

Committee Member	ATTENDANCE REGISTER										# of Mtgs.
	Sept. 28/20	Oct. 27/20	Nov. 24/20	Jan. 26/21	Feb. 23/21	Mar. 30/21	April 28/20	May 27/21	June 22/21 *pre* AGM	June 22/21 *post* AGM	
Lori Ker, Chair	t/c	P									2
Greg Pope, Vice Chair	R	t/c									1
Janice Cockburn	t/c	t/c									2
Warren Maycock	t/c	t/c									2
Hugh O’Brodivich	t/c	t/c									2
Tim Peters	t/c	t/c									2
Dave Straughan	t/c	t/c									2
Ken Topping	t/c	t/c									2
Winnifred Anderson	t/c	t/c									2
Adrian Bitá	t/c	t/c									2
Barb Fitzgerald	R	t/c									1
Gerry Merkley	t/c	t/c									2
Shelley Scriver	t/c	t/c									2
Kim Delahunt	t/c	P									2
Dr. Peter Cino	t/c	P									2
Dr. Jeff McKinnon	t/c	t/c									2
Dr. Mercedes Rodriguez	t/c	t/c									2

Staff Present: Bonnie Kulba, Cathy van Leipsig, Dora Boylen-Pabst (by t/c) **Guest(s):** Jen Terry, Sandy Critchley, Shahbaz Haque

1.0 CALL TO ORDER

The Chair called the meeting to order at 5:00 pm.

2.0 PRELIMINARY ITEMS

2.1 Chair’s Remarks

The Chair welcomed all Board Members and guests Jen Terry, Member of the Governance Committee, Sandy Critchley, Director of Quality Improvement, Planning and Performance and Shahbaz Haque, Director of Insurance Services at HIROC.

2.2 Disclosure of Conflicts

All received Statements of Interest are a standard part of the package. Gerry Merkley and Adrian Bitá provided their Interests and updated on the standing interest log. Going forward, all changes will be highlighted.

2.3 Approval of Agenda and Consent Agenda

MOTION: Moved by Shelley Scriver, seconded by Hugh O’Brodivich, “That the Agenda and Consent Agenda be approved.” CARRIED

2.4 Action Item Log

The Action Log was reviewed, and the CEO provided clarity on the two items listed. The Action Log has been updated to provide more context.

3.0 PATIENT STORY

- 3.1** The Chair noted that the Patient Story is shared at the beginning of each meeting to ground the Board on why they are here.

The Patient Story was shared by Sandy Critchley and was connected to our Strategic Direction: “Getting Even Better”.

4.0 BOARD EDUCATION AND DEVELOPMENT

4.1 HIROC Insurance Coverage

The HIROC presentation was pre-circulated in the package and therefore the focus was on Board questions to Shahbaz Haque, Director of Insurance Services about how we as a Medium Sized Hospital compare to our peers. The Chair noted that the Finance & Audit Committee has Insurance oversight however it is valuable for the Board to receive periodic updates to allow for questions and answers.

The Board felt the information provided was of great value and asked several questions related to insurance gaps for Medium Sized Hospitals, emerging elements, how insurance will work with Ontario Health Teams and rates.

4.2 Accreditation Overview

Sandy Critchley, Director of Quality Improvement, Planning and Performance advised the Board that due to COVID-19 the survey is delayed until October 2021.

Planning for the survey is currently underway and progressing with clear incremental milestones was identified. Closer to the survey week, mock tracer interviews will be conducted. Any new standards will be identified and brought back to the Board.

The Board asked if there were any risks associated with the delay. The only risk identified was the launch of Meditech Expanse and new processes that staff are not as familiar with. That said, Sandy Critchley assured the Board that education sessions will mitigate this concern.

The Board inquired whether there was a gold standard for the Patient Family Advisory Partnership in terms of how they operate. This will be investigated and brought back to the Board.

5.0 STRATEGIC DISCUSSIONS

5.1 Medium Sized Hospital/HHCC Information Sheet

The CEO provided an overview of the continued efforts for medium sized hospitals. In addition to her continued advocacy, the Ontario Hospital Association has been and is very supportive. The CEO has MPP support and has been attending delegations in Dufferin/Caledon advocating for the hospital.

She noted that one of the current challenges in funding is related to ALC levels. Headwaters Health Care Centre has a low number of ALC patients and is therefore not receiving the same funding as other hospitals which is a disadvantage.

The Board commended the CEO on pulling together the information sheet and offered their support in terms of any required advocacy or otherwise.

5.2 Hills of Headwaters Collaborative OHT

The CEO confirmed a final draft of the Collaborative Decision-Making Agreement (CDMA) will come to the Board on November 24, 2020. She noted that there is a lot of work underway by the Collaborative and all Working Groups however full integration of a funding envelope may be years away.

The CEO confirmed that the Governors Working Group will be dismantled and will be recreated as a Chairs' Council with a renewed terms of reference that will be shared for input across all partners.

