BOARD OF DIRECTORS
MINUTES

Thursday, November 10, 2022 at 5:00 pm

1271 Cedar Lane, Bracebridge
Approved December 8, 2022

PRESENT:				
Elected Directors:	Moreen Miller	Dave Uffelmann	Tim Ellis	Line Villeneuve
	Marsha Barnes	Brenda Gefucia	Anna Landry	Bruce Schouten
	John Sisson	Evelyn Bailey	Carla Clarkson-Ladd	
Ex-Officio Directors:	Cheryl Harrison	Dr. Allison Small	Dr. Ken Hotson	Melissa Bilodeau
	Dr. Khaled Abdel-Razek			
Executive Support:	Janice Raine	Andrew Gall	Brody Purser	
Staff Resources:	Tammy Tkachuk			
Guests:	Mary Beth Harthill, Reporter, Metroland Media			
REGRETS:	Allyson Snelling			

1.0 CALL TO ORDER

The meeting was called to order by the Chair, Moreen Miller at 6:30 pm. With respect to the Land Acknowledgment Statement, the Chair noted that November 8th is National Indigenous Veterans Day and November 11th is Remembrance Day. MAHC will be participating in three ceremonies across the catchment area on November 11th. The Board was also provided with a brief overview of the history related to Corporal Francis Pegahmagabow who is Canada's most decorated Indigenous military member of in history. Corporal Pegahmagabow's legacy lives on locally through his grandchildren and great grandchildren who live and work locally. It was reinforced that part of better understanding our Indigenous partners is understanding their history as well.

1.2 Approval of Agenda

It was moved, seconded and carried that the meeting agenda be approved as circulated.

1.3 Declaration of Conflict of Interest

Members were reminded that conflicts are to be declared for any agenda items and the Director shall not attend any part of a meeting during which the matter in which they have a conflict is discussed. There were no conflicts of interest declared.

1.4 Medication Reconciliation on Discharge Process Review

Dr. Khaled Abdel-Razek and Janice Raine presented the pre-circulated report providing an overview of the progress related to improvement efforts for Medication Reconciliation on Discharge. Following a review of the achievements to date and the planned next steps, it was highlighted that the current hybrid model of charting creates challenges; the Cerner system is only registering 20-30% of reconciliations when they are in fact occurring approximately 80% of the time. The reasons for this are varied, some known and some unknown. The Board was also advised of some changes occurring in the Pharmacy department that will promote more presence and act as an opportunity to support and educate physicians as it relates to Medication Reconciliation on Discharge.

A question of clarification was raised regarding the calculation of the 80% completion rate and if that is based on a sample of charts. It was explained that confirmation is needed as to the sample size but the audit is somewhat subjective and will be much more efficient once automated.

2.0 REPORTS

2.1 Chair's Remarks

The Chair noted that it has been another busy month for both Board and Staff; appreciation was expressed to all those that have contributed over the past month. Appreciation was also extended to Tim Ellis and the Trillium Lakelands District School Board for once again hosting the meeting, allowing the Board to meet in person while physically distanced. Given the rise in COVID activity in the community, and the impact of the influenza season, the organization has made the difficult decision to cancel the annual holiday party. Likewise, the informal dinner for Directors planned for November will also be cancelled with the intent to reschedule in the spring. The session held on October 28th for Directors in preparation for the Accreditation Survey next week was highlighted and all Directors were urged to review the recording and documentation in preparation. The Chair also highlighted that work is underway with respect to Capital Redevelopment and the associated communications will also be ramping up. The Chair advised that congratulatory letters have been sent to all the new and returning Mayors in the catchment area. There were no questions for the Chair from the floor.

2.2 Report of the President and Chief Executive Officer

The November report of the President and CEO was received for information as pre-circulated with the meeting package. Following a review of the key highlights from the report, in response to a question from the floor the Board was advised that the Personal Support Worker funding is one time funding associated with the pandemic.

3.0 PROGRAM QUALITY & EFFECTIVENESS

3.1 Report of the Chief of Staff & Medical Advisory Committee

The October report of the Chief of Staff and Medical Advisory Committee was received for information. Following a review of the highlights from the report, a question was raised regarding any drug shortages impacting hospitals similar to those currently impacting retail pharmacies. It was explained that there are no demands that cannot be met at this time.

