

**MINUTES OF THE ALLIED BOARDS OF DIRECTORS
MEETING HELD ON
TUESDAY, MARCH 28, 2023 AT 5:30 PM
AGH OCTAGON ROOM – 95 SPRING STREET, ALMONTE**

PRESENT:

√	A. Champagne	√	T. Moffa
√	C. A. Esnard - Chair	√	D. Oosterhoff
√	J. Fournier	√	D. Perley
√	L. Gardiner	√	R. Probert
√	L. Hachey	√	C. Snyder
√	L. Heslop	√	G. Smith
√	R. Larkin	√	M. Vermette
√	B. Lowry Bagshaw	√	M. Wilson Trider
		√	B. Young

REGRETS:

X	F. Bird	X	G. McKillop
X	G. Buckley	X	J. Milko

STAFF:

√	S. Cousineau
√	K. Harbord
√	T. McLelland
√	R. Shaw

GUESTS:

√	R. Arseneau, CPDMH Foundation Executive Director
√	A. Roberts, AGH Foundation Managing Director
√	Chris Ferguson - VP Patient Care Services Renfrew Victoria Hospital, CNE and Accreditation Canada Surveyor

Board Education: Accreditation - Chris Ferguson, Patient Care Services Renfrew Victoria Hospital, CNE and Accreditation Canada Surveyor

The Chair introduced C. Ferguson who proceeded to provide an overview of the Accreditation Survey process. The following was highlighted:

- Accreditation Canada is an independent non-governmental organization that operates globally as an affiliate of Health Standards Organization (HSO). The affairs of Accreditation Canada are overseen by the Board and CEO of HSO
- Accreditation Canada (AC)'s programs assess organizations against standards developed by Health Standards Organization (HSO), International Standards Organization (ISO) and others.
- Accreditation Decision Guidelines
- Accreditation contributions, benefits, surveyor goals
- Governance Functioning Tool learnings and next steps
- Sample discussion questions

A discussion was held. C. Ferguson was thanked for providing a very informative presentation.

1.0 Call to Order

The Chair called the meeting to order at 6:04 pm.

2.0	Declaration of Conflict of Interest
	No conflicts were declared.
3.0	Reminder to Consider Ethical Issues
	Directors were reminded to consider ethical issues.
4.0	Approval of Agenda
	IT WAS MOVED AND SECONDED THAT THE AGENDA BE APPROVED. <u>MOTION CARRIED</u>
5.0	Chair's Remarks
	<p>The Chair addressed the following:</p> <ul style="list-style-type: none"> • Thanked the members for adjusting their schedules to accommodate an earlier start. • Requested that everyone remove their masks when speaking and to speak clearly and loudly • Congratulated Michel Vermette on the appointment to the Lanark Highlands Police Services Board • Noted that the Boards have a full agenda, encouraged Directors to fully participate and to keep their remarks focused and concise • Reminded Directors that the meeting evaluation survey (in a Survey Monkey link) has been sent by T. McLelland to be completed after the meeting. • Invited A. Roberts to provide additional information regarding the AGH Foundation. A. Roberts informed everyone about a House and Garden Tour being planned for June 24th. • Invited R. Arseneau to provide additional information regarding the CPDMH Foundation. R. Arseneau noted that there will be a ceremony honouring retired physicians on May 12th – invitations to follow.
6.0	Consent Agenda Matters
	<p>IT WAS MOVED AND SECONDED THAT THE FOLLOWING ITEMS CONTAINED IN THE CONSENT AGENDA BE APPROVED:</p> <ul style="list-style-type: none"> a. Minutes of the Allied Boards of Directors meeting held January 24, 2023 b. AGH Financial Statements for the ten month period ended January 31, 2023 c. CPDMH Financial Statements for the ten month period ended January 31, 2023 d. FRAC Policy IV-3 Expense Reimbursement e. Policy V-A-2 Code of Conduct f. Policy V-A-3 Confidentiality g. Policy V-A-5 Board Chair Position Description h. Policy V-A-6 Board Vice Chair Position Description i. Policy V-A-7 Secretary Position Description j. Policy V-A-8 Treasurer Position Description k. Policy V-A-9 Committee Chair Position Description l. Policy V-A-11 Conflict of Interest m. Updated Integrated CEO Job Description n. Updated AGH Chief of Staff Job Description o. CPDMH Chief of Staff Job Description <p style="text-align: right;"><u>MOTION CARRIED</u></p>

