

MINUTES

January 10, 2013

5:30 p.m.

Huntsville District Memorial Hospital Boardroom

Approved February 14, 2013

PRESENT:

<i>Elected Directors:</i>	Larry Saunders	Evelyn Brown	Charlie Forret	Eric Spinks (T)
	Rick Durst	Joe Swiniarski	John Sinclair	Gregg Evans
	Philip Matthews	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			
<i>Invited Guests:</i>	Joanne Matthews, Auxiliary President Helen Sparkes, Auxiliary Past-President			

(T) - denotes participation via teleconference

REGRETS:

Sven Miglin Bill Garriock

1.0 CALL TO ORDER

The Chair, Larry Saunders called the meeting to order at 1731 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.

1.3 HUNTSVILLE HOSPITAL AUXILIARY UPDATE

Joanne Matthews, President of the Huntsville Hospital Auxiliary and Helen Sparkes, Past-President provided the Board with an overview of their accomplishments over the past year as well as the fundraising plans for the coming year. Appreciation was extended to Board members and management for the support over the past year.

Forty-five Auxiliary members celebrated the holiday season at a Christmas Luncheon on December 13th at St. Mary's Church Hall. The highlight of the festivities included a cheque presentation to the Foundation in the amount of \$100,000 for our commitment to the "Vital Signs Bedside Monitors". Dr. Jan Goossens was thanked for attending and bringing greetings from the hospital. It was noted that the members were able to raise these funds in one year with the support of our community.

Another very successful event was the recent variety show held at the Algonquin Theatre in Huntsville. A profit of over \$7,000 was made. Mrs. Sparkes noted that this would not have been the success it was without the very generous support of several individuals and organizations in the community.

A record profit of \$5,050.00 was made at the annual Cookie Delight fundraiser, the event was successful thanks to the many volunteers who donated their time and baking talents.

Other activities include the development of a new Archives Committee to preserve the Auxiliary's history and the 2013 Nominating Committee is now approaching members to fill the required positions on the Executive. Helen Sparkes and Joanne Matthews will continue in their current roles for the next year and will mentor the new executives selected. As well, a "Mock Disaster" trial of the volunteer fan-out list occurred recently and 22 out of the 77 eligible members were contacted by phone.

At the general meeting January 9th, Tim Smith presented the need for the hospital to replace 14 patient care beds; the members voted to support this commitment to purchase as many patients beds as possible over a one year period. Fundraisers for 2013 were also approved and include the Branches Gift Shop, a Spring Garden Party, the annual Tag Day, the 4th annual Golf Tournament, a BBQ at Robinson's Independent, a Fall Bulb Sale, Cookie Delight, Christmas Wrapping and the Sunshine Bags.

L. Saunders extended appreciation for the presentation and noted how fortunate the hospital is to have leaders such as Mrs Matthews and Sparkes. Thanks were also extended to all of the volunteers for their dedication and time spent.

2.0 CONSENT AGENDA

Upon request, it was agreed that a question related to the Master Plan information would be addressed in Agenda Item 5.1.

A spelling error in item 3.2 in minutes was noted, this will be corrected in the minutes. It was also clarified that Grey Bruce is recommending that implementation of the modules occur at the same time as opposed to a phased in approached. It was also clarified that the implementation will advance MAHC to a level between 4 and 5 and that as Grey Bruce continued to proceed to a level 5, MAHC would proceed along with them.

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

- ***Approval of the Minutes from December 13, 2012***
- ***Receipt of the Strategic Planning Committee Report***
- ***Receipt of the Master Plan / Master Program Initiative Update***
- ***Receipt of the Quality & Patient Safety Committee Report***
- ***Receipt of the Senior Leadership Team Report***

3.0 PROGRAM QUALITY AND EFFECTIVENESS

3.1 PATIENT EXPERIENCE

N. Bubela read aloud the 'Your Role' publication for January explaining that of the total 36 patient safety incidents in November 23 were no harm incidents, 7 were Harmful incidents resulting in minor injury and there were 2 near misses. Quality Council reviewed four moderate incidents which included two patients who tried to exit the building and a confused patient who accessed disinfectant from the Environmental Services cart. There was also a fall that resulted in a major laceration to the patient's head that required staples.

The 'Good Catch of the Month' award went to Nancy Dealhoy who was able to intercept a patient smoking in bed and ensured that all lighters and cigarettes were removed from the patient's room to prevent further risk. The key learning from this incident was that when admitting patients who may not fully understand patient safety and fire safety risk in the hospital environment, alternative arrangements should be made for storing potentially hazardous items. In situations like this, the potential fire hazards should be removed from the patient room.

