



BOARD OF DIRECTORS OPEN SESSION MINUTES

April 11, 2019 at 4:00pm
South Muskoka Memorial Hospital Boardroom
Approved May 9, 2019

PRESENT:

<i>Elected Directors:</i>	Philip Matthews	Cameron Renwick	Brenda Gefucia (T)	Bob Manning
	Peter Deane	Kathy Newby	Moreen Miller	Beth Goodhew
<i>Ex-Officio Directors:</i>	Dr. Anthony Shearing	Esther Millar	Dr. Biagio Iannantuono	
<i>Executive Support:</i>	Robert Alldred-Hughes			
<i>Staff Resources:</i>	Tammy Tkachuk			
<i>Guests:</i>	Alison Brownlee, Metroland News		Roy Stewart, Member of the Community	
	Judi Morre, Member of the Community			
REGRETS:	Frank Arnone	Natalie Bubela	Harold Featherston	Allyson Snelling
	Terry Shields	Michael Walters	Dr. Pierre Mikhail	

(T) denotes electronic participation

1.0 CALL TO ORDER

The meeting was called to order by the Chair, Phil Matthews at 4:00 pm.

1.1 APPROVAL OF AGENDA

It was moved, seconded and carried that the meeting agenda be approved.

1.2 DECLARATION OF CONFLICT OF INTEREST

Committee members were reminded that conflicts are to be declared for any agenda items and the Director is to excuse him/herself from the meeting for the duration of the discussion. There were no conflicts of interest declared.

2.0 REPORTS

2.1 CHAIR’S REMARKS & BOARD OF DIRECTORS MEETING ACTION LOG

In light of it being National Volunteer Week, the Chair expressed heartfelt thanks on behalf of the Board to all volunteers throughout MAHC and noted that MAHC is fortunate to have over 350 volunteers. Comment was made regarding MAHC’s new twitter feed and the tweets specifically focused on appreciation of volunteers this week. Directors were encouraged to follow @MAHCHospitals.

The Chair also informed the Board that the Ministry of Health and Long-Term Care have released the information and guidance material related to Ontario Health Teams. A large group of stakeholders that were involved with the Muskoka and Area Health System Transformation work recently met and agreed that the original group would be sunsetted. A new group primarily focused on service delivery will be formed to develop the Muskoka submission. This new group will be Chaired by Dr. David Mathies. Following the meeting with the Minister, she communicated that she was impressed by the passion in Muskoka. All stakeholders that have been involved in discussions to-date are committed to the process. From an IT and MAHC Board perspective, Beth Goodhew will be participating. The next meeting for the large group of stakeholders to discuss next steps is scheduled for April 23, 2019.

2.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

The March report of the Chief Executive Officer was received for information. It was highlighted that the annual volunteer appreciated event has been scheduled for July 17th and 18th; the Board will receive a request to participate in the events. .

3.0 ENSURE FINANCIAL VIABILITY, IN ACCORDANCE WITH THE STANDARDS APPLICABLE TO THE DIRECTORS AT LAW

3.1 FINANCIAL RESULTS

Brenda Gefucia presented the year to date financial results on behalf of the Resources & Audit Committee and informed the Board that with one month remaining in the fiscal year, MAHC has a surplus of \$370K. The surplus versus a budget deficit is being driven by the amount of one-time funding received and recognized at the end of February. Revenue is up due to increased volumes but somewhat softened by an increase in expenses given the increased the volume. It was also noted that the Ministry and Cancer Care Ontario have revised the annual volumes and funding related to Quality Based Procedures which resulted in an increase to non-elective procedures and a reduction in the Cancer Care Ontario procedures. The Committee is monitoring the trend related to acute cost per weighted case versus the prior year as well as the HBAM expected costs. Management is undertaking an investigation to determine contributing factors as well as examining benchmarks with similar hospitals. The question raised at the prior Board meeting related to the increase in prepaid expenses was confirmed to be a timing difference and it was noted that the current report shows the indicator has returned to historical levels. A question was raised relative to volumes during March and it was reported that patient volumes continue to be high in March compared to prior year and what was expected particularly at the Huntsville Site.

It was moved, seconded and carried that the Financial Results Year To Date February 28, 2019 be approved.

