

# BOARD OF DIRECTORS



## OPEN SESSION MINUTES

Thursday, June 11, 2015 at 5:30 p.m.  
Huntsville District Memorial Hospital Boardroom  
Approved September 10, 2015

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### PRESENT:

<i>Elected Directors:</i>	Charles Forret	Gregg Evans	Nicholas Popovich	Christine Featherstone
	Donna Denny	Brenda Gefucia	Joe Swiniarski	Phil Matthews
	Evelyn Brown	Cameron Renwick	Larry Saunders	
<i>Ex-Officio Directors:</i>	Natalie Bubela	Karen Fleming	Dr. Kersti Kents	Dr. Jan Goossens
<i>Executive Support:</i>	Tim Smith	Robert Alldred-Hughes		
<i>Staff Resource:</i>	Tammy Tkachuk			

**GUESTS:** Alison Brownlee, Metroland News

**REGRETS:** Kevin King Dr. Jennifer Macmillan

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### 1.0 CALL TO ORDER

With a quorum present, the Board Chair, Charles Forret called the meeting to order at 1734 hours.

#### 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 CHAIR'S REMARKS

The Chair recognized the staff groups celebrating their professional designation groups - Personal Support Workers, Ward Clerks, Patient Registration and Diagnostic Imaging Clerks. In addition, the chair expressed appreciation to the staff that represented the organization in the recent Pam Am Torch Relays in Bracebridge and Huntsville. These included Erika Strok McLellan a Project Coordinator represented the Huntsville Site and Kristie Robinson a Medical Radiation Technologist represented the South Muskoka Site. In addition, the Town of Huntsville also had Dr. Pierre Mikhail – one of our Emergency Physicians as a torch bearer. It was noted that the Board continues to have great pride in staff and physicians not only for their commitment to health care and MAHC but to the communities as well.

Starting Monday, June 15th the organization will be going live with a new health information system that will enable the implementation of an Electronic Health Record. Implementing a project of this magnitude during the busiest time of the year will understandably be challenging with the potential of creating delays and increased wait times as staff adapt to new process flows. It was noted that staff have been working very hard to make this transition as smooth as possible and ensuring a continued focus on safety and high quality care. The Board expressed appreciation and best wishes to all staff and physicians for this momentous step forward for MAHC.

The Chair advised that the South Muskoka Auxiliary will be holding their Annual General Meeting on June 25<sup>th</sup> and Evelyn Brown will be bringing greetings on behalf of the Board. In addition, the Huntsville Auxiliary is celebrating 60 years – their Diamond Jubilee. There are a number of events and celebrations planned for the coming year.

On May 25<sup>th</sup>, the Chair along with Phil Matthews, Natalie Bubela and Harold Featherston attended the North Simcoe Muskoka LHIN Board meeting where an update on the Master Program/Master Planning work was provided. The meeting was held at Royal Victoria Regional Health Centre and Charles Forret and Phil Matthews participated in a tour of the facility.

A number of Board members participated in an all-day education webcast with respect to Quality as a Strategic Priority for the Board hosted by the Ontario Hospital Association on June 8, 2015. All of the speaker presentations are posted on the education page of the Board portal for information purposes.

The Annual General Meeting is scheduled for Monday, June 22 at 7:00 pm at the Sportsplex in Bracebridge. The focus for the meeting will be to celebrate staff and physicians and the outstanding work over the past year. Directors were requested to provide regrets as soon as possible as it is a meeting of the Members and quorum is required.

## **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 May 14, 2015**

**2.2 Approval of the Board of Director Meeting Minutes from May 27, 2015**

**2.3 Receipt of the Resources Committee Report of May 28, 2015**

**2.4 Receipt of the GOMED Information Update**

**2.5 Receipt of the Human Resources Report**

**2.6 Receipt of the Expense Reports**

**2.7 Receipt of the Consultant Use Report**

**2.8 Approval of the Amortization Policy #GOV-4-10**

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

### **3.1 PATIENT STORY**

Karen Fleming presented a video recording of a patient and family member providing feedback with respect to their experience at MAHC. The intent is to provide Board members with real experiences of patients to help maintain focus on continually improving patient safety and experience. It was confirmed that the patient and family member provided consent to share their story.

### **3.2 REPORT OF THE CHIEF OF STAFF**

Dr. Goossens presented the report of the Medical Advisory Committee as pre-circulated and appended to the meeting package. Further to the report it was explained that the Annual General Meeting for the Medical Staff is scheduled for the week of June 15<sup>th</sup> and Dr. Kents' term as President of the Medical Staff will be ending. On behalf of the Medical Staff and Administration appreciation was extended to Dr. Kents for a job well done over the past two years. Dr. Goossens also advised the Board that the majority of physician training for the Electronic Health Record has been completed.

In response to a question from the floor with respect to the approval for Registered Nurses to provide MgSO<sub>4</sub> for hypomagnesemia by IV infusion, it was explained that the nurses do receive training and the directive is in line with industry standards. Further it was explained that there are other aspects of professional care that continue to expand; the organization keeps abreast of the evolution of care and the professional college standards and recommendations for changes to scope of practice.

