEO	Introductory Meeting
Dr. Elizabeth Christie, Prince Edward FHT	Introductory Meeting
Dr. Piotr Oglaza, Hasting Prince Edward County Public Health	Introductory Meeting
Wendy Parker, ED Lakeview FHT	Introductory Meeting
Susan Barberstock, Director of Community Wellbeing, Mohawks of the Bay of Quinte - Kenhteke Kanyen'kehá:ka	Introductory Meeting
Jennifer Loshaw, Director Home and Community Services	Introductory Meeting
Cynthia Martineau, Regional Lead-Interim of East and CEO for Central East and Champlain LHINs	Introductory Meeting
Debbie MacDonald Moynes, ED Prince Edward County Community Care for Seniors Association	Introductory Meeting
Nick Vlacholias, President & CEO Brockville	Networking Meeting
Dr. Fraser Pollard, TMH Medical Lead	Introductory Meeting
Nora Axhorn, QHC Advisory Council Co-Chair	Introductory Meeting
Abby Leavitt, Program Manager Queen's University FHT	Introductory Meeting
Sandra McGrath, Bancroft Community FHT	Introductory Meeting
Pat Dobb, ED Community Care for Central Hastings	Introductory Meeting
Jim Pine, Chief Administrative Officer, Hastings County	Introductory Meeting
MPP Daryl Kramp, Hastings-Lennox & Addington and David MacKinnon	Introductory Meeting
Quinte West/Trenton Mayor Jim Harrison and David MacKinnon	Introductory Meeting
Mary Grattan Gielen, Ontario Health Home & Community Care	Introductory Meeting
Mary Stuart, Central Hastings FHT	Introductory Meeting
Trenton Rotary with David MacKinnon	Introductory Meeting
Bancroft Mayor Paul Jenkins and David MacKinnon	Introductory Meeting
Belleville Mayor Mitch Panciuk and David MacKinnon	Introductory Meeting
Brighton Mayor Brian Ostrander and Chair David MacKinnon	Introductory Meeting
Prince Edward County Mayor Steve Ferguson and David MacKinnon	Introductory Meeting

QHC Team – New Activity	
Community/Team	Focus
NH Hospital Emergency Room (ER) and In Patient Weekend Visit	Safety Walkabouts Staff /Physician Introductions
Information Services	Staff Introductions
Lisa O'Toole, QHC Board Member	Introductions
Ross Rae, QHC Board Member	Introductions
Patrick Johnston, QHC Board Member	Introductions
Jessica Anderson, QHC Board Member	Introductions
Gary Hannaford, QHC Board Member	Introductions
Andrew Fleming, QHC Board Member	Introductions
Tamara Kleinschmidt, QHC Board Member	Introductions
Nancy Evans, QHC Board Member	Introductions

John Kearns, QHC Board Member	Introductions
Peggy Payne, QHC Board Member	Introductions
Christian Sauvageau, QHC Board Member	Introductions
Dr. Cathy Goetz, Chief/MD Laboratory, Dr. Vivek Singh, Chief/MD Diagnostic Imaging and Kerri Choffe, Program Director Diagnostic Services	Physician/Program Introductions
Dr. Harminder Sandhu, Chief/MD Anaesthesia and Kristina Cruess, Program Director Surgery	Physician/Program Introductions
Dr. Florian Braig, Chief/MD Surgery and Kristina Cruess, Program Director Surgery	Physician/Program Introductions
Dr. Leandra Grieve-Eglin, Chief/MD Critical Care, Dr. Craig Holt, Critical Care Lead, Linda Price, Program Director Critical Care	Physician/Program Introductions
Dr. Julie Bryson, MD Family/BSTU/Rehab/CCC, Anna-Marie Sutherland, Program Director Medicine	Physician/Program Introductions
Former MD Rural Medicine Dr. Norma Charriere, with replacements: Dr. Sarah LeBlanc PECMH Medicine Site Lead and Dr. Keila Parambir as MD of Rural Medicine and NHH Medical Lead and Heather Campbell, Program Director Emergency & Primary Care	Physician/Program Introductions
Dr. Melanie Chanda, Chief/MD Obstetrics & Gynaecology, Dr. Kelly Vanier, Chief/MD Paediatrics, Linda Price Program Director	Physician/Program Introductions
Dr. Christina Hanna, Emergency MD and Heather Campbell	Physician/Program Introductions
Catherine Walker, Director Communications & Public Relations	Program Introduction
Sarah Corkey, Director Quality & Interprofessional Practice	Program Introduction
Sills 5 Mental Health with Linda Price, Program Director Mental Health and Dr. Colin MacPherson	Huddle, Tour & Staff / Physician Introduction
BGH Support Services with Joseph Mancuso (Hospitality, Plant Operations, Security, Parking and Resources)	Tour & Staff Introductions
Crisis Intervention Center (CIC) with Janet Kinsey, Manager of CIC and Assertive Community Treatment Team (ACTT)	Huddle, Tour & Staff Introductions
ACTT with Janet Kinsey	Huddle & Staff Introductions
Decision Support and Health Records with Peter Papadakos, Director Decision Support, Health Records and Privacy	Huddle, Tour & Staff Introductions
Belleville General Hospital Foundation (BGHF) Team	Staff Introductions
Two Joint Foundation Quarterly Update with EDs	Meetings
BGHF Steve Cook, ED	Meeting
TMHF (Trenton Memorial Hospital Foundation) Board of Directors	Meeting
PECMHF Campaign Cabinet	Volunteer Introductions
NH Fund Development Committee with Kim Bishop, ED	Introductions
PECMHF Shannon Coull, ED	Meetings
Trenton Memorial Hospital MDRD and EM	Huddle & Staff Introductions
BGHF Mike Pretsell, ED	Introductions
7am and 11pm Introduction & Safety Leadership Walkabouts with Dave Pym, Coordinator Protection Services & Emergency Preparedness, Security and Linda Price	Introduction & Safety Walkabouts
QHC Board Chair and Board Member, Foundation Chairs and Vice Chairs	Meeting
3SO Finance and Audit Committee	Meeting

