

# BOARD OF DIRECTORS



## OPEN SESSION MINUTES

Thursday, February 11, 2016 at 5:30 p.m.  
Huntsville District Memorial Hospital Boardroom  
Approved March 10, 2016

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### PRESENT:

<i>Elected Directors:</i>	Charles Forret Donna Denny Ross Maund (T)	Evelyn Brown Brenda Gefucia	Phil Matthews Frank Arnone	Christine Featherstone Cameron Renwick
<i>Ex-Officio Directors:</i>	Natalie Bubela	Karen Fleming	Dr. Jan Goossens	Dr. Jennifer Macmillan
<i>Executive Support:</i>	Tim Smith	Harold Featherston	Esther Millar	
<i>Staff Resource:</i>	Tammy Tkachuk			(T) – denotes participation via teleconference
<u>GUESTS:</u>	Alison Brownlee	Derek Sutton		
<u>REGRETS:</u>	Gregg Evans	Dave Wilkin	John Kropp	Dr. Paulette Burns

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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 informed the Board that a meeting occurred with the Board Chair and CEO of Orillia Soldiers' Memorial Hospital to initiate discussion of common points of interest. One area agreed on was to approach Bob Morton, NSM LHIN Board Chair to host regular meetings of all Board Chairs in the NSM LHIN. Each Director was provided with a hard copy of the Huntsville Hospital Auxiliary new newsletter. The Chair advised the Board that the annual Board recruitment will be initiated at the end of February and a new component will be a radio ad campaign. An information session will be hosted by the Nominations Committee on March 7<sup>th</sup> for interested applicants; additional participation from Directors is welcome and encouraged.

### 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 14, 2016**
- 2.2 Receipt of the Audit Committee Report of January 20, 2016**
- 2.3 Approval of the Audit Committee Terms of Reference**
- 2.4 Approval of the Audit Committee Work Plan for 201516**
- 2.5 Receipt of the Executive Committee Report of January 27, 2016**
- 2.6 Receipt of the Corporate Communications Dashboard**
- 2.7 Receipt of the CEO Personal Business Commitment Status Report**
- 2.8 Receipt of the Chief of Staff Personal Business Commitment Status Report**
- 2.9 Receipt of the Resources Committee Report of January 28, 2016**
- 2.10 Receipt of the Human Resources Report as at December 31, 2016**
- 2.11 Receipt of the Compliance Report as at October 31, 2015**
- 2.12 Receipt of the Expense Reports**

## 3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

### 3.1 PATIENT STORY

Karen Fleming shared a patient experience from the ICU at the SMMH Site. The patient highlighted that the staff and physicians were very conscientious with hand hygiene and quickly responded to call bells. The Manager of the department was also noted to be easily accessible to the family. The patient also provided some opportunities for improvement related to discharge process, physician to physician handover as well as an issue related to receiving a lunch tray on a specific day. Follow up occurred regarding each of the concerns and the results were shared with Directors. In terms of the physician handover issue, it was highlighted that the processes differ between sites and that the MAC has discussed this in the past; a working group is meeting to focus on improvement.

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

The January 2016 report from the Chief of Staff and the Medical Advisory Committee was received for information. In response to a question, it was confirmed that the policy regarding the ability for nurses to dispense medications when pharmacies are closed does include that physician a physician order is required.

### 3.3 CORPORATE COMMUNICATIONS STRATEGY FOR 2016-2017

Charles Forret presented the communications strategy as pre-circulated and appended to the meeting package and highlighted that the Executive Committee spent a fair bit of time on the strategy to ensure it was reasonable and will provide benefit to the corporation in the long term. It was noted that the strategy is ambitious and reminded the Board that the organization only has a 0.6 full time equivalent dedicated to communications. The tactics will be evaluated to ensure they are having the intended outcome. Allyson Snelling was commended for her efforts and gratitude was expressed for the support to the Board from a communications perspective. Should the Executive Committee identify that a particular tactic is not providing a good return, adjustments will be made accordingly. Comment was made with respect to needing a better understanding of the difference between tactical and strategic, it was suggested that some of the language in the strategy could be revised to better differentiate between the two. A question was raised with respect to the additional key message related to the financial position. The Executive Committee requested a more forthright approach to the key message to ensure clear communication with the community regarding the financial challenges of the hospital. It was suggested that the statement is too broad and doesn't convey that the hospital is headed for very challenging times. There was general agreement to proceed with the statement as presented, with the understanding that it could be refined further in the future.

***It was moved, seconded and carried that upon the recommendation of the Executive Committee the Board of Directors approve the Corporate Communications Strategy for 2016-2017.***

## 4.0 ENDEAVOUR TO ENSURE FINANCIAL STABILITY

### 4.1 AUDIT PLANNING REPORT 2016

Christine Featherstone provided the key highlights of the Audit Committee discussion from January 20, 2015 and advised the Board that the audit fee is remaining consistent with prior years at \$30K. The is in recognition that the Hospital does not receive inflationary increases to its funding. Also noted were two areas that will receive some attention in the 2016 audit as a result of industry activity – procurement process and the recent court ruling with respect to HST. At this time it is unclear if the Hospital will benefit from the court ruling. It was confirmed that the audit does include a review of internal controls. The Partner has nine hospitals within his portfolio and has a refined approach to auditing internal controls utilizing a sampling approach. It was also confirmed that an annual audit is typical practice for all Hospitals.

### 4.2 FINANCIAL RESULTS

Brenda Gefucia presented the financial results as pre-circulated and appended to the meeting package. The unfavourable variances were highlighted and it was explained that the drugs over budget are offset by the revenue line. In terms of the med/surg supplies the unfavourable variance is primarily driven by some anticipated savings with respect to standardization not coming fruition; this is currently under investigation to determine if there still remains any opportunity to garnish savings. The most substantial variance is in the salaries and benefits line that are the result of unrealized benefits related to overtime assumptions made in the budget planning coupled with higher than anticipated volumes and an increase in long term vacancies. It was noted that Team is focusing on the patient receivables and keeping current on all new billings. It is anticipated that the back log developed with the

implementation of the new system will take a couple more months to clear. There is no risk of default on these as they are substantially related to OHIP billings. In terms of occupancy, the Board was informed that the acute patient days are 1,000 more year-to-date than this time last year. The average length of stay for Complex Continuing Care has increased however the Board was reminded that five beds were eliminated this year. The new format for the Quality Based Procedure report was reviewed and the procedures have been divided based on those procedures that can be netted together at year end. The non-elective procedures that MAHC has little or no control over are allowed to be netted at year end. It was also highlighted that although the cataracts have recognized full year funding, this is a QBP where MAHC experiences a lower cost per case than the funded cost.

***It was moved, seconded and that the Financial Report for the nine month period ending December 31, 2015 be approved.***

## **5.0 REPORTS**

### **5.1 CHIEF EXECUTIVE OFFICER REPORT**

The February Report of the Chief Executive Officer was received for information. Directors were encouraged to provide feedback on the Patients First proposal and the NSM LHIN Governance Council survey. The Board was also informed that the scheduled meeting with Closing the Gap regarding the nursing clinic in Gravenhurst was cancelled and yet to be rescheduled.

## **6.0 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.***

  
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Charles Forret, Chair

  
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Natalie Bubela, Secretary