

# BOARD OF DIRECTORS

## OPEN SESSION MINUTES

Thursday, March 8, 2018 at 4:00 p.m.  
Huntsville District Memorial Hospital Boardroom  
Approved April 12, 2018



### **PRESENT:**

(T) denotes participation via teleconference

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

## 1.0 CALL TO ORDER

With a quorum present, the Board Chair, Evelyn Brown called the meeting to order 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

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 read aloud a letter from a patient expressing appreciation to the staff in Diagnostic Imaging and the Emergency Department. The patient acknowledged how busy the departments were and despite that was treated with patience, respect and provided with outstanding care.

### 1.4 ANNUAL BOARD EVALUATION PROCESS

Christine Featherstone provided the Board with an overview of the Annual Board Evaluation Process and requested that Directors complete the assessments by April 11, 2018. The Board was encouraged to review the preparation checklist provided in the meeting package as it outlines all of the Board's current practices and policies. It was highlighted that in terms of opportunities for deep dive discussions, rather than having these at every Board meeting the Board will hold single purpose meetings as the need arises. The Board was also reminded of the review process related to the Peer Assessment tool and it was reinforced that 100% participation is needed to provide data given the small sample size. The results are kept completely confidential; the Governance Committee only reviews the aggregate results. It was explained that how one answers for each individual is a personal choice and the descriptors should be read carefully. It was noted that a question has recently arisen with respect to the role of the Community Representatives; it was requested that the Governance Committee further discuss their role.

## 2.0 REPORTS

### 2.1 CHAIR'S REMARKS

The Chair thanked all Board members for attending the recent Task Force workshop as well as the public meeting held March 1, 2018. The Board was also advised of correspondence from the Ministry of Health and Long-Term Care approving the organization's Executive Compensation Framework. Robert Alldred-Hughes was recognized for his

efforts on this file. Brenda Gefucia thanked Tim Smith on behalf of the Board for his contributions and accomplishments over the past seven years and wished him health and happiness in his retirement.

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

The March report of the Chief Executive Officer was received for information. There were no questions arising.

## **3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS**

### **3.1 BALANCED SCORECARD RESULTS**

On behalf of the Quality & Patient Safety Committee, Phil Matthews presented the Balanced Scorecard and highlighted that given the low numbers for readmissions, the percentages reported can be misleading. The Committee has requested that the “n’s” be added to the report. It was also noted that the wait time results are tremendous in particular when one incorporates the bed pressures the organization is currently experiencing. The Board was also informed that the Medication Reconciliation on Discharge may take the next year to have the system operational. A question was raised with respect to Medication Reconciliation on Admission and understanding of the time it takes to complete the reconciliation process for the remaining 18% not completed within 24 hours; it was agreed that the Quality & Patient Safety Committee will review this at its next meeting.

### **3.2 QUALITY IMPROVEMENT PLAN 2018/19**

Phil Matthews presented the Quality Improvement Plan (QIP) for 2018/19 as recommended by the Quality & Patient Safety Committee. It was noted that the document is a result of many staff working together. There is only one mandatory metric – Workplace Violence. The Board was encouraged to review the information regarding this topic on the Ministry of Health and Long-Term Care’s website. A question was raised with respect to the metrics that are shared with partners through the Collaborative QIP; it was suggested that it is the Alternate Level of Care and potentially readmissions however this will be confirmed at the next meeting. It was noted that one of the themes throughout the QIP focusses on partnerships and working with the community more so with home and community rather than long-term care. In response to a question with respect to LHIN tables to address the ALC issue, it was explained that there is an ALC Steering Committee as well as a mental health table. In addition, there is a continuation of discussions related to MAHST and integration. It was also explained that MAHC has received crisis status for ALC patients; this allows MAHC patients to be the priority for placement.

