



HDGH Board of Directors Meeting

4:30PM

November 27, 2024

1453 Prince Road, East Wing Admin Boardroom (2nd Floor
EW-2312)



November 27, 2024 HDGH Board of Directors Meeting

Agenda

| | | | |
|-------------|--|-------------|--------------|
| 4:30PM | 1.0 Call to Order | | P. Soulliere |
| | 1.1 Land Acknowledgement and Prayer/Reflection - 3 | | P. Soulliere |
| | 1.2 Confirmation of Quorum | | P. Soulliere |
| | 1.3 Declaration of Conflict of Interest/Duty | | P. Soulliere |
| 4:35PM | 2.0 Consent Agenda Motion: to approve the Consent Agenda for the November 27, 2024, HDGH Board of Directors Meeting, consisting of the recommendations and reports | Approval | P. Soulliere |
| | 2.1 Items for Approval | | |
| | 2.1.1. Agenda; November 27, 2024 | | |
| | 2.1.2 Minutes of Previous Meeting; September 25, 2024 - 4 | | |
| | 2.2 Items to be Received | | |
| | 2.2.1 Chief Nursing Executive Report - 7 | | |
| | 3.0 Board Decisions/Oversight | | |
| | 4.0 Executive Highlights | | |
| 4:37PM | 4.1 Chief of Staff Report | Information | Dr. A. Steen |
| 4:40PM | 5.2 President and Chief Executive Officer Report | Information | B. Marra |
| 4:45PM | 5.3 Board Vice Chair Report | Information | P. Soulliere |
| 4:50PM | 6.0 Adjournment Next Meeting: January 22, 2025 | | P. Soulliere |
| 4:50-5:00PM | Break and Media Questions | | |



Land Acknowledgement

We would like to acknowledge that we are meeting in the traditional territory of the Three Fires Confederacy of First Nations, which includes the Anishinaabe (Ah-nish-in-ah-bay), the Odawa (O-da-wa), and the Potawatomie (Pon-A-Wata-Me). people.

We also acknowledge that many Indigenous people crossed this area in their travels due to the surrounding waterways.

Prayer

Enlighten each one of us as we are called to help and to serve those around us,
May our decisions and actions bring forth justice and healing.
May we embrace those around us with the same tenderness that we ourselves require,
We pray for God's supportive love, wisdom and peace in all that we do.

Amen

Directors Present

K. Blanchette, Chair, P. Soulliere, Vice Chair, B. Payne, Past Chair, K. Bortolin, J. Clark, M. Galvin, L. Haugh, C. Stan, M. Winterton

Directors Absent

A. Daher, C. Gallant, D. Wellington

Ex-Officio Present

F. Bagatto, CHI Director, B. Masotti, Patient Family Advisory Rep., L. Lombardo, CHI Director, B. Marra, Chief Executive Officer, Dr. A. Steen, Chief of Staff, S. Landry, Chief Executive Officer

Ex-Officio Absent

Dr. Priya Sharma, President Professional Staff Association

Administration Present

C. Kondratowicz (Recording Secretary), T. Kotyk, S. Laframboise

Guests

Dana Young, Willis Business Law

1.0 Call to Order

The Board Chair called the meeting to order at 4:42PM

1.1 Land Acknowledgement & Prayer/Reflection

The Chair read the land acknowledgement followed by the prayer.

1.2 Confirmation of Quorum

Confirmed.

1.3 Declaration of Conflict of Interest/Duty

None.

1.4 Acknowledgement of Outgoing Director Members

- PFAC Director (ex-officio), Jeff Topliffe – relocating due to an employment placement.
- Director, Donna Wellington – relocating due to a change in employment and relocation of residence and Windsor-Essex residence.

1.5 Roundtable Introductions & Welcome of New Executive Team Members

The Chair welcomed Vice President of Mental Health and Addictions, Tammy Kotyk and Vice President of Restorative Care and Chief Nursing Executive, Shannon Landry. Roundtable introductions were held.

2.0 Board Education; HDGH Administrative By-Law

Dana Young, Willis Business Law was presented an overview of the Administrative By-law document. The goals of the presentation were to enhance the Board's understanding of the Administrative By-law and provide support in their governance role.

Corporate Operatives:

- Members - CHI Board of Directors + up to 1 designate of CHI resident in area served by HDGH

- The Board is a collective body formed by all individual Directors. The collective responsibility of the Board is to manage or supervise the management of activities and affairs of the corporation (section 21 of ONCA).
- Directors - voting (up to 2 designates of CHI; up to 2 designates of Patient Advisory Council; 4 ex-officio; remaining voting Directors are elected at AGM)
- Officers – only a Chair is required by Law. At law, there are virtually no inherent powers accorded to officers.
 - Membership (CHI) Officers - Membership President, Membership Vice President & Membership Secretary
 - Board (HDGH) Officers - Chair, Board Secretary plus optional others
- Personnel (staff and Independent Contractors) – not required by law

Legal/Policy Framework

- Land of the Law
- Articles – Policies are permitted to be included in the articles. Any changes to articles must have Board and Membership approval or can be issued by just Membership. All changes must be submitted to government where they will issue update documents.
- By-Law Changes –
 - Administrative – changes require Board and Membership approval.
 - Professional Staff - changes require Professional Staff, Board and Membership approval.
- Board Policy – made by Board resolutions; enduring ones are captured in a board policy or governance manual. To change policies only Board approval is required.
- Operational Policy – The CEO is generally charged with setting operational policy in a manner consistent with the law of the land, the articles, the by-laws and Board policy. Board approval is not required for operational policy changes.
- Contracts such as HSAA, MSAA, Affiliation Agreement with the University of Western Ontario, CHI's Understanding your Sponsor Orientation Guide bind HDGH in establishing certain policies.

