

## OPEN SESSION MINUTES

Thursday, February 13, 2014 at 5:30 p.m.  
South Muskoka Memorial Hospital Garden Court & Boardroom  
Approved March 13, 2014

**PRESENT:**

<i>Elected Directors:</i>	Larry Saunders	Charlie Forret	Kevin King	Evelyn Brown
	Donna Denny	Christine Featherstone	Cameron Renwick	Joe Swiniarski
<i>Ex-Officio Directors:</i>	Natalie Bubela	Bev McFarlane	Dr. Jan Goossens (T)	
<i>Executive Support:</i>	Tim Smith	Vivian Demian	Harold Featherston	
<i>Staff Resource:</i>	Tammy Tkachuk			

**REGRETS:**

Philip Matthews	Gregg Evans	Eric Spinks	Catherine King
Dr. K. Kents	Dr. Steven Herr		(T) = participation via teleconference

**1.0 CALL TO ORDER**

With a quorum present, the Chair, Larry Saunders called the meeting to order at 1735 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 DELEGATION - SANDRA RASMUSSEN**

Larry Saunders introduced Sandra Rasmussen, Coray Schroeder and Susanne Phillips and explained that they are presenting information related to the single siting of Chemotherapy. In addition, there were approximately 20 members of the public who joined the meeting to hear the delegation. The information provided from the delegation included an overview of the compassion needed for the chemotherapy patients, continuity of care, safety concerns at the South Muskoka Memorial Hospital Site should staffing hours be reduced, the commitment of medical staff, a trend analysis of the volumes and a request that the Board of Directors revisit the decision to single site Chemotherapy. Larry Saunders thanked the delegation and the members of the public for the time they have committed to this issue.

The Board adjourned back to the Board to continue with the agenda.

**1.4 CT SCAN REPLACEMENT & RENOVATION UPDATE**

Harold Featherston provided the Board of Directors with an overview of the history and the progress of the CT Scan replacement and renovation project. The process began with a high level costing completed in October 2012 following by a commitment from the HDMH Foundation to support the project with a \$2 million pledge. An RFP process was done to select the CT Scanner and in January 2014 all required Ministry of Health & Long-Term Care approvals were received. The proposed construction timeline involves the project commencing in early March and completed by May 2014. Within the process a robust engagement occurred with regards to the appropriate location. H. Featherston also highlighted a number of other projects related to the CT Project including the creation of a transformer room, access to the CT route reduction, preparation for a portable CT and the T6 Transformer project.

*Dr. Jan Goossens joined the meeting at 5:57 pm*

**1.5 CHAIR'S REMARKS**

The Board Chair highlighted the Hand Hygiene results for January 2014 and commended staff, physicians and volunteers for achieving 10 consecutive months above the target compliance rate for the Before component.

It was noted that the process for creating a slate of nominees for the Officer and Committee Chair positions has begun. The Chair invited any Directors that may be interested in a position to connect with the Chair or the Board Liaison. In addition, the Nominations Committee has had its first meeting and the recruitment drive will begin in March.

Larry Saunders shared with the Directors an email received from a member of the public providing his thoughts regarding the decision to single site Chemotherapy.

It was noted that there was an omission from the Executive Committee report in error. Larry Saunders explained that the Executive Committee had a good discussion regarding the current health model and the future model. The discussion centered on how best to understand what the future model of health care will be and how it will evolve with the constant changes that are occurring. Phil Matthews and Evelyn Brown have been working hard to develop this model and a decision making process that will enable development of the future model as well as criteria that will aid the Board in making those decisions as health care continues to evolve and change. E. Brown further explained that their hope is to develop a tool that will can remove the emotion around a particular service, establish criteria and through the use of an algorithm to determine if the service is needed.

## **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 9, 2014**
- 2.2 Receipt of the Executive Committee Report**
- 2.3 Receipt of the Communications Plan Dashboard**
- 2.4 Approval of the Corporate Communications Strategy for 2014-2015**
- 2.5 Receipt of the Board Goals Dashboard**
- 2.6 Approval of the revised Performance Review - CEO/COS Policy**
- 2.7 Approval of the revised Chief Executive Officer - Position Description Policy**
- 2.8 Receipt of the Resources Committee Report**
- 2.9 Receipt of the Compliance Report for the period ending December 31, 2013**
- 2.10 Receipt of the Expense Reports for the period ending December 31, 2013**
- 2.11 Receipt of the Audit Committee Report**
- 2.12 Approval of the revised Audit Committee Terms of Reference**
- 2.13 Approval of the Audit Committee Work Plan for 2013/2014**
- 2.14 Receipt of the Nominations Committee Report**
- 2.15 Approval of the revised Nominations Committee Terms of Reference**
- 2.16 Approval of the Nominations Committee Work Plan for 2014**

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

### **3.1 YOUR ROLE QUALITY MATTERS REPORT JANUARY 2014**

N. Bubela reviewed the pre-circulated *Your Role Quality Matters* report for January 2014 and highlighted the patient safety incidents as well as the identified learning for the month.

