

**MINUTES OF THE ALLIED BOARDS OF DIRECTORS
MEETING HELD ON
TUESDAY, SEPTEMBER 27, 2022 AT 6:30 PM
AGH OCTAGON ROOM – 95 SPRING STREET, ALMONTE**

PRESENT:

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

REGRETS:

X	G. Buckley	X	J. Milko
X	L. Heslop	X	G. Smith
X	R. Larkin	X	B. Young

STAFF:

√	S. Cousineau	√	Robyn Arseneau, CPDMH Foundation Executive Director
√	K. Harbord	√	Al Roberts, AGH Foundation Managing Director
√	T. McLelland		
√	R. Shaw		

GUESTS:

Presentation on New Long Term Care Legislation Changes - M. Wilson Trider

M. Wilson Trider provided information on the new Long Term Care legislation changes. A short overview of Fairview Manor history and organizational chart was given.

The following was highlighted:

- Hospitals and nursing homes are subject to the provisions of at least 80 pieces of federal and provincial legislation, including:
 - Canada Health Act, 1985, Public Hospitals Act, 1990, Fixing Long Term Care Act, 2021 (replaces Long Term Care Homes Act, 2007)
- All long term care homes in Ontario were governed by the Long Term Care Homes Act, 2007 Act and its Regulation 79/10
- Fixing Long Term Care Act, 2021 - replaces the LTCHA
- Ontario Regulation 246/22 - replaces Regulation 79/10
- Responds to issues identified through the COVID pandemic
- Designed to advance three priorities:
 1. Improving staffing and care;
 2. Protecting residents through better accountability, enforcement and transparency; and,
 3. Building modern, safe, comfortable long-term care homes for Ontario's seniors.
- Phase 1 Areas of Focus
- New 3 to 6 month Compliance Requirements completed and those still in progress
- 12 month Compliance Requirements
- New Compliance and Enforcement Tools
- More Beds, Better Care Act 2022 (Bill 7)
- Mandatory Fee for Discharged Patients

Questions were raised and answered. M. Wilson Trider was thanked for the education session.

1.0	Call to Order
	The Chair called the meeting to order at 7:08 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
	<p>It was noted that item 12 and 13 should be reversed – the closed portion will terminate and then a motion will be made to go into In-Camera.</p> <p>IT WAS MOVED AND SECONDED THAT THE AGENDA BE APPROVED AS AMENDED.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
5.0	Chair’s Remarks
	<p>The Chair addressed the following:</p> <ul style="list-style-type: none"> • Welcomed everyone to the inaugural meeting and thanked them for the thoughtful discussions and decisions that were made to get here • That the meeting evaluation survey (in a Survey Monkey link) has been sent by T. McLelland to be completed after the meeting • The resignations of Peter Staniforth and Atul Bhatt, both for personal reasons, and that an occasion to thank them will be planned at a later date • Thanked those who attended the Staff Appreciation BBQ and the Long Service Awards event • Welcomed Sarah Cousineau as the new VP of Human Resources • That there will be a Board Retreat on Saturday, December 3rd during the morning and afternoon and that the topic will be refreshing the strategic plan • As there are no longer Open Board meetings, but rather meetings which guests/members of the public may attend with the Board’s permission, the first meeting agenda is no longer called Open Meeting • The by-laws state that the Boards vote to go in camera as a portion of the meeting, rather than convening a separate meeting. This vote is reflected in the new format, as is a note in the non-in camera minutes that the meeting terminated after the in camera discussion • All Medical Staff credentialing motions have been moved to the in camera portion of the meeting • Duplication of the affirmation regarding the fulfilment of legal obligations, no penalties occurred, etc. (which is given at the Finance, Resources & Audit Committee meeting) at the Board meeting is being eliminated. It is being replaced with a written declaration, signed by the CFO, that will form part of the Finance Resources & Audit Committee meeting package and minutes • Declaration that due notice was provided and the Board meeting is duly constituted is not required as per Kathy O’Brien, MRHA legal counsel on governance matters • Invited Al Roberts to provide additional information regarding the AGH Foundation: A. Roberts noted the October 25th Donor event which all Directors have been invited to • Invited Robyn Arseneau to provide additional information regarding the CPDMH Foundation: R. Arseneau thanked those who attended the CPDMH Foundation AGM and reminded Directors of the Team Vital event being held on October 5 at the back of the CPDMH and that as Directors of both