	It was noted that the Finance minutes from the February meeting were not included and will therefore be added to the next meeting for information.
7.0	Business Arising from the Minutes
	There was no business arising from the minutes.
8.0	Matters Requiring Decision
	8.1 AGH/FVM/CPDMH 2023/24 Quality Improvement Plan
	<p>B. Lowry Bagshaw declared a conflict of interest noting that a family member now resides at Fairview Manor.</p> <p>L. Hachey reviewed the 2023/24 QIP included in the package and asked if there were any questions. A question was raised regarding how workplace violence is monitored. L. Hachey indicated that at AGH an electronic system called PRIMS is used and at CPDMH the process is paper-based.</p> <p>A discussion was held regarding a discrepancy with the current performance targets. Ms. Hachey made a correction that the percentage was reported for Q3 and that the new year indicator refers to number of incidences reported as opposed to a percentage.</p> <p>No further concerns were raised.</p> <p>IT WAS MOVED AND SECONDED THAT THE 2023/24 QUALITY IMPROVEMENT PLAN BE APPROVED. <u>MOTION CARRIED</u></p> <p>The Chair thanked L. Hachey for taking on the interim role of VP/CNE and providing great support for the past 8 months.</p>
	8.2 Almonte General Hospital 2022/23 Operating Budget
	<p>L. Gardiner referred to the memo included in the package and noted that the Finance, Resource and Audit Committee previously requested that in order to approve the 2022/23 Operating Budget, a cash advance for \$1,000,000 and a balance budget waiver were required. The hospital has operated under approved spending authority based on a draft operating budget in combination with a draft Hospital Accountability Planning Submission. L. Gardiner reported that all conditions have been met and a recommendation to approve the 2022/23 Operating Budget is being made by FRAC. No concerns were raised.</p> <p>IT WAS MOVED AND SECONDED THAT THE ALMONTE GENERAL HOSPITAL 2022/23 OPERATING BUDGET BE APPROVED. <u>MOTION CARRIED</u></p>
	8.3 CPDMH Borrowing Resolution
	<p>L. Gardiner referred to the memo included in the package and noted that a Borrowing Resolution is required annually by Scotiabank to allow CPDMH signing authorities to draw against the credit facilities. With the increase in the Operating Line of Credit, a revised borrowing resolution is required. No concerns were raised.</p> <p>IT WAS MOVED AND SECONDED THAT AUTHORIZATION OF ANY TWO OF THE CHAIR, VICE-CHAIR, CEO AND THE CFO TO BORROW ON BEHALF OF THE CARLETON PLACE & DISTRICT MEMORIAL HOSPITAL, AN AMOUNT NOT TO EXCEED \$11,555,000 AT ANY ONE TIME TO MEET OPERATING EXPENDITURES OF THE CORPORATION UNTIL CURRENT REVENUE HAS BEEN RECEIVED, OR TO FUND CAPITAL EQUIPMENT PURCHASES AND THE EMERGENCY DEPARTMENT REDEVELOPMENT PROJECT UNTIL CAPITAL FUNDING HAS BEEN RECEIVED BY UTILIZING ANY OF THE OPERATING CREDIT LINES, LETTER OF CREDIT, PROMISSORY NOTE, SCOTIA LEASING DOCUMENTS, OR SCOTIA BUSINESS CARD</p>

AGREEMENT FOR THE PERIOD APRIL 1, 2023 TO MARCH 31, 2024 BE APPROVED.

MOTION CARRIED

8.4 CPDMH 2023/24 Capital Budget

L. Gardiner referred to the memo included in the package and noted that the priority of clinical equipment was reviewed with Department Managers, Chief of Staff and Chief of Emergency. Non-clinical equipment was reviewed with the Senior Management Team. L. Gardiner thanked the Foundation who has committed to fund the full Hospital clinical equipment needs in the amount of \$400,000. It was noted that the Senior Management Team is requesting a general contingency fund be established. This will allow the Team to react quickly should equipment fail unexpectedly and be identified as a priority. As in prior years, the Senior Team will report that any funds spent from the Contingency Fund will be communicated to the FRAC and the Board.

No concerns were raised.

IT WAS MOVED AND SECONDED THAT THE CPDMH 2023/24 CAPITAL BUDGET AS PRESENTED INCLUDING A \$150,000 GENERAL CONTINGENCY BE APPROVED.

MOTION CARRIED

8.5 AGH & CPDMH Spending Authority to June 30, 2023

L. Gardiner referred to the memo included in the package and noted that Interim spending authority is requested to June 30, 2023. Board approval of the 2023/24 Operating Budget is being deferred until the June 2023 meeting. A 2023/24 Balance Budget Waiver has yet to be provided by Ontario Health East for the proposed deficit of \$1,561,000 from operations. Ontario Health East is working to determine if they will reduce this amount given the recent funding letter. Once funding letters are received, information will be incorporated into the Operating Budget and Directors will be informed as information arrives. A recommendation to defer the approval of the Operating Budget is being presented by the FRAC.

A discussion was held and it was suggested that a base funding discussion will need to be held in the future.

