

BOARD OF DIRECTORS

OPEN SESSION MINUTES

Thursday, October 11, 2018 at 4:00 pm
South Muskoka Memorial Hospital Boardroom
Approved November 8, 2018



PRESENT:

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

(T) denotes participation via teleconference

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Phil Matthews called the meeting to order at 4:00 pm.

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

Natalie Bubela shared a patient story that reflected the phenomenal teamwork between the emergency department and surgical services staff in a life threatening situation. There were no actions arising from the discussion.

2.0 REPORTS

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

The Chair drew the Board's attention to the Action Log appended to the agenda; there was general consensus that the document will be a useful tool for the Board. The Board was also encouraged to review the list of upcoming events and attend as appropriate. It was requested that the CEO and Board Liaison be advised of any events Directors plan on attending.

It was moved, seconded and carried that the resignation of Christine Featherstone be accepted, with regret.

2.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

The October report of the Chief Executive Officer was received. Further to the report, N. Bubela read aloud the members recently appointed to the Premier's Council on Improving Healthcare and Ending Hallway Medicine.

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The October report of the Medical Advisory Committee was received. The long service awards referenced in the CEO's report were highlighted and the importance of the event was reinforced. In response to a question from the floor it was confirmed that the emergency codes undergo a regular review cycle every 2-3 years. They are also revised as required when incidents occur and if a need is identified. The Medical Advisory Committee only reviews those codes that have clinical impact. It was also clarified that the proviso that the committee review Appendix E - Medication Reconciliation on Discharge at the October, 2018 MAC meeting was the result of an administrative error in that the particular document was missing from the package.

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

4.1 FINANCIAL RESULTS

Brenda Gefucia presented the financial results for the period ending August 31, 2018 and explained that the Committee continues to discuss reporting and the next report will include an executive summary that ties the volumes into the commentary. From the report it was highlighted that the organization continues to experience greater than budgeted occupancy rates, and the variances in revenues and expenses are mostly volume driven. Although the current position is in a favourable surplus position of \$28K, the Board was reminded that it is a bit behind the position for same period in the prior year. Occupancy levels are higher compared to the prior year.

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

5.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

5.1 CAPITAL PLAN DEVELOPMENT TASK FORCE

Peter Deane presented the update regarding the Task Force work and noted that the Task Force is keen to move forward with the Part B planning. It is recognized that the Part B work is highly technical and will rely more on the consultants, experts and the organization's clinical leadership and front line staff. The meeting schedule for the Task Force will be less regular and the role of the Task Force in this next phase is more to oversee the project. Minor adjustments to the membership have been made. Don Mitchell has resigned due to competing priorities. As well, Phil Matthews has resigned given his new role as Board Chair and Esther Millar has joined the Task Force. The remaining membership has remained that same. At the first meeting there was good discussion regarding the principles and the term renovation. With respect to Stage 1 costs, the Board was reminded that the \$1 million grant was for Stage 1 and 2. Project expenses are being tracked and reported to the Ministry and the LHIN; the project is on budget. It is anticipated that completion of the Stage 1 will not use the full amount of the grant provided. In terms of the schedule, work will be completed through workshops that will involve clinical and key stakeholders. It is anticipated that the preferred development option will be brought to the Board by April 2019. A question was raised with respect to including additional stakeholders such as First Nations, Mental Health and Long-Term Care. It was explained that this phase will rely heavily on clinicians and key stakeholders will be brought in at particular points once the work gets into further refinement of the design. It was also noted that this is in line with the approach utilized today for renovations; for example mental health staff and patients have been included in the work related to the mental health room development in the emergency departments. Discussion ensued with respect to communications and the community information session timing. It was explained that the Task Force is aware of the need and initiated discussions regarding the communications plan at its most recent meeting. A suggestion was made to enhance the stakeholder list in the communications plan with additional associations such as the local Chambers. Upon review of the Terms of Reference, it was confirmed that the repurposing of the buildings will be a consideration if it is determined it is needed. Further clarification was requested with respect to the Task Force responsibilities and in particular the design parameters and principles. Discussion also ensued with respect to the conflict of interest section and it was confirmed that under corporate law, Directors that declare a conflict can participate in the discussion but not vote; there were no revisions requested.

It was moved, seconded and carried that the Capital Plan Development Task Force Part B Planning Terms of Reference be approved.

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

6.1 ANNUAL GOVERNANCE GOALS

On behalf of the Governance Committee, Frank Arnone reviewed the pre-circulated documented and provided a brief overview of the Committee's rationale for the proposed goals. There were no questions arising.

It was moved, seconded and carried that the following Annual Governance Goals for 2018/19 be approved:

- 1. Identify and implement methods of reaching out to the community and providing additional opportunities for the community to be heard ensuring openness and meaningful engagement.*
- 2. Enhance the efficiency of the Board by creating greater flexibility in Board Committees' Terms of Reference to enable increased participation for the purposes of sharing of responsibilities.*

6.2 ANNUAL BOARD EDUCATION PLAN

Frank Arnone presented the Annual Board Education Plan and highlighted that although the Foundation and NOSM updates have been removed from the plan, they will be addressed at the Board table by other means. In addition, it was also noted that the plan has built in flexibility; Directors were encouraged to provide suggestions as the year proceeds. Question was raised with respect to how the Board engages in the plan, and the communication back to the Board. It was agreed that an update will be brought back in January.

It was moved, seconded and carried that the Annual Education Plan 2018-2019 be approved.

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 September 13, 2018*
- 7.2 Receipt of the Resources & Audit Committee Report of September 28, 2018*
- 7.3 Receipt of the Compliance Report for the period ending July 31, 2018*
- 7.4 Approval of the Board Award of Excellence Policy Revision*
- 7.5 Receipt of the Governance Committee Report of September 12, 2018*
- 7.6 Approval of the Governance Committee Work Plan 2018-2019*
- 7.7 Receipt of the Patient & Family Advisory Committee Report*

8.0 ADJOURNMENT

It was moved that the meeting be adjourned.


Philip Matthews, Chair


Natalie Bubela, Secretary