

## OPEN SESSION MINUTES

Thursday, February 9, 2017 at 5:30 p.m.  
South Muskoka Memorial Hospital Boardroom  
*Approval Pending*



---

<b>Elected Directors:</b>	Evelyn Brown	Philip Matthews	Brenda Gefucia	Frank Arnone
	Cameron Renwick	Ross Maund (T)	Dave Wilkin	Beth Goodhew
	Moreen Miller	Rhonda Lawson	Christine Featherstone	
<b>Ex-Officio Directors:</b>	Natalie Bubela	Dr. Dave McLinden	Karen Fleming	Dr. Paulette Burns
	Dr. Jan Goossens			
<b>Executive Support:</b>	Tim Smith	Esther Millar	Harold Featherston	Robert Aildred-Hughes
<b>Staff Resources:</b>	Tammy Tkachuk		(T) denotes participation via teleconference	
<b>Guests:</b>	Alison Brownlee, Metroland Media		Beth Quinton, SMMH Auxiliary Executive	
<b>REGRETS:</b>	Michael Walters			

---

## 1.0 CALL TO ORDER

With a quorum present, the Board Chair, Evelyn Brown called the meeting to order at 5:34 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 QUALITY IMPROVEMENT PLAN INTRODUCTION AND DEVELOPMENT

Karen Fleming provided the Board with presentation outlining the key elements required in a Quality Improvement Plan as well as the role of the Board, the Quality and Patient Safety Committee, and the CEO in the development and approval process. MAHC's 2017/18 Quality Improvement Plan is out for consultation with several internal care committees and is scheduled to be presented to the Quality and Patient Safety Committee at their February meeting for recommendation to the Board for approval. In addition, MAHC is one of two hospitals within the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) that develops a Collaborative Quality Improvement Plan with external partners. The external partners include the Community Care Access Centre, the Family Health Teams, the District of Muskoka, Long-Term Care. As well at this table the NSM LHIN and Health Quality Ontario have representation. It was confirmed that Health Quality Ontario is a department of the Ministry. The Board Chair thanked Karen Fleming for the presentation.

### 1.4 CHAIR'S REMARKS

Evelyn Brown reported that a meeting with Norm Miller, MPP occurred on January 26, 2017; attendees included the MAHC Board Chair and CEO along with the CEO of West Parry Sound Health Centre. Mr. Miller was provided with an up-date on the financial of the hospital as well as the financial pressures in the next fiscal year. Mr. Miller was encouraged to speak with the Minister of Health and Long-Term Care regarding the issues faced by the hospitals. The Chair also advised the Board that the Huntsville Hospital Auxiliary report has been received and encouraged Directors to review the report available on the Board portal. The Auxiliaries were complemented on all of their efforts in support of the Hospital. There were no questions arising from the Chair's report

## 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 January 12, 2017***
- 2.2 Receipt of the Executive Committee Report of January 19, 2017***
- 2.3 Receipt of the Strategic Planning Committee Report of January 18, 2017***
- 2.4 Receipt of the Quality & Patient Safety Committee Report of January 26, 2017***
- 2.5 Receipt of the Resources Committee Report of December 23, 2016***
- 2.6 Receipt of the Compliance Report as at December 31, 2016***

A question of clarification was raised with respect to the January 12, 2017 Board minutes regarding the work of Muskoka and Area Health System Transformation (MAHST); it was clarified that populating the current state for MAHST involves identifying all current services.

### **3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS**

#### **3.1 PATIENT STORY**

Karen Fleming informed the Board about a patient experience that highlighted a patient's experience; the patient reported that the admission process was very organized, staff were attentive and the patient and the family felt included in the care planning. Dr. Burns was recognized for being a staunch patient advocate and it was also noted that there was excellent communication with external referral centres. An opportunity for improvement that was highlighted was the location of the white board in the patient's room.