	Hospitals, they are not allowed to purchase Catch The Ace tickets at AGH or CPDMH, nor can anyone in their household.
6.0	Consent Agenda Matters
	<p>IT WAS MOVED AND SECONDED THAT THE FOLLOWING ITEMS CONTAINED IN THE CONSENT AGENDA BE APPROVED AS AMENDED:</p> <ul style="list-style-type: none"> a. Minutes of the AGH Board meeting May 24, 2022, CPDMH Board meeting June 1, 2022 and the Allied Boards of Directors meeting June 15, 2022 b. AGH Financial CPDMH Financial Statements for the four month period ended July 31, 2022 c. AGH Financial CPDMH Financial Statements for the four month period ended July 31, 2022 d. Draft Quality Committee Terms of Reference <p style="text-align: right;"><u>MOTION CARRIED</u></p>
7.0	Business Arising from the Minutes
	There was no business arising from the minutes.
8.0	Matters Requiring Decision
	8.1 2022/23 Board Workplan
	<p>C.A. Esnard referred to the 2022/23 Board Workplan included in the package and asked if there were any questions. No concerns were raised.</p> <p>IT WAS MOVED AND SECONDED THAT THE 2022/23 BOARD WORKPLAN BE APPROVED.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
	8.2 2021 Lanark County Paramedic Services Financial Statements
	<p>L. Gardiner referred to the draft LCPS Financial Statements for the year ending December 31, 2021 and provided a brief overview. It was noted that AGH are the Administrators of the Finance portpay LCPS expenses including payroll and is fully compensated for the expenses. AGH also receives an administration fee for services.</p> <p>IT WAS MOVED AND SECONDED THAT THE 2021 LANARK COUNTY PARAMEDIC SERVICES FINANCIAL STATEMENTS BE APPROVED.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
	8.3 Governance & Nominating Committee Report
	8.3.1 Use of the MRHA Logo
	<p>F. Bird referred to the Governance & Nominating Committee minutes included in the package and noted the discussion regarding use of the new MRHA logo on all Board material. No concerns were raised.</p> <p>IT WAS MOVED AND SECONDED THAT USE OF THE MRHA LOGO ON ALL BOARD DOCUMENTS INCLUDING, MEETING AGENDAS, MOTIONS, MINUTES, POLICIES AND COMMITTEE TERMS OF REFERENCES BE APPROVED.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
	8.3.2 Committee Appointments
	<p>F. Bird referred to the Governance & Nominating Committee minutes and noted the discussion regarding committee vacancies. No concerns were raised. D. Oosterhoff and T. Moffa declared a conflict of interest and abstained from the vote.</p>

IT WAS MOVED AND SECONDED THAT APPOINTMENT OF DAWN OOSTERHOFF TO THE CAPITAL PROJECTS COMMITTEE AND TONI MOFFA AS THE CPDMH FOUNDATION OBSERVER BE APPROVED.

MOTION CARRIED
2 ABSTAINED

8.3.3 Election of Board Director

D. Perley declared a conflict of interest.

F. Bird referred to the Governance & Nominating Committee minutes and noted the discussion in respect to the impact of A. Bhatt's resignation on Board composition. F. Bird reported that it leaves six CPDMH elected Directors and AGH elected Directors remain at nine. The Committee is recommending that electing an AGH elected Director as a CPDMH elected Director, as an alternative to receiving a new Director at this time would be the least disruptive. No concerns were raised. D. Perley declared a conflict of interest and abstained from the vote.

IT WAS MOVED AND SECONDED THAT ACCEPTANCE OF THE RESIGNATION OF DAVE PERLEY AS AN AGH ELECTED BOARD DIRECTOR AND ELECTION OF DAVE PERLEY AS A CPDMH ELECTED BOARD DIRECTOR BE APPROVED.

MOTION CARRIED
1 ABSTAINED

9.0 Matters for Discussion

9.1 Report of the AGH Chief of Staff

G. McKillop did not have anything further to report.

9.2 Report of the CPDMH Chief of Staff

The Chair noted that the CPDMH Chief of Staff Report was included in the package. A question was raised regarding the impact COVID has had on the Medical staff. A. Champagne informed that it has been a challenge but has been less precarious as of late. Gaps are being covered and there have been no closures due to physician coverage as of yet.

9.3 Report of the CEO & Senior Team

M. Wilson Trider noted that the Report was included in the package. A question was raised regarding a funding source for the LCPS. The CEO stated that funding is received from the Ministry of Health and from the County of Lanark whose funding comes from Municipal taxes.

L. Gardiner referred to the information in the Report regarding the Community Shift Program for which support must be provided by a KPMG nominator with selections made by Ivey. L. Gardiner congratulated Kimberley Harbord, who was nominated by KPMG partner Andrew Newman, for being selected to attend this much esteemed program.

9.4 Quality of Care – Near Miss of the Month & Quality of Care - Patient Compliment/Concern

The Interim Vice President Patient & Resident Services and Chief Nursing Executive (the "CNE") L. Hachey noted that the notion of the Near Miss of the Month is being reviewed for improvements.

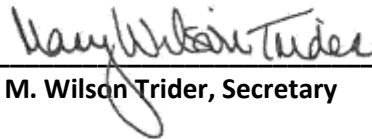
L. Hachey shared a concern received from a social worker on behalf of a client who presented at the Emergency Department. The patient felt they were provided with unsolicited advice from the physician regarding a planned gender change surgery. The Registration Clerk was also asking questions that were felt to be inappropriate. It was apparent that more awareness is needed as well as education on the LMS on the importance of confidentiality and how to support patients in gender transition.

	L. Hachey shared positive feedback received from a patient in the Emergency Department who expressed that the staff were compassionate and caring, checking in regularly and topped up pain medication as needed.
10.0	Matters for Information
	There were no matters for information
11.0	Other Business/Next Meeting
	There was no other business to discuss. The next meeting will be held on November 22, 2022. R. Arseneau and A. Roberts 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:



Ms. C. A. Esnard, Board Chair



Mrs. M. Wilson Trider, Secretary