

Attending: Janet Davidson, Administrator; Karen Oldfield, Interim CEO

**Staff/Guests:** Derek Spinney, Vice President, Corporate Services, Infrastructure and CFO; Anna Marenick, Vice President, People, Culture and Belonging; Dr. Nicole Boutilier, Executive Vice President, Medicine, and Clinical Operations (Virtual); Wendy Anderson, Board Coordinator

## 1.0 Call to Order and Approval of the Meeting Agenda

The meeting was called to order at 1:05 pm

<u>Motion</u>: That the Administrator approves the agenda for the current meeting, Thursday, October 26, 2023, with the addition to the agenda of an 'In Camera' approval request.

#### 1.1 Declaration of Conflict of Interest

No conflicts to declare.

### 2.0 Consent Agenda

### 2.1 Minutes of the Board of Directors Meeting – June 22, 2023

# 2.2 Interim CEO Report

The Interim CEO provided an update report and highlighted a number of best practices for use across our teams. Focus remains on how to best divert patients from the ED with alternate pathways for appropriate care, utilizing virtual care components, C3 and measuring data appropriately. We continue to work with EHS/DHW on offloads, transition, and staffing. Alternatively, teams are working on volume/staffing/space and to increase our bed capacity through creative solutions.

The Premier will launch our new Your Health NS (YHNS) App on Nov. 1st.

<u>MOTION</u>: That the Administrator declared the Minutes of the Board Administrator meeting of June 22, 2023, and Interim CEO Report approved as presented.

# **2.3 Quality Improvement and Safety** – *Receipt of the following reports:*

- 2.3.1 Emergency Preparedness Reporting Annual Report
- 2.3.2 Enterprise Risk Management / ERM Report / Risk Register
- 2.3.3 Accreditation
- 2.3.4 Patient Experience Measures / Actions
- 2.3.5 Patient Safety Culture
- 2.3.6 Protection of Persons in Care Report 2022-23
- 2.3.7 Patient Story #4 Palliative Care



- 2.3.8 Patient Safety Indicators IPAC Surveillance Q1 2023-24
- 2.3.9 Serious Reportable Events Q1 2023-24
- 2.3.10 Hospital Standardized Mortality Ratio (HSMR) / BN / Q4
- 2.3.11 Quality Summits

The Director, Quality Improvement, Safety & Patient Relations joined the meeting to speak to (2.3.7) The Patient Story as we continue to work through our Operational Excellence initiatives. Several recommendations resulted in improvements in communication and the care plan/follow-up and learnings around transfer of care between one provide to another. SRE's of particular focus as we work to improvements on charting, policy, and accountability.

At year-end, a cluster analysis is completed with an in-depth analysis of SRE's and incidences to identify key areas for system improvement. The work continues within the quality review process to reveal best recommendations and strategic approach through to implementation.

# **2.4 Human Resources -** *Receipt of the following reports:*

- 2.4.1 Labour Relations Update BN
- 2.4.2 Recruitment Update/Physician Recruitment Progress
- 2.4.3 Q2 OHSW

The Vice President, People, Culture and Belonging reported NSH/IWK have reached a collective agreement with the Nova Scotia Council of Administrative Professional Unions. The Nursing collective agreement has yet to be ratified.

Changes to the HHR senior team included the addition of a Senior Director of Equity, Diversity, Inclusion and Reconciliation to work on EDI. Integration of IEN's allows practical consideration on how we integrate different talent within our organization and an opportunity to change future culture.

# 2.5 Financial – Receipt of the following reports:

- 2.5.1 Regulatory Compliance Report Environmental Q1 and Q2 FY23
- 2.5.2 Regulatory Compliance Report Finance Q1 and Q2 FY23
- 2.5.3 Enterprise Risk Management Finance & Capital Infrastructure
- 2.5.4 Internal Control Framework (ICFR) Update
- 2.5.5 KPI Report & Internal Audit Report
- 2.5.6 Fraud Report
- 2.5.7 Governance Oversight Capital & IT
- 2.5.8 Audit Plan

The Vice President, Corporate Services, Infrastructure and CFO reported on our financial responsibilities i.e., maintaining internal controls, fraud, internal audit report and risk register as presented in financial reports.



### 2.26 Naming Requests

- 2.6.1 Calder Family MRI Donation and Approval Request for a Named Space
- 2.6.2 Jordan Boyd Naming Request QEII
- 2.6.3 CEHHC Naming Request
- 2.6.4 Dr. Gregory Roy DGH Naming Request
- 2.6.5 Mazor Spinal Robot at the QEII Health Sciences Centre
- 2.6.6 Neo Natal Unit, Cape Breton Regional Hospital

MOTION: That the Administrator declared that all Consent items are approved as presented.

### 3.0 Physician Credentialing Recommendations

The timing of this package noting increased credentialing recommendations as reported for this meeting but proceeding as planned. Examining how we use the new by-laws in accessing UHN physicians in virtual space while complying with by-law clauses and our need to demonstrate physician adherence.

<u>MOTION</u>: That the Administrator approves the Physician Credentialing recommendations as presented.

### 4.0 Nova Scotia Health System Transformation Dashboard

The Chief Data Officer and Senior Director of Strategy and Performance joined the meeting to report on the dashboard which includes the new baseline of the NAFP Registry per the validated Census Report. Discussion ensued on the need for dedicated focus on Access & Flow within the ED and occupancy challenges as well as our surgery strategy.

Operational excellence dashboard assisting in daily management of system enabling front line employees to see themselves immersed in ongoing work and applicable to our health transformation initiatives.

# 5.0 Nova Scotia Health Strategic Deployment Review

SDR underway on strategic items as a round table discussion recently held with our Executive Leadership Team. Invitation extended to the Administrator and Premier to experience this new initiative in operation.

# 6.0 Financial Governance Oversight

The Vice President, Corporate Services, Infrastructure and CFO reviewed the current Quality and Sustainability Plan, Forecast, and FY24 Operating Budget.



#### 6.0.1 Quality & Sustainability Plan

Under the Legislative requirement to provide budget proposal by Nov. 1<sup>st</sup> to CEO and Board, the plan was submitted to the Department of Health and Wellness and requires Board Administrator approval.

MOTION: That the Administrator approves the Quality & Sustainability Plan as presented.

### 6.0.2 Forecast

The Vice President, Corporate Services, Infrastructure and CFO reviewed our budget, forecast and variances to date. Confirmation of funding available for business cases going forward. Further explanations were provided on inflation /utilization, HHR, surgeries, effects of population growth etc.

# 6.0.3 Approval of NSH Operating Budget FY24

It is a formality for the Board Administrator to approve the submission of the June budget with the government's final numbers recently received and approval requested. A future meeting allows an opportunity to further explain any additional rules relating to business cases.

MOTION: That the Administrator approves the NSH Operating Budget FY24 as presented.

6.0.4 "In Camera Session" (Addition to agenda)

MOTION: That the Administrator approved the request as presented.

The Administrator commented on the high quality and comprehensiveness of all the material and thanked staff for their efforts in this regard.

### 7.0 Adjournment

With no further business, the meeting was adjourned at 12:20 pm

Respectfully submitted,

Janet Davidson, Administrator

Recorded by Wendy Anderson, Board Coordinator