#### **3.2 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE**

The February report of the Chief of Staff was received for information as pre-circulated and appended to the meeting package. In response to a question from the floor, it was explained that there are specific criteria that equipment requests are rated upon in order for the Capital Planning Committee to prioritize needs. The Foundations are provided with the list of capital needs to enable conversation with donors. There is also a process in place for emergency needs. Should Foundation funds be unavailable, there are other options that are explored such as the Hospital purchasing or leasing the equipment.

#### **3.3 CLINICAL SERVICES RESOURCES PLAN**

The information outlining the clinical service needs for 2017/18 was received as pre-circulated in the meeting package. There were no questions or concerns arising from the report.

***It was moved, seconded and carried that the Clinical Services Resources Plan be approved.***

#### **3.4 DEFINITION OF QUALITY FOR MAHC**

On behalf of the Quality and Patient Safety Committee, Phil Matthews presented the report outlining a recommended corporate definition for Quality. A suggested revision to the definition was made in that the definition specifically refers to quality care, as opposed to quality broadly. It was explained that the proposed definition is focused on quality patient care; at the Quality and Patient Safety Committee senior management is requested to report any all other aspects of quality across the organization from a 'burning platform' perspective. Karen Fleming reviewed the specific elements of the definition and explained that the elements form the foundation for the Quality Improvement Plan. The Board was also informed that the North Simcoe Muskoka LHIN is adopting the definition. MAHC has been a leader within the LHIN to formally adopt a definition. Following discussion there was agreement that the insertion of care into the definition was unnecessary.

***It was moved, seconded and carried that Muskoka Algonquin Healthcare adopt an iteration of the Health Quality Ontario (HQO) definition of a high quality health system as the definition for Quality at Muskoka Algonquin Healthcare.***

#### **3.5 BALANCED SCORECARD**

Phil Matthews introduced the Balanced Scorecard as pre-circulated with the agenda and reminded Directors of the three targets that are LHIN required and noted that the remaining targets are MAHC specific. Karen Fleming highlighted from the report MAHC's performance with respect to emergency department wait times and informed the Board that MAHC is exceeding both the provincial and LHIN targets. The reduction of Alternate Level of Care days was also noted in that MAHC is exceeding the MAHC target as well as performance in the NSM LHIN and province as

at Q2. In terms of patient satisfaction, the Board was reminded that new methodology was implemented for the current year and thus the results have been updated accordingly; it was acknowledged that work is needed for MAHC to achieve the provincial satisfaction rate of 71.5% for inpatients and that MAHC is in line with the provincial rate for an emergency department perspective. Esther Millar advised the Board that as of January 25, 2017; medication reconciliation on admission compliance had reached 82%. In response to a question with respect to pathway compliance, it was explained that the order set usage is the physician portion and the pathway compliance is the interprofessional team portion. It was also noted that the actual number of patients can be identified on the Quality Based Procedure report and that the patient numbers associated are less than 20. There were no actions arising from the discussion.

### **3.6 CORPORATE COMMUNICATIONS STRATEGY FOR 2017-2018**

Evelyn Brown presented the information outlining the changes to the Corporate Communication Strategy for 2017/18. The focus for the coming year will be for the corporation to have a presence on social media, specifically Facebook. The launch date is April 3, 2017 and the Executive Committee will be kept up-to-date in terms of impact to workload. Discussion ensued with respect to the benefits of the initiative in terms of engaging with stakeholders. It was also noted that there are tools available to assist with connecting with other forms of social media. In terms of the risk analysis and consultation with other Hospitals, it was reported that the primary issue identified was that of increased workload which will be monitored. There were no actions arising from the discussion.