3.2 Accreditation Planning and Preparations

Dave Uffelmann presented the report on behalf of the Quality and Patient Safety Committee and explained that Accreditation is a critical certification for the hospital that is quality driven as it relates to ongoing processes. It was noted that there are some areas of challenge, but Management is confident that best efforts have been made to mitigate those challenges. There were no questions from the floor.

3.4 Quality and Patient Safety Report

The second quarter Quality and Patient Safety Report was presented and it was highlighted that the report continues to evolve to ensure it is focusing on key issues for the Board. The Committee is pleased with the progress but will be implementing further improvements and expand some of the narrative pieces to ensure focus on the corrective actions of those metrics not on track. Discussion ensued regarding some of the targets that are not being met and Directors were encouraged to consider the trending related to metrics and the improvement mechanisms identified. Clarification was provided regarding the difference between the patient relations data and patient satisfaction data where patient relations data tracks the number of complaints and compliments that patients and families submit directly to MAHC. The patient satisfaction data is a survey approach in that MAHC reaches out for feedback. It was also noted for the Board that a new system to garner patient satisfaction data will be implemented in April and will provide real time data that can be compared to hospitals across the province.

4.0 STRATEGIC DIRECTION

4.1 Bracebridge Site Selection Process

The recommendation related to the process to select the new site for the Hospital in Bracebridge was presented and it was highlighted that this is a continuation of the work initiated in 2018. The Team will build on that previous work, determine any alternatives and engage with the community. The estimated timeframe for this work is 4-5 months. In response to a question from the floor, it was confirmed that this work is included in the budget for the Stage 1.3 project. It was also confirmed that the District of Muskoka will be included in the outreach to municipalities and that all of the appropriate official plans (land use, etc) will be identified by the consultants.

It was moved, seconded and carried that the proposed site selection process for Bracebridge be approved.

4.2 Stage 1.3 Budget

The Stage 1.3 budget was presented and it was noted that the $14 million planning grant was intended to cover all planning costs to the end of Stage 2 of the Ministry of Health's capital planning process. Should the funding not be adequate, application can be made for additional funding which would draw on the build funds. The Committee were in agreement that the budget presented was a fair allocation of the $14 million to be applied at this point in the planning. A question was raised regarding the low number allocated for meeting fees for physicians staff; it was clarified that it represents stipends for those staff that would not be on shift. There is also a contingency built into the budget and a forecast will be developed and reported to the Steering Committee. It was acknowledged that engagement is important to the project and will not be hindered by budget. The User Groups are scheduled to begin meeting in January.

It was moved, seconded and carried that the Stage 1.3 Budget be approved.

5.0 RELATIONSHIPS

5.1 Muskoka & Area Ontario Health Team (MAOHT) Strategic Plan

Brenda Gefucia noted for the Board that the complete MAOHT Strategic Plan is available and included in the meeting package was an overview of the key highlights. From a process perspective, the Board was advised that it involved broad engagement in getting contribution to the elements of the strategic plan. The Board was also reminded as to the background regarding the creation of Ontario Health Teams. The Mission, Vision and Values remained relatively unchanged from what was originally developed. Each Partner will be bringing the Strategic Plan to their respective Boards and Management has been tasked to ensure it is shared internally. The three Strategic Goals were reviewed and the Board was provided with examples of how these are being operationalized currently. The alignment with MAHC's Strategic Plan was also highlighted along with how MAHC currently participated in MAOHT activities. Following the conclusion of the presentation, the floor was open for questions and comments.

Brenda Gefucia was recognized for her exceptional leadership at the Alliance Council. The Board was also reminded of the work that occurred locally that was the precursor to MAOHT – the Muskoka and Area Health System Transformation (MAHST). The work of this group was noted as one of the reasons that the MAOHT work has progressed as quickly as it has.

6.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

6.1 Financial Results

Tim Ellis presented the financial results year to date August 31, 2022 and highlighted that MAHC's working capital continues to be solid with a position of $26 million. The Committee is anticipating a capital request related to the Cerner program and pressures continue to be placed on the financial statements as a result of increased clinical activity. It can be expected that the projected surplus will be impacted by the continued use of agency staff and it was noted that recruitment continues to be a challenge. The floor was open for comments and questions.

