

BOARD OF DIRECTORS

OPEN SESSION MINUTES

Thursday, September 14, 2017 at 4:00 p.m.
Huntsville District Memorial Hospital Boardroom
Approved October 12, 2017



PRESENT:

Elected Directors:	Evelyn Brown Cameron Renwick Don Eastwood	Philip Matthews Beth Goodhew	Brenda Gefucia Frank Arnone	Michael Walters (T) Christine Featherstone
Ex-Officio Directors:	Natalie Bubela Dr. Anthony Shearing	Dr. Dave McLinden	Dr. Biagio Iannantuono	Karen Fleming
Executive Support:	Tim Smith	Esther Millar	Harold Featherston	Robert Aildred-Hughes
Staff Resource:	Tammy Tkachuk			
REGRETS:	Moreen Miller			

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 - ACCREDITATION & GOVERNANCE FUNCTIONING TOOL

Natalie Bubela provided the Board with a presentation outlining the planning underway in preparation for the Accreditation Survey scheduled for December 2018. Board members were requested to complete the Governance Functioning Tool by October 13, 2017.

2.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

2.1 PATIENT STORY

Karen Fleming informed the Board that a number of disciplines collaborated to provide the opportunity for a patient and his significant other to have a wedding in the hospital. The Board Chair requested Karen Fleming to pass along congratulations to the staff on behalf of the Board and noted that this event was a symbol of the kind of care delivered at MAHC.

2.2 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The report was received as pre-circulated and appended to the agenda package. Discussion ensued with respect to order sets and ensuring that physicians are receiving adequate education regarding their impact on the organization. It was requested that Dr. Iannantuono and Karen Fleming further discuss the flow of information with respect to order sets.

2.3 QUALITY & PATIENT SAFETY COMMITTEE REPORT

On behalf of the Quality & Patient Safety Committee, Phil Matthews reviewed the pre-circulated information and highlighted that quality is a shared responsibility. The Board was also informed that the Quality & Patient Safety

Committee has requested management to review the Committee work plan and make recommendations regarding any deliverables that may be removed from the Committee's mandate to enable the Committee to focus its efforts.

2.4 GEORGIAN BAY INFORMATION NETWORK (GBIN) PARTNERSHIP AGREEMENT

The Resources & Audit Committee met on August 29, 2017 and reviewed the GBIN Partnership Agreement. Brenda Gefucia explained that the agreement was initially reviewed in the prior year, however approval was put on pause to allow for some additional discussion over the summer months. It was also highlighted that there is not a service level agreement however there are objectives within the agreement that reflect a service level agreement. It was also noted that it is based on a cost recovery model and there are six key criteria to determine how costs are allocated. The floor was open for question and discussion. A question was raised with respect to security measures and if they will address world-wide virus; Brenda Gefucia will follow up. It was also questioned if there was anything in the agreement that forces Cerner to have redundancies in place for situations such as the recent outage. Brenda Gefucia explained that the most recent outage was not a Cerner related issue. It was noted that not every risk will be covered however follow up regarding the potential redundancies in place will occur. It was confirmed that should one of the partners wish for a clause to be added or removed, this would require approval of the Steering Committee which would then require each Board's approval. Operational performance will be tracked and monitored with dashboards and tools through one of the subcommittees that report to the Steering Committee. The Board was informed of a recent announcement by Deputy Minister Dr. Bob Bell where the future direction may include the establishment of three IT hubs for all of Ontario; there is minimal information regarding this direction of this time.

It was moved, seconded and carried that the GBIN Partnership Agreement be approved.

3.0 REPORTS

3.1 CHAIR'S REMARKS

The Board Chair expressed appreciation to Directors for their dedication over the summer months. The Chair advised the Board that she along with the CEO have attended several council meetings; they will also be attending Georgian Bay Council on October 10, 2017. Directors were thanked for their participation in the Auxiliary Volunteer appreciation events. The Board Chair attended the SMMH Auxiliary AGM and expressed appreciation for their efforts and significant commitment to the organization. The teleconferences with political leaders have also continued. One of the highlights of the summer was the opportunity to meet and welcome the NOSM Clerkship Students. The Board Chair and Vice-Chair provided a tour of each of the hospital sites for the new NSM LHIN Board Chair and Vice-Chair. The Chair attended the OHA Leadership Summit and noted the dynamic speakers and valuable information received regarding the changes in health care; a full report will be provided at a later date. The Board was reminded that Staff Appreciation Week will be September 18 – 22, 2017.

3.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

The September report of the Chief Executive Officer was received as pre-circulated and appended to the agenda package. In addition to the report, Natalie Bubela informed the Board that the South Muskoka Memorial Hospital Site Emergency Department has been recognized for showing the greatest improvement in the 90th percentile ED Length of Stay within the low volume community hospital groups. The Board was informed that the College of Physicians and Surgeons of Ontario has announced that Dr. James Wright has been appointed as the new Registrar/CEO. The Board was also informed of the increasing concern across Ontario with respect to capacity issues; one of the strategies to address the issue will be to develop transitional beds that will be targeted more at Alternate Level of Care patients that are waiting for long-term care. The province is planning to have 750 – 1,000 beds available by January 2018. There have been some discussion regarding location and access but details are unknown at this time.