## **4.0 REPORTS**

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

A copy of the June Report of the Chief Executive Officer was pre-circulated and appended to the agenda package for information. In addition to the report, Natalie Bubela advised that she also attended the Board Quality education session on June 8<sup>th</sup> as well as the general meeting for the Huntsville Hospital Auxiliary on June 10<sup>th</sup>. At the meeting of the Auxiliary, Natalie Bubela spoke about the Master Program/Master Plan decision and were particularly excited and energized when discussing the future opportunity to design the building and the advantages of having services under one roof and creating adjacencies of areas. The areas that they were most nervous about were with respect to messaging over the coming months when they are fundraising and how to respond to negativity. Administration will be working with the Auxiliary to develop messaging to assist them.

Furthermore, N. Bubela provided an overview of the a communique received June 11, 2015 from the Ministry of Health and Long-Term Care with respect to Health System Funding Reform. The Ministry has recognized that there is a need for a formal external review of HSFR to determine if the funding model is meeting its intended objectives. They will be establishing a governance structure over the next year and the Institute for Clinical and Evaluative Sciences (ICES) will be conducting the review. It is stated that the results of the review will be complete by early Winter 2015.

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

### **5.1 AUDITED FINANCIAL STATEMENTS**

Joe Swiniarski presented the Audited Financial Statements for the period ending March 31, 2015 and noted that there have been some late revisions however nothing material in nature. Each Director was provided with a hard copy of the final statements. It was noted that KPMG has issued an unqualified opinion indicating that it was a clean audit with no issues. Within the discussions with the Audit Committee all reports of the audit and the relationship with management were very complimentary. The internal control testing did not identify any deficiencies and there were no audit risk areas. There were two unadjusted differences with respect to the ambulance funding payable and employee future benefit liability. A question from the floor with respect to the amortization from last year was raised. A comment was also made with respect to concern with KPMG and how they approached the financials this year and it was suggested that they have not done as well of a job as previous years. It was confirmed that the fees have remained the same. It was also confirmed that the line of credit remains at \$6.5 million and it was noted that the net deficit on the balance sheet is \$9.8 million and although the organization has achieved a balanced position at year end, overall there still remains significant work to address the net deficit position.

***It was moved, seconded and carried that the Board of Directors approve of the Audited Financial Statements for the year ending March 31, 2015 for presentation to the Members of the Corporation.***

### **5.2 APPOINTMENT OF THE AUDITOR**

***It was moved, seconded and carried that the Board of Directors recommend to the Members of the Corporation the appointment of KPMG as the Corporate Auditors for the 2015-2016 fiscal year.***

### **5.3 BROADER PUBLIC SECTOR ACCOUNTABILITY ACT - ANNUAL BOARD ATTESTATION**

Gregg Evans presented the Broader Public Sector Accountability Attestation as reviewed by the Resources Committee. The Chief Executive Officer has confirmed that the organization is in compliance and has exercised care and diligence expected. There are no exceptions to be disclosed.

***It was moved, seconded and carried that the Broader Public Sector Accountability Act Annual Attestation be approved for submission.***

### **5.4 SIGNING AUTHORITY POLICY GOV-4-120**

On behalf of the Resources Committee, Gregg Evans presented the proposed revisions to the Signing Authority Policy and explained that the Committee completed a comprehensive audit of the policy to determine the revisions. Subsequent to the Resources Committee meeting, Brenda Gefucia raised additional concerns with respect to the proposed revision to the authorities outlined for unbudgeted expenses and noted that the policy does not reference authority in instances where the Chief Executive Officer is absent for a short period of time and an Acting Chief Executive Officer is appointed. Discussion ensued and it was suggested that an approach to addressing the concern with respect to delegating this authority to an Acting CEO is to have the reference that this item cannot be delegated to an Acting CEO. Discussion also ensued with respect to the appropriate authority level for the Chief Executive Officer and the Chief Financial Officer and it was reinforced that these particular items would be those that are unplanned or unusual and were not contemplated within the operating and capital plans. A of \$50,000 for the Chief Financial Officer and \$100,000 for the Chief Executive Officer were suggested. A question was raised with regards to any potential for these levels to obstruct regular business; it was agreed that the levels could be monitored and if at some time in the future it is found that the proposed levels do impede business further discussion could occur.

***It was moved, seconded and carried that the Succession Policy proposed revisions to the Signing Authority Policy #GOV-4-120 be approved with the following further amendments:***

- ***Authority for Unbudgeted Expenses for the Chief Financial Officer be up to \$50,000;***
- ***Authority for Unbudgeted Expenses for the Chief Executive Officer up to \$100,000; and,***

- ***That the policy state the authority with respect to Unbudgeted Expenses are not to be delegated to an Acting Chief Executive Officer.***

Discussion ensued with respect to the specific authorities in the event of an Interim or Acting Chief Executive Officer as these are not outlined comprehensively in the Succession Planning, Chief Executive Officer Policy. It was requested that the policy be forwarded to the Governance Committee for further review and consideration in this respect.

## **6.0 ADJOURNMENT**

### **6.1 BOARD RECOGNITION**

The Board Chair explained that the meeting was the final regular Board meeting for some Board members and recognized and thanked Dr. Kersti Kents, Nick Popovich, Joe Swiniarski and Larry Saunders. Each Director was presented with a token of appreciation on behalf of the Board and the organization. In addition, the following Directors were recognized for their perfect attendance at Board of Director Meetings for the 2014/2015 Board year:

- Evelyn Brown
- Donna Denny
- Gregg Evans
- Christine Featherstone
- Charles Forret
- Brenda Gefucia
- Cameron Renwick
- Joe Swiniarski
- Natalie Bubela
- Karen Fleming

***It was moved, seconded and carried 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