

BOARD OF DIRECTORS

OPEN SESSION MINUTES

Thursday, November 8, 2018 at 4:00 pm
Huntsville District Memorial Hospital Boardroom
Approved December 13, 2018



PRESENT:

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

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Phil Matthews called the meeting to order at 4:03 pm

The Chair requested all present to stand for a moment of silence in recognition of Christine Featherstone. Following the moment of silence, Natalie Bubela read aloud the eulogy delivered at the Celebration of Life held on Saturday, November 27, 2018 as appended to these minutes.

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

Esther Millar shared a story regarding the compassion shown by staff in coordinating a visit from an elderly patient's beloved pets. It reinforced how extremely fortunate MAHC is to have not only skilled clinicians but those that have compassion and are at MAHC for the right reasons.

2.0 REPORTS

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

The Chair had nothing to report at this time. Directors were asked for any comments or feedback on the progress reported in the Action Log; there were no comments provided.

2.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

The October report of the Chief Executive Officer was received for information; there were no questions or comments arising.

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The October report of the Chief of Staff was received. In response to a question with respect to the NSM LHIN increasing cataract volumes, it was clarified that the NSM LHIN has put forth a recommendation to add additional Ophthalmologists to the region. The details of this addition or the impact to volumes is unknown at this time.

3.2 QUALITY AND PATIENT SAFETY IN HEALTH CARE – OHA CONFERENCE

Don Eastwood provided the Board with a verbal report regarding the Ontario Hospital Association Conference attended October 22 – 23, 2018. In total there were 38 participants; four were Board members and there were four in attendance from MAHC. It was noted that within the small group discussions, the MAHC members distinguished themselves. From a Board Member perspective, the information was fairly technical and more geared to those in the organization that would have direct accountability for maintaining, monitoring and impacting change to quality and patient safety. The conference provided a detail knowledge of quality and patient safety management, definitions and philosophy. There were also links between risk management and patient safety. The key takeaways noted included the importance of having good processes, rather than focus on risk avoidance, focus on risk resilience and the importance of culture in an organization underpinning quality and patient safety. As well communications and trust is critical. Overall the conference provided a much better understanding of quality and patient safety. It was also noted that it was evident from the discussion that MAHC could be looked at as an exemplar. MAHC is more than capably managing the applicable processes and dispensing care necessary to run the hospital. However, it was also noted that it is more than just running the hospital, MAHC is contributing to building a sustainable resilient community with its focus on quality and patient safety. It was explained that the quality and safety journey never ends and is an evolving process underpinned with good communication. A suggestion was made to provide the Board with access to the material received at the conference.

3.3 BALANCED SCORECARD RESULTS

On behalf of the Quality and Patient Safety Committee, Don Eastwood presented the most recent results of the approved targets as per the Quality Improvement Plan. It was highlighted that additional internal metrics to monitor and evaluate Alternate Level of Care has been initiated. The slip in Medication Reconciliation on Admission was primarily due to staff resources and this is being addressed. Medication Reconciliation on Discharge continues to be a challenge; work related to an electronic solution is progressing albeit at a slow pace. In the interim a manual process has been initiated. In response to a question regarding the differences between the two sites, it was explained that there is a smaller denominator at the Huntsville Site and as well the resource constraints were more acute at the site.

3.4 MAHC PATIENT SAFETY PLAN

The refreshed Patient Safety Plan was presented and Don Eastwood reported that the philosophies and approach outlined at the Ontario Hospital Association Conference are incorporated into this framework. The Board was also informed that management will be reviewing the document next year with a view to streamlining the framework. In response to a question from the floor, it was explained that the document is related to the annual Quality Improvement Plan. Safety is one of the pillars included in the Quality Improvement Plan, and the Patient Safety Plan goes into more detail. It was also clarified that the Quality Improvement Plan is a legislative requirement and the Patient Safety Plan is an Accreditation standard. The Board was informed that when departments create their operational plans, specific focuses and metrics are also pulled from the Patient Safety Plan.

4.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

4.1 CAPITAL PLAN DEVELOPMENT TASK FORCE

Cameron Renwick presented the report of the Task Force and highlighted the ongoing work to define the guiding principles, the engineering analysis and design option discussions. It was noted that it is important for the community to understand that consideration of a new greenfield site for the SMMH Site is still on the agenda although it is early in the process. A small subgroup of the Task Force will be established to further explore the local share requirements. The Foundations have collectively engaged a consultant to assist with the feasibility study. The Board was reminded that the Task Force is meeting less frequently during this stage of the process however the technical portions of the work continue. Given this approach, the Task Force members were asked to consider how communications should occur; this will be further discussed at the meeting next month. Discussion ensued with respect to the appropriate timing to revisit District Council regarding the local share. It was explained that the subgroup of the Task Force will be refining the numbers and the District would be approached with that more precise data.

4.2 STRATEGIC PLAN STATUS REPORT – YEAR 4

Bob Manning presented the Strategic Plan Status Report as pre-circulated. Further to the report, Esther Millar informed the Board that the patient white boards are now on site, and installation will be occurring in the near future. In terms of the information technology metric, it was explained that it is expected that all six corporations in the partnership are expected to provide Board approval by the end of November. The Utilization Committee had its first meeting in October and focused streamlining the various aspects of reporting that occur throughout the organization.

