

WRHA BOARD OF DIRECTORS MEETING MINUTES

DATE: Tuesday, August 27, 2019
TIME: 7:30 am - 12:30 pm
PLACE: WRHA Board Room - 4th Floor - 650 Main Street

PRESENT: Board Members
Karen Dunlop, Chair
Dr. Alaa Awadalla, exofficio
Vera Houle
Shannon Stefanson
Jan Byrd
Wayne McWhirter, Vice Chair
Bill Baines
Catherine Harris
Donald Lepp
Judith Scanlan

PRESENT: Management Members
Real Cloutier
Dr. Ainslie Mihalchuk
Gina Trinidad
Shelley Hopkins
Audrey Kuny (recorder)
Ingrid Botting, Corporate Secretary
Lori Lamont
Scott Sime
Krista Williams

REGRETS: Kiran Kumedan
Bryce Matlashewski
Jennifer Moncrieff
Dawn Daudrich

GUESTS: Carolyn Perchuk, Director, Population Public Health WRHA
Dr. Joss Reimer, MOH, Population and Public Health and STBBI/CDC,
Manitoba Health and Primary Care Physician, Northern Connections
Medical Centre

1. Call to Order

The Chair called the meeting to order at 7:37 a.m.

2. Statement of Acknowledgement of Indigenous Ancestral and Territorial Lands

Karen Dunlop read the Statement of Acknowledgement of Indigenous Ancestral and Territorial Lands.

3. Declaration of Conflict of Interest

There were no conflicts of interest declared, potential or perceived, with respect to the discussions anticipated at this Board meeting.

4. Approval of Agenda

The agenda was approved as circulated.

*Moved by Judith Scanlan,
2nd by Catherine Harris.
CARRIED*

5. Board Chair's Remarks

The Chair informed the Board of the resignation of Victor Giesbrecht from the Board and as Treasurer, and expressed thanks and gratitude for his commitment and contribution to the WRHA Board. The Chair also presented Dr. Alaa Awadalla, President of the Medical

Staff Council and ex-officio member of the Board with a plaque to acknowledge his participation on and contribution to the Board as his term has now ended. Dr. Nobby Woo, incoming Medical Staff Council President will replace Dr. Awadalla and take his position as ex-officio member of the Board starting September 24, 2019.

The Chair informed the Board that the October Board meeting and the Annual General Meeting (AGM) are being scheduled for October 22, 2019 and will take place at Holy Family Home in the new atrium. The Chair acknowledged the commitment of Holy Family as a service partner of the region and their excitement to have the meeting at the site.

The Chair also informed the Board and acknowledged that the Board received a Commissioning letter from the Deputy Minister on July 9, 2019. The letter is posted in Diligent in the Resources section for Directors to view. This letter does not replace the mandate letter from the Minister, but lays out expectations for the Board and the organization within the provincial system.

6. In-Camera Session

The meeting moved from the Public Session to the In-Camera Session at 7:49 a.m. The Open Session reconvened at 11:45 a.m.

7. Reporting and Discussion by Priority Area

7.1 Patient Flow - Access Block

The Board reviewed the Region's performance on patient flow acknowledging that analysis of year to date flow metrics shows that the region is not meeting performance targets for this year. From April to July 2019, the Region's ED/ Urgent Care wait times were 1.93 hours, which is 19% higher than the same period of the previous year. The Canadian benchmark is 1.2 hours.

In response to questions about Regional actions and plans to address, the Board was informed that a significant factor to success of strategies to improve flow performance is the strong engagement of front line staff and physicians, along with clinical leadership.

Board discussion focused on the actions taken regionally to address opportunities for improvement in meeting the established flow targets, and the accountabilities structures and processes being developed to support collaboration with sites and work at the sites to improve performance. Work is underway in collaboration with Shared Health and the and address the provincial variables that are impacting flow (e.g., repatriation)

The Board was informed that the work it has supported on Access Block, has resulted in an Access Block Reduction project initiated on July 22, 201 with a six month duration. This project aims to engage with sites and programs to establish clear monitoring and accountability related to access block, determine and address access block drivers and barriers, and develop a sustainability plan for long term success of access block strategies.