In addition an enabler of quality was highlighted - the Food and Nutrition Services Department implemented the use of tablets to enable an electronic menu choice daily. This has allowed the dietary staff to interact directly with each patient on a daily basis. The staff report that they believe this is improving patient satisfaction and has decreased the risk of errors in food delivery (like food allergies, wrong diet, food intolerances, etc).

3.2 REPORT OF THE CHIEF OF STAFF / MEDICAL ADVISORY COMMITTEE

Dr. Jan Goossens referred to the written report included in the meeting package and indicated that there were no issues arising to be brought to the attention of the Board. Further to the report, Dr. Goossens explained that the second Physician Leadership Council meeting has occurred with approximately 15 physicians. The topic this month was engaging physicians in the campaign and fundraising process. In attendance were the Executive Directors of both the HDMH and SMMH Foundations along with one Board representative. The meeting was positive and there were good suggestions regarding increasing the engagement of physicians in fundraising activities. The next meeting is scheduled for February 12th; the topic of discussion will be opportunities to increase efficiency and any opportunities related consolidation. Catherine King and Evelyn Brown volunteered to attend on behalf of the Board.

Discussion ensued related to the morning meetings held this week with physicians. There was some confusion regarding the start time of the meeting as a result it was agreed that the SMMH Site meetings would begin at 0815

hours. There was general agreement that meetings were low key and a good opportunity for relationship building between the Board, physicians and staff. It was agreed to suspend the previous evening meetings that were held and gauge the participation of the morning meetings. It was suggested that quarterly a joint meeting could be held.

3.3 BALANCED SCORECARD PRESENTATION

B. McFarlane shared a video that was developed by the Toronto East General Hospital (TEGH) (<http://www.youtube.com/watch?v=M8AKTACyiB0>). The video highlights the importance of proper hand hygiene practices in a comical manner. This was one of many projects that came out of the Centre for Innovation at TEGH. B. McFarlane also explained that MAHC is using a number of similar approaches to help high hand hygiene as well as participating in a SIM lab in how to investigate safety incidents and root causes.

The results of the Balanced Scorecard metrics for November 2012 were reviewed and it was highlighted that Hand Hygiene is below target by 7.39%. Team has been focusing on areas where there is the greatest lack of compliance with increased safety huddles which include the Manager of Infection Prevention and Control. In addition, there has been an increased accountability placed at the management level.

In addition, a risk column has been added to the balanced scorecard which was based on the Institute for Health Improvement tool that takes into consideration three factors - severity (if it were to occur) x likelihood of detection x probability of occurrence. Although not an exact science it is putting some rigour to identifying risk in the organization.

A revised patient safety incident form has been developed with the intent have an increased focus on follow up and what is done to decrease reoccurrence and what is done in terms of analysis. In response to a question from the floor, it was explained that follow up on mitigation strategies will depend on the level of incident and would not occur for all incidents.

Discussion ensued regarding the Emergency Department indicator for people leaving unseen. The previous spike at the HDMH Site was an anomaly which has now stabilized. The results at the HDMH site are largely due to the Physician Assistant fast track model in place. With the recent funding for the SMMH Site, this model is being implemented. In addition, a patient navigator role is being implemented that may help that process. It was clarified that if an individual with high acuity left without being seen, follow up would likely occur however for Ctast levels 4 or 5 the resources are not available to do follow up.

In terms of hand hygiene it was suggested that volunteers may be engaged to carry out a more proactive role in encouraging hand hygiene.

J. Sinclair cautioned the Board regarding the current ratio indicator in that this a very long term undertaking. T. Smith further explained that the Ministry of Health & Long-Term Care along with the Ministry of Finance implemented a relief program in the last fiscal year to aid hospitals in reducing working capital deficits. Muskoka Algonquin Healthcare was surveyed this fiscal year but no additional information has been received. It was also noted that the majority of hospitals carry a large working capital deficit.

4.0 REPORTS

4.1 REPORT OF THE CHAIR

The Chair reported that the NSM LHIN has circulated an additional reminder about the upcoming community meetings. The key areas of discussion will be Health Links and narrowing focus on the top 1-5% of high users in the health system. In terms of the data related to the 1-5% of high users specific to Muskoka Algonquin Healthcare, the data has yet to be received. It is unclear at this point if the LHIN data is hospital-specific or related to the health care system. Directors were highly encouraged to participate in the upcoming Muskoka area meeting occurring January 31st.