4.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

4.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The February report was received for information. A question was raised regarding the progress of recruitment for the busy summer months. It was reported that the Emergency Departments are the primary concern. Due to staffing issues the physician scheduled for both sites are not yet complete however it is anticipated that they will be fully staffed. It was also confirmed that the physician assistant position will not be replaced as it is part of a larger strategy for the Huntsville site where a fourth physician shift is being added providing increased physician coverage. It was noted that given the increased orphan workload there have been some challenges in recruiting. Discussion ensued with respect to the recruitment process and it was noted that recruiting for summer coverage is different from recruitment for full time staff. Advertising on Health Force Ontario does occur however other mechanisms of recruitment are utilized as well. In terms of the regional Urology on-call coverage issue, it was confirmed that there will be a gap in coverage as of June. The CEO and Chief of Staff at Orillia Soldiers' Memorial Hospital are actively addressing the issue.

5.0 FOSTER RELATIONSHIPS

5.1 2019-2020 CORPORATE COMMUNICATIONS STRATEGY

On behalf of the Executive Committee, Phil Matthews presented the 2019-2020 Corporate Communication Strategy. It was explained that given the number of tactics involved, the Executive Committee spent a considerable amount of time discussing the strategy with management who confirmed that they do not believe it is too onerous of a plan. There was agreement with management that it would be a flexible plan and adjustments would be made as the need arises. Discussion ensued with respect to concerns that the plan may be too aggressive given the allocated resources for communications. It was noted that communications is a shared accountability amongst all members of the leadership team as well as others. Management has provided

assurances that they will continue to monitor the plan closely and report to the Executive Committee any issues that arise. In addition, the Executive Committee specifically discussed with management options for removing tactics and management was prepared to have those discussions if needed. There was agreement to approve the plan as presented with the understanding that the Executive Committee have further discussion regarding any opportunities to reduce workload.

It was moved, seconded and carried that the 2019-2020 Corporate Communication Strategy be approved.

6.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

6.1 CAPITAL PLAN DEVELOPMENT TASK FORCE

Cameron Renwick informed the Board that there were more than 300 people that attended the six communities in addition to the internal engagements with staff, physicians and volunteers. There were 140 survey responses and the Task Force receive a feedback report at their most recent meeting. Value engineering has also been applied to the initial costing figures received from the cost consultants and discussions with respect to the local share requirement for financing the Two Acute Sites redevelopment continue. The next milestone for the Task Force is to evaluate the options to come up with a preferred options recommendation for the Board of Directors. It is anticipated that will occur after the necessary local share conversations are complete, which are expected to continue for the next couple months.

7.0 PROVIDE FOR EXCELLENT MANAGEMENT

7.1 2019-2020 CHIEF EXECUTIVE OFFICER PERSONAL BUSINESS COMMITMENTS

Phil Matthews presented the proposed Personal Business Commitments for the Chief Executive Officer as recommended by the Executive Committee. It was noted that some are mandated by the Quality Improvement Plan while others are aligned with organizational goals. The floor was open for discussion. Comment was provided regarding the financial goal and it was questioned if there is a more measurable goal than advocacy. It was explained that in particular in a year when the health system is undergoing such fundamental change, a more measurable goal may be a fairer approach to both the CEO and the Board. The advocacy focus of the goal does not fully address financial performance. It was acknowledged that given the method funding hospitals there are limitations to what can be controlled; the revenue side requires ongoing advocacy in the current environment. A suggestion was made to consider a metric such as salaries to volume. It was also noted that balancing the operations is key to the organization. There was agreement to approve the commitments as presented subject to further review and discussion between management and the Chair of Resources & Audit Committee to identify a more appropriate measureable financial performance metric.

It was moved, seconded and carried that the 2019-2020 Chief Executive Officer Personal Business Commitments be approved subject to further discussion between management and Chair of Resources & Audit Committee to identify a more appropriate measureable financial performance metric.

7.2 2019-2020 CHIEF OF STAFF PERSONAL BUSINESS COMMITMENTS

Upon review of the Chief of Staff Personal Business Commitments, a question was raised with respect to increasing admission order documentation of thromboprophylaxis. It was explained that the intent of the goal is to identify where the gaps are in the documentation system currently and make appropriate improvements. The goal is primarily a documentation exercise.

It was moved, seconded and carried that the 2019-2020 Chief of Staff Personal Business Commitments be approved.

8.0 CONSENT AGENDA

Comment was provided with respect to the Human Resources report and the success related to lost time hours; the Team was commended for their commitment to this metric.

It was moved, seconded and carried that the following items be approved or received as indicated:

- 8.1 Approval of the Board of Director Meeting Minutes from March 14, 2019***
- 8.2 Receipt of the Resources & Audit Committee Report of March 22, 2019***
- 8.3 Receipt of the Compliance Report for the period ending February 28, 2019***
- 8.4 Receipt of the Executive Committee Report of March 11, 2019***

7.0 ADJOURNMENT

It was moved that the meeting be adjourned at 5:03 pm.


Philip Matthews, Chair


Natalie Bubela, Secretary