***It was moved, seconded and carried that the Quality Improvement Plan for 2018/19 be approved.***

### **3.3 ENTERPRISE RISK MANAGEMENT RESULTS – YEAR VI, 2017/18**

On behalf of the Resources & Accountability Committee, Brenda Gefucia presented the results of the 2017/18 Enterprise Risk Management program. One new risk was added this year related to hospital capacity. The Resources & Audit Committee spent time discussing this item and how much is related to physical infrastructure and how related to operations. It was also explained that there has been no change related to workplace violence, however there is heightened awareness of the item broadly and thus the risk level was increased. Management has assured the Committee that it is being well managed through mitigation plans. It was suggested that the District’s recent commitment of \$600k in the budget should be added to the Physical Plant section. Discussion ensued with respect to Human Resources and management confirmed that with the work underway for short, medium and long term mitigation plans that the risk rating is appropriate. The Board was provided with a brief overview of some of the initiatives underway to address overtime and workload issues. It was also explained that there are a number of elements that may trigger a workload complaint; these are well documented within collective agreements. Human Resources also tracks and trends by type of issue. It was explained that the trend experiences peaks and valleys; currently they are on the decrease.

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

The March report of the Chief of Staff and Medical Advisory Committee was received. Comment was provided noting the work of the Surgical Services Committee regarding future cost saving solutions.

## **4.0 CONTRIBUTE TO STRATEGIC DIRECTION**

### **4.1 CAPITAL PLAN DEVELOPMENT TASK FORCE**

Cameron Renwick expressed appreciation to all Task Force members for their commitment to the process to-date as well as to the Board for attending the recent public session. The Board was informed that in addition to the 16 verbal presentations, and addition 92 written submissions have been received. There were approximately 180 people in the audience at the public meeting. It was explained that the District has expressed sincere apologies for the technical difficulties experienced with the live stream. *YourTV* (formally Cogeco TV) has made their recording of the event available to all including non-subscribers. Cameron Renwick, along with Natalie Bubela and Don Mitchell, Task Force Vice-Chair recently took part in a panel discussion on *YourTV*.

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

### **5.1 FINANCIAL RESULTS**

Brenda Gefucia presented the January 31, 2018 financial results as recommended by the Resources & Audit Committee. It was noted that the volumes continue to be high and expenses are trending better than budget. There has been no change in position as at the end of the year. Overtime is up however that is offset by other variances within salaries and benefits which in total is better than budget. The Board was also informed that the receivable balances are improving. It was highlighted that the non-elective Quality Based Procedures have reached their maximums thus any further procedures for the remaining two months of the year will be unfunded. The floor was open for question. In response to a question, it was stated that there is no opportunity for relief related to the Quality Based Procedures. In terms of the reduced Cancer Care Ontario volumes, it was explained that the organization will not hit those volumes. The additional one-time CT funding recently received has not yet been recognized in these statements. The projected year-end position is to be close to balancing.

*It was moved, seconded and carried that the Financial Results Year To Date January 31, 2018 be approved.*

## **6.0 PROVIDE FOR EXCELLENT MANAGEMENT**

### **6.1 CHIEF EXECUTIVE OFFICER PERSONAL BUSINESS COMMITMENTS FOR 2018/19**

On behalf of the Executive Committee, Evelyn Brown presented the 2018/19 Personal Business Commitments for both the Chief Executive Officer and the Chief of Staff. It was noted that each year all senior executives must develop commitments under the Excellent Care for All Act and that the achievements must be tied to the Quality Improvement Plan. The Board was informed that the Executive Committee requested that they ensure the proposed metrics are those that are somewhat in their control. In addition, where the Chief Executive Officer and Chief of Staff have common goals, it has been requested that a joint action plan be developed. There were no questions from the floor.

*It was moved, seconded and carried that the Chief Executive Officer Personal Business Commitments for 2018/19 be approved.*

*It was moved, seconded and carried that the Chief of Staff Personal Business Commitments for 2018/19 be approved.*

## **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 February 8, 2018*
- 7.2 Receipt of the Quality & Patient Safety Committee Report of February 22, 2018*
- 7.3 Receipt of the Governance Committee Report of February 21, 2018*
- 7.4 Receipt of the Resources & Audit Committee Report of February 23, 2018*
- 7.5 Receipt of the Compliance Report for January 31, 2018*
- 7.6 Receipt of the Executive Committee Report of February 28, 2018*

## **8.0 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*  
Evelyn Brown, Chair

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*Natalie Bubela*  
Natalie Bubela, Secretary

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