

BOARD OF DIRECTORS OPEN SESSION MINUTES

Thursday, February 13, 2019 at 4:00 pm
South Muskoka Memorial Hospital - Boardroom
Approved March 12, 2020



PRESENT:

(T) denotes electronic participation

<i>Elected Directors:</i>	Philip Matthews	Cameron Renwick	Dave Uffelmann	Roy Stewart (T)
	Peter Deane	Bob Manning	Moreen Miller	Dave Sprague
	Michael Walters	Brenda Gefucia	Beth Goodhew (T)	
<i>Ex-Officio Directors:</i>	Carol Anderson	Dr. Khaled Abdel-Razek		
<i>Executive Support:</i>	Terry Shields			
<i>Staff Resources:</i>	Tammy Tkachuk	Allyson Snelling		
<i>Guests:</i>	Marsha Barnes			
REGRETS:	Dr. Kristen Jones	Dr. Pierre Mikhail	Natalie Bubela	Kathy Newby
	Harold Featherston	Robert Alldred-Hughes		

1.0 CALL TO ORDER

The meeting was called to order by Phil Matthews, Chair at 4:06 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.

2.0 REPORTS

2.1 CHAIR'S REMARKS

The Chair had no report.

2.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

The February report of the Chief Executive Officer was received for information. Clarification was provided regarding the steps required to achieve the Choosing Wisely designation. In response to a question regarding staff immunization rates, the Board was informed that MAHC's rates are exceptionally high for the industry and there are specific requirements in the event of an outbreak for staff who choose not to be immunized.

2.3 OHA EDUCATION – THE SELF-AWARE LEADER

Cameron Renwick provided an overview of a recent Ontario Hospital Association conference attended including the pre-work that involved a personal 360 exercise. The conference was valuable and appreciation was expressed to the organization for supporting Directors in continuing education.

3.0 PROGRAM QUALITY & EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The December and January report was reviewed by Dr. Abdel-Razek as pre-circulated. In response to a question from the floor, a brief description of the hospitalist model at each of the sites was provided and the Board was informed that the Chiefs of Family Medicine for each site are working to develop one model for MAHC. It was also clarified that the hospital does not hire the hospitalists although this is the model in some hospitals; discussion ensued with respect to the challenges in any model when physicians are not salaried. The Board was further informed that the family medicine department is making a request to the Senior Leadership Team for an accommodation stipend for locums.

3.2 QUALITY IMPROVEMENT PLAN - PERFORMANCE INDICATOR RESULTS

Peter Deane presented the report as pre-circulated with the meeting package and reviewed the metrics associated with quality improvement plan highlighting that MAHC continues to perform well. The Board was also informed that the Quality and Patient Safety Committee will be reviewing the role and reporting relationship with the sequence of Committees with a view to streamline the reporting process. The 2020/2021 Quality Improvement Plan is underdevelopment for approval at the next meeting and will include a few additional metrics.

A question was raised regarding the communication of the Quality Improvement Plan results throughout the organization. It was explained that the metrics cascade down to the clinical committees however broader communication is always a challenge. At the unit level quality boards are established as well as staff huddles as one communication method. However, this is an area requiring of focus and some improvement to ensure the information is cascading down.

A further question raised relative to safety, initiated discussion with respect to the tremendous amount of work that has been done internally relative to workplace violence. The working group continues to implement recommendations as outlined in the pre-circulated report. The Board was also informed that given MAHC is not a Schedule 1 facility, the support of community partners is critical to the strategy. MAHC has good relationships in place with EMS, Waypoint and CMHA.

3.3 CLINICAL SERVICES RESOURCE PLAN

The Clinical Services Resource Plan was presented as reviewed by the Quality and Patient Safety Committee. The Board was reminded that it is a living working document that is reviewed every two months at the Recruitment and Retention Committee and the Medical Advisory Committee. Discussion ensued with respect to the High, Medium and Low impact categories. It was clarified that when a physician is recruited, an impact analysis of bringing that physician into the organization is included and certain specialties have more impact than others. It was suggested that consideration be given to presenting the plan in a different format or including the definitions in the future. It was also noted that

the document is more of a physician manpower plan and recruitment tool rather than a clinical services plan.

It was moved, seconded and carried that the Clinical Services Resource Plan be approved.

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

4.1 FINANCIAL RESULTS

Brenda Gefucia presented the financial results on behalf of the Resources and Audit Committee noting that they are consistent with prior reports. The overall result at the end of nine months is a slight surplus against a budget with a significant deficit. The primary variances were highlighted along with the current volumes. It was also noted that the total volumes allocated for the elective Quality Based Procedures will soon be at their maximum which will have an impact for the remainder of the year. There were no questions arising from the floor.

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

5.0 FOSTER RELATIONSHIPS

5.1 CORPORATE COMMUNICATION STRATEGY FOR FISCAL YEAR 2020-2021

Phil Matthews presented the Corporate Communications Strategy and explained that the document has been delineated between the strategy and operational plan. The Board was encouraged to remain focused on the strategy. Questions of clarification were raised with respect to evaluation methods and the use of analytics. An observation was also provided relative to the Communications Distribution Flowchart and that the Ontario Health Team will need to be incorporated in the future. It was also clarified that the Corporate Communications Strategy is a flexible document and management judgement is applied in determining if any of the tactics may be delayed or revised to accommodate the current environment.

It was moved, seconded and carried that the 2020-2021 Corporate Communication Strategy be approved.

6.0 CONSENT AGENDA

Concerns were raised regarding the Professional Staff Credentialing Policy and a request was made to defer approval pending presentation of a tracked changed version of the policy at the next meeting.

The Board/CEO Relationship Policy was deferred pending further discussion regarding the revisions.

Comment was provided regarding the Commitment to Integration policy and that the impact of Ontario Health Teams.

Discussion ensued with respect to the Board Agenda Development & Consent Agenda Policy and the appropriateness of including policies in the consent agenda. It was noted that any new policies or significant revisions are generally not included in the consent agenda and that Directors have the ability to request any item to be removed from the consent agenda. It was also noted that all policies are reviewed in detail at the Standing Committee level prior to presentation to the Board. Following discussion, it was

agreed to create a separate section on Board agendas just prior to the Consent Agenda specifically for Board policies.

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 of December 12, 2019*
- 6.2 *Receipt of the Quality & Patient Safety Committee Report of January 30, 2020*
- 6.3 *Receipt of the Resources & Audit Committee Report of January 31, 2020*
- 6.4 *Receipt of the Human Resources Report*
- 6.5 *Receipt of the Compliance Report*
- 6.6 *Approval of the revised Board Award of Excellence Policy*
- 6.7 *Receipt of the Executive Committee Report of January 23, 2020*
- 6.8 *Approval of the revised Corporate Communications and Media Calls Policy*
- 6.9 *Receipt of the Governance Committee Report of January 22, 2020*
- 6.10 *Approval of the Commitment to Integration Policy*

7.0 ADJOURNMENT

It was moved that the open session be adjourned and the Board of Directors proceed into the in-camera session following a short recess at 5:20 pm.


Philip Matthews, Chair


Natalie Bubela, Secretary