

BOARD OF DIRECTORS



OPEN SESSION MINUTES

Thursday, April 9, 2015 at 5:30 p.m.
Huntsville District Memorial Hospital Boardroom
Approved May 14, 2015

PRESENT:

<i>Elected Directors:</i>	Charles Forret	Gregg Evans	Nicholas Popovich	Christine Featherstone
	Donna Denny	Brenda Gefucia	Joe Swiniarski	Phil Matthews
	Kevin King	Evelyn Brown	Cameron Renwick	
<i>Ex-Officio Directors:</i>	Natalie Bubela	Karen Fleming	Dr. Kersti Kents	Dr. Jan Goossens
	Dr. Jennifer Macmillan			
<i>Executive Support:</i>	Tim Smith	Harold Featherston	Robert Alldred-Hughes	
<i>Staff Resource:</i>	Tammy Tkachuk			
<u>REGRETS:</u>	Larry Saunders			

GUESTS: Alison Brownlee, Metroland News

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Charles Forret called the meeting to order at 1733 hours.

1.1 APPROVAL OF AGENDA

It was moved, seconded and carried that the meeting agenda be approved with the addition of a report from the Chief of Staff.

1.2 DECLARATION OF CONFLICT OF INTEREST

Members 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 CHAIR'S REMARKS

The Chair welcomed Alison Brownlee from Metroland Media to the meeting. The Chair provided each Director with correspondence received from Mayor Graydon Smith, along with a copy of a presentation made to the Bracebridge Town Council and the proposal related to their very generous offer of land in Bracebridge. It was noted that any expansion or new build, on an existing or new site, will require MAHC to complete its Master Program / Master Plan work and select a preferred model before any land offers can be given due consideration. Further, the Board was reminded that the planning work is still at the Steering Committee level and has yet to come to the Board for deliberation. Once the Board chooses a preferred model the Ministry's Capital Planning framework will need to be followed to seek approval for a project and should a greenfield site be required for any model, this would be subject to a strict and rigorous site selection process that is transparent and follows the Broader Public Sector Guidelines.

The Chair announced that April 13 – 19th is National Volunteer Week and expressed sincere gratitude and appreciation to all of the volunteers at Muskoka Algonquin Healthcare, including Board Directors.

The Board was reminded that the Board Education Day is planned for April 17th; the focus for the day is to advance learning with respect to integration with a desired outcome of a "Shared Vision and Strategy for Our Future Together". Joining for the day will be a number of MAHC's health care partners.

The North Simcoe Muskoka LHIN has circulated the dates for their next round of governance sessions called 'Local and Regional Services – What is the Right Mix for our Communities'. The date for Muskoka is Tuesday, May 12th and will be held in Bracebridge at the Rotary Centre for Youth at 5:30 pm; Directors were encouraged to participate.

The Board Chair expressed congratulations to Natalie Bubela and Harold Featherston for the excellent presentations provided at the Information Sessions in March and expressed appreciation to Allyson Snelling for the coordination. In addition, thanks were extended to all the staff and Directors that were involved and supporting the initiative.

1.4 LEADING EFFECTIVE BOARD DECISION MAKING

Evelyn Brown and Cameron Renwick provided an overview and lessons learned of a recent Ontario Hospital Association, Governance Centre of Excellence Conference entitled Leading Effective Board Decision Making. It was learned that the MAHC Board has many practices consistent with the larger centres and encouraged others to attend one of the Ontario Hospital Association sessions. A written overview of the conference was provided in the meeting package and pre-circulated.

2.0 CONSENT AGENDA

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

- 2.1 Approval of the Board of Director Meeting Minutes from March 12, 2015*
- 2.2 Receipt of the Resources Committee Report of April 1, 2015*
- 2.3 Receipt of the Human Resources Report*
- 2.4 Receipt of the Compliance Report as at February 28, 2015*
- 2.5 Receipt of the Expense Reports*
- 2.6 Approval of the revisions to the Board Award of Excellence Policy #GOV-6-20*
- 2.7 Approval of the revisions to the Trust & Specific Funds Policy #GOV-4-140*

A question was raised with respect to the Whistleblowing complaint reported; it was confirmed that the incident under investigation.

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 PATIENT EXPERIENCE

Natalie Bubela read aloud an experience of a recent patient at MAHC. The intent is to provide Board members with real experiences of patients to help maintain focus on continually improving patient safety and experience.

4.0 REPORTS

4.1 REPORT OF THE CHIEF OF STAFF

Dr. Jan Goossens reminded Directors that April 15 and 16 at 8:00 am are the joint Physician, Board & Administration meetings and requested representatives from the Board. It was noted that physicians appreciate having the opportunity to speak directly with Board members. The agenda will include a brief presentation on Patient and Family Centered Care, discussion of utilization data followed by dedicated time for interaction and discussion. It was requested that the presentation and agenda be circulated in advance. Dr. Kents also noted that she will encourage physicians to attend.