4.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

In addition to the report pre-circulated with the meeting package, N. Bubela confirmed the Hospital Infrastructure Renewal funding for this year will be \$249,000. This is a decreased amount compared to previous years, however is a significant portion of the dollars available to NSM LHIN hospitals.

N. Bubela explained that the approval of the Interim Long-Term Care Bed closure had been received just prior to Christmas however a decision to hold off communications to the new year was made. The communications has

begun and a media release was issued today. As of Friday, seven of the ten residents remain as there were three bed offers this week. MAHC and the CCAC will continue to work with the residents through their choices to find an alternate home. It was explained that MAHC has been subsidizing the beds at about \$300,000 per year and there will be some impact on the budget by defraying the deficit shortfall. It was further explained that the funding is based on a patient per diem, and as the patients move the revenue will also move. This initiative will allow MAHC more flexibility for other activities in line with the core acute care services.

N. Bubela has been invited to be a panelist at an upcoming Leadership Summit being held at the Gravenhurst Opera House February 20th; the Summit is being co-hosted by the Mohawk College Enterprise, the Towns of Gravenhurst and Bracebridge as well as the District and the Township of the Lake of Bays. It is part of a program that is run over an 8 month period (one day per month) and covers a variety of key sessions on leadership development with the intent to prepare the next wave of new leaders. On February 20th at 1:30 pm N. Bubela will be one of three panelists speaking to participants about the concept of leadership and the key foundations necessary to build leadership capacity within communities. An invitation was extended to all Board members to attend the forum discussion.

The Algonquin Family Health Team announced the appointment of their new CEO & Executive Director - Lynn Sharer will join them February 4th. Gayle Mackay will continue as the interim CEO as well as assist in orientating the new recruit.

The organization will be trialing an e-Library Service through the Conference Board of Canada for one week from January 14 - 21st. Anyone associated with the organization may access a variety of research information using their MAHC email account. At the end of the week, the level of interest will be assessed to determine if this may be a worthwhile investment which would carry a total cost of approximately \$2,500. Board members were encouraged to take part in the trial.

5.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

5.1 STRATEGIC ACTION PLAN STATUS REPORT & YEAR IN REVIEW REPORT

The Strategic Action Plan Status Report as of November 30, 2012 was included in the meeting package and reviewed. In addition, a 'Year in Review' report was developed and circulated with the intent to provide a high level overview of all of the achievements over the past year related to the Strategic Objectives.

It was clarified that 'people development' referred to as one of the focuses of the Partnership objective is all encompassing in that it also includes partnerships related to patients. V. Demian provided a brief overview of the partnership developed with Centric Health. The primary focus of this partnership was two fold in that it provided an opportunity to utilize space in the rehab area as well as increase revenue for the organization. A similar model has been in place at the HDMH Site with CBI for approximately 10 years. Ongoing monitoring of the service will occur to ensure it remains a good fit with the organization's values.

In terms of the Master Plan, H. Featherston clarified that the plan is to have the Stage submitted by September 2014. The RFP to enlist assistance to have the Stage 1 completed for submission within that timeframe is underdevelopment currently with the intent to have the RFP out by March 31, 2013. H. Featherston provided an overview of the components required to be completed in the Stage 1 process. The Strategic Planning Committee will be leading the work with a working group that will meet on a regular basis. A communications strategy will be developed which will include regular updates that will come up to the Board. Discussion ensued regarding physician engagement; Dr. MacLennan explained that recent discussions have occurred amongst the medical staff and key physicians have agreed to part of the process. N. Bubela also offered that should an update at the Medical Staff Association be desired this can be arranged.

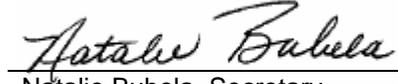
5.2 ANNUAL STRATEGIC ASSESSMENT

N. Bubela explained that one of the accountabilities of the CEO is to complete an annual assessment of risks and opportunities related to the Strategic Directions including an evaluation of emerging trends that may indicate the Plan is off track or needs change. The Senior Leadership Team reviewed each objective, identified any potential risks and opportunities and discussed if any recommendations for change in needed. Upon completion of the review, although there are a number of changes the environment, the Senior Leadership Team does not feel there needs to be any course correction at this time.

6.0 IN-CAMERA SESSION

It was moved, seconded and carried that the open session be terminated at 1852 hours and the Board of Directors proceed into the in-camera session.


Larry Saunders, Chair


Natalie Bubela, Secretary