



BOARD OF DIRECTORS OPEN SESSION MINUTES

March 14, 2019 at 4:00pm
Huntsville District Memorial Hospital Boardroom
Approved April 11, 2019

PRESENT:

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

1.0 CALL TO ORDER

The meeting was called to order by the Chair, Phil Matthews at 4:04 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.

1.3 PATIENT STORY

Harold Featherston read aloud a letter from a patient who has experienced several health issues and as a result received care from a number of areas in the hospital including emergency, surgery and chemotherapy. The patient noted that the care provided throughout the organization has been comprehensive, compassionate with professional and accommodating staff. It was also highlighted that the 'we care' attitude is pervasive throughout MAHC with a level of quality healthcare that is off the charts.

1.4 ANNUAL BOARD ASSESSMENT

Frank Arnone reviewed the pre-circulated report outlining the steps involved for Directors to complete the annual assessment tools. It was noted that this aspect of governance is critically important. Directors were encouraged to be thoughtful, candid, tasteful and rigorous in their assessment. The Board was also reminded of a third informal component to the assessment process; should any Director have feedback that is not captured as part of the assessment tools, Directors have the option to provide this feedback directly to the Board Chair or Governance Committee Chair. Directors were requested to complete the assessment tools by April 12, 2019.

2.0 REPORTS

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

The Chair expressed appreciation to the CEO, Senior Leadership Team and Allyson Snelling for the success of the community engagement sessions held the week of March 4th related to Part B of the Stage 1 capital planning process.

MAHC has received an invitation to participate in a United Way regional consultation session on March 26, 2019 and a volunteer was sought to attend on MAHC's behalf; Beth Goodhew agreed to attend.

Natalie Bubela announced the dates for upcoming Foundation Golf Tournaments – June 12th in support of the SMMH Foundation and June 27th in support of the HDMH Foundation.

2.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

The March report of the Chief Executive Officer was received for information. There were no questions from the floor.

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The February report was received for information. It was explained that a solid date for Dr. McCabe to move forward with credentialing remains pending. The Board was reminded that Dr. McCabe was one of two plastic surgeons that were to do some locum work at MAHC; Dr. McCabe has been delayed due to health issues. In response to a question from the floor, it was confirmed that the secure room renovation project in the Emergency Departments is on schedule at this time.

3.2 BALANCED SCORECARD RESULTS

On behalf of the Quality & Patient Safety Committee, Don Eastwood presented the Balanced Scorecard reports and noted that the results are consistent with previous reports. Overall, the only two metrics consistently underperforming continues to be reducing readmissions and Alternate Level of Care. All other metrics are showing improvement. It was confirmed that medication reconciliation on discharge is occurring. A simplified tool has been developed with physicians to enable measurement. In terms of the staffing impact related to medication reconciliation it was clarified that medication reconciliation is completed by physicians, thus the staffing challenges do not impact this metric. With respect to medication reconciliation on admission and related staffing issues, Esther Millar provided an overview of the efforts undertaken to address the issue and reported confidence that the results will improve. Comment was also provided that there are several pieces that impact medication reconciliation that must line up including technology, staffing, culture and behaviour.

3.3 QUALITY IMPROVEMENT PLAN 2019/2020

Don Eastwood presented the Quality Improvement Plan and informed the Board that it will be a much more streamlined plan compared to prior years as a result of work coming out of Health Quality Ontario. The three major indicators were reviewed and it was noted that there will be additional quality improvement initiatives monitored at the operational committee level as well as through the Patient Safety Plan. The purpose for the streamlined approach is to ensure an appropriate number of indicators are identified that the organization can make a significant impact on in the next year. The Board was also encouraged to review page four of the Narrative that outlines MAHC's achievements and successes of the Quality Improvement Plan over the past year. The floor was open for question and comment.

In terms of the decision process undertaken to determine the priority indicators, staff assessed each proposed indicator individually from a MAHC perspective. Some indicators, such as the number of inpatients receiving care in unconventional spaces, was not relevant for MAHC. Other indicators such as the workplace violence were mandatory.

A question was raised regarding any potential barriers or technology challenges that MAHC might face in terms of measuring the time to admission indicator. It was explained that a system for tracking and measuring this data has been in place at MAHC for several years, as well as across the province.

In response to a question relative to any concerns about hallway medicine at MAHC, it was reported that MAHC has not placed patients in hallways. The Senior Team undertook a review of all available spaces at MAHC and as a result converted some spaces back to traditional rooms. Caution was expressed however that some rooms may now be a three bed ward which is somewhat crowded and could have impact infection control.

It was moved, seconded and carried that the Quality Improvement Plan for fiscal year 2019-2020 be approved for submission.

