

<b>Chair / Acting Chair:</b>	Ms. Betty-Lou Souter
<b>Minutes taken by:</b>	Shirley Cohen
<b>Appointed record custodian:</b>	Christine Wignall

## **OPEN SESSION**

**Voting Trustees:** Mr. B. Lawler, Ms. B.L. Souter, Mr. P. DiPaola, Mr. J. Rollo, Ms. A. Atkinson, Ms. N. Medulun-Burke, Ms. M. Woodhead, Bishop G. Bergie, Ms. A. Carter, Mr. G. Leach, Mr. F. Bagatto

**Non- Voting Trustees:** Dr. D. Ceglie, Ms. J. Hansen, Dr. G. Arvinte

**Also Present:** Mr. R. Mauro, Dr. Z. Ismail, Mr. B. Smith, Sister L. Dillon, Ms. K. Manzi

**Regrets:** Mr. P. Brown, Dr. W. Reimer

**Guest:** Ms. C. Nederend

### Land Acknowledgement Statement:

*Let us take a moment to recognize and show our respect for the Indigenous Peoples on whose land we live and work. Hotel Dieu Shaver Hospital is situated on treaty land in Niagara. This land is steeped in the rich, traditional history and is the territory of Anishinaabeg (ah-ni-shi-nah-bay), Haudenosaunee (hoe-D-no-show- knee), and Attawandaron (atta-wan-da-ron) peoples. This territory is covered by the Upper Canada Treaties and the Dish with One Spoon Wampum Agreement. We recognize and deeply appreciate their historic connection to this territory and the contributions of Métis, Inuit, and other Indigenous peoples, in both shaping and strengthening the community in which we all live. May we continue to reconcile and flourish collectively.*

## **Decision Making Matrix / Reserved Powers**

The Corporate Decision Making Matrix and Reserved Powers of the Members of the Corporation are included in the package for information and reference.

### **1. Call to Order & Opening Prayer**

The meeting was called to order. Quorum was achieved. Bishop Bergie opened the meeting with a prayer.

### **Declaration of Conflicts**

This item allows trustees the opportunity, based on the approved agenda, to express a conflict of interest with any items. No conflicts were expressed at this time.

**Presentation – Health & Safety Education & 2024 Accomplishments**

Ms. C. Nederend, Senior Coordinator, Safety & Abilities, presented an overview of health and safety education. Of note, the functions of the Board of Trustees from a safety perspective were listed as:

- Inspire values and vision that instill an effective safety culture
- Ensure that staff are capable and motivated to establish and maintain the IRS (Internal Responsibility System) and the Occupational Health & Safety management system
- Hold senior management accountable for implementation of an effective OH&S management system
- Engage in long term planning (monitor trends, identify future needs)
- Allocate resources

In accordance with the Ministry of Labour's 2024 focus on slips, trips and falls, a Slips, Trips & Falls policy and program were developed. The MOL attended HDS to evaluate the policy and relevant staff training; no concerns were reported.

Resulting from the purchase of 15 new ceiling lifts, almost every patient room now has a ceiling lift to ensure patient and staff safety. The pool was re-opened and training programs were developed for maintenance and patient-facing staff.

As recommended by the MOL after their review of cleaning products in the LTC sector, appropriateness testing of cleaning agents was carried out. New products with an improved kill time of 3 minutes have been purchased and trialed successfully.

From 2023 to 2024, an increase in reported workplace incidents and injuries was noted. Types of injuries were reviewed, with the highest volume being Workplace Violence Patient Related (Physical). Discussion ensued on incidents of violence, which could be physical or verbal. Patient population is a key factor, particularly in cases of dementia. When incidents are reported, investigation takes place and a behaviour care plan is formulated.

The comprehensive summary of Health & Safety Accomplishments was included in the agenda package for information.

Ms. Nederend was thanked for her informative presentation and her exceptional commitment to patient and staff safety at HDS.

**2. CONSENT AGENDA (includes Minutes, Reports & Information)**

No items within the Consent Agenda were identified to be moved to the Strategic Agenda.

*On a move forward basis, questions that may arise during pre-meeting review of the materials are requested to be submitted to allow staff the opportunity to prepare responses.*

- **Board of Trustees meeting minutes, February 18, 2025**

The minutes were presented, reviewed, and approved through the Consent agenda motion.

- **Medical Advisory Committee minutes, February 26, 2025**

The minutes were presented, reviewed and approved through the Consent agenda motion. Dr. G. Arvinte commented favourably on the Cerner Health Information Exchange/Project Amplifi information session presented at the meeting.

### **3. Business Arising**

#### **-Vision Statement**

As discussed at the February 18<sup>th</sup> Board of Trustees meeting, it was determined that the Vision statement should be updated and options were discussed. Following up on that discussion two Vision statements were developed and sent out to Board members for review and an e-vote as to preference. It was reported that the Vision statement which received majority consensus was:

‘Inspiring Hope. Renewing Lives. Visionaries in Rehabilitation and Compassionate Care.’

