

BOARD OF DIRECTORS

OPEN SESSION MINUTES

Thursday, December 13, 2018 at 4:00 pm
South Muskoka Memorial Hospital Boardroom
Approved February 14, 2019



PRESENT:

| | | | | |
|------------------------|-----------------------|------------------------|--------------------|----------------------|
| Elected Directors: | Philip Matthews | Cameron Renwick | Bob Manning | Moreen Miller |
| | Peter Deane | Don Eastwood | Brenda Gefucia (T) | Michael Walters (T) |
| | Kathy Newby | Frank Arnone | | |
| Ex-Officio Directors: | Natalie Bubela | Dr. Biagio Iannantuono | Esther Millar | Dr. Anthony Shearing |
| | Dr. Pierre Mikhail(T) | | | |
| Executive Support: | Terry Shields | Harold Featherston | | |
| Staff Resources: | Tammy Tkachuk | Allyson Snelling | | |
| Guests: | Mark Naylor | Alison Brownlee | | |
| <u>REGRETS:</u> | Beth Goodhew | Robert Aldred-Hughes | | |

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Phil Matthews called the meeting to order at 4:00 pm. The Chair thanked Alison Brownlee for her recent article about Christine Featherstone. The Chair also welcomed Mark Naylor to the meeting.

1.1 APPROVAL OF AGENDA

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

1.2 DECLARATION OF CONFLICT OF INTEREST

Directors 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. Upon review of the agenda, there were no conflicts of interest declared.

1.3 PATIENT STORY

Harold Featherston shared a story regarding a patient transfer that depicted the extraordinary efforts of a security officer with a bedside manner and compassion that went above and beyond his role. There were no comments or actions arising from the story.

2.0 REPORTS

2.1 CHAIR'S REMARKS

The Chair drew attention to the revised format of the decision making framework and explained the intent is to link patient and family centered care as well as the definition of quality. There was general agreement that the new approach would be helpful and that it be implemented.

It was noted that the District meeting schedule has been added to the events listing and the first meeting of the new Health Services Committee meeting is scheduled for December 19, 2018. Directors were encouraged to attend meetings of District.

The correspondence from the Christmas Party Committee was received and the Chair expressed appreciation to the members of the Committee for their efforts in planning and executing a very successful event.

The action log was also reviewed and Allyson Snelling explained that with the refreshed website a module will be available to help enable the posting of compliments on the website; it is anticipated that this will be available in January 2019.

2.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

The December report of the Chief Executive Officer was received for information. Further to the report, Natalie Bubela informed the Board that Laurene Wittich, MAHC's Occupational Health & Safety Manager has successfully completed the Canadian Nurses Association certification as "Certified Occupational Health Nursing Canada".

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The December report of the Chief of Staff was received for information. A question raised regarding the concerns noted in the report with respect to the upcoming construction in the Emergency Department. It was explained that measures are in place to mitigate the potential issues. The Emergency Department Committee has been in discussions regarding this project and have been supportive to the plan. A comprehensive communications strategy has also been developed to help inform the public of the issues which has been a helpful strategy in the past. Concerns were raised with respect to the current project to move the triage area in the HDMH department as well as the impact of the safe room construction to the total permanent bed number in the SMMH department. Discussion ensued regarding the process undertaken to plan for both of these projects as well as the engagement that occurred with front line staff and physicians. It was noted that a planning Committee was formed with physician representation and the responsibilities of those members in communication with the broader staff as well as the measures put in place to obtain feedback during the planning stages.

4.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

4.1 CAPITAL PLAN DEVELOPMENT TASK FORCE

Cameron Renwick reported that the third workshop was held December 11, 2018 that built on the work done in previous Blocking and Stacking Workshop held on November 20, 2018. The focus was for participants to and continue to determine the adjacencies required within the structure of the buildings. The workshops have been well attended by staff, physicians, leadership as well as community members. Generally, the work related to Part B is progressing well. At the recent Task Force meeting, Katherine Craine, Huntsville Hospital Foundation Executive Director provided a presentation on the progress of work related to local share. The two Foundations have collectively engaged a consultant to assist with this work. The Task Force is on track to have more information gathered to release publicly in February or March 2019. It was confirmed that the next meeting of the Task Force is scheduled for February 4, 2019. The Board was reminded that the Task Force is meeting less frequently during the Part B work due to the highly technical nature of the work.

