

# BOARD OF DIRECTORS

## OPEN SESSION MINUTES

Thursday, November 9, 2017 at 4:00 p.m.  
Huntsville District Memorial Hospital Boardroom  
Approved December 14, 2017



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### **PRESENT:**

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

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## 1.0 CALL TO ORDER

With a quorum present, the Board Chair, Evelyn Brown called the meeting to order at 4:00 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.

## 2.0 REPORTS

### 2.1 CHAIR'S REMARKS

The Board Chair informed the Board that the Huntsville Hospital Foundation would be issuing a press release today announcing their plans to move their office closer to the hospital with the modular home. It is anticipated that the work will be done in approximately one month. The Board was also advised that the Chair attended the recent meeting of the South Muskoka Memorial Hospital Auxiliary where they made their final payment of \$50,000 towards the CT Scanner. It was also highlighted that this final payment was made six months in advance of the anticipated timeline. The Stakeholder Engagement Task Force had its final meeting and the implementation plan will be presented to the Board in December. The Board was also advised that site tours will be planned for the December and January meetings beginning at 3:00 pm; should the timing be inconvenient for any Directors wishing to have a tour, they were requested to contact the Board Liaison and a more convenient time will be coordinated.

## 3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

### 3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

Dr. Biagio Iannantuono presented the October report of the Medical Advisory Committee and highlighted the new appointment scheduling model as well as the ED Return Visit Quality Program. The floor was open for question and it was explained that the follow up occurring with respect to capacity assessments is to help ensure that all understand the need to be specific with respect to these requests. There is some consideration of developing standard orders. It was also clarified that the 30-day readmits apply to MAHC facilities. There were no follow up actions arising from the discussion.

### **3.2 BALANCED SCORECARD, Q1 RESULTS**

On behalf of the Quality and Patient Safety Committee, Phil Matthews presented the most recent results of the approved targets as per the Quality Improvement Plan. It was explained that Alternate Level of Care (ALC) rates are not only increasing at MAHC, but are a provincial issue. It was also highlighted that although the ALC rates are increasing, the metric related to ED wait times is on target and is a testament to the work of staff and physicians in terms of ensuring patient flow. It was also noted that the medication reconciliation on admission target is progressing well. The floor was open for question and comments. It was explained that a deeper analysis of the readmission rate volumes show that they are exceptionally low and skewing the results somewhat. A concern was raised with respect patient satisfaction results and ensuring that the data is shared with physicians. It was explained that a new methodology was introduced for measuring the patient satisfaction therefore it is a different comparator analysis from previous reports. It was also explained that in comparison to similar sized hospitals provincially, MAHC is doing well. When the target for patient satisfaction was set the impact of the new methodology was unknown; the target will need to be reassessed for the coming year. In terms of sharing forward the results, it was explained that the report will go forward to the next Quality Council meeting and following that, managers share with staff at huddles. A suggestion was made that the results go forward to the Medical Advisory Committee as well for the Committee Chairs to share forward with their respective areas.

### **4.0 CONTRIBUTE TO STRATEGIC DIRECTION**

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

Cameron Renwick informed that Board that an updated schedule of key milestones and deliverables has been developed. Planning for the November 17<sup>th</sup> workshop is well underway; Task Force members and Directors are invited as observers as this session is primarily focused on clinicians.

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

#### **5.1 FINANCIAL RESULTS**

Brenda Gefucia along with Tim Smith presented the Financial Results Year To Date September 30, 2017. The Board was reminded that the budget did not include the \$1.6 million one-time funding therefore a portion of the positive variance can be attributed to that. It was also noted that volumes are a significant concern; the acute care average occupancy in November has been averaging at 112 – 113%, and this is in advance of flu season. The Board was informed that with Q2 results staff are now developing the current year forecast and will be brought forward to Resources & Audit Committee. Due to the timing of some supplies, the result is showing a favourable position however it is expected that this will catch up by year end.