PECMHF Board Meeting	Week of February 22
Bree Gaber, Director Human Resources	Week of February 22
BGHF Board Meeting	Week of February 22
Dr. Colin MacPherson, Chief/MD Mental Health and Linda Price	Week of February 22
Grassroots Transformation Team Introductions	Week of February 22
Infection Control Huddle, Tour and Introductions	Week of February 22

QHC Team – Previous Activity	
Community/Team	Focus
Management/Leadership Team	Introductory Meeting
BGH Patient Flow, CCC, Respiratory & Stroke Clinic Anne Marie Sutherland, Program Director Medicine	Tour & Staff/Physician Introductions
BGH Critical Care Linda Price, Program Director Maternal Child, Critical Care and Mental Health	Tour & Staff/Physician Introductions
MAC	Introductory Meeting
TMH ER and DI Heather Campbell, Program Director EM and Primary Care	Tour & Staff/Physician Introductions
TMH ORs, Surgical Clinics and MDRD Kristina Cruess, Program Director Surgery	Tour & Staff/Physician Introductions
TMH In Patient Unit Anna-Marie Sutherland	Tour & Staff/Physician Introductions
BGH Labs, Diagnostic Imaging and Nuclear Medicine Kerri Choffe, Program Director Diagnostic Services	Tour & Staff/Physician Introductions
NHH Tammy Davis, NHH Site Lead and Heather Campbell	Tour & Staff/Physician Introductions
BGH ORs, Endoscopy and MDRD Kristina Cruess	Tour & Staff/Physician Introductions
PECMH Lisa Mowbray, PECMH Site Lead and Heather Campbell	Tour & Staff/Physician Introductions
BGH ER Jane Babcock, Manager EM and Heather Campbell	Tour & Staff/Physician Introductions
BGH Finance Angie Abram, Director Financial Services & Purchasing	Tour & Staff Introductions
TMH ER and In Patient Weekend Visit	Safety Walkabouts Staff/Physician Introductions
PECMH ER and In Patient Weekend Visit	Safety Walkabouts Staff/Physician Introductions
Trenton COVID Assessment Centre	Staff/Partner Introduction
Steve Cook, BGHF ED	Introductory Meeting
Wendy Warner, TMHF ED	Introductory Meeting
TMHF Board of Directors	Introductions/Update
Shannon Coull, PECMHF ED	Introductory Meeting

PECMHF Board of Directors	Meeting – CEO Introduction
BGHF Board of Directors	Meeting – CEO Introduction

QHC 2021 STRATEGIC PRIORITIES

TEAM OPPORTUNITIES

BOOST TEAM SAFETY AND WELLNESS

Goal:

- Support teams to improve their safety and wellness for the remainder of the pandemic and beyond

Priorities:

- Team-based resilience and wellness programs
- Workplace violence and safety improvements

Metrics:

- # of team-implemented improvement ideas
- # of staff/physician safety incidents causing harm

SUPPORT PATIENTS ON THEIR CARE JOURNEY

Goal:

- Enhance patient safety and experience as they transition between QHC hospitals, units and to home, with focus on relationships between hospitals, teams, and community, including primary care

Priorities:

- Patient and family centered care
- Transitions between hospitals, units or to home

Metrics:

- Patient survey results
- Length-of stay
- Readmission rate

ORGANIZATIONAL OPPORTUNITIES

RECOVER AND RENEW FROM THE PANDEMIC

Goals:

- Sustain improvements/innovations we have made
- Be prepared for continued high number of patients needing care, and improve access for those on wait lists
- Recruit and develop our health human resources to meet ongoing patient needs and support staff

Priorities:

- Virtual care strategy
- Optimize and recover capacity and access to care
- HHR planning, recruitment and training

Metrics:

- TBD virtual care
- Wait time measures meeting target (out of 8)
- % uncovered shifts

PLAN FOR OUR FUTURE

Goals:

- Engage with our patients, teams and communities to co-design the future of QHC
- Set the stage for the future clinical transformation/regional HIS
- Work with our partners, including primary care, to advance local integration and population health

Priorities:

- New QHC strategic plan
- Clinical transformation planning
- Financial sustainability plan
- Hospital Redevelopment Plans
- HPE Ontario Health Team

Metrics:

- New strategic plan launched
- TBD Regional HIS project
- TBD financial sustainability
- TBD redevelopment priorities
- TBD Ontario Health Teams

To:	QHC Board of Directors
From:	Dr. Colin MacPherson, Chief of Staff
Topic:	Report of the Chief of Staff
Date of Meeting:	March 23, 2021
For:	Information

Engaging Physician Leadership in HIS

We were very pleased to have Dr. Jeremy Theal, Chief Information Officer of North York General Hospital, talk to MAC this month about the experience of implementing an HIS at his hospital, and about the insights he has gained from helping hospitals across the country adopt new health information systems. This talk was very well received, resulting in conversations among the chiefs that suggests a good level of excitement for the regional HIS project and respect for the importance of physician leadership in the project. The excitement is rooted in the prospect of a clinical transformation that will result in huge improvements in outcomes for our patients. The respect for the project is grounded in the significant change in workflows that will be required of physicians and which will only occur smoothly if there is significant peer support and preparation. Our physician leaders are now actively contemplating and discussing how to achieve an active role in the project for themselves and other physicians.

Transitioning All Credentialed Staff to QHC Email

MAC has agreed to require all QHC-related communications involving credentialed staff be restricted to QHC email addresses only. Until now, many physicians would only accept communications to their non-QHC email addresses, which meant that email could not be used for the transmission of information that is specific to patients or for sensitive corporate information. The reason for preferring non-QHC email addresses was that historically QHC email was not easily accessible on personal devices, and required logging in to access messages. Now that QHC email can be supported for easy access on personal devices, it makes sense to restrict QHC related communications to QHC email because it is more secure, and will allow easier maintenance of contact lists. We are expecting to transition to QHC email for all communications on June 1. In the meantime, the Information Services Help Desk is prepared to assist any credentialed staff who has difficulty setting up their personal devices with the instructions that have been provided to them.

To:	QHC Board of Directors
From:	Lisa O'Toole, Chair of Governance, Communication and Strategy Committee
Topic:	Ontario Health Team Application
Date of Meeting:	March 23, 2021
For:	Decision
Motion:	<i>The QHC Board of Directors endorses QHC's continued involvement as a partner in the Hastings Prince Edward Ontario Health Team, including having the Board Chair sign the full application form for submission to the Ministry of Health.</i>

Purpose of the Discussion

Provide an update on the local Ontario Health Team (OHT) development and confirm Board support for QHC to be a partner in the full OHT application that will be submitted the Ministry of Health in March or April.

Background

In late 2020, the Rural Hastings and Quinte OHTs in development merged to form the Hastings Prince Edward OHT (HPE OHT), with strong encouragement from the Ministry of Health. The new HPE OHT aims to build an integrated system of care across our region through which all residents have equitable access to a range of services and supports needed to build and maintain health.

Next Steps

The Ministry of Health has invited the HPE OHT to submit a full application by April 2021. The partners are currently preparing the application document. The submission will include:

- A commitment for the partner organizations to work collaboratively toward a collective impact on the health and wellbeing of our communities.
- Goals for year one that the group agrees on including:
 - A strategy for patient/caregiver/community engagement,
 - A strategy for provider engagement,
 - A strategy for the evolution of the OHT, and
 - One or two client-centred care goals.
- A description of how we have worked together, and what we have learned, through COVID.
- A current state description of the digital health context and opportunities.

The board chair of each member organization will need to sign-off on the application. It is important to note that the application is not a contractual obligation, but rather a commitment to advance the OHT model in our community.

The attached materials have been put together for the OHT partner Boards to provide more information in advance of the full application submission. In addition, we will be able to share the HPEOHT shared statement of purpose and guiding principles for the March Board Meeting.

To:	QHC Board of Directors
From:	Patrick Johnston, Chair of Quality of Patient Care Committee
Subject:	Physician Recruitment Update
Date of Meeting:	March 23, 2021
For:	Discussion/Information

The Quality of Patient Care Committee received the attached update from Dr. MacPherson and Susan Rowe on QHC's medical staff planning process, recruitment needs, recent successes, trends and opportunities.

