

**ALMONTE GENERAL HOSPITAL
MINUTES OF THE BOARD OF DIRECTORS
OPEN MEETING HELD ON
MONDAY, MARCH 22, 2021
VIA ZOOM CONFERENCE**

PRESENT:

√	Mrs. F. Bird	√	Dr. U. McGarry
√	Mr. L. Gardiner	√	Mrs. S. Muston
√	Mr. J. Hann	√	Mr. D. Perley- Chair
√	Dr. L. Heslop	√	Mr. M. Vermette
√	Mr. R. Larkin	√	Mrs. M. Wilson Trider
√	Ms. B. Lowry Bagshaw	√	Mr. B. Young

REGRETS:

X	Dr. G. McKillop
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GUESTS:

√	Mr. A. Roberts
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STAFF:

√	Ms. K. Harbord	√	Ms. T. McLelland
		√	Mr. R. Shaw

1.0	Call to Order
	Mr. Perley called the meeting to order at 7:00 pm.
2.0	Declaration of Conflict of Interest
	No conflicts were declared.
3.0	Reminder to Consider Ethical Issues
	Members 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>Mr. Perley addressed the following:</p> <ul style="list-style-type: none"> • Informed the Members that he has received a letter of resignation from Dr. Leonard due to work demands. • Thanked Mrs. Bird for agreeing to co-chair the Joint Board Quality Committee and thanked Ms. Lowry Bagshaw for agreeing to join the Alliance Committee. • Informed Members that the meeting evaluation survey (in a Survey Monkey link) has been sent to them by Ms. McLelland to be completed after the meeting • Noted that the May Board meeting falls on the Long weekend and therefore has been rescheduled to May 31, 2021 • Noted that Members should have received calendar invitations for the 3 Board Retreat Sessions on April 13, 20 and 27 from 6:30 – 8:30 pm • Asked Mr. Roberts if he had anything to add to the Foundation report – Mr. Roberts reported that the Foundation has passed the budget and has committed to raising a minimum of \$200,000 for capital equipment along with \$400,000 over 5 years to fund the CT scanner.

6.0	<p>Consent Agenda Matters</p> <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 January 25, 2021 Board of Directors meeting b) Financial statements for the 10 months ended January 31, 2021 c) Updated Policy IV-1 Signing Authority d) Recruit for 1 of the vacant Director positions to fill the skills gap in the legal field and defer filling the second e) Medical Advisory Committee physician credentialing recommendations <p style="text-align: right;"><u>MOTION CARRIED</u></p>
7.0	<p>Business Arising from the Minutes</p> <p>There was no business arising from the minutes.</p>
8.0	<p>Matters Requiring Decision</p>
	<p>8.1 Hospital Service Accountability Amending Agreement March 31, 2021</p> <p>Mr. Gardiner referred to the memo included in the package regarding recommendation to authorize the Board Chair and CEO to sign the H-SAA Amending Agreement.</p> <p>IT WAS MOVED AND SECONDED THAT THE BOARD AUTHORIZE THE BOARD CHAIR AND CEO TO SIGN THE H-SAA AMENDING AGREEMENT DATED MARCH 31, 2021.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
	<p>8.2 L-SAA Amending Agreement dated March 31, 2021</p> <p>Mr. Gardiner referred to the memo included in the package regarding recommendation to authorize the Board Chair and CEO to sign the L-SAA Amending Agreement.</p> <p>IT WAS MOVED AND SECONDED THAT THE BOARD AUTHORIZE THE BOARD CHAIR AND CEO TO SIGN THE L-SAA AMENDING AGREEMENT DATED MARCH 31, 2021.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
	<p>8.3 2020 Long Term Care Service Accountability Agreement Declaration of Compliance</p> <p>Mr. Gardiner referred to the memo included in the package regarding recommendation to authorize the President & CEO to sign the LSAA 2020 Declaration of Compliance.</p> <p>IT WAS MOVED BY MR. GARDINER AND SECONDED BY MS. LOWRY BAGSHAW THAT THE BOARD AUTHORIZE THE PRESIDENT & CEO TO SIGN THE L-SAA 2020 DECLARATION OF COMPLIANCE.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
	<p>8.4 Spending Authority April 1 to June 30, 2021</p> <p>Mr. Gardiner referred to the memo included in the package and noted that the Finance & Audit (F&A) Committee reviewed a request to defer approval of the operating budget for 2021/2022 due to the fact that there are significant unknowns which make it difficult to form assumptions in the draft operating budget about revenues, funding and reimbursement of incremental Covid19 costs. The draft operating budget will also be impacted by decision that arise from the clinical services plan. The Ministry is not seeking any information on operating budgets for 2021/22 and thus a recommendation from the F&A Committee to approve Interim spending authority to June 30, 2021 is being requested.</p> <p>IT WAS MOVED AND SECONDED THAT THE BOARD AUTHORIZE THE CEO TO CONTINUE EXPENDITURE ON HOSPITAL OPERATIONS IN ACCORDANCE WITH THE 2020/21 HOSPITAL ANNUAL PLANNING SUBMISSION UNTIL THE JUNE 2021 MEETING OF THE BOARD OF DIRECTORS.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>

