

# BOARD OF DIRECTORS

## OPEN SESSION MINUTES

Thursday, September 13, 2018 at 4:00 pm  
Huntsville District Memorial Hospital Boardroom  
Approved October 11, 2018



---

### **PRESENT:**

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

(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 4:03 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

Harold Featherston shared a patient experience that highlighted feedback from a seasonal resident for the exceptional emergency care received at the HDMH Site. In addition to the staff the patient encountered, Dr. Irvin was also recognized for the care provided. In addition, Esther Millar informed that Board that MAHC receives numerous compliments with respect to Dr. Irvin's care specifically regarding her approach and bedside manner. A question was raised with respect to posting comments such as these on the public website. There were some concerns as certain individuals prefer to remain confidential; staff agreed to look into this suggestion.

Harold Featherston also read aloud an accolade received from a staff member directed at other staff members recognizing the significant team effort displayed during a busy night shift that experienced multiple traumas. It was explained that all individuals identified in the written compliment received a copy and it was also shared through staff huddles.

## 2.0 REPORTS

### 2.1 CHAIR'S REMARKS

The Chair spoke briefly regarding the focuses for the coming year including the Stage 1, Part B work, short term growth and needs for the hospital, financial issues as well as the political and staffing issues. The Board was reminded that the August 31<sup>st</sup> summary of the Board brainstorming session was circulated. The Chair and the CEO recently attended the Ontario Hospital Association Leadership Summit where Minister Christine Elliott and Dr. Ruebin Devlin both spoke. The key messages gleaned from the session included envisioning the hospital of the future with a focus on efficiencies, strategic planning and leadership. The Chair highlighted the new upcoming events scheduled attached to the agenda. The upcoming Foundation Radiothons were highlighted and Directors were encouraged to participate.

## **2.2 REPORT OF THE CHIEF EXECUTIVE OFFICER**

The September report of the Chief Executive Officer was received for information. The CEO recognized all those involved in coordinating the annual memorial service and informed the Board of the appreciation expressed by participants for the event. There were no questions or comments from the floor.

## **3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS**

### **3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE**

The September report of the Chief of Staff was received for information. Further to the report, the Board was informed that there were not any significant staffing issues experienced in the Emergency Department through the busy summer months. It was also reported that Dr. Scott Whynot will be taking over Dr. Keith Cross' family practice however Dr. Cross intends to stay involved in the hospital work. In response to a question regarding the target for Order Sets, it was explained that they are reviewed on a regular basis. Currently there is a desire to transition to a new program; direction and details are yet to be confirmed by GBIN. In addition, when a need is identified for a new order set, the Committee will get the appropriate physicians and nurses involved for the development.

### **3.2 BALANCED SCORECARD RESULTS**

Esther Millar presented the Balanced Scorecard Results and reviewed the medication reconciliation on discharge, patient satisfaction, Alternate Level of Care and workplace violence metrics. A question was raised with respect to the actual number of responses for the patient satisfaction surveys; it was explained that the return rates are not very high. The survey vendor (NRC) does not close the survey until a minimal number of responses are received. It was noted that MAHC is trending upward and when action plans are developed these are done primarily based on verbatim comments received. For the emergency department it was noted that the trends from the verbatim comments focus on communication, attitude and receiving simple things such as a warm blanket. It was confirmed that to date generally targets are set corporate-wide and not set for each site. In terms of Alternate Level of Care, it was noted that with the majority of the metric being out of MAHC's control, a suggestion was made to consider a subcategory metric that is within MAHC's control. Esther Millar commit to taking this back to the staff for further discussion to determine if there is an appropriate metric to monitor. In response to a question from the floor regarding the higher frequency of violence at the SMMH Site, it was explained that there are a number of factors that influence this including that SMMH is the larger site. When there is a patient identified with behavioural issues, there are a number of measures put in place. It was also noted that some of the incidents are repeated incidents with the same patient. In terms of Emergency Department wait times, it was confirmed that these are measured in a variety of ways including by acuity. There are targets set for all acuities and the Emergency Department Committee tracks those metrics through its own Balanced Scorecard.

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

### **4.1 FINANCIAL RESULTS**

Brenda Gefucia presented the July 31, 2018 financial results and explained that the report continues to be a work in progress with the goal to make it more user friendly for both at the Resources & Audit Committee level as well as the Board level. The results were reviewed and it was highlighted that the organization is better than budget year-to-date some of which is volume driven while some is offset on the expense side. It was noted that it remains early in the year. Directors were welcome to provide any comment and feedback on the reporting approach. There were no questions from the floor.