With the exception of a couple of extremely difficult to recruitment specialties (notably Psychiatry), QHC has made significant progress in its physician recruitment efforts over the last 18 months, since the addition of our new Physician Recruitment and Retention Coordinator, Martha Farrell. Between April 2020 and January 2021, 42 physicians were added to the QHC medical staff. Some departments that had been historically experiencing significant coverage issues now have a full or almost full medical staff complement, including Anaesthesia, TMH Family Medicine, Surgical Assist and BGH Emergency Medicine. The goal is now to convert more of the Locum positions into full-time (Associate) staff.

To:	QHC Board of Directors
From:	Patrick Johnston, Chair of Quality of Patient Care (QPC) Committee
Subject:	COVID Update
Date of Meeting:	March 23, 2021
For:	Information and Discussion

The QPC Committee had a detailed presentation and robust discussion about the status of COVID related activities. The most of the significant changes since the meeting in January include the advances in the vaccination strategy and the reduction in new positive case rates. The occupancy pressures at QHC have also eased since the January lockdown was implemented.

The QHC team is to be commended for their highly effective vaccination clinic process, from booking, to delivery, to 'experience'. While QHC is able to contribute by storing vaccine, full control remains with the Public Health Unit for the amount of vaccine released and determination of groups of people eligible for vaccine.

While there is success and optimism, there is also increasing concern over the potential for the variant strains to trigger a wave 3 before the vaccine roll out can have sufficient impact. The attached slides provide a brief summary of the concerning provincial projections as well as the local vaccine activities supported by QHC.

**Quinte Health Care
Board of Directors Meeting Minutes
January 26, 2021 (Videoconference)**

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, January 26, 2021 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
- Ms. Stacey Daub, President and 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 3:13 p.m.

1.1 Approval of Agenda

Motion: To approve the open session agenda of January 26, 2021
Mover: Mr. Sauvageau
Seconder: Mr. Johnston
Carried

1.3 Declaration of Conflict of Interest

There were no conflicts declared.

2:0 QHC Values in Action Award Presentation

Mr. Rae, on behalf of the QHC Board of Directors, recognized and congratulated QHC's personal protective equipment (PPE) coaches for exemplifying the QHC values and all their efforts throughout the pandemic in ensuring staff and physicians are utilizing PPE properly. QHC's PPE coaches are frontline staff who have been trained by the Infection Prevention and Control team and are available to ensure staff and physicians are supported when making decisions about what PPE to wear and when and how to wear it.

3.0 Reports

3.1 Report of the Chair

Mr. MacKinnon highlighted the significant challenges the Board will face in the coming months, including: capacity pressures at QHC that have required new and innovative solutions, the mental toll that navigating the pandemic has taken on staff and physicians, and the significant financial impacts of the pandemic that will undoubtedly be felt throughout the province for many years to come.

Mr. MacKinnon also highlighted the importance of ensuring ample communication between QHC and the public regarding hospital activities. Mr. MacKinnon added that well established communication lines are extremely important for the QHC Foundations and Fund Development Committee to ensure they can adequately support the capital funding needs at QHC.

3.2 Report of the President & CEO

Ms. Daub provided the Board with an update on the hospital and community outreach she has been doing since assuming the President and CEO position on January 4, 2021. Ms. Daub encouraged board members to reach out to her if they think someone else should be on her list of outreach.

The Board was advised on the recent launch of the new resiliency toolkit for staff and physicians - *Holdin'Course; Staying Resilient – Navigating our Way Through COVID-19*. The toolkit provides resources to support the discussion about wellbeing and encourage reflection for one's self, colleagues and team.

Ms. Daub reviewed the results of Q3 of the Balanced Scorecard (BSC) with emphasis on the operational red indicators as a result of the pandemic.

Ms. Daub advised that during a recent meeting with local Ontario Health Team (OHT) partners, the Hastings Prince Edward region has come together and formed a single OHT group and is moving forward with the application for full OHT status.

3.3 Report of the Chief of Staff

Dr. MacPherson reviewed the process that have been undertaken to address the backlog in surgeries resulting from the Spring 2020 shutdown.

4.0 Decision items

4.1 Stage 3.1 PECMH Redevelopment Project Approval

Mr. Kearns reviewed the Stage 3.1 design for the PECMH redevelopment and associated timeline.

The Board discussed sustainability efforts for the new PECMH hospital and community engagement and efforts underway to ensure the community is aware of progress and associated timelines. Ms. Daub advised the board that the idea of additional community education has been taken back to the PECMH Steering Committee. The Board agreed that ensuring the community is aware of an updated timeline will help prevent any confusion on when construction is scheduled to start.

Motion: The QHC Board of Directors the approves the Stage 3.1 Design submission to Health Investment and Capacity Branch of the Ministry of Health (MOH).

