

BOARD OF DIRECTORS

OPEN SESSION MINUTES

Thursday, October 12, 2017 at 4:00 p.m.
South Muskoka Memorial Hospital Boardroom
Approved November 9, 2017



PRESENT:

Elected Directors:	Evelyn Brown	Philip Matthews	Brenda Gefucia	Michael Walters
	Cameron Renwick	Beth Goodhew (T)	Frank Arnone (T)	Christine Featherstone
	Don Eastwood	Moreen Miller	Bob Manning	Kathy Newby
Ex-Officio Directors:	Natalie Bubela	Dr. Dave McLinden	Dr. Biagio Iannantuono	Karen Fleming
	Dr. Anthony Shearing			
Executive Support:	Tim Smith	Esther Millar	Harold Featherston	Robert Aildred-Hughes
Staff Resource:	Tammy Tkachuk			
Guests:	Beth Quinton, SMMH Auxiliary President			
	Mark Naylor, Community Member			
	Alison Brownlee, Metroland Media			
	Joan Edwards-Karmazyn, CMHA-Muskoka-Parry Sound, Past Board Chair			
	Marta Mirecki, CMHA-Muskoka-Parry Sound, Board Chair			

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Evelyn Brown called the meeting to order at 4:03 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

Karen Fleming shared a story provided by a patient who attended the emergency department at 14 weeks pregnant and unfortunately suffered a miscarriage. The experience was primarily positive however there were opportunities for improvement highlighted by the patient. These opportunities included ensuring nurses tell patients their name and providing more information regarding miscarriage to patients upon discharge. Karen Fleming reported that a face to face meeting with the patient occurred to further discuss the opportunities. As a result follow up actions include re-iterating with staff the importance of the AIDET process and further discussing with the Obstetrics and ED Committee providing education material to such patients as a guidance document when they discharges.

2.0 REPORTS

2.1 CHAIR'S REMARKS

The Chair noted the following events that were attended over the past month and provided a brief overview of each:

- MAHC Long Service Awards
- SMMH Auxiliary Awards Ceremony
- Medical Staff Association Meeting
- Muskoka Community Foundation
- Stakeholder Engagement Task Force
- Local Leaders Quarterly Teleconference
- Georgian Bay Council Meeting

2.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

The October report of the Chief Executive Officer was received as pre-circulated. In addition to the report, Natalie Bubela explained that additional letters were received in recognition of the SMMH Auxiliary 50 year volunteer service recipient from Norm Miller and the Board Chair of the NSM LHIN. The Board was also advised that the Assistant Deputy Minister has sent correspondence pertaining to the Hospital Naming Directive. Effective immediately, all Ontario public hospitals are required to follow the directive when engaging in hospital naming decisions. The information has been shared with the Executive Directors of each of the MAHC Foundations for information. In follow up to the previous report, the Board was informed that the newly appointed Registrar for the College of Physicians and Surgeons has resigned the position and as such a recruitment process is underway.

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The October report of the Chief of Staff was received as pre-circulated. In follow up to the previous meeting, it was explained that further discussions with Dr. Shearing regarding order sets has occurred. In response to a question from the floor, it was explained that the loss of one full time equivalent in the emergency department was not the result of one individual leaving but rather a group of people adjusting their practice which together resulted in one full time equivalent. There is no concern at this time, additional staff are expected to join MAHC in the Spring.

4.0 CONTRIBUTE TO STRATEGIC DIRECTION

4.1 2015-2018 STRATEGIC PLAN STATUS REPORT

Cameron Renwick presented the Year 3 report and explained that a hardcopy of an updated report was provided to each Director. Directors were referred to the subsequent pages to review the detailed explanations for the metrics coded as yellow. It was clarified that the yellow for the Recruitment and Retention metric is being caused by the internal medicine recruitment issues previously discussed. Further clarification was provided with respect to the implementation of order sets and it was explained that GBIN is in a stabilization period in order to deal with outstanding issues and in order to ensure the order set project is done correctly, the associated libraries need clean up before it can proceed. It was also clarified that order sets are in place currently, the project involved moving to a new order capability.

4.2 CAPITAL PLAN DEVELOPMENT TASK FORCE

Cameron Renwick review the pre-circulated report on the work of the Task Force and highlighted the new membership. Planning for a workshop is underway for November 17, 2017 to discuss in more detail the two, two site models. Elected Board members will receive an invitation to attend as observers to increase their understanding of the complexities of each of the two sites models. A question was raised with respect to a work plan, and it was explained that there will be something shared in the near future.

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 and Audit Committee, Brenda Gefucia presented the financial results year to date August 31, 2017. The acute care and complex continuing care volumes remain higher than budget and the average length of stay is also up from the prior year which does impact operating expenses. Surgical cases are down, some of that is due to scheduling but management is reviewing this to see if there are any other contributing factors. Quality Based Procedures are trending as expected with the exception of Hip and Knee and Cataracts as previously discussed. From the Income Statement it was highlighted that revenues are favourable to budget and the biggest impact to this is that the budget was formed prior to receiving the one-time funding. It was also noted that there have been some better than budget patient revenues. Salaries and Benefits are better than budget, this is offset by overtime and call back that are approximately \$189k worse than budget which is related to the higher occupancy.

In follow up to the previous meeting, the Board was advised that capital planning expenses will be within professional fees under Supplies and Other which is offset by the revenue under the Ministry of Health and Long-Term Care

revenue line. The difference between the Balance Sheet Accounts Receivables and the Accounts Receivables report is the allowance for doubtful accounts. In terms of questions related to the GBIN agreement it was confirmed there are security related clauses and the Technical Operations Committee that reports to the Steering Committee will be completing the ongoing review of performance dashboards. In terms redundancies related to equipment failures, it was confirmed there are protocols in place.

The floor was open for question. In response, it was explained that Other Revenue includes several different pockets of money that cannot be classified as LHIN revenue such as parking, Cancer Care Ontario, training funding etc. It was further explained that given the position of Other Revenue is in line with the same period for the prior year, there is no cause for concern.

It was moved, seconded and carried that the Financial Results Year To Date August 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 September 14, 2017***
- 6.2 Receipt of the Resources & Audit Committee Report of September 22, 2017***
- 6.3 Receipt of the Compliance Report for August 31, 2017***
- 6.4 Receipt of the Strategic Planning Committee Report of September 13, 2017***
- 6.5 Approval of the Strategic Planning Committee Work Plan for 2017/18***

7.0 EDUCATION

CANADIAN MENTAL HEALTH ASSOCIATION MUSKOKA PARRY SOUND

Marta Mirecki, Board Chair and Joan Edwards-Karmazyn, Past Board Chair for the Canadian Mental Health Association, Muskoka Parry Sound join the meeting and provided a presentation. The presentation outlined the organization's Mission, Vision, Values, locations and services and programs. It was confirmed that there are walk in clinics in each of their locations that are open a couple times a week. A brochure providing information will be forwarded. It was reported that the organization has a staff of 120 individuals. The organization received funding primarily from the NSM LHIN, with 10% from the North East LHIN as well as other Ministries including Justice. It was explained that the organization has just launched a pilot program with MAHC where CMHA staff are situation within MAHC emergency departments. The preliminary feedback from MAHC staff has been very positive and appreciation was expressed to CMHA for the program. Evelyn Brown thanked the presenters.

8.0 ADJOURNMENT

It was moved that the open session be adjourned at 5:39 pm and the Board of Directors proceed into the in-camera session following a short recess.


Evelyn Brown, Chair


Natalie Bubela, Secretary