

BCCOHP BOARD OPEN MEETING**Thursday, 14 March 2024****11:25 a.m. – 12:38 a.m.****Ocean Pointe Resort
100 Harbour Road, Victoria, BC
BALLROOM, First Floor****MINUTES**

The British Columbia College of Oral Health Professionals (BCCOHP or "the College") Open meeting commenced at 11:25 a.m.

In Attendance

Pat Dooley, Acting Chair	Cathy Larson
Carl Roy (virtual attendance)	Rachel Ling
Julie Akeroyd	Michelle Nelson
Elizabeth Cavin	Shirley Ross
Marion Erickson	Amandeep Singh
Dr. Alexander Hird	Kim Trottier

Staff in Attendance

Dr. Chris Hacker, Registrar and Chief Executive Officer (CEO)
Evelyn Chen, Manager, People & Culture
Nancy Crosby, Manager, Board and Committee Relations
Karen Mok, Director, Professional Conduct, Competence and Fitness
Stephanie Nicholls, Senior Manager, Policy and Projects
Róisín O'Neill, Executive Director, Policy, Planning and People
Leslie Riva, Director, Registration & Certification
Jennifer Roff, Director, Professional Practice
Sasan Solaimani, Technical Support
Dan Zeng, Executive Director, Finance, IT and Operations

Guests

Julie Guenkel, Chair, Finance, Audit & Risk Committee (virtual)
Brad Daisley, Chair, Patient-Centred Care Committee (in person)
Dr. Jonathan Adams, Chair, Inquiry Committee (in person)
Doug Steele, COO, Decision Point Advisors (in person)

Preparation of Minutes:

Dione Costanzo, Raincoast Ventures Ltd.

Dr. Chris Hacker provided introductions for the Victoria-based staff who joined the meeting in person. BCCOHP Board members provided self-introductions.

12. Approval of December 7, 2023, Open meeting minutes

RESOLUTION:

It was MOVED (Shirley Ross) and SECONDED (Elizabeth Cavin)

RESOLVED that the BC College of Oral Health Professionals Board approve the Open Meeting Minutes for the December 7, 2023, meeting.

CARRIED

13. Performance Reporting, Stephanie Nicholls and Dr. Chris Hacker

Dr. Chris Hacker and Stephanie Nicholls, Senior Manager, Policy and Projects, provided an update on performance reporting in response to a request from the Board for insights into how the BCCOHP is reviewing, measuring, and reporting on performance. The update included details on the data and benchmarks used to ensure the reliability and accuracy of the reported information.

Staff have developed the BCCOHP Operational Plan 2024-2025 that incorporates the Strategic Plan, Balanced Score Card, and Key Initiatives for the coming year.

Stephanie Nicholls discussed a briefing note outlining the rollout plan, emphasizing the importance of publishing information on the website. Collaboration with the communications team has led to the development of a parallax page, offering a dynamic view of the content.

The Operational Plan for 2024-2025 outlines key focus areas, including:

- Continued integration of legacy colleges
- Delivery of the strategic plan, including readiness
- Development of a performance-based organizational culture
- Strategic projects transitioning to the new strategic plan.

1. Performance Dashboard and Metrics

RESOLUTION:

It was MOVED (Shirley Ross) and SECONDED (Rachel Ling)

RESOLVED that the BC College of Oral Health Professionals Board (BCCOHP) direct staff to develop a Performance Management Roadmap.

CARRIED

2. Approval of Draft Strategic Plan**RESOLUTION:**

It was MOVED (Dr. Alexander Hird) and SECONDED (Kim Trottier)

RESOLVED that the BC College of Oral Health Professionals Board (BCCOHP) approve the BCCOHP Strategic Plan 2024-2027 as presented.

CARRIED

3. BCCOHP 2024-2025 Operational Plan**RESOLUTION:**

It was MOVED (Dr. Alexander Hird) and SECONDED (Michelle Nelson)

RESOLVED that the BC College of Oral Health Professionals Board (BCCOHP) approve the BCCOHP Operational Plan 2024-2025 with an update of Key Performance Indicators.

CARRIED

Board members have raised questions about the accuracy of KPI measurements, whether the appropriate data is being assessed, whether the measurements are outcome-related, and whether there are trends that can be identified. Emphasis was placed on the significance of regulatory outcomes.

Stephanie Nicholls reviewed the construct of metrics and distinguished between KPIs, Secondary Metrics, and Diagnostic Metrics. Factors such as quality, speed, and volume inform the measures for each category.