Moved by: Mr. Kearns

Second by: Mr. Hannaford

Carried

Mr. Andrews and Ms. Jackson left the meeting at 3:58 p.m.

5.0 Discussion Items

5.1 Fiscal Health Sustainability

The Board discussed the financial impact the pandemic has had on Ontario hospitals and specific impacts on QHC's fiscal position. Mr. Kearns advised that no direction has been given to QHC regarding submitting the impacts of lost revenue, which to date, is estimated to be \$3.2 million for QHC, as of November 30, 2020. Mr. Kearns advised that the current deficit was \$990K without additional funding and that had the pandemic not caused such a pressure on finances, QHC would be in a strong fiscal position.

5.2 2021/22 Operating and Capital Plan – DRAFT

The Board reviewed the draft 2021/22 Operating and Capital Plan and discussed the impacts the pandemic has had on the QHC's ability to achieve a balanced budget. Mr. Kearns highlighted that QHC has been able to achieve a balanced budget since 2011, despite extreme financial pressures and significant funding inequities. However, even with the additional monies received in 2020, QHC will have a \$4.1-million-dollar deficit (before building amortization) for the 2021/22 Operating Plan as a result of pandemic related expenses and revenue losses.

Mr. Kearns advised that QHC is considering a smaller capital plan; one that is well within QHC's capital funding sources and each Foundation\FDC ability to fund. Mr. MacKinnon commented on the provincial deficit and the impacts this would have after the pandemic is over.

5.3 COVID Update

Ms. Daub advised that Hastings Prince Edward (HPE) has the third lowest COVID rate per capita in the province. Ms. Daub added that when she first started it was a very scary time in the pandemic as many hospitals had no critical care capacity, but QHC quickly moved into action to ensure the organization could assist fellow hospitals if required.

Ms. Smith Romeril advised that due to the rapidly changing environment of COVID, that QHC would not be expecting to take ICU level patients and these patients would instead move to Kingston Health Sciences Centre (KHSC). If KHSC needs to make capacity, QHC would take patients from KSHC. Ms. Smith Romeril added that today, QHC has medicine and critical care have available capacity and low ED volumes but it remains unclear if this additional capacity would remain available. Ms. Smith Romeril advised of the upcoming virtual nursing job fair and the hopes to recruit more nurses for QHC as there has been ongoing challenges with health human resources throughout the pandemic.

The Board was advised that QHC has been designated a vaccine storage facility for HPE and that QHC has established a vaccine distribution task force to facilitate the vaccine distribution across the organization. Mr. Hohenkerk added that the distribution plan will require flexibility due to ongoing vaccine supply issues. Once vaccine arrives the advanced planning will allow QHC to start immediately vaccinating staff and physicians based on the priority distribution list, which is set to be approved by the Leadership Committee this week.

6.0 Consent Agenda

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

6.1 Minutes of November 24, 2020*

6.3 Approval of November 2020 Financial Statements*

Motion: **The QHC Board of Directors approves the November 2020 financial statements.**

6.4 Chief/Medical Director Appointment*

Motion: **The QHC Board of Directors' appoint Dr. Christine Hanna as the Chief/Medical Director of Emergency Medicine and Dr. Parambir Keila as Chief/Medical Director of Rural Medicine, both effective February 1, 2021.**

Motion: **To approve all items within the consent agenda of January 26, 2020.**

Moved by: **Ms. Evans**

Seconded by: **Mr. Sauvageau**

Carried

7.0 Adjournment

Motion: **To adjourn at 4:40 p.m.**

Moved by: **Mr. Sauvageau**

Carried

Next Meeting: **March 23, 2021** (videoconferencing)

Action Items: There were no action items at the January 26, 2021 meeting.

David MacKinnon, Board Chair
Board of Directors

Stacey Daub
President and CEO and Board Secretary

To:	QHC Board of Directors
From:	John Kearns, Board Treasurer & Chair of Audit and Resources Committee
Subject:	January 2021 Financial Statements
Date of Meeting:	March 23, 2021
For:	Decision
Motion:	<i>The QHC Board of Directors approves the January 2021 financial statements.</i>

January 2021 Financial Results Highlights

Year to date results for the ten months ended January 31, 2021 show a deficit of \$2.4M. These results are a \$2.6M negative variance to budget. The variance is comprised mainly of lost revenue due to COVID (total \$3.8 million year-to-date, as outlined below) with a partial offset due to the recognition of some one-time financial adjustments from prior years:

- Preferred accommodation (unfavourable \$1.5 million)
- Parking (unfavourable \$.9 million)
- Technical fees on diagnostic procedures (unfavourable \$1.4 million)

The deficit increased during the month of January from approximately \$1.0M at December 31 mainly due to the following:

- Continued loss of revenue (unfavourable \$.3 million)
- Reset of benefit expenses in January due to the new calendar year (\$.4 million)
- One-time catch-up of surgical supplies purchased on consignment (\$.5 million)

Activity

The entire healthcare system is experiencing unprecedented change due to COVID. Similar to other hospitals in the province, QHC has experienced a disruption in patient flow as Long-term Care and other community supports that are normally available to us shift their own practices due to real or potential outbreaks. As a result, at QHC we have seen an increase in length of stay, translating to high bed occupancy (and therefore, the need for increased beds) despite lower than normal Emergency Department visits and lower admissions (mostly Medicine patients) year-to-date. In December and January, we experienced an increase in inpatient surgical cases with volumes being very similar to the prior year. Outpatient surgical cases have been at virtually the same level as last year, after a short decrease in volumes in April and May 2020. Mental health admissions remain lower than last year. Alternative Level of Care patients have varied during the year, but these patients still occupy a significant number of Quinte beds.

As reported at our January meeting, we have received temporary funding to operate additional beds in the ICU and acute inpatient areas. We have opened the 18th ICU bed and converted three level 2 to vented level 3 beds. We have recently received notification of additional temporary funding to support another 1-3 ICU beds if needed. As well, given the funding for 29 incremental acute inpatient beds, we have been opening the additional beds as needed to meet demand. Staffing of these beds continues to be a challenge. As previously reported, we continue to look at innovative staffing models. We are also focusing attention on staff wellness and resiliency and providing extra supports.

Forecast

As noted, the entire system is in a state of change, and forecasting is even more unpredictable than 'normal'. We have provided the Regional Office of OH/LHIN with a year-end deficit forecast of \$1M which was fundamentally based on the December YTD financial results, and the last quarter of the year being equal to overall budget. The year-end forecast included the following variables:

- COVID-19 expenses continuing at similar rates as experienced to date with an expectation of offsetting funding at a rate of 94%.
- Assessment Centre activity with offsetting funding at \$38 per test.
- Lab testing of COVID swabs with offsetting funding at \$38 per test.
- Impact of COVID-19 on revenue streams that are sensitive to changes in patient activity.
- Addition of 2 Level 3 ICU beds and the conversion of 3 existing Level 2 ICU beds to Level 3 (vented).
- Addition of 29 beds for the period of Nov 1, 2020 – Mar 31, 2021.
- Patient volumes would continue to be below budgeted levels as we had experienced for the first 9 months of the year
- An overall assumption of balanced January, February and March

Given that January was not balanced, and with a further month to update assumptions, we are now forecasting a deficit of \$2.7 million for the year as shown in the attached statement of operations. We have advised the regional office of OH accordingly. We understand that there is extensive discussion at the MOH about the need to cover some lost revenue. If the Ministry was to fund 75% of lost revenues, and all other assumptions remain the same, QHC would essentially project a balanced year-end financial position, as shown in the attached statement of operations.

Proposed actions

The LHIN has requested that we file a 'Deficit Waiver Request', and we will advise them of the significant risks inherent in the forecast provided based on the most recent actual financial results.

It will also be critical to monitor February financial results and update the forecast for year-end.

We also expect that the government will be providing substantial direction to all hospitals before year-end on the following:

- final audit and reconciliation procedures for COVID expense recoveries
- direction on recoveries for lost revenues, as noted above
- anticipation that directed funding (such as Quality-based Procedures) will be reconciled, but shortfalls will not be recovered
- potential funding extensions for incremental beds received last year
- further direction on the operation and funding of Assessment and Vaccination Centres

To:	QHC Board of Directors
From:	Lisa O'Toole, Chair of Governance, Communications and Strategy Committee
Subject:	Board and Individual Director Evaluation - Policy Update
Date of Meeting:	March 23, 2021
For:	Decision
Motion:	<i>The QHC Board of Directors approves the recommended changes to Board Policy V-B-9: Board and Individual Director Evaluation.</i>

Background

During the February 2020 GCSC meeting the committee recommended that the Board Chair be allowed to assign a delegate to meet with individual Directors to discuss their peer-to-peer feedback. The attached minor update will ensure consistency and clarity in the peer-to-peer evaluations and help reduce the workload on the Board Chair.

To:	QHC Board of Directors
From:	Carol Smith Romeril, Vice President & Chief Nursing Officer
Topic:	Report of the Chief Nursing Officer
Date of Meeting:	March 23, 2021
For:	Information

I want to thank the Human Resources service at QHC for a wonderful event in the Virtual Job Fair that was held in February.

I participated in one session and was delighted by the attention to eye catching visual backgrounds, content of the discussions and the great ambassadors they had lined up to talk about working at QHC. This time period has worked well in the past to attract and sign nurses expecting to graduate in the spring. The COVID adaptation of a virtual event was equally successful.

