

BOARD OF DIRECTORS OPEN SESSION MINUTES

Thursday, November 14, 2019 at 4:00 pm
Huntsville District Memorial Hospital - Boardroom
Approved December 12, 2019



PRESENT:

(T) denotes electronic participation

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

1.0 CALL TO ORDER

The meeting was called to order by Cameron Renwick, Vice-Chair at 4:04 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.

1.3 PATIENT STORY

Harold Featherston shared a story received through the Opportunity for Improvement program. The individual was very complimentary with respect to the caring, friendly attitude of staff and welcoming environment. Areas highlighted for improvement included the wait times in the Emergency Department and increasing the number of handicapped parking spaces. Follow up occurred with the individual who was very appreciative of the opportunity to discuss the concerns. A question was raised with respect to the purpose of patient stories and opportunities for the Board to hear stories that are more comprehensive. It was explained that patient stories are intended to provide the Board with a sense of the patient perspective of their experience. Prior experience with sharing stories that are more comprehensive and the risks related to privacy were discussed. Following discussion there was agreement by general consent to move the patient stories to the In-Camera agenda.

1.4 STAGE 1 SUBMISSION UPDATE

Cameron Renwick reviewed the pre-circulated document providing an update regarding the completion and submission of the Stage 1 proposal. The Board was informed that the submission will occur in

November and the collective document is in excess of 600 pages. The submission will be for one project with two builds based on the Board's previous decisions with respect to the Part A and Part B components. Work has continued to refine the numbers. The meeting with the Capital Branch in October was positive with good open discussion and as a result of their feedback some of the areas of the submission were improved. The floor was open for questions and comments. An observation was provided that the Executive Summary needs revision to have more emphasis on the benefits of the proposal; there was agreement to address this suggestion and revise accordingly. Comment was also provided that the document does provide a detailed thorough review of MAHC's process outlining the multiple iterations and meets typical Ministry requirements for these types of submissions. Questions of clarification were raised relative to the programs that could shift to the community, inpatient bed summary and projected workload summary. As a result of the discussion that ensued, it was agreed to modify the assumption relative to dialysis moving to the community, and update the projected workload table with the label of "beds" where appropriate for clarification.

Tim Eastwood and Chuck Wertheimer were thanked for their time and left the meeting.

In terms of the timeframe for the submission, it was explained that the document would be updated with the inputs received tonight, and the documents finalized by next week. The revised documents along with the full submission will be posted on the Board portal and submitted towards the end of the month.

1.5 EDUCATION: OHA CONFERENCE, GOVERNANCE ESSENTIALS FOR NEW DIRECTORS

Kathy Newby and Roy Stewart provided the highlights from the presentations pre-circulated with the meeting package. The Board was informed that all of the conference material is available on the Education and Resources page of the Board portal. Discussion ensued with respect to information received regarding Ontario Health Team governance. There was no information provided beyond a recognition that it will be a challenge and that each Ontario Health Team will have the ability to identify their own governance model. The Board was reminded that the Muskoka and Area Ontario Health Team is holding a governance session on December 2, 2019. Peter Deane and Roy Stewart will be attending to represent MAHC. Upon review of the Directors Roles and Duties presentation, a question was raised relative to liability insurance. It was confirmed that insurance is in place but a specific amount would need to be confirmed. There has been nothing identified to-date that the Board should be doing differently.

2.0 REPORTS

2.1 CHAIR'S REMARKS

The Chair provided a synopsis of the activities over the past month highlighting the presentations to the District's Joint Committee meeting as well as the District Council presentation. The radiothons for the Foundations were a success. The South Muskoka Hospital Foundation recently hosted its first annual "Night Out" event, which was also a very successful sold out event. The Board was informed that to be able to communicate that the Foundations receive 100% support from the Hospital Board is a significant asset when speaking with donors; Board members were encouraged to support the Foundations. The Chair also encouraged Board members to attend the upcoming MAHC Christmas party.

2.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

The November report of the Chief Executive Officer was received for information. The Board was informed that the recent Muskoka and Area Ontario Health Team presentation to the Ministry representatives went extremely well with an impressive presentation. All presenters were professional and it was clear that the Muskoka partners are working well together.

3.0 PROGRAM QUALITY & EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The November report was reviewed by Dr. Abdel-Razek as pre-circulated and the discussions regarding surgical services, obstetrics and the creation of a Chief Medical Information Officer position were highlighted. A question from the floor was raised relative to midwives and if epidurals are within their scope of practice. Dr. Abdel-Razek explained the education, training and competency requirements that midwives must complete prior to having epidurals added to their privileges.

3.2 QUALITY IMPROVEMENT PLAN - PERFORMANCE INDICATOR RESULTS

On behalf of the Quality and Patient Safety Committee, Peter Deane presented the performance indicator results for the Quality Improvement Plan metrics. Discussion ensued with respect to medication reconciliation and management provided an overview of the work underway to better understand the barriers and challenges. A survey is currently out to the physician staff to provide additional understanding given it is more of a physician practice issue as opposed to a hospital staff practice issue. The College of Physicians and Surgeons have also released new guidelines that confirm that medication reconciliation is a requirement.

4.0 PROVIDE FOR EXCELLENT MANAGEMENT

4.1 CHIEF OF STAFF PERSONAL BUSINESS COMMITMENTS 2019/2020

Upon review of the proposed personal business commitments for the Chief of Staff, there were no questions or concerns raised.

It was moved, seconded and carried that the 2019/2020 Chief of Staff Personal Business Commitments be approved.

5.0 CONSENT AGENDA

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

- 5.1 Approval of the Board of Director Meeting Minutes of October 10, 2019*
- 5.2 Receipt of the Quality & Patient Safety Committee Report of October 30, 2019*
- 5.3 Approval of the Quality & Patient Safety Committee Terms of Reference*
- 5.4 Approval of the Quality & Patient Safety Committee Work Plan 2019/2020*
- 5.5 Receipt of the Executive Committee Report of October 24, 2019*
- 5.6 Receipt of the Corporate Communications Strategy Status Report*
- 5.7 Approval of the Executive Committee Terms of Reference*
- 5.8 Approval of the Executive Committee Work Plan for 2019/2020*

6.0 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.


Philip Matthews, Chair


Natalie Bubela, Secretary