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

### **4.2 CAPITAL ACQUISITION PROCESS**

Brenda Gefucia informed the Board of the fundamental change in the capital budget process whereby it will now be aligned with the operating budget process. The reporting will also provide an enhanced view of the spend. The process involves a bottom-up approach to identifying capital needs that are prioritized by each department which in turn is prioritized corporately by the Senior Leadership Team. In addition, management does have discretion to make emergency purchase decisions that may arise within the signing authority they have been granted. It was also highlighted that any single siting decision would be brought to the Board of Directors. A question was raised

regarding the cash flow forecast and the discrepancy with the capital budget schedule in terms of funding from the Foundations. It was explained that one is based on cash and the other is based on commitment. From a funding perspective, there are open receivables from the Foundation and as well HIRF is incorporated into the capital budget schedule.

***It was moved, seconded and carried that the Board of Directors receive the Capital Plan for FY2018-2019.***

## **5.0 CONTRIBUTE TO THE STRATEGIC DIRECTION**

### **5.1 CAPITAL PLAN DEVELOPMENT TASK FORCE**

Cameron Renwick recapped the events over the summer leading to the Board's endorsement of the Task Force recommendation for the Two Acute Sites service delivery model, replacing the 2015 decision for one hospital centrally located. It was noted that the decision represents a major milestone and the halfway mark in the Stage 1 planning. The Board was reminded that the Two Acute Sites service delivery model includes 61 more inpatient beds including a new stroke rehabilitation unit, and also proposes the addition of MRI technology. The next step is for the Task Force to focus on the physical design of the Two Acute Sites model in the Part B work. It will be highly technical and the Task Force will be heavily relying on the organization's clinical leadership, front line staff and senior leadership. The commitment to keep the public informed as the work progresses remains in place. The Task Force will be reconvening later this month. In response to a question from the floor regarding the Committee membership, it was explained that although the Committee has yet to meet, there may be some members that choose to step away. At this time, given the volume of information it is not expected that any resignations would be replaced.

### **5.2 STRATEGIC PLANNING COMMITTEE STRUCTURE**

Bob Manning presented the pre-circulated document outlining the rationale for a recommendation to that would see the standing Strategic Planning Committee replaced by a Strategic Planning Working Group, which would only function when it was needed to update MAHC's Strategic Plan. It was also explained that in arriving at this recommendation the work of the Strategic Planning Committee over the last year was reviewed. The next Strategic Planning Committee meeting scheduled for October 24<sup>th</sup> would be devoted to obtaining input on this new approach from the existing membership. Discussion ensued and several suggestions and comments were provided including:

- a need to understand the policy guideline that would be in place to determine how committee meetings are initiated
- membership of a work group would need to be structured and include the expertise needed for the current environment
- a suggestion that there still be a Chair appointed that would be responsible for pulling the work group/committee together when needed
- concerns were expressed regarding adding work load to other standing Committee with already robust, busy work plans.
- the Governance Committee should review the structure to see how Strategic Planning fits into the organization as whole from a governance perspective
- a clear transition plan and future state including how the Strategic Plan would monitored is needed prior to decision making
- the Board's role in strategic planning needs to be articulated
- distinction between strategic planning and strategy discussions
- How will the monitoring of the strategic plan occur

By general consensus there was agreement to table to the recommendation. Generally, the Board was in agreement with the concept but requested a more detailed transition, future vision and input from the Governance Committee.

## **6.0 CONSENT AGENDA**

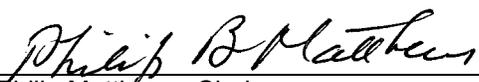
***It was moved, seconded and carried that the following items be approved or received as indicated:***

- 6.1 Approval of the Board of Director Meeting Minutes from June 14, 2018***
- 6.2 Approval of the Board of Director Meeting Minutes from June 25, 2018***
- 6.3 Approval of the Board of Director Meeting Minutes from August 8, 2018***
- 6.4 Approval of the Board of Director Meeting Minutes from August 9, 2018***
- 6.5 Receipt of the Quality & Patient Safety Committee Report of August 30, 2018***
- 6.6 Approval of the Quality & Patient Safety Committee Terms of Reference revisions***

- 6.7 Approval of the Quality & Patient Safety Committee Work Plan for 2018/19
- 6.8 Receipt of the Resources & Audit Committee Report of August 31, 2018
- 6.9 Approval of the Resources & Audit Committee Work Plan for 2018/19
- 6.10 Receipt of the Compliance Report for the period ending July 31, 2018
- 6.11 Approval of the Talent Management Policy
- 6.12 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