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

5.1 FINANCIAL RESULTS

Brenda Gefucia presented the financial results for year to date October 31, 2018 and noted a surplus for the month of \$453K, which is similar to the position for the same period in the prior year. At the end of six months, the organization has a positive variance of \$1.6 million. In response to a question regarding the sustainability of the positive variances, it was confirmed that other revenues would likely be sustained based on occupancy. In terms of budgeting for next year, in the first stage, it will be based on status quo and then a second stage will occur to make adjustments along with the corresponding expenses. It was explained that the variance related to the Independent Health Facility that funds the Huntsville CT will remain materially higher due to increased funding. A question was also raised regarding the prior year one time funding amount reported; **Terry Shields will confirm the amounts.**

It was moved, seconded and carried that the Financial Results Year To Date October 31, 2018 be approved.

6.0 ENSURE BOARD EFFECTIVENESS

6.1 STRATEGIC PLANNING COMMITTEE TERMS OF REFERENCE

Bob Manning presented the draft revised Strategic Planning Committee Terms of Reference and explained that the revisions are a result of feedback obtained from the Strategic Planning Committee as well as the Governance Committee. Essentially the revisions will result in removing the monitoring responsibilities for the Committee for them to essentially focus primarily on strategic planning. The Committee Chair would have accountability for ensuring Committee members are kept up-to-date as appropriate within any given year.

It was moved, seconded and carried that the revised Strategic Planning Committee Terms of Reference be approved.

6.2 BOARD OFFICER, COMMITTEE CHAIR, COMMITTEE MEMBERSHIP TIMELINE

Frank Arnone reviewed the proposed timeline for completion of the Expressions of Interest for the Governance Committee to develop a slate of Officers, Committee Chairs and a recommended Committee Membership. Directors were encouraged to complete the forms as soon as possible and noted the deadline of January 16, 2019. In terms of the requirement to submit a 500-word summary of interested in an Officer or Chair position, it was explained that bullet points would be an acceptable approach. Directors were also encouraged to nominate others for positions.

6.3 CODE OF CONDUCT, BOARD OF DIRECTORS POLICY

Frank Arnone presented and reviewed the revised Code of Conduct for the Board of Directors. Upon discussion, given the document applies to non-Director members as well it was suggested the name be revised to include reference to Community Members. A question was raised with respect to the "Other Directorships" section and it was clarified that Directors are conducting the business of MAHC when they are assigned a specific task by the Board. A further revision was noted on page 5 of 7, Director to be changed to Representative. It was noted that given the revisions are applicable to Community Members, the revised document should be placed on upcoming Committee meeting agendas to ensure Community Members are informed of the revisions.

It was moved, seconded and carried that the revised Code of Conduct, Board of Directors & Community Members policy be approved as amended.

6.4 ANNUAL DECLARATION

Revisions have been made to the Annual Declaration form to include statements that specifically refer to the Code of Conduct. Upon review of the revisions, there were not concerns or questions raised.

It was moved, seconded and carried that the revised Annual Declaration form be approved.

6.5 EDUCATION – CREDENTIALING AT MAHC

Deferred to a future agenda.

7.0 CONSENT AGENDA

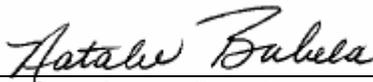
It was moved, seconded and carried that the following items be approved or received as indicated:

- 7.1 Approval of the Board of Director Meeting Minutes from November 8, 2018***
- 7.2 Receipt of the Executive Committee Report of November 14, 2018***
- 7.3 Receipt of the Corporate Communications Plan Dashboard***
- 7.4 Approval of the Freedom of Information – Delegation of Authority Policy***
- 7.5 Approval of the Executive Committee Work Plan for 2018/19***
- 7.6 Receipt of the Resources & Audit Committee Report of November 20, 2018***
- 7.7 Receipt of the Human Resources Report***
- 7.8 Receipt of the Compliance Report for the period ending October 31, 2018***
- 7.9 Receipt of the Governance Committee Report of November 22, 2018***
- 7.10 Approval of the Board of Directors Work Plan for 2018/19***
- 7.11 Receipt of the Patient & Family Advisory Committee Report***

8.0 ADJOURNMENT

It was moved that the meeting be adjourned at 4:58 pm.


Philip Matthews, Chair


Natalie Bubela, Secretary