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

A copy of the Report of the Chief of Staff was pre-circulated and appended to the agenda package for information. Dr. Goossens noted the following:

- The Medical Advisory Committee has approved the Disruptive Physician Provider Policy which sets the expected behaviours
- Dr. Shearing will be stepping down as the Emergency Department Medical Director; a recruitment process underway and Dr. Shearing was thanked for his leadership in the department.
- Dr. Dan Purcell and Dr. Rebecca Kent are two new physicians that have joined a physician group in Huntsville; they will be providing Family Practice and as well Dr. Purcell will be working in the Emergency Departments.

With regards to the approval of the Determination of Death policy and it was questioned if this policy should be brought forward to the Board. It was explained that the policy is part of the Trillium Gift of Life Program and as well there has been education provided through the Ethics program around withdrawal and consent to treatment must be obtained. Following discussion, it was agreed that an education session will be provided to the Board to give an overview of the process in place to deal with these types of issues so that the Board can have comfort in the process as part of their oversight role.

### **3.3 UTILIZATION REPORT**

A copy of the Utilization Report as at February 6, 2014 was pre-circulated and appended to the meeting package. N. Bubela noted the Alternate Level of Care trend line and that it has reached as high as 18 patients at one point. It was explained that the organization has just seen a shift in the Alternate Level of Care trend in that the ALC to Long-Term Care is now less than every other designation. In terms of Complex Continuing Care it was noted that with the single siting to the South Muskoka Site, no patients were physically moved. In addition prior to the decision, there was angst amongst the partnering Hospitals around the reduction of four CCC beds at MAHC and 9 at Orillia Soldiers' Memorial Hospital and the potential impact on occupancy and access. Following the bed reductions, the occupancy has averaged at 85 – 86% in each of the regional sites. In response to a question, it was explained that Complex Continuing Care is a program for patients requiring restorative or specialized complex care needs. There is a set of criteria that is followed for being designated CCC and the Community Care Access Centre conducts these assessments to determine their eligibility. Complex Continuing Care is not a destination but rather a throughput for care. The Complex Continuing Care Committee has developed a robust set of reports that has enabled trust in the system.

## **4.0 REPORTS**

### **4.1 REPORT OF THE CHIEF EXECUTIVE OFFICER**

A copy of the Report of the Chief Executive Officer was pre-circulated and appended to the agenda package for information. N. Bubela mentioned that a meeting occurred today with Norm Miller, MPP as well as the Chief Executive Officer of West Parry Sound Health Centre. The focus of the discussion was around the challenges for the Hospitals. N. Bubela also noted that there have been rumours in the community regarding physician credentialing; these have been clarified through explanation that MAHC credentials physicians to the corporation. One of the factors in the most recent recruitment was a desire of the new physicians to join a turnkey operation.

### **4.2 REPORT OF THE PRESIDENT, MEDICAL STAFF**

There was no report provided.

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

### **5.1 FINANCIAL STATEMENTS**

On behalf of Gregg Evans, Tim Smith presented the financial results as of December 31, 2013. It was noted that all signs continue to trend towards a balanced position. The organization however does continue to face challenges. It was noted that the Quality Based Procedures (QBPs) do affect the revenue stream and the organization has no control over those volumes. As more QBPs are added, the Board will need to be aware of the impact. It was also explained that the trend towards a balanced position are primarily due to balance sheet items rather than anything that is happening operationally. The LHIN is also aware of MAHC's position. T. Smith also explained that it is unlikely that the organization will meet the parameters of the working capital deficit funding, the consequences of this are unknown as of yet.

***It was moved, seconded and carried that upon the recommendation of the Resources Committee, the Financial Report for the nine month period ending December 31, 2013 be approved.***

## **6.0 ENSURE BOARD EFFECTIVENESS**

### **6.1 BOARD EVALUATION PROCESS EDUCATION & OVERVIEW**

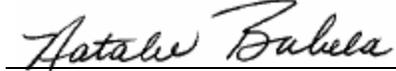
On behalf of Catherine King, Cameron Renwick provided the Board with an overview of the Board Evaluation Process for 2014. A hardcopy of the *Current Governance practices and Policies Checklist* was provided to all Directors; the purpose of the checklist is to refer Directors to the existence of documentation of the Board's current

practices and policies. It is hoped that the checklist will help prepare Directors to respond more knowledgeably to the survey questions. It was explained that on February 14<sup>th</sup>, all Directors will receive by email a link to both the Governance Centre of Excellence Survey as well as the MAHC Peer/Self-Assessment Survey. Directors were provided with an overview of each of the surveys. C. Renwick suggested that Directors schedule approximately one hour to complete the assessments. The Surveys will remain 'open' until March 14<sup>th</sup>; as the responses are completely confidential; a reminder email will be circulated February 28<sup>th</sup> to all. It was also noted that within the Peer/Self-Assessment survey there will be an opportunity for Directors to self-nominate for an Officer or Committee Chair position.

## 7.0 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.***

  
Larry Saunders, Chair

  
Natalie Bubela, Secretary