5.3 Care4 Update

The Vice President of Corporate Services provided a high-level overview of the progress to date. No major risks identified at this time. A Shared Services Accountability Agreement has been endorsed by Kim Delahunt and the other partner hospital's CEOs and will come forward for Board approval on November 24, 2020. The go live date is scheduled for May 8, 2021 with a contingency date of June 12, 2021.

6.0 BUSINESS OF THE MEETING/COMMITTEE REPORTS

6.1 CEO Report and COVID-19 Dashboard

The CEO shared that the Call Centre for the Assessment Centre would be relocated from Shelburne to the hospital today with a new 1-833 number and 30 new lines added. The hospital is aiming for November 10, 2020 to dismantle the tent at 140 Rolling Hills Drive. She added that our assessment numbers are decreased as a result of 20% no shows to scheduled appointments which is concerning. A new COVID dashboard is being developed and will highlight all the Assessment Centre statistics.

A new Community Assessment Centre is being constructed at 1 Elizabeth Street in Orangeville. The CEO commended the Dufferin Area Family Health Team and Canadian Mental Health Association on their true partnership and dedication to the community.

One Board Member inquired as to why there are surgical delays and cancellations across the Province. The Chief of Staff confirmed that it is due to the delay in swab turn around results that is causing surgeries to be postponed.

6.2 COS Report

Dr. Peter Cino, Chief of Staff, advised that the Emergency Department is seeing an uptick in the number of patients seen COVID related illnesses. Physicians and staff are feeling the pressure of surge however remain optimistic.

6.3 Governance Committee Report

Shelley Scriver, Chair of the Governance Committee provided highlights and Motions from the October 21, 2020 Governance Committee meeting. She noted that Ken McGhee resigned from the Committee.

Hills of Headwaters Collaborative OHT – Collaboration Agreement (CDMA) and Attestation

Over and above what Kim Delahunt shared in item #5.2 above, a few additional updates were included:

- The Collaborative received in-kind legal advice from Peel Region in-house legal council
- Legal has advised that the word Agreement could be replaced with Arrangement to make it less formal if desired
- Legal has also advised that the word obligations will be replaced with commitments
- Kim reiterated that the Agreement is non-binding
- The Change Foundation facilitated a session with the Collaborative, and it was confirmed that all elements of the Attestation were well on their way or are completed and the Attestation was submitted to the Ministry
- Further updates to the CDMA will be completed and a final version will come to the Board in November
- It was felt that Headwaters Health Care Centre does not require independent legal advice at this time

Shelley advised the Board that there were many concerns raised by Members of the Governance Committee on the draft CDMA. The CEO brought the concerns forward to the Collaborative at the October 22, 2020 meeting. In addition, she will reach out to Guelph to inquire about them sharing their CDMA.

Finance & Audit Committee Terms of Reference and Work Plan

Motion: Moved by Warren Maycock and seconded by Greg Pope, "That the Board of Directors approve the Finance & Audit Committee Terms of Reference and Work Plan." CARRIED

Patient Family Caregiver (PFC) Director Role

This role is evolving, and it was noted that this role is not an official Member of the Patient and Family Advisory Partnership but rather guests of the partnership.

COVID Communication to the Board of Directors

Bi-weekly communication will come to the Board of Directors from the CEO on the weeks where the Round Up is not issued.

6.4 Quality Committee Report

Quality Committee Terms of Reference and Work Plan

Lori Ker requested the following amendments to the Terms of Reference:

- Under 2.0 - "Ensure patient, family and caregiver experiences advance the organization's strategic plan through the Patient Family Caregiver Director(s)."
- Insert a phrase and it would be: Ensure patient, family and caregiver experiences advance the organization's strategic plan through the Patient and Family Advisory Partnership (PFAP) and the Patient Family Caregiver Director(s).
- Second under Membership - "Minimum of three other board members (1/3 of the membership to be voting (elected) member of the Board) and Minimum of one board member to be a PFC Director"
- Combine these two to streamline: New wording will be: Minimum of three other board members, including the Patient Family Caregiver (PFC) Director(s) (if exist).

Motion: Moved by Ken Topping and seconded by Warren Maycock, "That the Board of Directors approve the Quality Committee Terms of Reference and Work Plan." CARRIED

6.5 Foundation Report

The Chair of the Foundation, Tim Peters, provided an overview of fundraising and marketing initiatives. He noted that the next six months would be specific to personal giving and the early stages of a mini campaign would begin in the Spring of 2021.

Dora Boylen-Pabst, Foundation CEO, thanked the Board for their participation in the recent Board Challenge to raise funds.

Lori Ker, Board Chair, thanked the Foundation for all their hard work to support hospital needs.

7.0 Consent Agenda

- 7.1** Minutes from the September 16, 2020 Governance meeting, Minutes from the September 18, 2020 Quality Committee meeting, Minutes from the September 23, 2020 Finance & Audit Committee meeting and the Minutes from the September 28, 2020 Board of Directors meeting.

8.0 INFORMATION
Information only.

9.0 ADJOURNMENT
With there being no further business, the meeting was adjourned at 7:19 pm.



Lori Ker, Board Chair



Kim Delahunt, Secretary