

BOARD OF DIRECTORS

OPEN SESSION MINUTES

Thursday, December 14, 2017 at 4:00 p.m.
South Muskoka Memorial Hospital Boardroom
Approved January 11, 2018



PRESENT:

Elected Directors:	Evelyn Brown	Philip Matthews	Brenda Gefucia	Kathy Newby(T)
	Cameron Renwick	Beth Goodhew(T)	Frank Arnone(T)	Christine Featherstone
	Bob Manning	Michael Walters	Moreen Miller	Don Eastwood
Ex-Officio Directors:	Dr. Dave McLinden	Natalie Bubela	Dr. Biagio Iannantuono	Karen Fleming
Executive Support:	Tim Smith	Esther Millar	Harold Featherston	
Staff Resource:	Tammy Tkachuk			
Guests:	Alison Brownlee, Metroland Media		Cathy Smith, SMMH Auxiliary	
REGRETS:	Dr. Anthony Shearing	Robert Alldred-Hughes		

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Evelyn Brown called the meeting to order at 4:05 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

Directors were reminded that conflicts of interest 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 provided a patient story that outlined repeated concerns that were being received related to the obstetrical ultrasound, rules regarding people in the room with the patient and the sharing of results. As a result of these complaints, a group of staff and physicians were engaged and information sheets were created, providers were engaged to help manage patient expectations and signage was posted in waiting rooms. Since these improvements were put in place, there has been only one complaint received.

1.4 CREDENTIALING AT MAHC

Dr. Biagio Iannantuono provided the annual overview of the credentialing process and reviewed the forms utilized to track all of the documentation required from applicants as well as the regional referee form. The floor was open for question. It was confirmed that the referee form is not an electronic form as it requires sign off. It was also confirmed that the referee form has not been reviewed by the regional group. In addition to the referee form, the Chief of Staff reaches out and has a conversation with the Chief of Staff of the applicant's previous Hospital or in the case of a new grad, the training program director. The Board was also reminded that there is an annual audit process in place related to the credentials process that is monitored by the Quality & Patient Safety Committee.

2.0 REPORTS

2.1 CHAIR'S REMARKS

The Chair read aloud a letter of appreciation from the MAHC Christmas Party Committee for the generous donations to the event. The Board was also provided with an overview of the recent Acute Care Governors meeting. It was noted that each Hospital in the NSM LHIN is submitted a capital plan. The next meeting is scheduled for April 2018.

2.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

The December report of the Chief of Staff was received for information. Further to the report, the Board was informed of an interview that occurred with Cogeco TV providing a brief update on capital planning.

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The December report of the Chief of Staff/Medical Advisory Committee was received. In response to a question related to the number of resolutions at this meeting, discussion ensued with respect to the process for the review of policies and procedures. There were no actions arising from the discussion.

4.0 CONTRIBUTE TO STRATEGIC DIRECTION

4.1 CAPITAL PLAN DEVELOPMENT TASK FORCE

The Task Force update dated December 5, 2017 was received. It was explained that a meeting has occurred since this time and that the date for the next workshop is scheduled for January 8, 2018.

4.2 2015-2018 STRATEGIC PLAN STATUS REPORT – YEAR 3, Q2

The second quarter status report related to the Strategic Plan was reviewed as pre-circulated with the meeting package. Each of the deliverables not meeting target were reviewed; there were no actions arising.

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

5.1 FINANCIAL RESULTS

On behalf of the Resources & Audit Committee, Brenda Gefucia presented the year-to-date financial results as of October 31, 2017 and noted that the results are consistent with previous reports. Year-to-date there is a \$536k surplus which is primarily driven by the \$1.6 million in additional funding and lower than planned spending expenses. Volumes continue to be very high and it was noted that although emergency department visits remain consistent with prior years, the patient days have increased. The full year forecast was also reviewed and it was noted that the results is showing a forecasted position of \$1.3 million deficit. Discussion ensued with respect to volumes and beds across the region. It was explained the LHIN is struggling for beds and there are a number of strategies being planned to manage the surge.

It was moved, seconded and carried that the Financial Results Year To Date October 31, 2017 be approved.

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 November 9, 2017*
- 6.2 Receipt of the Strategic Planning Committee Report of November 22, 2017*
- 6.3 Receipt of the Resources & Audit Committee Report of November 24, 2017*
- 6.4 Receipt of the Compliance Report for October 31, 2017*

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.


Evelyn Brown, Chair


Natalie Bubela, Secretary