

**THE BRANT COMMUNITY HEALTHCARE SYSTEM**

**Board Meeting**

March 31, 2020



|  |  |
|--|--|
| <b>Participants:</b>   | <b>Regrets:</b>  |
| Paul Emerson<br>Maggie Copeland<br>Dave Diegel<br>Annette Gillis<br>Vern Payne<br>Peter Quinlan<br>Bill Thompson<br>Teresa Doolittle<br>Mackenzie Slifierz<br>Naser Hamed<br>Dr. David McNeil<br>Dr. Gene Jarrell<br>Dr. Rudy Goel<br>Martin Ruaux<br>Dr. Laura Shoots<br>Kari Wilson<br>Rena Roy<br>Mario Columbo | Pat Brown  |
|  | <b>Guests:</b>   |
|  | Laura Doherty, Alena Lukich, Ben Deignan, Andrea Unger |
|  | <b>Recorder:</b>                                       |
|  | Becky Marras, Executive Assistant                      |

| ITEM   | DISCUSSION / ACTIONS  |
|--|---|
| <b>1.1 Call to Order &amp; Convening the Meeting</b> | The meeting was called to order at 5:00pm by Paul Emerson via teleconference.   |
| <b>1.2 Approval of Agenda</b>                        | <p><b>THE BOARD OF DIRECTORS<br/>VOTED</b></p> <p align="center"><b>To approve the March 31, 2020 agenda as circulated.</b></p> <p align="right"><b>(1)<br/>CARRIED</b></p> |
| <b>1.3 Call for Conflict of Interest</b>             | No conflicts of interest were declared.   |
| <b>1.4 Approval of the February 25, 2020 Minutes</b> | <p><b>THE BOARD OF DIRECTORS<br/>VOTED</b></p> <p align="center"><b>To approve the February 25, 2020 minutes as circulated.</b></p>   |

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|--|--|
|  | (2)<br>CARRIED   |
| <b>2.0 Board Education</b>                               |  |
|  | Nothing scheduled this month.  |
| <b>3.0 Board Reports</b>                                 |  |
| <b>3.1 Report of the Chief Executive Officer / COVID</b> | <p>Detailed report included in the package, with several items highlighted.</p> <p><b>COVID19</b></p> <ul style="list-style-type: none"> <li>• Currently caring for 2 positive cases in our hospital.</li> <li>• BCHS sits within the southwest region of Ontario Health which meets twice a week to discuss PPE management and HR planning,</li> <li>• Meeting daily with Brantford Brant emergency operations center.</li> <li>• Hospital we have created an operational committee that meets daily. Subcommittees HR and Safety Committee, Logistics and Supplies and looking at the financial management of COVID.</li> <li>• Prioritization of those who meet the case definition, inpatient, staff and physician.</li> <li>• Process for testing is on a referral basis, self-assessment tool through Public Health website, then you call primary care or telehealth and they will advise individuals to make an appointment to the assessment center.</li> <li>• Assessment Centre is going to be reevaluated as we are not seeing a demand at the moment, but will redeploy the staff to the hospital. Should the demand increase we will be able to reopen.</li> <li>• Inpatient COVID ward has been established on B6, also the Day Surgery area there are 30 beds</li> <li>• Surge zone beyond the hospital would potentially move to St. John's College.</li> <li>• Responding to the COVID crisis into June, then will reevaluate</li> <li>• Issue that a couple of weeks ago there was a shortage of tests, but that is not the case now. BCHS has the capability to do the testing with a quick turnaround time, whereas public health turnaround time is longer. Swabbing people in the community with support with EMS. Did speak with community paramedicine and they will support with the assessment center.</li> <li>• Concern around PPE shortages but we are working on conservation efforts.</li> </ul> <p>Hospital insider podcast will be shared. <a href="https://www.bchsys.org/en/podcast-hospital-insider.aspx">https://www.bchsys.org/en/podcast-hospital-insider.aspx</a></p> |
| <b>3.2 Volunteer Association Update</b>                  | <ul style="list-style-type: none"> <li>• Nothing to report this month</li> </ul>   |
| <b>3.3 BCHS Foundation Update</b>                        | <ul style="list-style-type: none"> <li>• Foundation is helping to respond by working with supplier referrals and donations.</li> <li>• COVID19 fund and COVID19 patient equipment fund.</li> <li>• Patient equipment fund over 350k dollars donated for COVID19</li> </ul>   |