4.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

A copy of the November Report of the Chief Executive Officer was pre-circulated and appended to the agenda package for information. The information related to the Donner Report was highlighted and it was clarified that the Local Health Integration Networks would have just received the report so there would not be any action plans yet developed.

Upon review of the meetings and presentation, N. Bubela acknowledged Harold Featherston for his leadership and participation in presenting at all of the meetings related to the Master Program/Master Plan as well as his leadership on the project.

5.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

5.1 MASTER PROGRAM/MASTER PLAN UPDATE

Phil Matthews provided a verbal report as to the progress of the project and noted the success of the public session resulting in receipt of tremendous response and feedback. It was explained that a series of meetings are scheduled over the coming weeks to continue the work and complete an analysis of the options in the same approach that was utilized previously. Consideration is being given to have the final vote for the recommendation by closed ballot. All of the presentations utilized during the information session have been uploaded to the MAHC website. It was also explained that some additional analysis has been completed with respect to travel times and East Parry Sound. This information was shared with the Almaguin Highlands Health Steering Committee and they confirmed and supported MAHC's rationale and technique for this analysis.

6.0 ENDEAVOUR TO ENSURE FINANCIAL VIABILITY

6.1 FINANCIAL RESULTS

Gregg Evans reviewed the financial results noting the deficit of \$497,000. The variance explanation were reviewed and it was highlighted that the Accounts Receivables are doing very well, much improved over previous years. In terms of the Quality Based Procedures, permission has been granted to net the volumes and thus it is anticipated that MAHC will achieve 100% of that remuneration. A question was raised with respect to the year-end position and it was explained that the \$1.5 million funding announcement will assist with the year-end position. A slight drop in revenue is expected. The Ministry of Health and Long-Term Care provides an allowance up to 2% for a surplus. In response to a question from the floor related to the parking revenue, it was explained that the projections were somewhat optimistic and some challenges related to implementing the equipment impacted this revenue. It is improved over previous years.

It was moved, seconded and carried that the Financial Report for the eleven month period ending February 28, 2015 be recommended to the Board of Directors for approval.

7.0 ENSURE BOARD EFFECTIVENESS

7.1 INSURANCE COVERAGE POLICY #GOV-4-90

A decision support document was pre-circulated and appended to meeting package outlining the Resources Committee review process for the Insurance Coverage policy. The Committee has recommended combining the policy with the Corporate Security and Risk Management Policy and creating a separate Enterprise Risk Management Policy. This approach would be in line with current practice at other Ontario Hospitals and will also clarify current practice at MAHC. Discussion ensued with respect to reputational risk and specifically in terms of the naming of buildings and any clauses related to moral or ethical stances for instances such as where an individual may be charged or convicted of a criminal offense. It was explained that the Foundations do have policies in place with language to this effect as well as language to communicate that commitments are time limited. It was noted that the Foundation policies have recently been refreshed and could be brought to the Board for an update.

It was moved, seconded and carried that upon the recommendation of the Resources Committee, the Board of Directors approve the Insurance & Asset Protection Policy to replace the Insurance Coverage Policy;

AND THAT the Enterprise Risk Management Policy be approved to replace the Corporate Security & Risk Management Policy.

8.0 PROVIDE FOR EXCELLENT MANAGEMENT

8.1 CHIEF EXECUTIVE OFFICER PERSONAL BUSINESS COMMITMENTS FOR 2015/16

Natalie Bubela presented the proposed goals for fiscal year 2015/16 and noted that the North Simcoe Muskoka Local Health Integration Network has set a target for Alternate Level of Care at 14.2%. The MAHC target of 20% is a stretch target but will allow an attainable incremental improvement. A question was raised with respect to medication reconciliation on discharge and it was clarified that the Cerner system will not include this at this time however a plan is in place to ensure a more conservative effort by the Pharmacy Department as opposed to the being Cerner enabled.

It was moved, seconded and carried that the Chief Executive Officer Personal Business Commitments for 2015/16 be approved as presented.

8.2 CHIEF OF STAFF PERSONAL BUSINESS COMMITMENTS FOR 2015/16

Dr. Jan Goossens presented the proposed goals for 2015/16 and explained that the physician engagement survey results demonstrate a low rate of trust (19%) in the organization this one of the goals is to improve communications to have an improvement on this area. A question was raised with respect to physician champions on the Cerner project; it was explained that at this level it is primarily staff that are impacted. Physicians will not be entering data into the system at this time, this will occur in the next phase of the project. Dr. David Mathies however has been involved and is the identified physician champion. A concern was raised with respect to the discrepancy in the ALC target with that of the CEO goals; following discussion there was agreement to amend the Chief of Staff target to be consistent with the CEO and the Quality Improvement Plan.

It was moved, seconded and carried that the Chief of Staff Personal Business Commitments for 2015/16 be approved with the amendment of the Alternate Level of Care target to 20%.

9.0 MEETING TERMINATION

It was moved, seconded and carried that the open session be terminated and the Board of Directors proceed into the in-camera session following a short recess.



Charles Forret, Chair



Natalie Bubela, Secretary