

10. President & CEO Report

E. Vandewall presented highlights of the President and CEO's Report which was precirculated with the meeting material. Key highlights as follows:

- Focus on People: Work is continuing on the People Strategy.
 - Team Building: The SLT held a team-building session in December, facilitated by a Team Coach and welcoming new members of the team. The SLT will also be working individually with coaches over the course of the next year as the team develops.
 - Recruitment: E. Vandewall thanked the Board members who participated in the EVP recruitment process, noting that a preferred candidate has been identified and the Board will be further updated in due course. He further advised that the recruitment process for the Director of Development will start in the weeks ahead and hopefully could be wrapped up by the end of February 2019.
 - Leadership Forum: A leadership forum was held which was very well received with a high level of engagement. Next steps will be to share the feedback with the group and discuss further engagement. A comprehensive plan has been developed to co-design JBH's culture which will be presented to the HRPCC at an upcoming meeting.
- Government Relations: The Government is focusing on reducing red tape. Phase 1 of Dr. Devlin's report will be released soon for review by the Government. C. Elliott will be responding to the findings in Dr. Devlin's report and in due course, there will be some clarity on the rumoured changes.
- Budget: Great work has been done by the Physicians to service the increased volumes. We are on target to achieve the \$8.1M in PCOP funding to year end.
- General Update: The hospital is at 126% occupancy with approximately 347 patients. The organization is under a lot of pressure but is coping well.

11. Professional Practice Report (CNE & COS)

Cheryl Williams, Chief Nursing Executive and Ian Preyra, Chief of Staff, co-presented highlights of the Professional Practice Report which was precirculated with the meeting material. Highlights as follows:

- Excellence in Planning Care: A very successful kaizen event was held to develop a better way to transition patient care at shift renewal so that nurses will be provided with sufficient information about the patients. This is very important from a risk perspective as '*failure to recognize change in condition*' was identified as a top risk in critical incidents. The interprofessional team involved in the kaizen created a new Care Summary tool, which was implemented, showing 4-days at-a-glance of patient admission history.
- Patient Flow: I. Preyra elaborated on the issue of patient flow in the organization, noting that it is very important to recruit more specialists in the Hospital. The internists are working very hard but the focus will be recruitment in internal medicine as the majority (as much as 70%) of admissions go through internal medicine service.

COMMITTEE REPORTS

12. Quality Committee

M. Radford, Chair of the Quality Committee advised that the Committee report, from the January 10, 2019 meeting, was precirculated with the meeting material. She noted that each meeting of the Quality Committee focuses on a department report. The Acute Medicine Department

reported at the last meeting. The Committee also had a lively generative discussion on Bundled Care which we expect to hear more about.

13. Governance & Nominating Committee

D. Cowan, Chair of the Governance & Nominating Committee advised that the Committee report, from the January 11, 2019 meeting, was precirculated with the meeting material. He advised that the Committee has been busy vetting the various policies. He noted that the Board Education list has been populated with proposed education sessions in keeping with the 3 streams approved at the November 2018 meeting. He encouraged the Board to bring forward suggestions to add to the education list.

14. Medical Advisory Committee Report

Dr. Preyra, Chief of Staff, advised that the reports from the Medical Advisory Committee meetings held on December 12, January 9 and January 22, 2019 were precirculated. He noted that the recommendations from those meetings will be brought during the In-Camera session.

15. Finance & Audit Committee Report

D. Dean, Chair of the Finance & Audit Committee advised that the Committee report, from the January 24, 2019 meeting, was precirculated with the meeting material. He indicated that the CFO report was included in the Board material and commented on the improvement in the financials, acknowledging that this is due in part to not adding too much to the cost base. The recommendations for the Hospital Accountability Planning Submission (HAPS) and Community Accountability Planning Submission (CAPS) are part of the Consent Agenda and an additional recommendation will be brought forward during the In-Camera session.

The Committee also received a presentation on the Hospital's mitigation strategy for Cyber Security at its January 24, 2019 meeting. JBH's maturity score is 52% compared to 42% benchmark in other peer organizations.

16. Consent Agenda Approval

The motions contained in the Consent Agenda were approved, as presented, by way of the following motion and as listed below:

- i. Quality Committee Report (January 10, 2019)
- ii. Governance & Nominating Committee Report (January 11, 2019)
- iii. Governance Policy Review (Cycle #2): *Board Financial Oversight Policy; Engaging External Auditors for Non-Audit Services Policy; Board Accountability Statement; Code of Conduct Policy; Board Confidentiality Policy; Resignation and/or removal of a Director Policy; Board Chair/Vice Selection Policy.*
- iv. Finance & Audit Committee Report (January 24, 2019)
- v. Financial Statements for the period ending December 31, 2018
- vi. 2019/2020 Hospital Accountability Planning Submission (HAPS)
- vii. 2019/2020 Community Accountability Planning Submission (CAPS)

THAT the Consent Agenda Motions for the items in the consent agenda be approved, as presented.

