



BOARD OF DIRECTORS OPEN SESSION MINUTES

February 14, 2019 at 4:00pm
South Muskoka Memorial Hospital Boardroom
Approved March 14, 2019

PRESENT:

<i>Elected Directors:</i>	Philip Matthews	Cameron Renwick	Brenda Gefucia	Bob Manning	(T) denotes electronic participation
	Peter Deane	Kathy Newby (T)	Moreen Miller	Michael Walters (T)	
<i>Ex-Officio Directors:</i>	Natalie Bubela	Esther Millar	Dr. Anthony Shearing	Dr. Biagio Iannantuono	
<i>Executive Support:</i>	Terry Shields	Robert Alldred-Hughes			
<i>Staff Resources:</i>	Tammy Tkachuk	Allyson Snelling			
<i>Guests:</i>	Donna Denny, Patient & Family Advisory Committee		Alison Brownlee, Metroland News		
	Christine Loshaw, Executive Assistant				

REGRETS:

Don Eastwood	Dr. P. Mikhail	Frank Arnone	Beth Goodhew
Harold Featherston			

1.0 CALL TO ORDER

The meeting was called to order by the Chair at 4:00 pm. The Chair welcomed Christine Loshaw to the meeting and recognized the leadership of Esther Millar, Christine Loshaw and Bev Leslie-Suddaby, Manager of Support Services in achieving the Accreditation with Exemplary Standing award.

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.

1.3 PATIENT STORY

Esther Millar read aloud a hand written letter from a patient to his care providers for their kindness, encouragement, compassion, empathy and knowledge while he was a patient for a few months before Christmas. It was noted that even with health care becoming more high tech and scientific; it is still the personal touch and human interaction that makes a difference in how patients feel about their care. It was also noted that the story was shared with MAHC’s Patient and Family Advisory Committee who expressed congratulations to the Human Resources department for their success in hiring staff that provide care in this manner.

1.4 PATIENT & FAMILY ADVISORY COMMITTEE UPDATE

Donna Denny, Chair of MAHC’s Patient & Family Advisory Committee along with Esther Millar provided the Board with an overview of work of the Committee. One of the focusses is to have patient advisors more integrated at the operational committee level. More steps are needed on this front in order to ensure advisors are comfortable with the day to day operations. The Patient & Family Advisory Committee members have also been very engaged in exploring more approaches of how to reach out and garner further input from patients and families. They have been gradually getting a true feeling of inclusivity at MAHC, the care that is provided and the culture. They were invited to take part in EVT Stroke meetings which was very resourceful and gratifying when physicians looked to the members of the Patient & Family Advisory Committee for

the patient perspective. The Committee has continued to receive several presentations from staff on a variety of topics including purposeful rounding and the secure renovation in the emergency department. They were well versed on Accreditation which resulted in a clear understanding of the quality standards. The Committee made a recommendation for a regional network of patient advisors to be brought together; Natalie Bubela took this recommendation to the North Simcoe Muskoka LHIN and a regional meeting of patient advisors has been scheduled for later this month. The Committee just completed a recruitment drive and were fortunate to receive 18 applications. This was a vast improvement over the previous recruitment drive providing evidence that awareness in the community is increasing and there is a keen interest in this work. Some discussions have been initiated regarding potential changes to their structure and forming subcommittee. It was also noted that some of the past Committee members agreed to continue to work in smaller working group settings in the future if the need arises. The Chair thanked Ms. Denny for the presentation.

2.0 REPORTS

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

The Chair informed the Board of his attendance at several engagements including meeting with Norm Miller, MPP, attending the Healthy Huntsville Exhibit, the NSM LHIN Governance Meeting, the Joint Medical Staff Association meeting and a meeting with Steini Brown, the former Co-Chair of MAHST and a current member on the Premier's Council on Improving Healthcare and Ending Hallway Medicine. In terms of the NSM LHIN Governance meeting, there was no further information available relative to the recent media reports regarding the potential health care structure changes. The discussion at the meeting centered on costs related to Alternate Level of Care. The Chair referenced the action plan and welcomed any comments from the floor noting that all actions have been addressed. There were no comments from the floor.

2.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

The February report of the Chief Executive Officer was received for information. Further to the report, the Board was informed that *Your TV* will be airing an interview with respect to MAHC's Strategic Planning process. It was also highlighted that MAHC's website is now mobile friendly and it is hoped that this will increase the current average of 200 visits per day. The Board was also informed that beginning February 19, 2019 Royal Victoria Regional Health Centre will begin to accept inpatients from MAHC for both diagnostic angiograms and angioplasty in their Cardiac Catheterization Lab. It was further clarified that it is a joint program with Southlake Regional Health Centre and physicians refer MAHC's patients to Southlake who in turn decide which site they are admitted to. Further to the Board Chairs report regarding the meeting with Norm Miller, MPP, Mr. Miller has written a letter to the Ministry of Health and Long-Term Care to advocate on behalf of the hospital.

