

#### Directors Present

K. Blanchette, Chair, J. Clark, Vice Chair, B. Payne, Past Chair, D. Wellington, P. Soulliere, K. Bortolin, M. Galvin, C. Stan, L. Haugh, M. Winterton, C. Gallant. P. Soulliere (at 4:55pm)

#### Directors Absent

A. Daher

#### Ex-Officio Present

F. Bagatto, CHI Director, L. Lombardo, CHI Director, B. Marra, Chief Executive Officer, Dr. A. Steen, Chief of Staff, B. Masotti, Patient Family Advisory Rep., Dr. A. Khaleifa, President Professional Staff Association, J. Dawson, Chief Nursing Executive

#### Ex-Officio Absent

J. Topliffe, Patient Family Advisory Rep.

#### Administration Present

D. Dutot (Recording Secretary)

#### Guests

Dr. R. Stewart, D. Levangie, E. Bowes, S. Toth

### 1.0 Call to Order

The Board Chair called the meeting to order at 4:30 pm

B. Marra asked that the Board include the staff at HDGH in their prayers. The last several weeks have been very difficult due to increased staffing pressures. Front line staff are stretched and are being asked to give more. Our Managers are also feeling the heavy burden and stressors.

#### 1.1 Land Acknowledgement & Prayer/Reflection

The Chair read the land acknowledgement followed by the HDGH prayer.

#### 1.2 Confirmation of Quorum

Confirmed

#### 1.3 Declaration of Conflict of Interest/Duty

No conflicts declared

### 2.0 Consent Agenda

The Chair asked if anyone wished to remove anything from the Consent agenda to the full agenda for discussion; the consent agenda remained as distributed.

#### 2.1 Items for Approval

##### 2.1.1 Agenda; November 23, 2022

##### 2.1.2. Minutes of the Previous Meeting; September 28, 2022

#### 2.2 Items to be received

##### 2.2.1 Chief Nursing Executive Report

**Upon motion duly made, seconded, and unanimously carried, the November 23, 2022 Consent Agenda, consisting of the recommendations and reports be approved as distributed.**

### 3.0 Board Education; Mission

Dr. B. Stewart, D. Levangie and E. Bowes from Catholic Health International (CHI) attended the meeting to provide the Board Mission education. D. Levangie, VP Communications and Professional Development for CHI presented the education highlighting the following:

- Mission, Culture and Identity – Mission leaders foster the creation of a mission-centered culture that permeates everything throughout the organization. They promote a strong Catholic identity and implement key mission activities within the organization to ensure the ministry flourishes well into the future. (CHAUS Mission Leader Competency Model)
- Fr. Gerald A. Arbuckle – learning about the culture or identity of your ministry (education, healthcare, etc.) is done at many levels: spiritual, cognitive, imaginative, and affective and behavioural levels. (Catholic Identity or Identities? 2013)
- Two concepts – 1. Storytelling is a crucial part of this learning and 2. There are many ways to express “Catholic Identity”. There is not one single way of living that identity or mission.
- HDGH is part of a larger identity created by four founding congregations and a provincial association. CHI and HDGH are part of many different identities
- Shared statement of Catholic Identity – We commit to: Promote and Defend Human Dignity, Attend to the Whole Person, Care for Poor and Vulnerable Persons, Promote the Common Good, act on Behalf of Justice, Steward Resources, Act in Communion with the Church
- Organization’s culture – values and beliefs that are stated openly, attributes and characteristics described as important, tangible signs and artifacts, events and activities
- What is Mission? – described as ‘*Shoveling Fog*’ or ‘*Rowing in a Dory*’ - not a clearly defined concept, often caught and not taught
- Fr. Frank Morrissey has outlined there a number of canonical principals that must exist for an organization to be a Catholic entity. The work must; have a spiritual purpose; answer a true need; sufficient means, including but not limited to financial; have a certain longevity; be of the highest quality. The leaders must; have a sense of trusteeship for the mission; and be specially prepared or formed
- Centre of Excellence in Leadership created at CHI, this has five pillars; ethics, mission, leadership, spiritual, values integration assessment
- Board of Directors Roles and Responsibilities – governance, financial monitoring, ensure good spiritual and religious care, ensure quality care, appoint executive, utilize CHAC’s Health Ethics Guide, annual accountability report to sponsor

### 3.1 Missioning Ceremony

Dr. R. Stewart and D. Levangie performed the Missioning Ceremony for new Directors Liz Haugh, Clementa Stan and Mark Winterton, and new leadership Bill Marra, CEO and Janice Dawson, CNE. Current Directors and leadership also participated by recommitting to the Mission of HDGH.

## 4.0 Board Decisions/Oversight

### 4.1 Volunteer Award

E. Bowes described the CHI Volunteer award, providing details of the background and criteria for nominations. This award was established to recognize volunteers that give their time to the various organizations across the CHI family. B. Marra presented B. Masotti with the CHI Volunteer

Award on behalf of HDGH. B. Masotti graciously accepted the award and thanked everyone for the nomination and recognition.

#### 4.2 Bill 7, More Beds, Better Care Act 2022

J. Dawson and S. Toth presented the Board information regarding Bill 7, More Beds, Better Care Act 2022. The Board has received additional preliminary information through the BoardEffect portal.

The following highlights were provided at the meeting:

- September 14, 2022 memo from Ontario Health with implementation plans
- September 21, 2022 Home and Community Care began their process
- October 3, 2022 first HDGH patient affect by Bill 7
- October 21, 2022 Ontario Health provided additional operational direction for implementation
- November 20, 2022 hospitals now obligated to charge discharged patients a fee of \$400/day for every day they remained in hospital following discharge (after 24 hour period)
- HDGH impacted in the following ways:
  - Home and Community Care can now assess for Long Term Care without consent and select idle beds for patient under strict criteria
  - Per Diem Charge is \$400/day includes all uninsured inpatients regardless of service (including MH)
  - This includes patients that have turned down and bed offer in Long Term Care (ALC), patients or power of attorney who refuse to participate in discharge planning
- Two case reviews and the learnings were presented to the Board
- Next steps: educate physicians and staff how to address patients that fit this situation and updating discharge policy

The Board discussed the impact to patients at HDGH and strategies to address this when situations arise.

Reporting of these situations will be provided at a high level to the Board through the CEO.

#### 4.3 Standing Item; Project Update

The timeline of the Strategic Planning process was discussed. Draft plan should be ready by at least the end of January.

### 5.0 Executive Highlights

#### 5.1 Chief of Staff Report

##### (i) Physician Engagement

Dr. A.Steen discussed the current activities for physician engagement at HDGH.

#### 5.2 President and Chief Executive Officer Report

B. Marra reviewed the report included in the meeting package and highlighted that the budget planning process has begun.

### 5.3 Board Chair Report

K. Blanchette reported to the Board some activities taking place:

- Chair/Vice Chair meet weekly with CEO
- Attended Tree of Lights event on behalf of the Board
- Attended the Warden's banquet with the CEO

### 6.0 Date of Next Meeting

January 25, 2023

### 7.0 Adjournment

The Board Chair adjourned the open meeting at 5:59pm



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Bill Marra, Secretary



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Ken Blanchette, Board Chair