By-law content is impacted by the following Policy Framework, Public Hospitals Act, ONCA corporation, Non-share Capital Corporation, Public Benefit Corporation, Charitable Corporation, Registered Charity, Membership Structure, Cue Compliance and avoiding common mistakes.

The Board is legally obligated to follow the by-laws (and everything else in the legal/policy framework).

Many provisions in the By-law are included because of the Public Hospitals Act (PHA), ONCA is the incorporating legislation, Catholic Health International (CHI) and HDGH as it is a registered charity which means that related provisions in the Income Tax Act (ITA) apply.

For information, explanation and to avoid common mistakes the By-laws now include footnotes and purposes.

3.0 Consent Agenda

The Chair asked if anyone wished to remove anything from the Consent agenda to the full agenda for discussion. No items were removed.

3.1 Items for Approval

- 3.1.1 Agenda; September 25, 2024
- 3.1.2 Minutes of the Previous Meetings; June 26, 2024

3.2 Items to be Received

- 3.2.1 Chief Nursing Executive Report

Upon motion duly made, seconded, and unanimously carried, the September 25, 2024 Consent Agenda, consisting of the recommendations and reports be approved as presented.

4.0 Board Decisions/Oversight

None.

5.0 Executive Highlights

5.1 Chief of Staff Report

Dr. Andrea Steen had no updates to provide.

5.2 President and Chief Executive Officer Report

B. Marra provided a verbal report highlighting the following:

- HDGH At a Glance – Annual Report document provided for information
- B. Marra recently attended the CHI Leadership conference in Montreal with other CEO's and Leadership. It was wonderful to attend in person.
- A special acknowledgment to Director Brian Payne. On September 14th he was ordained into the Priesthood. Congratulations on this achievement!

5.3 Board Chair Report

K. Blanchette had no updates to provide.

6.0 Date of Next Meeting

November 27, 2024

7.0 Adjournment

The Board Chair adjourned the open meeting at 5:43PM

Bill Marra, Secretary

Ken Blanchette, Board Chair



CNE Report for Board of Directors Meeting

FOR DECISION FOR ACTION FOR INFORMATION FOR TRACKING

Date:

Author:

Subject:

UPDATE

“Winter is not a season, it’s an occupation.” — Sinclair Lewis

In early fall, HDGH began work to prepare for its winter season, this includes surge planning, influenza campaigning, monitoring both regional protocols as well as respiratory infection rates. I am pleased to provide the board with some highlights of this work along with our ongoing day-to-day activities.

2 North

On Thursday, September 19th, in a staggered phased-approach HDGH opened a 20bed unit on 2N to help support the prolonged capacity (120% occupancy) pressures with acute care partners WRH and Erie Shores HealthCare. The unit opened to support ALC patients waiting for LTC by pulling patients from Acute Care as well as our own patients to increase capacity and create movement and flow within our Complex and Rehab beds. As of November 7, 2024, occupancy is at 19/20.

- Total Admissions since opening (Sept.19 - Nov.7): 53 Patients
(41 direct admits from other hospitals, 12 transitioned from HDGH Rehab/CMC beds.
- Total Discharged from 2 North (Sept.19 - Nov.7): 36
(2 to acute, 31 to LTC, 3 to return home)

Influenza Vaccinations

HDGH’s Influenza Vaccination Blitz began on October 15th and included Influenza clinic hours, as well as a travelling vaccination cart making rounds to jumpstart protecting our staff and patients over the flu season and as of Nov. 7th, 165, patients have been vaccinated. As it relates to covid vaccinations, HDGH has not received vaccines to begin this work and with low to no demand from staff or patients, this administration may be deferred.

Along with our winter work, I would like to highlight some of our day-to-day work that ties in with our Strategic Initiatives.

Mental Health & Addiction (MH&A) Education:

HDGH Medical Affairs hosted a series (3) Grand Rounds Education Sessions presented by Dr. James Ross on the subject of Good Psychiatric Management of Borderline Personality Disorder. These sessions were 1 hr. each, held virtually, and offered to nurses and allied professionals of HDGH, and community partners’ agency staff.



Restorative Care

Non-Malignant Palliative Clinic - The non-malignant palliative care clinic opened on October 15th, and began seeing both inpatient and outpatient referred clients. This outpatient clinic is the first palliative care clinic in Windsor-Essex area serving patients diagnose with advance life-limiting non-malignant illnesses with palliative care support in the form of advanced care planning, disease education, and symptom management.

Model of Care (MOC) - Rehab

Review of the MOC for Rehab is completed and collaboration for feedback will begin with managers and front-line staff to ensure key stakeholders are involved in decision-making.

Diagnostic Imaging

While we will continuing to monitor progress with CLEAR imaging, currently WRH is expediting our patients while we work at options to get a medical radiology technologist.

Respectfully submitted by:

Shannon Landry, Vice President of Restorative Care & Chief Nursing Executive