4.3 STRATEGIC PLANNING PROJECT TIMELINE

Bob Manning presented the proposed strategic planning process and explained a more fulsome review and development of a new Plan will occur over a four-month timeframe. A consultant will be engaged to assist the process. In terms of the proposed dates, it was explained that these are tentative at this time and will be more definitely confirmed in the near future. In terms of the budget for the consultant, it was explained the professional services budget is currently under budget. Part of the Request for Proposal process will to assess costs based on the scope of work. It was also clarified that the consultant will assist with the process, however MAHC will be developing the Strategic Plan. Discussion ensued with respect to the community consultation process and the potential confusion with the capital plan process. It was also confirmed that the consultant will be made aware of this issue.

It was moved, second and carried that hat the 2019-2022 Strategic Planning project timeline be recommended to the Board of Directors for approval.

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

5.1 FINANCIAL RESULTS

Brenda Gefucia noted for the Board the new Executive Summary included with the financial report and explained that its intent is to make the consumption of the financials as easy as possible for all directors. From the results, it was highlighted that MAHC has a surplus year to date and the increased volumes are offset by increased costs. It was also explained that some of the variances are due to timing differences that will be reversed by year end. There has been no change in the Balance Sheet and the organization continues to have cash flow pressures. In response to a question from the floor, it was confirmed that the variance in the Drug line is a result of increased volumes. Discussion ensued with respect to cost controls related to drugs and an overview of the initiatives in place was provided. A point was also raised with respect to the potential of order sets increasing the utilization of DI and Lab investigations; it was explained there have been some increases seen in DI and when those are identified discussions regarding mitigation plans occur. In addition, as the Utilization Committee evolves the analysis will also aid in those discussions. In terms of the organization position compared to previous years, it was explained that MAHC is experiencing higher occupancy and it is expected to continue. However it was also noted that there is the same general pattern of being better than budget.

It was moved, seconded and carried that the Financial Results Year To Date September 30, 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 October 11, 2018*
- 6.2 Receipt of the Quality & Patient Safety Committee Report of October 25, 2018*
- 6.3 Receipt of the Strategic Planning Committee Report of October 24, 2018*
- 6.4 Receipt of the Resources & Audit Committee Report of September 28, 2018*
- 6.5 Receipt of the Compliance Report for the period ending July 31, 2018*
- 6.6 Receipt of the Patient & Family Advisory Committee Report*

7.0 ADJOURNMENT

It was moved that the meeting be adjourned at 5:20 pm.

Appendix

My name is Natalie Bubela and I am the CEO of Muskoka Algonquin Healthcare and it is my distinct honour and privilege to speak about Christine on behalf of myself and Phil Matthews, our Board Chair who is unfortunately out of the country. Christine joined MAHC's Board of Directors in June 2013 and since then has been a very active and dedicated Board member serving on the Governance Committee, Quality and Patient Safety, Executive Committee, Nominations Committee and the Physician Engagement Task Force. She also capably chaired the Audit Committee, the Nominations Committee and most recently the Governance Committee of the Board. Beyond the boardroom, she and Francois attended many of the Foundation and Auxiliary fund raising events as well as hospital events such as the annual Christmas Dinner & Dance. It was a pleasure to get to know Christine and Francois on a personal level as well.

Christine took her Board accountability very seriously. She was diligent and thorough in her review of Board material evidenced by always having a highlighter at the ready and her binders filled with sticky notes. There are many who struggle with Governance, bylaws and policies – but not Christine - she brought Governance to life and made it fun and meaningful. She was always quick to point out her pride in the depth and wealth of experience we have around our Board table. I have to tell you though this is a result of her leadership on the Nominations Committee and the incredible relational style she brought to Board recruitment.

Many of our invited North Simcoe Muskoka leaders benefited from the educational sessions whose planning she chaired as evidenced by repeat attendees and overwhelming positive feedback over the years. I will never forget the educational session where Christine was dared by the guest speaker to sing her old school song - and without a moment's hesitation she stood up and proudly sang for the entire crowd and through that brave display raised money for the Foundation. What a performer! I regret there is no video footage to share with you today and help bring a smile at this sad time. Her performance epitomized what we loved most about Christine.

- Her style and flamboyance – her hats!
- Her passion, energy and cheer and occasional bursts of feistiness
- Her sharp wit and clever responses
- Her resilience and courage
- Her love of Scottish traditions – Burns suppers and local pipe band gatherings
- Her ability to laugh at herself
- Her emails of praise and support to me and other members of the Board when she felt support was needed
- Her genuine warmth and friendliness

Christine once coached a more junior Board member with the following advice: when we carry out our Board duties we must be true and honest to ourselves. We must behave with personal integrity as we deal with the various issues that come before the Board. Christine role modeled that behaviour consistently and I can say with certainty that she made a difference in my life personally and positively influenced the Board. We will miss her dearly!


Philip Matthews, Chair


Natalie Bubela, Secretary