It was felt that the use of ‘Visionaries’ was particularly relevant as it reflected the history of Hotel Dieu and the vision and work of the Founding Sisters. Board members were in agreement with none opposed.

#### **-Strategic Planning**

It was announced that the strategic planning facilitator has been selected as noted in the Governance In-Camera minutes in the agenda package. Strategic Planning sessions have been arranged, with the Board of Trustees and Senior Management Team scheduled for Tuesday, April 8<sup>th</sup>, 4:30 to 7:30 p.m., in Cahill A/B. A meal will be served. Sessions are also scheduled for community members (virtual session), Patient & Family Advisors and volunteers, and frontline staff. After the last session, an online survey will be sent out to staff, community members and volunteers. The proposed Strategic Plan will be brought forward for final approval at the May 13<sup>th</sup> Board of Trustees meeting.

### **4. Reports:**

- **Leadership Report – March 2025**
  - Employee Incident Report**
- **Communications/PR Report – March 2025**
- **Foundation Report – March 2025**

The reports were presented for information.

### **5. Correspondence:**

#### **Pre-circulated:**

- Daily news

- Letters of thanks/Acknowledgements

A heartfelt letter of gratitude from Betty Lou Souter was sent to Board members prior to the meeting.

**Motion**                      **Moved by:**                      **Mr. G. Leach**  
   **Seconded by:**                      **Ms. N. Medulun-Burke**

**“That the Consent Agenda items be approved.”**

**CARRIED**

## **6. STRATEGIC AGENDA**

Minutes:

- **Audit Committee minutes, February 18, 2025**  
    **-monthly financial report ending December 2024**  
    **-Balanced Scorecard, January 2025**

The minutes and reports were presented for review.

**Motion**                      **Moved by:**                      **Mr. B. Lawler**  
   **Seconded by:**                      **Mr. G. Leach**

**“That the Audit Committee minutes dated February 18, 2025, be approved.”**

**CARRIED**

- **Quality Improvement Committee minutes, February 27, 2025**  
    **-2025/2026 QIP Narrative**  
    **-2025/2026 QIP Workplan**  
    **-2024/2025 QIP Progress Report**  
    **-2024/2025 Q3 Incident Report**  
    **-Patient Satisfaction Report**  
    **-2024/2025 Q3 Patient Relations Report**

Highlights of the 2024/2025 Q3 QIP were reviewed. Of note, under Patient-Centred Experience, ‘percentage of complaints acknowledged within 3 to 5 business days’, ‘would you recommend inpatient care’ and ‘did you receive enough information regarding any post discharge concerns’ scored 100%, 99.86% and 98.23% respectively.

It was noted that medication reconciliation is not included on the 2025/2026 QIP due to challenges arising from HIS implementation. Change ideas outlined on the 2025/2026 QIP regarding Alternate Level of Care included weekly ALC Rounds meetings with multidisciplinary participation from HDS management and staff as well as Ontario Health at Home representatives, and use of Capacity Management and Careview Boards in the new HIS to help track patients and any barriers to discharge.

In response to a query as to how performance targets are set, it was stated that Ontario Health West sets mandated target for some indicators. For targets set internally, HDS historical data, i.e. what was achieved in the past, is reviewed and as feasible, efforts are made to set the bar higher.

**Motion**                      **Moved by:**                      **Bishop G. Bergie**  
   **Seconded by:**                      **Ms. M. Woodhead**

**“That the Quality Improvement Committee minutes dated February 27, 2025, be approved.”**

**CARRIED**

**Motion**                      **Moved by:**                      **Bishop G. Bergie**  
   **Seconded by:**                      **Ms. A. Atkinson**

**“That the Board of Trustees approves the 2025/2026 Quality Improvement Plan Narrative and Workplan.”**

**CARRIED**

- **Governance Accreditation & Strategic Planning Ad Hoc Committee minutes, January 27, 2025**

The minutes were presented and reviewed.

**Motion**                      **Moved by:**                      **Mr. B. Lawler**  
   **Seconded by:**                      **Ms. M. Woodhead**

**“That the Governance Accreditation & Strategic Planning Ad Hoc Committee minutes dated March 4, 2025, be approved.”**

**CARRIED**

## **7. Business Arising**

--

## **8. Reports/Other Business**

### **-HSAA Extension**

Correspondence dated February 13, 2025 from Ontario Health West was received, notifying HDS of an extension to the Hospital Service Accountability Agreement from March 31, 2025 to March 31, 2026. Acceptance and agreement to the extension was sent back to Ontario Health West.

**-Microsoft Teams Meeting Platform**

Board members were informed that the hospital is not renewing their Zoom license but will be using Microsoft Teams for virtual and hybrid meetings. It was commented that there is better security with Teams and it is free; this decision will result in a savings of approximately \$5,000 annually. Effective April 1, 2025 all virtual meetings will be held on Microsoft Teams.