Clarification was provided regarding the clinical activity data and that the percentages reflect MAHC's utilization and occupancy percentages.

It was moved, seconded and carried that the Financial Results Year to Date August 31, 2022 be received.

7.0 LEADERSHIP

7.1 Annual Performance Objectives Progress Update – Chief of Staff

Moreen Miller presented the update on the progress of the Chief of Staff performance objectives. It was noted that ongoing discussion continues on a regular basis with the Board Chair and Vice-Chair. There were no questions or comments from the floor.

8.0 ENSURE BOARD EFFECTIVENESS

8.1 INCLUSION, DIVERSITY, EQUITY AND ANTI-RACISM (IDEA) WORKING GROUP

Carla Clarkson-Ladd presented the recommendation to transition the IDEA related work to the operational level given that the original intent of the Board focus is now complete as outlined in the appended report. It was reinforced that the Board will be kept apprised of the progress of this work through oversight at the Resources and Audit Committee and the Governance Committee will assume accountability for the review of the Board IDEA policy. There were no questions or comments from the floor.

It was moved, seconded and carried that the terms of reference for the Resources and Audit Committee be amended to include responsibility for oversight of IDEA-related matters as set out in Appendix "A";
That the Governance Committee assume accountability for the review of the Board IDEA policy; and,
That the IDEA Working Group be dissolved.

8.2 RESOURCES & AUDIT COMMITTEE TERMS OF REFERENCE

Two proposed amendments to the Resources and Audit Committee Terms of Reference were presented as follows:

Human Resources

- Review reports from management at least twice per year regarding general union activity and review the identified parameters prior to the initiation of bargaining of any collective agreements.

Membership

- One Credentialed Staff member of the Medical Advisory Committee , provided this individual shall not participate in audit subcommittee meetings.

Discussion ensued with respect to the change in approach to collective agreements; it was explained that the amendment clarifies the responsibilities of the Board and the Resources and Audit Committee will review the overall parameters for bargaining. It was also noted that from a financial perspective, the majority of bargaining occurs centrally and the Board would not have any input into those discussions. The Board would be primarily addressing local issues.

It was moved, seconded and carried that the revised Terms of Reference be approved.

8.3 CREDENTIALED STAFF APPOINTMENTS TO STANDING COMMITTEES

Dr. Khaled Abdel-Razek presented the proposed credentialed staff appointments to Standing Committees of the Board intended to enhance and expand physician interaction with the Board of Directors. Following a review of the pre-circulated report, there were no questions or comments from the floor.

It was moved, seconded and carried that the appointment of Dr. Caroline Correia to the Quality and Patient Safety Committee and Dr. Keith Cross to the Resources and Audit Committee be approved.

8.4 Quality Improvement and Safety Policy

On behalf of the Quality and Patient Safety Committee, Dave Uffelmann presented the proposed policy and reminded the Board that it stemmed from the policy review process undertaken by the Board in the previous cycle. Management was tasked with additional follow up and it has been confirmed that there is no conflict between the proposed policy and that of the Quality and Patient Safety Committee Terms of reference. There were no questions or comments from the floor.

It was moved, seconded and carried that the Quality Improvement and Safety Policy be approved.

9.0 CONSENT AGENDA

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

9.1 Approval of the Board of Director Meeting Minutes of October 13, 2022
9.2 Receipt of the Quality & Patient Safety Report of October 27, 2022
9.3 Receipt of the Resources and Audit Committee Report of October 17, 2022
9.4 Receipt of the People Metrics Report
9.5 Receipt of the Compliance Report as at August 31, 2022
9.6 Receipt of the MAHC MAOHT Committee Report of October 6, 2022
9.7 Receipt of the Performance Management Committee Report of October 24, 2022
9.8 Receipt of the Capital Redevelopment Steering Committee Report of October 26, 2022
9.9 Approval of the Capital Redevelopment Steering Committee Work Plan

10.0 ADJOURNMENT

It was moved that the open session be adjourned at 8:02 pm.