7.2 Quality and Patient Safety

The Board received and reviewed quality and patient safety monitoring reports regarding service delivery which is at the forefront of the work underway in the region. The Board was assured that there is intense focus on quality and patient safety monitoring around the SOGH conversion with focus on implementation status,

patient flow, quality and safety and patient experience. It was reported to the Board that this is a daily activity, with review by quality and patient safety team, and a number of clinical leaders, and Senior operational executives.

The Board was also assured that the region is monitoring key quality and safety indicators across all sites and community consistent with the 2019/20 operating plan and the Board approved Quality and Patient Safety Plan. All critical incidents and occurrences are being reviewed to identify any unusual patterns related to system change.

7.2.1 Sexually Transmitted & Blood Borne Infections (STBBI's)

The Board was provided with information indicating that the WRHA is experiencing an unprecedented, unabated rise in STBBI's with particular concern in the increase of syphilis, largely attributed to an increase in injection drug use. Although other jurisdictions are experiencing rising rates of STBBI's, the WRHA is at higher levels compared to national rates.

Responding to the increased incidence of STBBIs has placed considerable strain on the health system, and the WRHA has been working with several partners to develop a plan to address. The Board supported the region's plan to address this important public health issue and to reallocate resources to address this outbreak. The Board will receive progress reports as available recognizing that these outbreak situations take time to reverse.

7.3 Financial Sustainability

To assist the Board in monitoring and oversight, the Board was presented with a summary of the financial position for the month of July as well as the year to date July 2019 results and an annual forecast for the 2019/20 fiscal year including mitigating strategies.

7.4 Healing Our Health System Phase II Update

The update focused on the Seven Oaks General Hospital Emergency Department (ED) conversion to an Urgent Care (UC) on July 22nd, 2019. A regional support team was on site at SOGH to assist hospital leadership during the first two weeks and continues to be available on an "as needed" basis. The date for the closure and transition of the SOGH Critical Care Unit to HSC will occur by September 20th with services ending and staff transitioning the evening of September 19th, 2019.

The Board was assured that the team leading and supporting the conversion from an ED to an UC was monitoring safety and performance indicators including patient flow, quality and safety, and patient experience; with all parties to the project being well engaged and focused on successful implementation.

The Phase II Advisory Committee meets weekly with engagement from provincial transformation, Shared Health and the sites.

The Board was provided with an update on the Seven Oaks General Hospital (SOGH)'s Emergency Department (ED) conversion to an Urgent Care (UC) on July 22nd. The update included assurance that an implementation support team was on site at SOGH to assist hospital leadership and clinical teams. Issues being addressed jointly between the clinical and leadership teams include provider coverage and new pathways for patients. Quality and Patient safety is being closely

monitoring on a daily basis and the Phase II Advisory Committee continues to meet to problem solve.

The date for the closure and transition of the SOGH Critical Care Unit to HSC will occur by September 20th with services ending and staff transitioning the evening of September 19th, 2019. New staffing rotations for the lower acuity beds and other services will also commence on September 20th.

Risks continue to be identified and logged in a risk register and mitigation plans are in place. The Board was assured that quality and safety is being monitored to ensure that patient admissions are appropriate for the site.

8. French Language Services Annual Report on Strategic Plan

The item was deferred until the September 24, 2019 Board meeting.

8.1 Local Health Involvement Group Membership

Each year, new members for the LHIGs are recruited, interviewed, and recommended for appointment and approval from the Board. The Board reviewed the recommended appointments for 3 year terms beginning in September 2019.

RESOLVED that the WRHA Board approves the membership recommendations for the Local Health Involvement Groups (LHIGs) for 3 year terms from September 2019 to May 2022.

*Moved by Shannon Stefanson,
2nd by Judith Scanlan.
CARRIED*

11. Board Meeting Minutes:

11.1 July 23, 2019
Deferred

12. List of Resolutions

13. Adjournment

The meeting was adjourned at 12:10 p.m.

The meeting moved from the Public Session back to the In-Camera Session at 12:10 p.m.

14. Private Meeting of the Board & President & CEO - In-Camera Session

A private meeting was held in-camera.

15. Private Meeting of the Board - In-Camera Session

A private meeting was held in-camera.

16. Date of Next Board Meeting:

September 24, 2019 - 7:30am to 12:15pm - Boardroom 411, 650 Main Street