In total, 22 new nurses and 3 experienced nurses will be welcomed to QHC as a result of the virtual fair. Among the group are 14 new graduates who will become registered nurses (RNs) and be ready to start full time positions in June. They accepted offers in positions across many different units, including ICU, maternal child and emergency. The additional 11 accepted positions, both full time and part time as registered practical nurses (RPNs) in various units. These nurses will be available to start in May.

It is very gratifying to see new nurses beginning their careers at QHC. These recruits will have supports to continue their learning and skills development not only through colleagues but also through professional practice and other educator roles that have been created to ensure appropriate support is provided to novice nurses.

To:	QHC Board of Directors
From:	Dr. Colin MacPherson, Chief of Staff
Topic:	Report of the Medical Advisory Committee
Date of Meeting:	March 23, 2021
For:	Information

In addition to the topics in the Chief of Staff Report and separate decision items in the Board agenda, the Medical Advisory Committee discussed the following items at the February and March meetings:

- Ongoing planning and work for COVID-19, including modelling of projected case numbers, ensuring critical care capacity across the province, and local vaccine distribution efforts.
- Providing input on the proposed 2021/22 QHC strategic priorities.
- Reports of the Clinical Optimization Sub-Committee, with an update on clinical improvement projects, approval of the new Credentialed Staff Disputes Policy, and monitoring chart completion rates.
- Reports of the Credentialed Staff Resources Sub-Committee, including improvement efforts to standardize the review of credentials applications and ensuring that all credentialed staff use QHC email for organizational work.
- Identifying physicians to recognize as “Spotlight Physicians” as part of the QHC/Physician Compact.
- Formulary changes, department reports, medical directives and policy changes for approval.

To:	QHC Board of Directors
From:	Lisa O’Toole, Chair of Governance, Communications and Strategy Committee
Topic:	Governance, Communications and Strategy Committee (GCSC) Update
Date of Meeting:	March 23, 2021
For:	Information

At their March 9, 2021 meeting, in addition to what is in the Board Package, GCSC received or discussed information on the following topics:

Board and Individual Director Evaluation Process

GCSC reviewed the process and tools to support the continuous improvement of the Board, Committees and individual Directors:

- OHA Board Effectiveness Survey – all Board members will receive a link to the OHA survey tool that has been used in past years.
- Peer-to-Peer Survey/Self-Evaluation – Directors will also be asked to evaluate themselves and each other using 10 questions extracted from the OHA Individual Director survey. This will be followed by individual meetings between the Board Chair (or designate) and each Board Member to discuss: the results of their peer-to-peer evaluation; potential development opportunities; education requests; and intention to seek future terms or executive positions on the Board.
- Board Chair Evaluation – rather than the standard peer-to-peer survey, there is a different set of questions to provide feedback to the Board Chair.
- Committee Evaluations – As part of each committee work plan, each committee will complete an evaluation at their last meeting of the Board year
- Specific Meeting Evaluations - Directors will continue to be asked to provide feedback following certain meetings or events throughout the year, such as the new board orientation, the education day and the retreat.

Foundation Liaison Position Description

GCSC reviewed a draft position description for the QHC Board Members who serve in Liaison positions on each of the three foundation boards. The purpose is to support a clear role description and communication processes back to the QHC Board and between the three Liaisons. The next step will be to seek input on the draft description from the Foundations before this comes back to the QHC board for final review and approval.

2021/22 Balanced Scorecard – Update

Each year the Senior Team develops a balanced scorecard for the Board to monitor the progress against the implementation of the strategy on a quarterly basis. While this is ideally done in March of each year, this is delayed this year due to the time pressures related to the pandemic and with Stacey needing time to understand the QHC context and culture. GCSC received a draft balanced scorecard for early input and the final scorecard will be brought back for approval in May.

Process for Selection of Committee Members, Chairs and Vice-Chairs

GCSC reviewed the process and timelines to recommend Committee membership for the 2021/22 Board year, including non-director positions on board committees and Committee Chairs/Vice-Chairs. As part of the self-evaluation survey mentioned above, Directors will be asked for their preferences for Committee membership and willingness to serve as a Committee Chair.

Board and Committee Meetings – Update

With the ever-evolving COVID situation, GCSC agreed that for the remainder of the 2020/21 Board year:

- The Committee Chairs and Executive Sponsors will continue to review the work plans before each meeting and adapt as required, depending on the COVID situation for QHC at that time.
- All Committee and Board Meetings will continue to be held over video-conference, until the end of the Board year. This includes the 2021 Annual General Meeting.
- The Board will move ahead with the April 13 generative session with two agenda items:
 - Receiving a summary from Stacey on her impressions based on her first 100 days at QHC, including potential opportunities, challenges and next steps; and
 - With the help of a guest speaker, better understand the current provincial direction on Ontario Health Teams, including examples of where there has been early success in other regions.