Moved by: Don Cowan

Seconded by: Frank Whelan

CARRIED

Operations Update

17. Board Education: Credentialing Process at Joseph Brant Hospital

Dr. Preyra gave a special presentation to the Board on the credentialing process at JBH. He advised that credentialing is a very important board function. Other key highlights of the presentation are as follows:

- The Board takes the responsibility of approving the recommendations from the Medical Advisory Committee through the Chief of Staff.
- The credentialing policy, which is very congruent with similar policies at other organizations, was developed in consultation with Miller Thomson and was also forwarded to insurers (HIROC). It was also vetted by the Medical Advisory Committee.
- It is a requirement that all professional staff be credentialed.
- Some organizations use the credentialing policy to enforce behaviours but credentialing is primarily based on competency and not behaviour.
- The list of disclosures has been expanded to include changes in health status, including mental health and addictions.

Dr. Preyra stated that as Chief of Staff he executes his role to the best of his ability and will not put forward a physician recommendation unless he feels that they should be credentialed. An indepth discussion ensued regarding the Board's oversight role for credentialing. The outcome of discussion is as follows:

- Members of the Board can participate in the credentialing process on the MAC side but those members must recuse themselves once the recommendation comes to the Board for approval or in the event of an appeal it is important to keep the Board hearing process clean.
- Initial credentialing is a paper-based process and re-credentialing is done electronically.
- The Board's responsibility is to ensure that there is a good process in place and that all the required steps have been put in place.
- It might be worthwhile to have someone on every side of the process similar to the Auditors role.
- Egregious behaviour by the professional staff is dealt with by the regulatory college and if there is a potential issue with an individual, these do not get past the Medical Advisory Committee.

ACTION Dr. Preyra to send out Miller Thomson presentation on Credentialing to the Board for information.

18. Medical Staff Association Report

Dr. Amie Davis, President of Medical Staff Association gave a brief update on the MSA . She advised that she has taken an academic position starting in July 2019 and will be stepping down as President of the MSA. There will likely be a new MSA President announced in time for the Annual General Meeting in June. Dr. Davis further reported that the MSA has been looking for creative solutions with the Medical Staff on the model of care. She advised that Phase 1 of Binding Arbitration for physicians is underway, and noted that physicians in Ontario have been without a contract for 4 years.

19. Communications & Public Relations Report (CCO)

A written Communications & Public Relations Report was precirculated with the material for the meeting.

20. Review of Action Items

The Chair reviewed the action items from the meeting.

21. Other Business

No other business was tabled for discussion. The Next Meeting is scheduled for Wednesday March 27, 2019 at 3:00pm.

22. Adjournment

The Open Session of the meeting was adjourned at 5:19pm by way of a motion duly moved and seconded.

Dominic Mercuri, Board Chair

Donna Philip, Recorder

ATTENDANCE REGISTER OPEN BOARD MEETINGS						
BOARD MEMBERS *Chair **Vice-Chair	Sept 26, 2018	Nov 28, 2018	Jan 30, 2019	Mar 27, 2019	Jun 12, 2019	AGM (Date TBC)
Dominic Mercuri *	Yes	Yes	Yes			
Michael Pautler**	Yes	Yes	Yes			
Bob Bosshard	Yes	No	Yes			
Debra Carey	No	Yes	Yes			

Wednesday January 30, 2019 Minutes
 Board of Directors – Open Session Meeting

Atul Chandra	Yes	Yes	No			
Don Cowan	Yes	Yes	Yes			
David Dean	Yes	Yes	Yes			
Barbara Elliott	Yes	Yes	Yes			
Young Park	No	Yes	Yes			
Lisa Kearns			Yes			
Anjee Patel	Yes	Yes	Yes			
Mae Radford	Yes	Yes	Yes			
Frank Whelan	Yes	Yes	Yes			
Dr. Ian Preyra	Yes	Yes	Yes			
Dr. Amie Davis	No	Yes	Yes			
Dr. Ajay Manjoo	Yes	No	No			
Eric Vandewall	Yes	Yes	Yes			
Cheryl Williams	Yes	Yes	Yes			
STAFF	Sept 26, 2018	Nov 28, 2018	Jan 30, 2019	Mar 27, 2019	Jun 12, 2019	AGM (Date TBC)
May Chang	Yes	Yes	Yes			
Mario Joannette	Yes	Yes	No			
Donna Philip	Yes	Yes	Yes			
Angela De Cesare			Yes			
Leah Martuscelli			Yes			

ACTION ITEMS (Open-Session Board Meeting)	Responsibility	Due Date	Comment
1. Dr. Preyra to provide a presentation to the Board from Miller Thomson on Credentialing.	Dr. I. Preyra		COMPLETE