IT WAS MOVED AND SECONDED THAT AUTHORIZATION OF THE CEO TO CONTINUE EXPENDITURES ON HOSPITAL OPERATIONS IN ACCORDANCE WITH THE APPROVED 2022/23 AGH OPERATING BUDGET UNTIL THE JUNE 2023 MEETING OF THE ALLIED BOARDS OF DIRECTORS THE BE APPROVED.

MOTION CARRIED

IT WAS MOVED AND SECONDED THAT AUTHORIZATION OF THE CEO TO CONTINUE EXPENDITURES ON HOSPITAL OPERATIONS IN ACCORDANCE WITH THE APPROVED 2022/23 CPDMH OPERATING BUDGET UNTIL THE JUNE 2023 MEETING OF THE ALLIED BOARDS OF DIRECTORS THE BE APPROVED.

MOTION CARRIED

8.6 Long Term Care Service Accountability Amending Agreement Declaration of Compliance

L. Gardiner referred to the memo included in the package and noted that the FRAC is recommending that the Boards authorize the CEO to sign the Long-Term Care Home Service Accountability Agreement ("L-SAA") Declaration of Compliance for the period April 1, 2022 to March 31, 2023. It was noted that as in previous years, the Debt Service Ratio has not been met.

No concerns were raised.

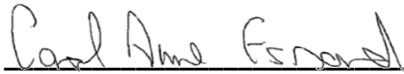
IT WAS MOVED AND SECONDED THAT AUTHORIZATION OF THE CEO TO SIGN THE LSAA DECLARATION OF COMPLIANCE DATED MARCH 31, 2023 BE APPROVED.

MOTION CARRIED

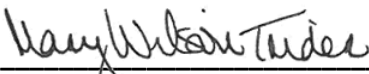
9.0	Matters for Discussion
	9.1 Clinical Services Plan Progress Report
	M. Wilson Trider provided a summary of the progress made thus far on the Clinical Services Plan and noted the items which overlap with the Corporate Goals.
	9.2 Report of the CPDMH Chief of Staff
	The Chair noted that the CPDMH Chief of Staff Report was included in the package and asked if A. Champagne had anything further to report. Dr. Champagne added that incredible work has been done by Drs. Buckley, Fullerton and Meyers on new Health Hub being built in Carleton Place. The 40,000 square feet of space on a 14,000 square feet footprint will be on Costello Drive. The family physicians will occupy the second floor. The main floor will include a pharmacy, community support providers such as Carebridge and the extension of the Ottawa Valley Family Health Team. Both Carleton Place and Beckwith municipalities have been supportive by agreeing to provide \$1.7 million over ten years. Shovels should be hitting the ground in about six months. The Directors expressed congratulations.
	9.3 Report of the CEO & Senior Team
	M. Wilson Trider noted that the Report was included in the package. No questions were raised.
	9.4 Quality of Care – Good Catch
	The Interim Vice President Patient & Resident Services and Chief Nursing Executive (the “CNE”) L. Hachey noted that a Good Catch was not submitted for the month of March.
	9.4 Quality of Care - Patient Compliment/Concern
	L. Heslop joined the meeting.
	L. Hachey shared a concern received from a patient who had presented in the Diagnostic Imaging (DI) department with a lot of pain in their foot. The patient had waited in the ED for five hours with a pain of nine out of 10. When the patient informed the technician they felt there was a lack of compassion. The Manager reached out to the DI technician who was sorry the patient had interpreted the interaction the wrong way. Education has been provided to the staff on patient understanding and relaying of messages.
	L. Hachey shared a compliment from a grateful patient who was assisted by a 911 operator, Lanark County Paramedics and staff at CPDMH. The person collapsed at home and when the call was made to 911, the operator guided the spouse through lifesaving measures until paramedics arrived. The patient has no lasting effects from the cardiac arrest and requested to meet with the Paramedics so gratitude could be expressed in person.
10.0	Matters for Information
	10.1 Board Workplan
	The Chair noted that the Board Workplan was included for information.
	10.2 Board Education Report
	The Chair thanked L. Heslop for the report on the Cyber Security Webinar held in February.
11.0	Other Business/Next Meeting
	A question was raised regarding the status of the WIFI upgrade. K. Harbord indicated that although a bit delayed the wiring has been completed at both Hospitals and at FVM. The second phase of the project will begin, IP addresses will be created and tested within a couple of weeks. There is a security element that needs more work to ensure only hospital issued devices are on the active directory. Once live an on-site survey will be completed to test for any dead zones.
	The Chair noted that a special Board meeting will be held in April, 2023, date to be determined.
	R. Arseneau was thanked for her time and left the meeting.

12.0	Termination of Closed Session
	The Chair noted that the closed session has been terminated.
13.0	In-Camera Business
	IT WAS MOVED AND SECONDED THAT THE MEETING MOVE IN-CAMERA.
	<u>MOTION CARRIED</u>

Approved Minutes signed by:



C. A. Esnard, Board Chair



M. Wilson Trider, Secretary