

**MINUTES**  
**Board of Directors Meeting**  
Wednesday, January 29, 2025  
5:00 p.m.

Pembroke Regional Hospital, Boardroom, Tower C (C142)

<b>Attendance</b>					
P = Present R = Regrets					
<b>Voting Directors</b>	<b>P</b>	<b>R</b>	<b>Non-Voting Directors</b>	<b>P</b>	<b>R</b>
Dean Sauriol, Chair	✓		Sabine Mersmann, President & CEO	✓	
Neil Nicholson, Vice Chair	✓		Dr. Thomas Hurley, Chief of Staff	✓	
David Unrau, Past Chair	✓		Dr. Amanda Williamson, President of Professional Staff	✓	
Amy Sicoli, CHSO Designate	✓		Beth Brownlee, VP Clinical Services / CNE	✓	
Suli Adams	✓		<b>Resources (Non-Voting)</b>		
Daniel Burke	✓		Scott Coombes	✓	
Sean Crozier	✓		Brent McIntyre	✓	
Clay Deighton		✓	Carolyn Levesque	✓	
Matthew Neadow	✓				
Les Scott	✓		<b>Recorder</b>		
Richard Wilson	✓		Sarah Mellish	✓	
Lisa Edmonds, Foundation Chair	✓				
Diana Gagné, President of Hospital Auxiliary	✓				

	<b>Agenda Items</b>	<b>Minutes</b>
<b>1.0</b>	<b>Board Education Session</b>	
1.1	Conflicts of Interest	Holly Ryan, Senior Associate with BLG, provided the Board with an education session on Conflicts of Interest.
<b>2.0</b>	<b>Call to Order</b>	Dean Sauriol called the meeting to order at 5:29 p.m.
2.1	Opening Prayer	Amy Sicoli led the Board in an opening prayer.
2.2	Land Acknowledgement	Dean Sauriol read the Land Acknowledgement Statement.
<b>3.0</b>	<b>Adoption of Agenda                      Motion 1</b>	<b>Moved by Neil Nicholson, seconded by Les Scott, that the Agenda of the January 29, 2025 Board meeting be accepted as presented.</b>  <b>CARRIED</b>
<b>4.0</b>	<b>Declaration of Conflicts of Interest</b>	A call for declarations of conflicts of interest was made. No conflicts of interest were declared.
<b>5.0</b>	<b>President and CEO's Report</b>	
	<ul style="list-style-type: none"> <li>• Epic Update</li> </ul>	Cameron Love, President and CEO and Glen Kearns, Executive Vice President and CIO, of The Ottawa Hospital attended today's meeting of the Board Executive Committee to discuss the new timeline for

	<ul style="list-style-type: none"><li>• ECGs Go-Live Online</li><li>• Construction Update</li><li>• Celebrating OBSP (Ontario Breast Screening Program) Wait Time Achievements</li><li>• Local Warming Centre Open in New Location</li></ul>	<p>the Epic implementation and the impact that the delay will have. A new go-live date will be confirmed later this week. A discussion was held on the impact to the local community and The Ottawa Hospital has offered to assist with messaging where needed. It was confirmed that there will be cost savings with the additional organizations joining the project and a discussion was held on how having all of the organizations on the same system will help with physician recruitment.</p> <p>On December 11, 2024, our Connected Vital Signs Project Team executed a successful go-live of our online ECG machines. This is another exciting milestone on our journey towards Epic implementation and both PRH and EORLA staff are already seeing the benefits. With this upgrade, ECGs are not ordered on the same screen as lab work and results are available online within seconds of completion, directly linked to the patient's visit. This means faster access to information, improved workflows, and reduced reliance on paper.</p> <p>It was noted that the Surgical Renovation Project is now complete and ready for occupancy however there has been a delay due to an issue with the flooring that is being rectified.</p> <p>Work continues on the Tower C Main Entrance project. There is now a slight delay due to a flood that occurred over the weekend but the area is almost ready for Mulvihill Drug Mart to move in. Once this is complete, construction will begin in preparation for the Auxiliary's new Gift Shop.</p> <p>In Tower D, Medical Day Care Unit, it was determined that the flooring needs to be redone which will add about four to six weeks until completion.</p> <p>PRH recently received notification from the Champlain Regional Cancer Program that we continue to meet and exceed the OBSP abnormal screen to biopsy wait time. The wait time performance indicator is that 85% of our patients receive their biopsy within seven weeks of an abnormal OBSP screening. We are meeting and often exceeding the target, 100% of the time.</p> <p>We are happy to share that we are once again part of the Warming Centre Committee that, in partnership with the County of Renfrew, will be supporting the homeless during the 2025 winter season. This year's warming centre is staffed by MacKay Manor and will be located at 156 John Street in Pembroke.</p>
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	<ul style="list-style-type: none"> <li>Regional Leadership Meeting Yields Positive Engagement</li> <li>Holiday Season Summary 2024</li> </ul>	<p>On November 29, 2024, the Senior Leadership Team met with 50 other leaders representing major employers in the region at Algonquin College, as part of an Administrators Group that has been relaunched. The session connected participants with our Indigenous Community as they participated in a Blanket Exercise and heard from guest speaker, Marie Wilson, a journalist and public administrator who served as one of three commissioners of the Truth and Reconciliation Commission of Canada as well as one of the elders from Circle of Turtle Lodge.</p> <p>The Board was provided with a summary of the activities that took place at the Hospital over the holiday season.</p>
6.0	Patient Story	Brent McIntyre provided an overview of a patient story.
7.0	Strategic Matters – Generative Discussion	
7.1	PRH Staff Engagement Survey Results	Sarah Selle, Manager of Lean Management, provided the Board with a presentation on the results of the latest Staff Engagement Survey. Departmental results will be discussed with staff at Lean Huddles.
8.0	Business/Committee Matters – Generative Discussion	
8.1	Update on Professional Staff By-Laws  <b>Motion 2</b>	<p>Dr. Hurley provided the Board with an overview of the changes to the Professional Staff By-Laws.</p> <p><b>Moved by Richard Wilson, seconded by Neil Nicholson, that the Board of Directors accepts the recommendation of the Medical Advisory Committee and approves the Professional Staff By-Laws 2024-001 and Professional Staff Comprehensive Appointment and Credentialing Policy as presented.</b></p> <p style="text-align: right;"><b>CARRIED</b></p>
8.2	Verbal Update from Resource and Audit Committee	<p>Richard Wilson provided the Board with an update on the work of the Resource and Audit Committee. The external auditors from KPMG were in attendance virtually at the last meeting to present the audit plan. The results of the audit will be presented to the Committee in late May.</p> <p>The Committee also received a preliminary update on 2025/26 budget planning.</p>
8.3	Verbal Update from Board Quality and Patient Safety Committee	Neil Nicholson provided the Board with an update on the work of the Quality and Patient Safety Committee

