

## OPEN SESSION MINUTES

Thursday, December 10, 2015 at 5:30 p.m.  
Huntsville District Memorial Hospital Boardroom  
Approved January 14, 2016

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**PRESENT:**

<i>Elected Directors:</i>	Charles Forret	Gregg Evans	Evelyn Brown	Christine Featherstone
	Donna Denny	Brenda Gefucia	Ross Maund	Cameron Renwick
	Dave Wilkin	Phil Matthews	Frank Arnone	John Kropp
<i>Ex-Officio Directors:</i>	Dr. Jennifer Macmillan	Karen Fleming	Dr. Paulette Burns	Natalie Bubela
	Dr. Jan Goossens			
<i>Executive Support:</i>	Tim Smith	Harold Featherston	Esther Millar	Robert Alldred-Hughes
<i>Staff Resource:</i>	Tammy Tkachuk			
<b>GUESTS:</b>	Alison Brownlee			

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**1.0 CALL TO ORDER**

With a quorum present, the Board Chair, Charles Forret called the meeting to order at 5:32 pm.

**1.1 APPROVAL OF AGENDA**

*It was moved, seconded and carried that the meeting agenda be approved as circulated.*

**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 CHAIRS REMARKS**

The Board Chair thanked all the Board members that were able to attend the recent Christmas Party and extended sincere thanks to the planning committee and emphasized the success of the evening. The CEO and Chief of Staff will be writing a letter of thanks to the Committee. A request was made for the Chief of Staff to bring thanks to the physicians for the donation of the wine.

**1.4 CREDENTIALING AT MAHC**

Dr. Goossens, Chief of Staff provided the Board with a verbal overview of the credentialing process and circulated in hard copy the algorithms for the new applicant process and the reappointment process. It was explained that the process involves consultation of the Clinical Human Resources Plan and the Medical Affairs office coordinating the collection of information including a CV, certificate of professional conduct and disclosure of any previous actions pertaining to privileges. In addition, information with respect to health, professional liability protection, communicable diseases and any record of convictions is collected. The applicant is then required to complete an impact analysis to identify any impact on the organization in advance. The Chief of Staff completes three reference checks. Once all the application steps are completed, the Medical Advisory Committee considers the application and makes a recommendation to the Board of Directors. Dr. Goossens explained that new applicants are given Associate status and are assigned a mentor for 12 months; it was confirmed that there are mid-term evaluations completed. It was also confirmed that the Bylaws provide for the option to extend the probation period. The process is in compliance with the *Public Hospitals Act* and many hospitals have a similar process in place. Dr. Goossens reviewed the reappointment process as well as the various types of privileges. A concern was raised with respect to the algorithm in terms of the Board of Directors area in that there is no action should the Board not approve the recommendation of the MAC; Dr. Goossens confirmed that a letter is sent out in both the case of approval and non-approval. Dr. Goossens further explained the process and steps related to disciplinary action. It was confirmed that ultimately the Board has the power to not accept the recommendation of MAC; it was requested that the algorithm be revised.

## 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 November 12, 2015*
- 2.2 Receipt of the Resources Committee Report of November 26, 2015*
- 2.3 Receipt of the Human Resources Report as at October 31, 2015*
- 2.4 Receipt of the Compliance Report as at October 31, 2015*
- 2.5 Receipt of the Expense Reports*

## 3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

### 3.1 PATIENT STORY

Karen Fleming introduced the video of a patient providing an overview of her experience at Muskoka Algonquin Healthcare.

### 3.2 REPORT OF THE CHIEF OF STAFF/MEDICAL ADVISORY COMMITTEE

The October and November 2015 reports of the Chief of Staff and the Medical Advisory Committee were received. It was highlighted that the Impact Analysis policy is undergoing a revision; there was general agreement to provide the Board with an education with respect to the revisions.

### 3.3 ENTERPRISE RISK MANAGEMENT PROGRAM

Tim Smith reviewed the pre-circulated documents outlining the process to arrive at the identified enterprise risks which include Master Planning, Physical Plan, Health system Funding Report, Mental Health Patients, Medication Reconciliation, Capital Equipment and IT processes. The floor was open for comment and question. It was confirmed that within the GBIN structure MAHC's needs are being addressed; it was further explained that the partnership is currently undergoing a review of the structure to further strengthen processes. In terms of Mental Health Patients it was confirmed that when assistance is required the response from OPP is quick and if required arrangements are made to have the Officers remain on site, however MAHC is charged for the service. In addition, staff do receive training annually and work is underway with local partners to review the issue, identify prevention strategies and escalation procedures to transfer these patients to the right environment expeditiously. It was noted that generally admissions for psych patients are shorter than in the past, mental health facilities are also experiencing bed related challenges. Discussion ensued related to capital equipment and it was explained that since the work of the Health Care Task Force began, uncertainty in the community around donations to the hospital has increased.

## 4.0 ENDEAVOUR OF ENSURE FINANCIAL VIABILITY

### 4.1 FINANCIAL RESULTS

Gregg Evans presented the financial results and explained that year to date the organization is \$746k better than budgeted. The Payroll Statement was highlighted and it was noted that given the organization remains in a surge situation since the summer, staffing overtime has caused additional expense. A concern was raised with respect to the overtime and it was explained that while year-to-date volumes may be higher than last year, the budget amount for the current year is significantly below last year. Therefore, the variance is a combination of an unanticipated volume increase over last year and further a budgeted decrease in volumes that did not occur. It was further noted that the absenteeism program was initiated four years prior, and has saved over \$700k in that time. R. Alldred-Hughes informed the Board that a study has been completed with respect to bereavement and maternity leave; recommendations will be coming forward to assist in addressing these areas. It was questioned if the Resources Committee will further review the overtime to determine if the situation is short term in nature; N. Bubela explained that one of the strategies for the current fiscal year was to remove overtime and code in a different manner. A request was made to add the action plans related to major variances.

*It was moved, seconded and carried that the Financial Report for the seven month period ending October 31, 2015 be recommended to the Board of Directors for approval.*

## 5.0 REPORTS

### 5.1 REPORT OF THE CHIEF EXECUTIVE OFFICER

The December Report of the Chief Executive Officer was received for information. Further to the report, the Board was informed that the Assistant Deputy Minister Bob Bell will be visiting the North Simcoe Muskoka LHIN December 11, 2015.

## 6.0 ADJOURNMENT

*It was moved, seconded and carried 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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Charles Forret, Chair



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Natalie Bubela, Secretary