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The February report was received for information. Further to the report, Dr. Iannantuono informed the Board that he has worked with MAHC's Privacy Officer in ensuring physicians received education regarding the *Personal Health Information Protection Act*. A question was raised with respect to the renovation project in the Emergency Department and if the reduction of beds will appear in the data that is monitored. It was explained that the number of ED beds are not reported to the Ministry of Health and Long-Term Care. It is the volume through the Emergency Department and the CTAS category that are monitored. The impact of reduced beds may be captured by length of stay data however the departments have found alternate approaches to configuring the space so that the impact of reduced beds is not as acute.

3.2 BALANCED SCORECARD RESULTS

On behalf of the Quality & Patient Safety Committee, Esther Millar presented Balanced Scorecard results and highlighted the readmission rates and medication reconciliation. It was also reported that the Q3 patient satisfaction results were just received and will be reflected in the next report. With respect to workplace violence, the recommendation for the coming year from the Ministry of the focus on the number of incidents. However, MAHC is much more advanced in monitoring this metric and has developed frameworks that will be rolled out. A question was raised with respect to the 30-day readmissions for stroke and the rationale for the metric. It was explained that it has been removed from the mandatory list for the

2019/2020 fiscal year. Although not included on the Balanced Scorecard, management does monitor return visits to the emergency department within seven days.

3.3 CLINICAL SERVICES RESOURCES PLAN

On behalf of the Quality & Patient Safety Committee, Dr. Iannantuono presented the Clinical Services Resources Plan and noted that it has been relatively consistent for the past several years and there has been no change over the prior year report. In response to a question from the floor, it was explained the generally the low impact specialists are primarily community based or that MAHC does not have the volume to actively recruit to a full time position. It was also clarified that the HDMH Internal Medicine department is recruiting for one more Internist.

It was moved, seconded and carried that the Clinical Services Resources Plan for 2018/2019 be approved.

3.4 ENTERPRISE RISK MANAGEMENT REPORT

Brenda Gefucia presented the Enterprise Risk Management report as reviewed by the Resources & Audit Committee. The review approach and process was outlined and it was noted that although an annual report to the Board, the monitoring of risks is ongoing process. Should there be a change in the risk status for any of the areas; the Board would be notified accordingly. In response to a question, the Board was informed that the Hospital's insurer is provided with the detail.

4.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

4.1 CAPITAL PLAN DEVELOPMENT TASK FORCE

Cameron Renwick informed the Board that the Task Force has accepted the design guiding principles that serve as the goals and objectives for the two site model. The building development options that are being considered for both sites include: renovation and addition, or a greenfield option for the SMMH Site for a total of five different approaches. These were developed as a result of the building and stacking workshops held earlier in the year. The Task Force has also confirmed that community information session would occur the week of March 4 – 8, 2019. During these sessions, the options will be explained with stations set up for the community to view and provide input. The Board was also informed that KCI presented the feasibility report on local share to the Task Force.

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

5.1 FINANCIAL RESULTS

Brenda Gefucia presented the year to date financial results on behalf of the Resources & Audit Committee. As of nine months year to date, the results are similar prior reports. The organization continues to experience an increase in capacity at 109% compared to the prior year at 101%. There has also been a spike in the average Alternate Level of Care patients with 23 per day per month versus 14 last year. Revenue increases are for the most part volume based. Expenses are worse than budget which is being driven by increased volumes with the exception of supplies and other which is better than planned and is a result primarily due to timing differences.

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

6.0 CONSENT AGENDA

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

- 6.1 Approval of the Board of Director Meeting Minutes from December 13, 2018**
- 6.2 Receipt of the Quality & Patient Safety Committee Report of January 25, 2019**
- 6.3 Receipt of the Nominations Committee Report of January 17, 2019**
- 6.4 Approval of the Nominations Committee Work Plan for 2018/2019**
- 6.5 Receipt of the Resources & Audit Committee Report of January 25, 2019**
- 6.6 Receipt of the Compliance Report for the period ending January 31, 2019**
- 6.7 Receipt of the Human Resources Report**
- 6.8 Receipt of the Governance Committee Report**

6.9 Receipt of the Patient & Family Advisory Committee Report

7.0 ADJOURNMENT

It was moved that the meeting be adjourned.


Philip Matthews, Chair


Natalie Bubela, Secretary