		noting that the Committee's current priority is the development of the 2025/26 Quality Improvement Plan which will be presented to the Board in March.
8.4	<b>Policy – Board of Directors – Code of Conduct</b>	As requested at the last meeting, the policy "Board of Directors – Code of Conduct" was revised in consultation with BLG Law Firm to further clarify the process for "Referral of Complaint". The Board agreed that the policy is now more clear and can be approved in its current format.
	<b>Motion 3</b>	<b>Moved by David Unrau, seconded by Matthew Neadow, that the Board of Directors accepts the policy "Board Code of Conduct" as presented and replace the current policies "Code of Conduct" and "Roles and Responsibilities of Individual Board Members".</b>
		<b>CARRIED</b>
9.0	<b>Consent Agenda</b>	
9.1	<b>Board of Directors</b>	<ul style="list-style-type: none"> <li>• Verified the regular Board Minutes of November 27, 2024</li> </ul>
9.2	<b>Medical Advisory Committee</b>	<ul style="list-style-type: none"> <li>• Received the minutes from the Medical Advisory Committee meetings held December 18, 2024 and January 22, 2025</li> </ul>
9.3	<b>Board Quality and Patient Safety Committee</b>	<ul style="list-style-type: none"> <li>• Received the minutes from the Board Quality and Patient Safety Committee meeting held January 14, 2025</li> </ul>
9.4	<b>Resource and Audit Committee</b>	<ul style="list-style-type: none"> <li>• Received the minutes from the Resource and Audit Committee meetings held December 4, 2024 and January 22, 2025 and approved the following motion: <ul style="list-style-type: none"> <li>• that the Board of Directors accepts the recommendation of the Resource and Audit Committee and approves the Resource and Audit Committee Terms of Reference as presented.</li> </ul> </li> </ul>
9.5	<b>Board Ethics Committee</b>	<ul style="list-style-type: none"> <li>• Received the minutes from the Board Ethics Committee meeting held December 3, 2024</li> </ul>
9.6	<b>Foundation Report</b>	<ul style="list-style-type: none"> <li>• Received the Foundation Report</li> </ul>
9.7	<b>Auxiliary Report</b>	<ul style="list-style-type: none"> <li>• Received the Auxiliary Report</li> </ul>
9.8	<b>CHSO Report</b>	<ul style="list-style-type: none"> <li>• Received the CHSO Report</li> </ul>
10.0	<b>Open Forum</b>	There were no items of discussion brought forward during the open forum.

11.0	<b>Next Meeting</b>	<i>Next Board Meeting on Wednesday, March 26, 2025 at 5:00 p.m. – Boardroom, Tower C (C142)</i>
11.1	<b>Board Committee Meetings Calendar</b>	The Board Committee Meetings Calendar was attached for information.
11.2	<b>Attendance Record</b>	The attendance record was attached for information.
12.0	<b>Adjournment</b> <b>Motion 4</b>	<b>Motion to adjourn by Les Scott at 6:47 p.m. CARRIED</b>
13.0	<b>Brief Meeting Without Management</b>	A brief meeting with the CEO was held followed by the meeting without management.



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D. Sauriol, Board Chair



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S. Mersmann, President & CEO