

# BOARD OF DIRECTORS

## OPEN SESSION MINUTES

Thursday, June 8, 2017 at 5:30 p.m.  
South Muskoka Memorial Hospital Boardroom  
Approved September 14, 2017



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### **PRESENT:**

<b>Elected Directors:</b>	Evelyn Brown	Philip Matthews	Brenda Gefucia	Michael Walters
	Cameron Renwick	Beth Goodhew	Dave Wilkin	Christine Featherstone
	Frank Arnone	Moreen Miller		
<b>Ex-Officio Directors:</b>	Natalie Bubela	Dr. Dave McLinden	Dr. Biagio Iannantuono	Karen Fleming
	Dr. Paulette Burns			
<b>Executive Support:</b>	Tim Smith	Esther Millar	Harold Featherston	Robert Alldred-Hughes
<b>Staff Resource:</b>	Tammy Tkachuk			

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## **1.0 CALL TO ORDER**

With a quorum present, the Board Chair, Evelyn Brown called the meeting to order at 5:30 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 BOARD EDUCATION & PATIENT STORY - SERVING PEOPLE WITH A MENTAL ILLNESS**

Esther Millar, Chief Executive, Clinical Services provided the Board with a patient story that highlighted a key patient population that MAHC's serves, the patient's experience, the risks and the system challenges related to Mental Health patients. The presentation outlined Mental Health and Addictions Quick Facts as well as data with respect to opioid use in Muskoka. MAHC has implemented a number of multi-disciplinary strategies to keep staff and patients safe since fall 2015. The demand for mental health services will continue to grow and these patient present significant risk. MAHC will continue to develop infrastructure to support safety, closely monitor the risk and take efforts to mitigate. Management is also continuing to address the gaps as outlined in the 2016 recommendations report. The challenges related to accessing Schedule 1 beds were outlined for both adult and children. It was explained that Royal Victoria Regional Health Centre will be opening 8 new pediatric mental health beds in the Fall 2017 which will assist in addressing some of the challenges.

## **2.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS**

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

The June report of the Chief of Staff was received for information as pre-circulated and appended to the agenda. In response to a question from the floor, it was clarified that the Pharmacy and Therapeutics Committee has come to the conclusion that education is required with respect to orders that indicate a "no" followed by a specific product or therapeutic class. It was also explained that the research grant proposal to PSI for funding to support a pre-op anesthetic clinic was in the amount of \$50,000 over two years.

## **3.0 REPORTS**

### **3.1 CHAIR'S REMARKS**

The Chair reported that she along with Phil Matthews attended the third meeting of NSM LHIN Acute Care Governors and had the opportunity to share information and challenges amongst hospitals. There was much interest from the partner hospitals around the progress of MAHST. In general, the group was supportive of continuing the NSM LHIN Acute Care Governors meetings. The Chair also advised that Kristen Parker has been appointed the NSM LHIN Board Chair effective June 9, 2017.

The South Muskoka Hospital Foundation formed a task force to assist with ideas into the development of a fundraising plan over the next 3-5 years; the Foundation has engaged Ketchum Canada to develop this strategy. As part of this work, the Foundation Board will be engaging with various stakeholders and the Board of Director will be invited to the focus group on June 20, 2017.

The Chair also informed the Board that she recently attended a session of health care partners regarding Mental Health.

The Board was reminded of the upcoming Annual General Meeting scheduled for June 19, 2017 and requested that regrets be forwarded to the Board Liaison to ensure quorum will be met.

With regret, the Board Chair explained that she is in receipt of the resignation of Ross Maund, effective immediately. Mr. Maund's service on the Board and several Committee's was recognized.

***It was moved, seconded and carried that the Board of Directors accept the resignation of Ross Maund effective June 8, 2017, with regret.***

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

The June report of the Chief Executive Officer was received for information as pre-circulated and appended to the agenda. In response to a question from the floor, it was explained that the vacancy on the Patient & Family Advisory Committee is due to a resignation; the total membership for the Committee is 10.

