

OPEN SESSION MINUTES

December 17, 2013 at 5:30 p.m.
South Muskoka Memorial Hospital Boardroom
Approved January 9, 2014

PRESENT:

<i>Elected Directors:</i>	Larry Saunders	Charlie Forret	Philip Matthews	Evelyn Brown
	Donna Denny	Christine Featherstone	Gregg Evans	Joe Swiniarski
	Catherine King	Kevin King	Eric Spinks	
<i>Ex-Officio Directors:</i>	Dr. Jan Goossens		Bev McFarlane	Natalie Bubela
<i>Executive Support:</i>	Tim Smith	Vivian Demian	Harold Featherston	Robert Alldred-Hughes
<i>Resources:</i>	Tammy Tkachuk			

REGRETS:

Dr. Steven Herr Cameron Renwick Dr. K. Kents

1.0 CALL TO ORDER

With a quorum present, the Chair, Larry Saunders called the meeting to order at 1729 hours.

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

Upon review of the agenda, there were no declarations of conflict of interest declared.

1.3 CHAIR'S REMARKS

The Chair noted the new agenda format and explained that the revision was a result of a recommendation from the Strategic Planning Committee to ensure that the Strategic Plan remains 'front and center'. Each of the agenda items will be linked to the applicable Strategic Area as well as the applicable governance role. It was also noted that feedback regarding the agenda format is always welcome.

The Chair recognized the efforts of Anna Collins, a staff member who has been the lead organizer for the Hospital Christmas party for several years. Sincere thanks and appreciation were extended to Anna.

The South Muskoka Hospital Auxiliary report was appended to the meeting package and the Chair recognized and thanked the Auxiliaries for all the work they do every day. In response to a question from the floor, it was confirmed that the Auxiliary coffee bar remains open but there is work underway in terms of planning to expand their footprint.

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 Minutes from November 14, 2013**
- 2.2 Receipt of the Resources Committee Report**
- 2.3 Receipt of the Human Resources Report**
- 2.4 Receipt of the Annual Notice to HIROC**
- 2.5 Enterprise Risk Management Program Update**
- 2.6 Receipt of the Compliance Report as at October 31, 2013**
- 2.7 Receipt of the Expense reports**
- 2.8 Receipt of the Consultant Use Report**
- 2.9 Receipt of the Strategic Planning Committee Report**
- 2.10 Approval of the Strategic Planning Committee Work Plan for 2013-2014**

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 PATIENT EXPERIENCE AWARENESS - “YOUR ROLE ~ QUALITY MATTERS REPORT”

Natalie Bubela reviewed the November 2013 report that was pre-circulated and appended to the agenda.

3.2 UTILIZATION REPORT

The acute care and complex continuing care utilization report were pre-circulated with the agenda. N. Bubela noted that the acute care beds at the SMMH Site have been reduced and although the occupancy has increased, to date the data demonstrates that utilization remains below the bed base. The HDMH Site has been challenged in terms occupancy for the past several weeks. As of November, the five acute care beds were removed from the system but five beds were open as overflow beds. As a result, the bed profile has changed slightly. There has been a significant issue with Alternate Level of Care and as a result there has been a keen focus in collaboration with the Community Care Access Centre in addressing this issue. Discussion ensued and it was noted that the utilization is being monitored closely to determine if the pattern persists; should this be the case further discussion regarding the bed base at the HDMH Site may be needed. A response regarding the Acute Stroke Rehab Beds is still outstanding which was a key factor in the budget changes.

4.0 REPORTS

4.1 REPORT OF THE CHIEF EXECUTIVE OFFICER

N. Bubela explained that there has been a deputation to the Gravenhurst Town Council as well as the Muskoka Lakes Town Council provided a brief update on the activities at Muskoka Algonquin Healthcare. In addition, it was reported that MAHC is working closely with the Community Care Access Centre in monitoring the impact of the Red Cross Labour Dispute; to date there has been minimal impact although there have been some patients where discharge has been delayed because of the strike. It was noted that the strike is Province-wide and the key issues are wages and the desire to have essential service status. The Red Cross is not the sole provider of the PSW support in Muskoka.

4.2 REPORT OF THE PRESIDENT, MEDICAL STAFF

There was no report at this time.

5.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

5.1 STRATEGIC PLAN STATUS REPORT

Evelyn Brown spoke to the Strategic Plan Status Report as pre-circulated and appended to the meeting package. It was noted that the Strategic Planning Committee continues to refine the report. As a result a column has been added intended to provide a brief overview of the specific issue that are at risk if the status is a yellow or red. In addition, there is now a visual differentiation between any mitigation strategies and milestones that are being achieved. Board members were also reminded that there are details project plans for each of the initiatives and these are presented to the applicable Standing Committees of the Board. The status report is intended to provide a high level overview of the overall progress of the Strategic Plan. Comments from the floor expressed appreciation for the revision to the Status Report and noted that the revisions were helpful in understanding any issues.

Dr. Jan Goossens joined the meeting at 1757 hours.

