

## MINUTES

February 14, 2013 at 5:30 p.m.  
South Muskoka Memorial Hospital Boardroom  
Approved March 14, 2013

---

**PRESENT:**

<i>Elected Directors:</i>	Larry Saunders	Evelyn Brown	Charlie Forret	Eric Spinks (T)
	Rick Durst	Joe Swiniarski	John Sinclair	Gregg Evans
	Sven Miglin	Catherine King		
<i>Ex-Officio Directors:</i>	Natalie Bubela	Dr. Jan Goossens	Dr. A. MacLennan	Dr. Steven Herr
	Bev McFarlane			
<i>Executive Support:</i>	Tim Smith	Harold Featherston	Robert Hughes	Vivian Demian
<i>Resources:</i>	Tammy Tkachuk			

(T) - denotes participation via teleconference

**REGRETS:**

Bill Garriock Philip Matthews

---

**1.0 CALL TO ORDER**

The Chair, Larry Saunders called the meeting to order at 1732 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.

**2.0 CONSENT AGENDA**

L. Saunders noted that at the request of a Director, the Fraud Risk Matrix has been removed from the Consent Agenda and will be discussed within the Report of the CEO.

*It was moved seconded and carried that the following items be approved or received as indicated:*

- *Approval of the Minutes from January 4, 2013*
- *Receipt of the Audit Committee Report*
- *Approval of the Audit Committee Work Plan*
- *Approval of the Revised Audit Committee Terms of Reference*
- *Receipt of the Governance Committee Report*
- *Receipt of the Executive Committee Report*
- *Receipt of the Corporate Communications Dashboard*
- *Approval of the 2013-14 Communications Plan*
- *Approval of the revised Community Engagement Framework*
- *Receipt of the Board Goals Dashboard*
- *Receipt of the Resources Committee Report*
- *Receipt of the Human Resources Report*
- *Receipt of the Compliance Report as at December 31, 2012*
- *Receipt of the Expense Reports*

## 3.0 PROGRAM QUALITY AND EFFECTIVENESS

### 3.1 PATIENT EXPERIENCE

N. Bubela shared the Your Role...Quality Matters February edition and explained that in January out of a total of twenty-eight incidents there were twenty no harm incidents, 8 harmful and one near miss. Quality Council has reviewed two of the incidences and developed action plans for process improvement. The Good Catch of the Month was awarded to a Diagnostic Imaging staff member, Amy Fleetham who identified a patient who was a falls risk but was not identified as such. The patient came to the department without being on appropriate transportation equipment. Luckily, Amy and her colleague were able to catch the patient before he fell during a transfer onto the xray table. The key learning that has been shared with all staff is around patients who are at risk for falls need to be clearly identified and transferred between departments on appropriate equipment such as a stretcher versus in wheelchairs

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

In addition to the report pre-circulated with the meeting package, Dr. Goossens provided an overview of the work of the Quality Council explaining that the Council continues its work on developing the medication reconciliation process. Although the paper environment continues to present challenges, Quality Council has developed a form that it is believed will work well and promote improvement to the process. In addition, a system has been implemented to provide a cumulative data report; a tool that will enable physicians to view results and ultimately providing safer care.

Dr. Goossens also noted a new program in place related to hand hygiene. The *Clean Team* will be visiting departments and recognizing staff for washing their hands. The Quality Improvement Plan for 2013-14 will include an aggressive target of 90% compliance with hand hygiene before patient encounter.

### 3.3 ENERGY INITIATIVE PROJECT

H. Featherston reviewed the information included in the meeting package which provided an overview of the process to date around the Energy Initiative Project, information related to MAHC's Energy Assessment, the financial framework and the project timeline. It was noted that the reality for both sites is that there is significant opportunity for improvement. A conservative approach was taken in obtaining the magnitude of savings and the savings will be achieved as change is implemented and consumption is reduced. In terms of risk, it was stated that there is no guarantee and the risk for the organization is that dollars are invested on new systems and infrastructure and the projected savings are not realized. Mitigation in place for this risk is that MAHC will continue to be the driver of the project and at the table every step with the engineers. MAHC staff is confident that the measures being recommended will result in the projected savings. The project is over an eighteen month timeline and a benefit for MAHC is that monitoring has been occurring for the past two years and thus there is a good baseline available to monitor against. Regular reports will be provided to the Board through the Resources Committee.