4.0 CONTRIBUTE TO STRATEGIC DIRECTION

4.1 CAPITAL PLAN DEVELOPMENT TASK FORCE

Cameron Renwick explained that the Task Force has now met twice – August 21st and September 11th. Dr. Kersti Kents acknowledged a challenge with being able to attend meetings and as such resigned; efforts are underway to identify a replacement from the Gravenhurst area. The Task Force has agreed to move forward with a consensus approach. The Ministry has requested that four models be explored, however following discussion it was agreed to reduce that two models given two of the models were very similar. The Task Force felt it was important to ensure that the community was updated in August. The Task Force agreed to extend the survey deadline and discussed the project schedule. There was agreement that the timeline for the project was aggressive and agreed to an extension. The project framework submission was reviewed and approved. A question was raised with respect to the revision to

the LHIN representatives on the Task Force; it was explained that an announcement regarding Dr. Mathies' role as a clinical lead for the LHIN is forthcoming. Discussion ensued with respect to the change in the completion date from March 31 to September 30, 2018; it was highlighted that the March 31st date was identified to ensure alignment with MAHST. It was explained that this was discussed and the agreement to extend the date was ensuring that sufficient time was available to ensure a thorough process. It was confirmed that there is cross municipal representation with MAHST. It was requested that the Terms of Reference be further revised to reflect reports to the Board to be at least monthly. A further revision to the Decision Making Framework section that reflects "...agreeing to go forward support the plan."

It was moved, seconded and carried that the revised Capital Plan Development Task Force Terms of Reference be approved as amended.

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

5.1 RESOURCES & AUDIT TERMS OF REFERENCE

Brenda Gefucia presented the proposed model for establishing an Audit Subcommittee that would report to the Resources & Audit Committee. It was also explained that there are no net new deliverables. There were no questions from the floor.

It was moved, seconded and carried that the Board of Directors approve the revised Resources & Audit Committee Terms of Reference.

It was moved, seconded and carried that the Board of Directors approve the Audit Subcommittee Terms of Reference.

5.2 FINANCIAL RESULTS

Brenda Gefucia presented the July 31, 2017 year to date financial results as reviewed by the Resources & Audit Committee at its August 2017 meeting. It was highlighted that acute occupancy is above budgeted volumes and there has been an increase in length of stay. The Board was also reminded that the budget was established prior to receiving the \$1.6 million one time revenue thus the budgeted revenue does not include that additional amount. The expenses, salaries, overtime and call back were also reviewed. It was explained that the variance related to drugs is essentially due to a budgeting assumption error. The floor was open for question and comment. A question was raised with respect to the difference between the accounts receivable on the balance sheet and the accounts receivable report; follow up will occur. It was also questioned if the Capital Plan funding run through revenue or cost recovery on the expense line. With respect to Quality Based Procedures, the Board was reminded that the non-elective Quality Based Procedures can be netted. The Board was informed that the NSM LHIN has advised that there will be no additional funding for hip and knees, therefore these volumes have been capped. It was further explained that there are options to access this care in the community.

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

6.0 ENSURE BOARD EFFECTIVENESS

6.1 ANNUAL GOVERNANCE GOALS

Christine Featherstone presented the proposed annual governance goals as recommended by the Governance Committee. It was clarified that staff will be conducting the review of the Board webpages. There were no other concerns or comments.

It was moved, seconded and carried that the Board of Directors approve the following Annual Governance Goals for the 2017/18 Board

Year:

- 1. Continue to encourage and reinforce an organizational culture of engagement and positivity through the work of the Stakeholder Engagement Task Force.***
- 2. Conduct a comprehensive review of the MAHC website, with particular emphasis on the information available on the Board of Director public webpages with a view to updating the disclosure where necessary and appropriate to meet current governance best practices.***

3. **Recommend a program and provide access for Directors to have an opportunity to gain a greater understanding of the various aspects of Health System Funding Reform, funding sources, how volumes impact the different components and MAHC's budgeting process.**

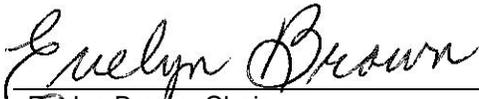
7.0 CONSENT AGENDA

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

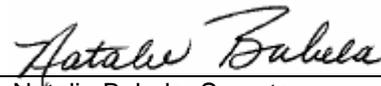
- 7.1 *Approval of the Board of Director Meeting Minutes from June 8, 2017*
- 7.2 *Approval of the Board of Director Meeting Minutes from June 19, 2017*
- 7.3 *Approval of the Board of Director Meeting Minutes from July 5, 2017*
- 7.4 *Approval of the revised Quality & Patient Safety Committee Terms of Reference*
- 7.5 *Receipt of the Resources & Audit Committee Report of August 29, 2017*
- 7.6 *Approval of the Resources & Audit Committee 2017/18 Work Plan*
- 7.7 *Receipt of the Compliance Report Year To Date July 31, 2017*
- 7.8 *Receipt of the Governance Committee Report of August 30, 2017*
- 7.9 *Approval of the Governance Committee Terms of Reference*
- 7.10 *Approval of the Governance Committee 2017/18 Work Plan*

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, Chair



Natalie Bubela, Secretary