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

### **4.1 AUDITED FINANCIAL STATEMENTS**

Evelyn Brown presented the audited financial statements and the Audit Findings Report as pre-circulated and posted to the Board portal. The floor was open for question and clarification with respect to the definition of Doubtful Accounts was provided. It was also clarified that revenue generated from parking does go to the Ministry of Health and Long-Term Care and in addition there are a number of regulations with respect to the amount hospitals may charge for parking. MAHC policies are in accordance with the rules and regulations. Clarification was also sought with respect to the \$600,000 labeled as Other under Other revenue.

***It was moved, seconded and carried that the of the Audited Financial Statements for April 1, 2016 – March 31, 2017 be approved for presentation to the Members of the Corporation.***

### **4.2 CAPITAL FUNDING ALLOCATION**

On behalf of the Resources Committee, Brenda Gefucia presented the capital funding allocation list and explained that the undertaking to create the summary occurs from a bottom up perspective exploring the needs of replacement or renovation over the next three years. Generally, clinical equipment funding comes from the Foundations and Auxiliaries. The organization remains in the same position as the previous year with respect to criticality and dollar amount. It was also noted that the Schedule A projects are based on useful life and provide a sense given the age of the buildings and what might need to be done over time. Renovation projects are funded through operations generally. It was also highlighted that management was successful in having the SMMH Site entered into the HIRF program; historically only HDMH has been eligible. The floor was open for question and comment. It was clarified that the Foundations receive the list and use as a tool for conversation with Donors; the Foundations are also members of the Capital Planning Equipment Committee.

### **4.3 BROADER PUBLIC SECTOR ACCOUNTABILITY ACT - ANNUAL BOARD ATTESTATION**

Brenda Gefucia presented the annual Attestation and explained that each year the attestation is submitted. There were no questions from the floor.

***It was moved, seconded and carried that the Broader Public Sector Accountability Act Annual Attestation be approved.***

## **5.0 CONTRIBUTE TO STRATEGIC DIRECTION**

### **5.1 MUSKOKA & AREA HEALTH SYSTEM TRANSFORMATION UPDATE**

Phil Matthews explained to the Board that MAHST continues to work on developing the report. At a meeting today, a detailed schedule was reviewed of the work to be done and timeframes were allocated. There has been extensive consultation occurring. MAHST is still on track to bring the final report to the NSM LHIN Board in July. There has been little progress in identifying any cost savings.

## **6.0 ENSURE BOARD EFFECTIVENESS**

### **6.1 AUDIT COMMITTEE STRUCTURE**

Christine Featherstone explained that with no volunteers for the position of Audit Committee Chair, and the challenges related to ensuring membership with financial acumen, the Governance Committee undertook a review of the structure and came to the conclusion that combining Audit and Resources Committee is the recommendation approach. The Board received the analysis and research conducted as pre-circulated with the agenda. Discussion ensued with respect to separation of duties, membership and skill set required.

***It was moved, seconded and carried that the Audit and Resources Committees be combined into one Committee.***

### **6.2 ELECTRONIC MEETINGS – NEW POLICY**

Christine Featherstone presented the new policy on behalf of the Governance Committee. It was confirmed that the requirement to participate in meetings electronically for no more than two consecutive meetings will still apply. A request was made to cross reference the policy to that of the meeting attendance policy.

***It was moved, seconded and carried that the Board of Directors approve the Electronic Meetings Policy.***

### **6.3 ESSENTIALS OF NOT FOR PROFIT GOVERNANCE**

Christine Featherstone provided a written report of the highlights garnered from a governance workshop hosted by the Huntsville Hospital Foundation. There were no questions arising from the report.

## **7.0 CONSENT AGENDA**

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

- 7.1 Approval of the Board of Director Meeting Minutes from May 11, 2017***
- 7.2 Receipt of the Governance Committee Report of May 16, 2017***
- 7.3 Receipt of the Resources Committee Report of May 1, 2017***
- 7.4 Receipt of the Compliance Report as at March 31, 2017***
- 7.5 2016/17 Financial Results***

## **8.0 ADJOURNMENT**

At this time, Evelyn Brown presented Dr. Paulette Burns with a token of appreciation for her time with the Board. In addition, the following Directors were given certificates recognizing 100% attendance at Board meetings during the 2016/17 Board year: Brenda Gefucia, Phil Matthews, Cameron Renwick, Dr. Dave McLinden and Evelyn Brown.

***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