| <b>3.4 Medical Staff Association Update</b>                                      | <ul style="list-style-type: none"> <li>• At the recent meeting consensus was that the medical staff feel prepared/united for the pandemic.</li> <li>• Robust discussion around COVID-19 with ideas are coming from the physician think tan.</li> <li>• Thanked Dr. Unger and the senior team for the process to date.</li> <li>• COVID MD heroes were highlighted.</li> </ul>  |                |             |                |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
|--|--|----------------|-------------|----------------|-------------|----------------|--|--|--|--|--|--------|-----------------------|--------------|------------|------------|--|----|-------|-------|---|----|-------|-----|-------------------------------------|--|--|--|--|------------------|--|----|-------|-------|---|--|--|--|--|------|--|-----|-----|-----|-----------|--|---|-------|-----|
| <b>4.0 Consent Agenda</b>  |  |                |             |                |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
|  | Nothing to report.   |                |             |                |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
| <b>5.0 Regular Agenda (Reports and Motions excluded from the Consent Agenda)</b> |  |                |             |                |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
| <b>5.1 2020.21 Quality Improvement Plan</b>                                      | <p>An update on the 2020-21 Quality Improvement Planning Process, including the proposed targets and planned improvement initiatives, and to obtain approval for submission to Health Quality Ontario</p> <p>Extensive briefing note was included which outlined the recommended themes, the indicators by theme and the improvement initiatives for each metric.</p> <table border="1" data-bbox="680 748 1976 1503"> <thead> <tr> <th>Theme</th> <th>Indicators</th> <th>2019/20 Target</th> <th>2019/20 YTD</th> <th>2020/21 Target</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;"><i>Theme I: Timely &amp; Efficient Transitions</i></td> </tr> <tr> <td rowspan="3">Timely</td> <td>Time to inpatient bed</td> <td>&lt; 27.5 hours</td> <td>28.7 hours</td> <td>&lt; 29 hours</td> </tr> <tr> <td>Access to Hip Fracture Surgery with 48 hours</td> <td>--</td> <td>67.8%</td> <td>85.0%</td> </tr> <tr> <td>Access to Priority 2-4 cases completed in target for CT</td> <td>--</td> <td>54.0%</td> <td>60%</td> </tr> <tr> <td colspan="5" style="text-align: center;"><i>Theme II: Service Excellence</i></td> </tr> <tr> <td>Patient-Centered</td> <td>Patient Experience: Did you receive enough information when you left the hospital?</td> <td>--</td> <td>46.4%</td> <td>50.0%</td> </tr> <tr> <td colspan="5" style="text-align: center;"><i>Theme III: Safe &amp; Effective Care</i></td> </tr> <tr> <td>Safe</td> <td>Number of workplace violence incidents (overall)</td> <td>125</td> <td>120</td> <td>140</td> </tr> <tr> <td>Effective</td> <td>Medication Reconciliation at Discharge (overall)</td> <td>-</td> <td>68.7%</td> <td>95%</td> </tr> </tbody> </table> | Theme          | Indicators  | 2019/20 Target | 2019/20 YTD | 2020/21 Target | <i>Theme I: Timely &amp; Efficient Transitions</i> |  |  |  |  | Timely | Time to inpatient bed | < 27.5 hours | 28.7 hours | < 29 hours | Access to Hip Fracture Surgery with 48 hours | -- | 67.8% | 85.0% | Access to Priority 2-4 cases completed in target for CT | -- | 54.0% | 60% | <i>Theme II: Service Excellence</i> |  |  |  |  | Patient-Centered | Patient Experience: Did you receive enough information when you left the hospital? | -- | 46.4% | 50.0% | <i>Theme III: Safe &amp; Effective Care</i> |  |  |  |  | Safe | Number of workplace violence incidents (overall) | 125 | 120 | 140 | Effective | Medication Reconciliation at Discharge (overall) | - | 68.7% | 95% |
| Theme  | Indicators   | 2019/20 Target | 2019/20 YTD | 2020/21 Target |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
| <i>Theme I: Timely &amp; Efficient Transitions</i>                               |  |                |             |                |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
| Timely   | Time to inpatient bed  | < 27.5 hours   | 28.7 hours  | < 29 hours     |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
|  | Access to Hip Fracture Surgery with 48 hours   | --             | 67.8%       | 85.0%          |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
|  | Access to Priority 2-4 cases completed in target for CT  | --             | 54.0%       | 60%            |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
| <i>Theme II: Service Excellence</i>  |  |                |             |                |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
| Patient-Centered   | Patient Experience: Did you receive enough information when you left the hospital?   | --             | 46.4%       | 50.0%          |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
| <i>Theme III: Safe &amp; Effective Care</i>                                      |  |                |             |                |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
| Safe   | Number of workplace violence incidents (overall)   | 125            | 120         | 140            |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |
| Effective  | Medication Reconciliation at Discharge (overall)   | -              | 68.7%       | 95%            |             |                |  |  |  |  |  |        |                       |              |            |            |  |    |       |       |   |    |       |     |                                     |  |  |  |  |                  |  |    |       |       |   |  |  |  |  |      |  |     |     |     |           |  |   |       |     |