***It was moved, seconded and carried that the Financial Results Year To Date September 30, 2017 be approved.***

#### **5.2 OPERATING LINE OF CREDIT**

On behalf of the Resources & Audit Committee, Brenda Gefucia explained that similar to fiscal 2016/17, it is anticipated that the cash flow use will be in excess of the current line due to the projected deficit. It has been confirmed that the direction is to exhaust all options prior to requesting support from the North Simcoe Muskoka LHIN. It was noted that the requested increase of \$3.5 million to the operating line of credit would be temporary only until May 2018. Should the organization wish to make this permanent, the Bank would require a plan of how it would eliminate the debt.

***It was moved, seconded and carried that the Board of Directors approve a temporary increase of \$3.5 million to the Operating Line of Credit until May 31, 2018.***

#### **5.3 PATIENT STORY**

Patient stories provide the real life experiences of patients to help maintain focus on continually improving patient safety and experience. Esther Millar, Chief Executive, Clinical Services presented a patient story that highlighted the critical importance of medication reconciliation. The reconciliation process uncovered an error as well as provided an opportunity to clarify confusion with respect to the medications. A medication incident was completed, disclosure of

the error occurred and there was no harm to the patient. In addition, discussions with the care home and local pharmacies also occurred. The story highlighted the complexities of medication reconciliation, the importance of reconciliation at admission and transfer as well as the dedication of MAHC staff to quality patient care.

## 6.0 ENSURE BOARD EFFECTIVENESS

### 6.1 STANDING COMMITTEE QUORUM REQUIREMENTS

Christine Featherstone presented the recommendation to have the Board Chair or Vice-Chair as part of determining quorum for Standing Committees. The approach would enable Committees to meet the requirement to have two elected Directors at Standing Committee meetings and enable the workload to be shared between the Chair and Vice-Chair and also provides the Vice-Chair with broader experience. It was clarified that the term ex-officio refers to by virtue of office.

***It was moved, seconded and carried that the Board of Directors approve the following revisions to Membership and Quorum sections of each of the Standing Committee Terms of Reference:***

- ***Membership: The Board Chair or Board Vice-Chair shall be ex-officio.***
- ***Quorum: The Committee Chair and Board Chair or Board Vice-Chair is included in determining whether a quorum is present. The Chief Executive Officer, as ex-officio Committee Member, is not included in determining quorum.***

### 6.2 TERMS OF OFFICE

Christine Featherstone explained that the Governance Committee considered several options including instituting Vice-Chairs however with a small board it was deemed the approach may not be sustainable. The approach will give additional flexibility and provide stability to the board leadership. There were no questions or concerns raised.

***It was moved, seconded and carried that that the Board of Directors approve the Terms of Office for the Treasurer and Standing Committee Chair to be a two-year term, with the option to review for one additional term.***

### 6.3 SELECTION PROCESS, COMMITTEE CHAIRS & MEMBERSHIP

Christine Featherstone presented the information with respect to the revisions to the Selection Process for Board Officers and Standing Committee Chairs and explained that the Governance Committee attempted to ensure processes are in place for every situation including that should there be no candidates for a position. There were no questions or concerns raised.

***It was moved, seconded and carried that the Board of Directors approve the revised Selection Process, Board Officers policy and Selection Process, Committee Chairs & Membership policy***

## 7.0 CONSENT AGENDA

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

1. ***Approval of the Board of Director Meeting Minutes from September 14, 2017***
2. ***Receipt of the Executive Committee Report of October 11, 2017***
3. ***Approval of the Executive Committee Terms of Reference***
4. ***Approval of the Executive Committee Work Plan 2017/18***
5. ***Approval of the Freedom Of Information & Protection Of Privacy Act (FIPPA) Delegation***
6. ***Receipt of the Chief Executive Officer Business Commitment Status Update***
7. ***Receipt of the Chief of Staff Business Commitment Status Update***
8. ***Receipt of the Quality & Patient Safety Committee Report of October 26, 2017***
9. ***Approval of the Quality & Patient Safety Committee Work Plan 2017/18***
10. ***Receipt of the Resources & Audit Committee Report of September 22, 2017***
11. ***Receipt of the Compliance Report for August 31, 2017***
12. ***Report of the Chief Executive Officer***
13. ***Receipt of the Governance Committee Report of November 1, 2017***

## 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.*

  
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Evelyn Brown, Chair

  
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Natalie Bubela, Secretary