



BOARD OF DIRECTORS OPEN SESSION MINUTES

May 9, 2019 at 4:00pm
Huntsville District Memorial Hospital Boardroom
Approved June 13, 2019

PRESENT:

<i>Elected Directors:</i>	Philip Matthews	Cameron Renwick	Michael Walters (T)	Bob Manning
	Peter Deane	Kathy Newby	Moreen Miller	Beth Goodhew
<i>Ex-Officio Directors:</i>	Natalie Bubela	Esther Millar	Dr. Biagio Iannantuono	
<i>Executive Support:</i>	Robert Alldred-Hughes	Terry Shields	Harold Featherston	
<i>Staff Resources:</i>	Tammy Tkachuk	Allyson Snelling		
<i>Guests:</i>	Alison Brownlee, Metroland News		Dr. Khaled Abdel-Razek	

(T) denotes electronic participation

REGRETS:

Dr. Anthony Shearing	Brenda Gefucia	Frank Arnone	Dr. Pierre Mikhail
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1.0 CALL TO ORDER

The meeting was called to order by the Chair, Phil Matthews at 4:06 pm and introduced Dr. Abdel-Razek, MAHC's new Chief of Staff.

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

Natalie Bubela read aloud a letter from a patient thanking the staff in the emergency, diagnostic imaging and surgical services department for exceptional care.

2.0 REPORTS

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

The Chair informed the Board of several meetings that have occurred recently related to Ontario Health Teams, Local Share and Orillia Soldiers' Memorial Hospital. The Chair also highlighted and read aloud the dedication included in the Huntsville Festival of the Arts brochure by Helena Renwick.

2.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

The May report of the Chief Executive Officer was received for information. The Board agreed that receiving the Ontario Hospital Association Services, Resources, Guidance document was valuable.

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The April report was received for information.

3.1 QUALITY IMPROVEMENT PLAN BALANCED SCORECARD 2018-19 Q4

Esther Millar presented the year end results for fiscal year 2018-2019 Quality Improvement Plan and explained that there were no surprises as all metrics continued to trend consistently with prior reports. Medication Reconciliation on Discharge remains below target however this was not unexpected given the technical issues. The Board was informed that the new form for medication reconciliation has gone into production and preliminary results for April show that the 80% target has been met.

A question was raised with respect to Workplace Violence and the approach for the coming year. It was explained that MAHC has been generally more advanced than the majority of the Province with respect to this metric. Health Quality Ontario has provided direction to continue tracking with the intent to encourage more reporting in order to provide a good understanding of the issues that need to be addressed. MAHC has identified a target of an increase of 10% in reporting. However, given MAHC has been more advanced in its approach to this metric, and has been actively seeking to decrease the risk of workplace violence for several year, a Workplace Violence Framework was developed to focus MAHC's future efforts in enhancing the workplace violence prevention program. A working group has been formed to begin examining root cause analysis and putting in measures with respect to recommendations that may come forward. Discussion ensued with respect to the use of purple arm bands and it was explained that this is a common approach across the province. At the most recent Ethics Committee meeting there was dialogue with respect to the practice, the impact of the purple arm band and the appropriate length of time to leave it on a patient. It was a good discussion with a health split of opinion that will continue as a topic of discussion. Discussion also ensued with respect to the differing results between MAHC sites and it was explained that the SMMH Site generally has more mental health visits and some of these cases are linked to that population, although not all. The difference could be also attributed to reporting practices of staff which do fluctuate from time to time. It was also noted that the data would include repeat incident from the same individual but would be reported separately. In terms of future planning and a suggestion to ensure this type of information is considered, it was explained that this level of detail will occur at future stages in the planning process and will incorporate into the design accordingly the demographics and patient profiles of each of the sites. There were no actions arising from the discussion.

3.2 PATIENT DECLARATION OF VALUES REVIEW PROCESS

It was moved, seconded and carried that the Board of Directors adopt the recommendation of the Quality & Patient Safety Committee to approve the extended timeline for review of the Patient Declaration of Values.

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

4.1 2019-2020 CAPITAL EXPENDITURE PLAN

Moreen Miller presented the Capital Expenditure Plan on behalf of the Resources & Audit Committee and highlighted that the timing of the development of the Plan was revised this year to coincide with the operational budgeting process. All other process pieces remained consistent with prior years. It was also highlighted that Resources & Audit Committee was encouraged with the future planning involved as well as the link with the capital planning process and local share. The 2019-2020 capital requests were reviewed and it was highlighted that the Huntsville Site is slightly higher because of legacy commitments related to the electronic medical record.

It was moved, seconded and carried that the 2019-2020 Capital Expenditure Plan be approved subject to approval by respective Foundations and auxiliaries.

5.0 ENSURE BOARD EFFECTIVENESS

5.1 STANDING COMMITTEE TERMS OF REFERENCE TEMPLATE REVISION

Upon review of the recommendation, it was confirmed that there is no conflict with the MAHC Bylaws.

It was moved, seconded and carried that whereas it is recognized that the Standing Committee Terms of Reference template is intended to be a guideline for Committees;

And Whereas each Standing Committee has, with the approval of the Board of Directors, the ability to determine its individual membership requirements based on skill needs or legislation;

Be it resolved that the Membership section of the Standing Committee Terms of Reference template be revised to replace the requirement that the Board Chair and Chief Executive Officer be ex-officio members of all Standing Committees with the following statements:

- *The Standing Committee Chair may invite any Board member, including the Board Chair and CEO, as the need arises.*
- *Any Board member may attend Standing Committee meetings periodically as non-voting observers with the prior approval of the Standing Committee Chair.*

5.2 ELECTRONIC MAIL COMMUNICATIONS POLICY

A concern was raised with respect to texts and it was requested that the Governance Committee continue work on the policy to determine how a text would fit in with this policy. Discussion ensued regarding the use of personal electronic mail and the risks associated with Freedom of Information requests given Directors are using personal accounts. It was confirmed that it is possible to provide Directors with MAHC email addresses. Previously, when this approach was implemented the convenience factor was an issue for many Directors. Following discussion, it was agreed to provide Directors with the opportunity to utilize a MAHC email address for hospital business.

It was moved, seconded and carried that the Electronic Communications Policy be approved.

6.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

6.1 CAPITAL PLAN DEVELOPMENT TASK FORCE

Cameron Renwick reviewed the pre-circulated Capital Plan Development Task Force Update and noted that a positive local share meeting recently occurred.

7.0 CONSENT AGENDA

From the Governance Committee report, it was highlighted that following feedback from Community Representatives the Committee is exploring the potential to extend terms for Community Representatives to two years; this work is being finalized at the next Governance Committee meeting and will come forward to the Board in June. In addition, a note of thanks will be circulated to Community Representatives for providing their feedback.

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 April 11, 2019

7.2 Receipt of the Quality & Patient Safety Committee Report of April 25, 2019

- 7.3 Approval of the revised Patient- and Family-Centered Care Policy**
- 7.4 Receipt of the Resources & Audit Committee Report of April 30, 2019**
- 7.5 Receipt of the Compliance Report for the period ending March 31, 2019**
- 7.6 Receipt of the Governance Committee Report of April 16, 2019**

8.0 ADJOURNMENT

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


Philip Matthews, Chair


Natalie Bubela, Secretary