To:	QHC Board of Directors
From:	Patrick Johnston, Chair of Quality of Patient Care Committee
Subject:	Quality of Patient Care (QPC) Committee Update
Date of Meeting:	March 23, 2021
For:	Information

In addition to items on the Board agenda, the Committee received and discussed the following information at their March 9, 2021 meeting.

1. Guest Presentation

Dr. Jeremy Theal is the Chief Medical Information Officer at North York General and Physician Lead, MOH Clinical Systems Benefits and Adoption Team. He provided an excellent presentation that served to:

- Illustrate examples of positive and negative outcomes possible when implementing advanced information systems
- Illustrate how integrating standardized evidence into daily clinical workflows can “make quality stick”
- Demonstrate how local leadership and clinician engagement is crucial to the success through co-design, stewardship, and culture change.

His slides are available in supplemental. A link to the recording will be shared as well.

2. Staff Story

The committee heard a story from a physician who had recently been to the vaccination clinic. The letter was highly complementary of the well organized process and the experience in general.

3. Operating and Capital Plan Quality Considerations

The approach to planning was discussed, with approval of the plan deferred until May. The discussion reviewed the impact of the pandemic, on both the hospital and on the larger system of health service support in the community. While the pandemic period had facilitated some of the improvement plans, such as alternative accommodations at Quinte Gardens, it also distracted teams from other potentially valuable progress on topics such as increasing length of stay. The proposed key assumption for the operating plan was that even if new cases of COVID remained low, the disruptions to the hospital and the system will likely not recover quickly enough to plan for a ‘normal year’ in 2021/22.

4. Monitoring Reports Received

- Quality of Patient Care Indicator Report
- Patient Experience – and Survey Results
- Patient Safety Events Report
- Labour Relations Update
- Lab and Pharmacy Accreditation Update
- Regional Health Information System Update
- Committee Work Plan

To:	QHC Board of Directors
From:	John Kearns, Board Treasurer & Chair of Audit and Resources Committee
Topic:	Audit and Resources Committee Update
Date of Meeting:	March 23, 2021
For:	Information

In addition to the items on the Board agenda, the Committee also received and discussed the following updates from management at their March 9, 2021 meeting.

1. Statutory Filings

The committee received its regular report on statutory filings. All filings were up to date as of March 2021.

2. Committee Work plan

The committee received an update on the Audit and Resource work plan, with minor changes in dates for the following items:

- Approval of Insurance coverage
- Approval of the 2021/22 Operating and Capital Plan
- Approval of the Regional Health Information System
- Approval of the Annual Audited Financial Statements
- Auditor Assessment and reappointment of the External Auditor

To:	QHC Board of Directors
From:	Nancy Evans, Board Vice-chair and Chair of the CEO Transition Ad-hoc Committee
Topic:	CEO Transition Ad-hoc Committee Update
Date of Meeting:	March 23, 2021
For:	Information

The CEO Transition Ad-hoc Committee held a meeting on February 24, 2021 to receive an update on the CEO onboarding activities to-date and to review the CEO transition plan. The plan was based on an updated stakeholder map to ensure initial meetings were appropriately prioritized based on key internal and external audiences.

The last meeting of this committee is scheduled for March 31, when Stacey can provide an update on her initial activities and impressions. At the April 13 Board Generative session, Stacey will report back to the Board with her reflections and assessment of what she has seen, and the next steps going forward, in general terms.

To:	QHC Board of Directors
From:	Nancy Evans, Board Vice-chair and Chair of the Senior Leadership Evaluation and Compensation Ad-hoc Committee
Topic:	Senior Leadership Evaluation and Compensation Ad-hoc Committee Update
Date of Meeting:	March 23, 2021
For:	Information

In addition to the items separately on the board agenda, at the March 17, 2021 meeting SLEC also discussed the following items.

COS Performance Evaluation

SLEC reviewed the process and timeline to complete the annual COS performance evaluation, as outlined in board policy. Between April 16 and 30, all board members will have the opportunity to provide feedback on the COS leadership competencies, using the standard online survey tool. This will be used to help inform COS learning plans goals for 21/22.

CEO Performance Evaluation

SLEC reviewed a streamlined process for the CEO evaluation this year, with the purpose of: providing Stacey with early impressions of what the Board/SLT currently see as leadership strengths and potential areas of continued development; and supporting the development of her goals and annual learning plan for 2021/22. The board will receive an online survey link to a few open-ended questions to provide input between April 16 and 30.

CEO/COS Travel During COVID

In response to a board member question, SLEC confirmed that based on Public Health guidance throughout the pandemic QHC developed appropriate vacation and travel protocols that apply to all QHC staff and physicians (including executives). This includes not travelling internationally until supported by updated Public Health guidance.