5.2 ANNUAL STRATEGIC ASSESSMENT

Evelyn Brown referred to the Decision Support document pre-circulated with the meeting package and explained that within the Strategic Assessment exercise it was identified that there were some language changes required to the Strategic Objectives #5 and #9. There are no substantive changes to the objectives. The recommendation to make these changes highlights that the Strategic Plan is not a solid plan but rather a dynamic plan that can respond to changes that may occur throughout the life of the Plan.

It was moved, seconded and carried that the Board of Directors approve the following revisions to the Strategic Action Plan:

- **Strategic Objective #5 to state “Develop a Master Program and Master Plan that provides a future vision for the facilities, along with an understanding of the clinical services appropriate for the facilities” with a target and measure of a “Master Program and Master Plan that is endorsed by staff, physicians, Local Health Integration Network, Ministry and communities to be submitted to Ministry of Health and Long-Term Care by December 31, 2014”.**
- **Strategic Objective #9 to state “In pursuit of the goal to achieve Stage 5 of the Information Management/Information Technology Plan, MAHC will select and formalize a partnership by March 31, 2014 and an implementation plan will be developed by December 2014” with a new target of a “Formal partnership agreement executed by March 31, 2014 and Implementation Plan developed by December 2014.”**

It was moved, seconded and carried that the Board of Directors revise the 2013-2014 Board Goal #1 to state “Ensure that the Master Program and Master Plan projects remain on track as per the approved work plan schedule and that the final draft Master Program and Executive Summary are presented to the Board by June 2014”.

5.3 MASTER PROGRAM/MASTER PLAN UPDATE

Evelyn Brown explained that in reviewing the reporting structure related to the Master Program/Master Plan project the Strategic Planning Committee were supportive of creating a more streamlined and efficient model given the amount of work involved in the project. The proposed model is to combine the Master Program/Master Plan Steering Committee with the Strategic Planning Committee. This will involve more Board members in the process and will also enable regular updates to the Board.

A brief update was also provided around the first project meetings. It was noted that the data presented is a starting point for discussion and the intent is that the clinicians and project teams will review the data and verify to work towards realistic bed projections for the future. It was also noted that the other Hospitals in the North Simcoe Muskoka region are all at different stages of their planning

It was moved, seconded and carried that the Board establish an Ad Hoc Committee ‘Master Program / Master Plan Steering Committee’ for a term commencing December 17, 2013 and ending December 31, 2014 with a mandate to provide guidance, leadership and issues resolution throughout the course of the project and make recommendations directly to the Board of Directors on all decision points related to the Master Program / Master Plan project.

AND THAT the Board confirms the appointment following members to the Master Program / Master Plan Steering Committee:

- | | |
|---------------------------------|--------------------------|
| 1. Evelyn Brown, Co-Chair | 12. Dr. Kristen Jones |
| 2. Harold Featherston, Co-Chair | 13. Dr. Keith Cross |
| 3. Larry Saunders | 14. Dr. Anthony Shearing |
| 4. Gregg Evans | 15. Dr. Nancy Bozek |
| 5. Eric Spinks | 16. Natalie Bubela |
| 6. Kevin King | 17. Tim Smith |
| 7. Noel Campbell | 18. Harold Featherston |
| 8. John Kropp | 19. Allyson Snelling |
| 9. Dr. Jan Goossens | 20. Colin Miller |
| 10. Dr. Steve Herr | 21. Debi Davis |
| 11. Dr. Adam MacLennan | |

6.0 ENDEAVOUR TO ENSURE FINANCIAL VIABILITY

6.1 FINANCIAL STATEMENTS AS AT OCTOBER 31, 2013

Gregg Evans referred to the financial report that was pre-circulated with the meeting package and noted that the organization is \$545K favourable to the \$1.66 M deficit budget. Also noted were the Accounts Receivables and the positive trend in addressing the receivables that are over 120 days. Discussion ensued with regards to the occupancy rate; it was noted that this rate has decreased in comparison to past years. There have been a variety of initiatives that could be assisting this trend including the implementation of order sets, consistent messaging regarding the need to be ‘leaner’ and focus on early discharge.

It was moved, seconded and carried that the Financial Report for the seven month period ending October 31, 2013 be approved.

7.0 EDUCATION SESSION - CREDENTIALING, AN OVERVIEW

Dr. Goossens provided the Board with an overview of the Credentialing process at MAHC and explained that following submission of an application and all of the required documentation, an impact analysis is completed for each applicant. The Chief of Staff follows up with referees one of which is typically the Chief of Staff at the applicant's current location. There are a number of categories of privileges and a brief outline of each was provided. The reapplication process for current staff begins in September with a goal to have all re-applications submitted by November. The Credentials Committee reviewed each applicant and makes a recommendation to the Medical Advisory Committee. It was also noted the requirement to provide proof of CME is now part of the culture. It was confirmed that the Midwives are required to go through the same credentialing process.

8.0 REPORT OF THE CHIEF OF STAFF / MEDICAL ADVISORY COMMITTEE

Dr. Goossens reviewed the Medical Advisory Committee report as pre-circulated with the meeting package and explained that there were no significant issues.

9.0 IN-CAMERA SESSION

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


Larry Saunders, Chair


Natalie Bubela, Secretary