3.4 PATIENT DECLARATION OF VALUES

On behalf of the Quality & Patient Safety Committee, the proposed process to undertake a review of the Patient Declaration of Values was presented. In response to a question, it was confirmed that the intent is to survey the Patient and Family Advisory Committee and not the broader community. This approach was supported as there were concerns regarding survey fatigue for the community given other more recent surveys conducted related to Strategic Planning and Capital Planning. In terms of a target date, it is anticipated that a final document would be complete by June.

It was moved, seconded and carried that the Board of Directors approve the process to review the Patient Declaration of Values

4.0 ENSURE BOARD EFFECTIVENESS

4.1 STANDING COMMITTEE TERMS OF REFERENCE TEMPLATE

Frank Arnone reminded the Board that one of annual governance goals was to identify approaches to provide Standing Committee with additional flexibility. Currently, the Board Chair and Chief Executive Officer are ex-officio members on all Committees. The Governance Committee is seeking feedback from the Board to eliminate the mandatory requirement for all Standing Committees. Each Standing Committee could decide if those individuals are needed as Committee members. The Board was reminded that the Board Chair and CEO would still have the option to attend any committee meeting, as does any Director. This would create flexibility for Standing Committees and improve quorum requirements for some. It was also confirmed that any Committee could also invite either individual should the need arise at any time. Following discussion there was general support for the concept and the Governance Committee was requested to further develop the recommendation and bring back a motion to amend the Standing Committee template.

5.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

5.1 CAPITAL PLAN DEVELOPMENT TASK FORCE

Cameron Renwick informed the Board that some key milestones have been achieved including drawings, costing, and public engagement. The Board was reminded that the numbers at this stage are directional to help MAHC understand order of magnitude, and the relative differences between models. Much more work will be done to refine the numbers. The public meetings were well attended with almost 400 attendees, and great questions from the community. The information brochure has been sent out across the catchment area. It was noted that there were some interesting questions about P3 models and municipal share. A question raised at the Burk's Falls session was how that community might contribute to the project, recognizing their taxes don't go to the District of Muskoka. It was also noted that in order to communicate more broadly, and hopefully to engage some of the younger demographic for whom this is being designed, MAHC has developed a series of videos on YouTube which describe the models. The survey is out for collecting feedback, Facebook is also being used to boost the posts strategically to reach users that are on the MAHC page or not and in addition, MAHC has also implemented a Twitter account. Expressions of congratulations were extended for the amazing job on communication. It was also noted that feedback at the recent Town Council Deputations has been reflective of their acceptance as to our progress on this project.

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

6.1 FINANCIAL RESULTS

Brenda Gefucia presented the year to date financial results on behalf of the Resources & Audit Committee and informed the Board that MAHC is starting to experience deficits within the months themselves which has attributed to a year-to-date deficit of \$438K. The results related to revenue and expenses are consistent with prior reports and some variances are a result of timing issues. It was noted that MAHC has maxed out on the funding for the non-elective Quality Based Procedures. For the remainder of the year, any patients that present with these particular issues will receive care however they are above the volume and funding allocation. In response to a question from the floor, it was confirmed that the current position is

consistent with prior years although this year is exacerbated by the increased occupancy. The key drivers to the deficit include the Quality Based Procedures, higher occupancy levels which drive higher labour costs as well as the structural issues relative to operating two sites. In terms of the Balance Sheet, it was requested that follow up occur regarding the increase related to Prepaid Expenses. It was noted that management has met with the Finance Branch of the Ministry of Health and Long-Term Care. They heard MAHC's messaging and are aware of the challenges. They are awaiting the provincial budget announcement.

It was moved, seconded and carried that the Financial Results Year To Date January 31, 2019 be approved.

6.2 HOSPITAL SERVICES ACCOUNTABILITY AGREEMENT (HSAA) EXTENSION

Brenda Gefucia presented the HSAA extension explained that the extension is similar to the approach taken in previous years. It is intended to be a placeholder until the budget is announced. It was reported that all LHIN Board members have been dismissed, but the Chief Executive Officers are still in place at the LHINs. The super agency has been constituted. It was confirmed that if there were any further changes to the effective date of the extension, the agreement would be brought back for Board approval.

It was moved, seconded and carried that the Board of Directors approve the Hospital Services Accountability Agreement Extension to June 30, 2019, and that the Board Chair and Chief Executive Officer be authorized to sign the extension.

6.0 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 February 14, 2019***
- 7.2 Receipt of the Resources & Audit Committee Report of February 22, 2019***
- 7.3 Receipt of the Compliance Report for the period ending January 31, 2019***
- 7.4 Receipt of the Patient & Family Advisory Committee Report***
- 7.5 Receipt of the Quality & Patient Safety Committee Report of February 28, 2019***

7.0 ADJOURNMENT

It was moved that the meeting be adjourned at 5:17 pm.



Philip Matthews, Chair



Natalie Bubela, Secretary