***It was moved, seconded and carried that the Board of Directors approve the Corporate Communications Strategy for 2017-2018.***

## **4.0 CONTRIBUTE TO STRATEGIC DIRECTION**

### **4.1 MUSKOKA & AREA HEALTH SYSTEM TRANSFORMATION UPDATE**

Phil Matthews explained that the work of the Muskoka and Area Health System Transformation continues to move ahead however limited resources have caused delays and it is uncertain of having a preliminary report complete for the NSM LHIN by March 31, 2017 is feasible. All stakeholders that initially expressed an interest have been invited to a day long workshop on January 26, 2017 and work continues in terms of reaching out to additional stakeholders. Three working groups have been established – Programs & Services; Governance & Funding; and, IT Technology. Harold Featherston provided an update on the progress of the Programs & Services working group and noted the number of volunteer hours being devoted to this work. The current focus is on the “how” to deliver services and building cases and models to enable conversation. The Governance & Funding working group have been exploring achieving cost reductions and bringing in additional volume. This work requires data, some of which has been a challenge to gain access to given the number of agencies not funded by the NSM LHIN. It was also noted that there has been impressive participation by physicians in the process. A question was raised with respect to additional resources from the NSM LHIN and it was explained that this would be through the Executive Committee; some additional resources have been allocated. Comment was also provided that should the project continue to be delayed it will be important to ensure the Ministry of Health and Long-Term Care understand that MAHC will require interim financial support.

### **4.2 ANNUAL STRATEGIC ASSESSMENT**

Cameron Renwick referred the Board to the decision support document as pre-circulated with the agenda package and highlighted that the recommended change to the Strategic Objective #4 is not a fundamental change to the objective but rather to better recognize that MAHC is a member of the technology partnership and that there are benefits to ensuring alignment as the organization progresses to Stage 5.

***It was moved, seconded and carried that the Strategic Objective # 4 be revised to state “Continue to progress IT Systems to Stage 5 of the HIMS Scale within the GBIN established timeframe”***

### **4.3 2015-2018 STRATEGIC PLAN STATUS REPORT – YEAR 2, Q3**

The third quarter, Year 2 Strategic Plan Status Report was reviewed as pre-circulated with the agenda package. It was highlighted that for each of strategies any application mitigations are included. There were no questions or concerns regarding the report.

## **5.0 ENDEAVOUR TO ENSURE FINANCIAL VIABILITY**

## 5.1 FINANCIAL RESULTS

Brenda Gefucia presented the Financial Report for year-to-date December 31, 2016 on behalf of the Resources Committee. A copy of the report was pre-circulated and appended to the agenda package. Highlighted from the report was that there was not a lot of deviation from the year-to-date November results and the Quality Based Procedure Volumes are moving towards budgeted levels. The variance in Complex Continuing Care volumes was noted and the Board was reminded of the decision in 2015 to reduce these beds and that this activity demonstrates the beds were not required. The total revenue at the end of the period of better budgeted and this has been driven in part by the \$1million base funding adjustment. Patient revenues are down slightly however this has been offset by reduction in expenses in the drug category. It was also noted that Supplies & Other is better than budgeted due to the GBIN allocation, maintenance, unspent consulting and a number of other smaller items. There were no questions arising from the report.

***It was moved, seconded and carried that the Financial Statements for year-to-date December 31, 2016 be approved.***

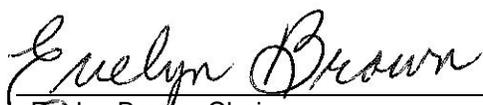
## 6.0 REPORTS

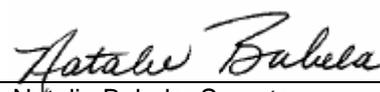
### 6.1 REPORT OF THE CHIEF EXECUTIVE OFFICER

The February report of the Chief Executive Officer was received for information as pre-circulated and appended to the agenda. A question was raised with respect the Ministry Survey on Hospital Capacity; staff are awaiting access to the software in order to better understand the measures they will be using to determine emergency department capacity. A further question was raised regarding technology to enable the communication of wait time information in real-time; it was explained that there is technology available at a significant cost and many larger hospitals have implemented.

## 7.0 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