***It was moved seconded and carried that the Energy Initiative Project and the signing of a Borrowing Contract with Scotia Bank be approved to a maximum project cost of \$2,818,000.***

### 3.4 ENTERPRISE RISK MANAGEMENT PROGRAM

Tim Smith presented the prioritized Enterprise Risk list as developed with input from various levels of the organization. The process undertaken to identify key risks instilled accountability. Key themes identified were grouped into three areas - reputational, operational and/or strategic risks. Initially a total of 74 items came forward from the Management group; senior team then reviewed these and agreed that 20 of the items were more departmental risks and directed Managers to deal with these at that level. The remaining items were grouped into the following: capital equipment, infection control, patient safety, IT and physical plan. The next step involved identifying a risk assessment of each, prioritizing and identifying action plan. This process will be repeated every six month. It was suggested that six months may be too often; upon discussion it was explained that the framework and process will be reevaluated after the first year.

## 4.0 REPORTS

### 4.1 REPORT OF THE CHAIR

The Chair noted that the Board Meeting Evaluation will be circulated tomorrow for Directors to complete. Through March and April there will be a number of governance related activities happening including the Director Recruitment process, the annual Board Evaluation process and the selection of Board Officers and Committee Chairs. Directors were reminded that the selection process for Board Officers and Committee Chairs is primarily a self-nomination process, and strongly encourages any Director interested in a position to connect with Charlie Forret.

### 4.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

N. Bubela highlighted two areas from the report included in the meeting package. Directors were encouraged to review the Action Plan for Healthcare. In addition, an announcement was made that the government will be issuing RFPs for standalone clinics for hip and knees, cataracts and colonoscopies. This could have potential impact on the organization. In addition, the Chief Executive Officer of Toronto East General Hospital as made a request to MAHC to host an Administrative Resident for a day. The individual is interested in spending time in a community hospital to gain a better understanding of that environment. N. Bubela also spoke about the new 'Community Health Links'. The Minister of Health and Long-Term Care has funded 19 health links across the province intended to bring local communities together to link service providers.

At the request of a Director, copies of the Fraud Risk Matrix were circulated. The document was prepared for the Audit Committee in response to a new audit requirement. Members of the Audit Committee are asked by the Auditors if they are aware of fraud risks in the organization. The matrix was an approach developed to assess potential risks related to fraud and as well identify the remedial actions in place. N. Bubela also explained that the organization undertakes a comprehensive risk assessment process through the insurance company HIROC. This process also enables the organization to identify and address potential risk areas. Directors were also reminded that the Whistleblower policy is also in place.

## 5.0 PROVIDE FOR EXCELLENT MANAGEMENT

### 5.1 CEO 2012/13 BUSINESS COMMITMENTS STATUS UPDATE

N. Bubela reviewed the results to date for the metrics identified for the 2012/13 fiscal year and focused on the areas not meeting target. The Emergency Room Length of Stay (LOS) increased from 13.5 hours in November to 15.6 hours in December (target = 8 hours or less). This increase can be attributed to the outbreak situation and associated isolations. There has been continued focus on the bed allocation process for improvement; the bed allocation team recently met to revisit the process and discuss issues. Although the target of 8 hours or less has yet to be achieved (*June 2012 achieved 8.1 hours*), we have significantly reduced the LOS since the bed allocation process was implemented in the Spring. As at December 31, 2012 the accounts receivable is approximately \$10K off target. Payment of a large outstanding debt with the Federal Government is anticipated soon. In terms of attendance management, two out of the five employee classifications are meeting or exceeding the target. Nurse & Allied health continue to trend down however, the flu outbreak may have a negative effect on this positive trend. The Administration is a small group of employees and as such any long term illnesses will have a significant impact. It was noted that the nursing metric, although below target has seen significant improvement and congratulations was extended to Human Resources.

### 5.2 CHIEF OF STAFF 2012/13 BUSINESS COMMITMENTS STATUS UPDATE

Dr. Goossens reviewed the progress of the metrics and noted that the medication reconciliation process is making good progress. There were no other concerns or issues raised.

## 6.0 ENDEAVOUR TO ENSURE FINANCIAL VIABILITY

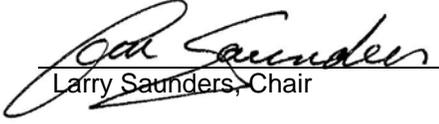
### 6.1 FINANCIAL STATEMENTS AS AT DECEMBER 31, 2012

The year to date financial statements were presented showing a favourable year to date position of \$136,100. The month of December shows a deficit of \$43 K and Directors were reminded of the outbreak situation during the month. Outbreaks impact operations in terms of decreased revenues such as parking and as well as overtime issues. T. Smith remains confident that the organization will maintain a positive trend to the end of the year.

*It was moved seconded and carried that the Financial Report for the nine month period ending December 31, 2012 be approved.*

## 7.0 IN-CAMERA SESSION

*It was moved seconded and carried that the open session be terminated at 1905 hours and the Board of Directors proceed into the in-camera session.*

  
Larry Saunders, Chair

  
Natalie Bubela, Secretary