During discussion, comments were offered related to:

- The definition of quality and the need to further refine it
- Drilling down into metrics to develop strategies for improving performance
- Reviewing more details around draft KPIs for each category and assigning Secondary and Diagnostic measures; for example, measuring the impact of care delivery on patients involves consideration of volume, time, and the quality of experience
- The importance of focusing on outcomes and recognizing that regulatory efforts ultimately aim at achieving specific outcomes
- Work needed to facilitate the use of data and reporting analytics
- Ensuring that measurements align with desired outcomes.

Stephanie Nicholls highlighted the relevance of BC Patient Safety and Quality work and noted that further review would be done.

14. Reports from Committees

Dr. Chris Hacker referred to the Reports from Committees, which were distributed as part of the meeting package for informational purposes and opened the floor for any questions or clarifications. There were no inquiries raised.

- a. Quality Assurance
- b. Registration
- c. Sedation & General Anesthesia
- d. Standards & Guidance

15. Finance, Audit and Risk Committee Report

Julie Guenkel, Chair, Finance, Audit and Risk Committee, presented an overview of the current Finance, Audit and Risk Committee report, highlighting:

- The audit service plan was reviewed in February with Smythe LLP, outlining responsibilities for financial reporting and audit procedures; there were no new accounting or auditing standards
- New addition to audit work: contingent liability assessment regarding a claim to ensure proper disclosure; the Committee will review this note thoroughly for its appropriateness in financial statements
- Smythe LLP encourages discussion on fraud: who bears responsibility and what internal controls are in place
- Audit fees slightly higher than budgeted due to increased charge-out rates by Smythe LLP, resulting in an approximately \$5,000 variance

Updates on Policies:

- The Whistleblower Policy was renamed to the Safe Reporting Policy and is currently being revised
- The Staff Expense Policy is also in the process of revision.

16. Inquiry Committee Report by Chair

Dr. Chris Hacker provided an introduction and background of Dr. Jonathan Adams, Chair of the Inquiry Committee. The quarterly report was distributed during the meeting, detailing several changes to the complaints process:

- The complaints process was reviewed with consideration for severity, assessing if restrictions are necessary on a registrant's practice in order to protect the public
- Simple or low-risk complaints aim for quick resolution within a six-month timeframe, with initial responses provided to the complainant

- Investigators conduct interviews with both the complainant and registrant, preparing detailed reports, typically 20 pages long
- The Inquiry Committee meets in panels, with three members – one public and two registrants – reviewing reports beforehand to reach a consensus on proposed resolutions and risk assessments.

Other key points from the report include:

- Handling of Section 35 hearings, with consensual agreements or citations issued if registrants refuse
- Positive reviews by the Health Professions Review Board, which reviews the Section 35 files.

Dr. Jonathan Adams confirmed that the Inquiry Committee considered 299 files in the past year, broken down into the following categories:

- 67 early resolution
- 10 health files that are not dealt with through the Committee
- 97 closed under Section 36
- 131 closed under Section 33.

Dr. Jonathan Adams expressed appreciation for the Committee Members' efforts and their thorough preparations for each file, emphasizing the importance of timely processing for each case.

Regarding inquiries about complaints related to racism, Dr. Jonathan Adams affirmed the Committee's awareness of conducting sensitive and trauma-informed investigations. He noted their commitment to addressing systemic discrimination and emphasized the need for measures to assess anti-Indigenous racism and racism.

17. Patient-Centred Care Committee Report by Chair

Dr. Chris Hacker introduced Brad Daisley, Chair, Patient-Centred Care Committee, who referred to a memorandum included in the meeting materials and provided an update on two projects: the Patient Relations Program and the Cultural Safety Program.

Referring to the Committee's governance and operations, Brad Daisley noted that the aim was to instill confidence in the Board regarding the Committee's efficacy. Oversight was emphasized from an external perspective and maintaining an arm's length from staff, setting goals and monitoring progress rather than providing direct instruction to staff.

Collaboration and respect within the Committee were highlighted, with each meeting beginning with a goal subject to input from all Committee members, representing

diverse backgrounds and lived experiences. Efforts to innovate included revamping meeting agendas for more focused conversations and embracing technology.

During discussion, comments were offered related to:

- The importance of regional diversity and representation, particularly from rural and remote Indigenous perspectives
- Suggestions for Chair training and the need for rural-specific considerations in committee discussions
- Meeting in person for discussions related to diversity, equity, and inclusion.

In closing, Pat Dooley, Chair, thanked all staff for attending and acknowledged the contributions of Dr. Alexander Hird and Michelle Nelson to the BCCOHP Board, noting that this was their last meeting.

This concludes the Open Meeting – 12:38 p.m. The Board moved into an In-Camera session.