	<p>8.5 Capital Contingency Budget</p> <p>Mr. Gardiner reported that a capital contingency budget is needed for items, not funded by HIRF, that need to be purchased on an urgent basis due to breakdown or an unanticipated event. The F&A Committee would be notified at the first Committee meeting after the expenditure is incurred.</p> <p>IT WAS MOVED BY MR. GARDINER AND SECONDED BY MR. YOUNG THAT A CAPITAL CONTINGENCY FUND OF \$100,000 FOR THE PERIOD APRIL 1, 2021 TO JUNE 30, 2021 WITH THE PROVISIO THAT ANY SPENDING FROM THIS FUND BE REPORTED TO THE FINANCE & AUDIT COMMITTEE AT ITS FIRST MEETING AFTER THE EXPENDITURE IS INCURRED BE APPROVED.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
	<p>8.6 2021/22 Joint Quality Improvement Plan</p> <p>Mrs. Bird reported that the QIP was included in the package and informed the Members that the Plan is aligned with CPDMH. She invited Mr. Hann to answer any questions the Members may have regarding approval of the 2021/22 QIP. No concerns were raised.</p> <p>IT WAS MOVED BY MRS. BIRD AND SECONDED BY MRS. MUSTON THAT THE 2021-2022 JOINT QUALITY IMPROVEMENT PLAN BE APPROVED.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
	<p>8.7 Draft Policy V-B-8 Board Evaluations</p> <p>Mr. Larkin referred to the draft policy included in the package and noted that it is a new policy that the Governance Committee is recommending for approval.</p> <p>IT WAS MOVED BY MR. LARKIN AND SECONDED BY MS. LOWRY BAGSHAW THAT POLICY V-B-8 BOARD EVALUATIONS BE APPROVED.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
	<p>8.8 Draft Policy V-B-9 Resignation and or Removal of a Board Member</p> <p>Mr. Larkin referred to the draft policy included in the package and noted that it is a new policy and the Governance Committee is recommending approval. A discussion was held.</p> <p>IT WAS MOVED BY MR. LARKIN AND SECONDED BY DR. HESLOP THAT POLICY V-B-9 RESIGNATION AND OR REMOVAL OF A BOARD MEMBER BE APPROVED.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
<p>9.0</p>	<p>Matters for Discussion</p> <p>9.1 Report of the Chief of Staff</p> <p>Dr. McKillop was unable to attend the meeting.</p> <p>9.2 Report of the CEO & Senior Team</p> <p>Mrs. Trider noted that the Report was included in the package. Mrs. Trider provided an update regarding the continued excellent collaboration between the AGH, LCPS, OVFHT and CPDMH by staffing the vaccination clinics run by Public Health. Each clinic has both an AGH and a CPDMH physician administering the vaccinations. Hospital and FVM staff, essential caregivers in the area have all been invited to book appointments. LGL is now opening the booking up to the 75+ age group. A question was raised regarding the process taking 30 minutes. Mrs. Trider explained that once you receive the vaccine you are asked to wait 15 minutes to ensure there are no significant side effects. That added on to the time needed to screen into the building, provide your health card to check-in and answer the consent questions and check out, including booking the next appointment, typically results in a 30 minute process.</p>

	<p>Mr. Shaw provided a funding update regarding the GLA:D program through which the Physiotherapy Department provides service to Hip or Knee Osteoarthritis patients. He anticipates the program will start in early April and 50-60 clients will be able to book both on-site and virtual appointments.</p>
	<p>9.3 Quality of Care: Near Miss of the Month</p>
	<p>Mr. Hann noted that a copy of the Near Miss of the Month for January has been included in the package for information.</p>
	<p>9.4 Quality of Care: Compliment/Concern</p>
	<p>Mr. Hann shared a concern from an Emergency Department patient who has a chronic illness and felt that the nurse was rude and dismissive and lectured them on why they came to the ED. Education was provided to staff and the Manager of the ED is working through the investigation with the patient.</p> <p>Mr. Hann shared positive feedback from a couple who delivered their baby, with complications, and felt that the staff was compassionate and that they felt fortunate to have such a supportive team during their stay. They wanted to send a special thank you for making a frightening experience turn into a positive ending.</p>
10.0	<p>Matters for Information</p>
	<p>10.1 Board Workplan</p>
	<p>Mr. Perley noted that the Board Workplan was included in the package for information.</p>
11.0	<p>Other Business</p>
	<p>Mrs. Bird noted the letter included in the package regarding recognition from County Council to the LCPS and suggested that the Board pass along their acknowledgments as well. Mr. Perley will follow up with a letter.</p>
12.0	<p>Next Meeting(s)</p>
	<p>The next meetings are scheduled for:</p> <ul style="list-style-type: none">• Regular Board of Directors Meeting –May 31, 2021.
13.0	<p>Adjournment</p>
	<p>There being no further business, IT WAS MOVED BY MR. VERMETTE THAT THE MEETING BE ADJOURNED.</p> <p>_____</p> <p>Mr. D. Perley, Board Chair</p> <p>_____</p> <p>Mrs. M. Wilson Trider, Secretary</p>