|                           |  |   |    |       |       |
|---------------------------|--|---|----|-------|-------|
|                           |  | Repeat Emergency Visits for Mental Health | -- | 28.2% | 26.2% |
|                           | <p><b>THE BOARD OF DIRECTORS VOTED</b></p> <p><b>To approve the final 2020/21 Quality Improvement Plan for submission to Ontario Health Quality.</b></p> <p style="text-align: right;"><b>(3)<br/>CARRIED</b></p>  |   |    |       |       |
| <b>6.0 Other Business</b> |  |   |    |       |       |
| <b>6.1 Thank-you</b>      | <p>Chair thanked David and all of his staff on how they have been responding and acting during this pandemic in such a professional manner.</p> <p><b>THE BOARD OF DIRECTORS VOTED</b></p> <p><b>TO send a note of thanks to the organization for the efforts to date around COVID-19.</b></p> <p style="text-align: right;"><b>(4)</b></p> <p>The daily reporting from the CEO everyone finds the messages useful, and appreciate the efforts of David and Alena in Communications.</p> |   |    |       |       |
| <b>In Camera Session</b>  |  |   |    |       |       |
|                           | <p><b>THE BOARD OF DIRECTORS VOTED</b></p> <p><b>To move from the open session to the In Camera session.</b></p> <p style="text-align: right;"><b>(5)<br/>CARRIED</b></p>  |   |    |       |       |
| <b>Regular Session</b>    |  |   |    |       |       |
|                           | <b>Evaluation of the meeting</b>   |   |    |       |       |

|                                       |  |  |
|---------------------------------------|--|--|
|                                       | <ul style="list-style-type: none"> <li>- Went exceptionally well being able to connect with everyone during this pandemic</li> <li>- Great work being done of the staff, management and physicians.</li> <li>- Thanks for taking care of our community</li> <li>- Team effort and BCHS has a great team.</li> <li>- Should you have any questions, please reach-out to Paul and/or David.</li> </ul> |  |
| <b>Adjournment</b>                    | <p style="text-align: center;"><b>THE BOARD OF DIRECTORS<br/>VOTED</b></p> <p style="text-align: center;"><b>To adjourn the open session.</b></p> <p style="text-align: right;"><b>(16)<br/>CARRIED</b></p>  |  |
|                                       |  |  |
| <b>Next Meeting Date</b>              | Tuesday May 26, 2020 5:00pm Skype  |  |
|                                       |  |  |
| <b>Minutes Approved: May 26, 2020</b> | <br>Dr. David McNeil, President & CEO  | <br>Paul Emerson, Chair, Board of Directors |