

OPEN SESSION MINUTES

June 13, 2013 at 5:30 p.m.
South Muskoka Memorial Hospital Boardroom
Approved September 12, 2013

PRESENT:

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

1.0 CALL TO ORDER

The Chair, Larry Saunders called the meeting to order at 1730 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 DELEGATION FROM ONTARIO NURSES ASSOCIATION

Rosemary Gillan, the Labour Relations Officer for the Ontario Nurses Association read aloud a statement to the Board of Directors related to the nursing reductions as part of the solutions that the Board previously approved to address the budget for fiscal year 2013-14. At the conclusion of the statement, Larry Saunders thanked Ms. Gillan for her time and effort in speaking with the Board.

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 Minutes from May 7, 2013**
- 2.2 Receipt of the Governance Committee Report**
- 2.3 Receipt of the Board Meeting Evaluation**
- 2.4 Receipt of the Annual Board Evaluation Results**
- 2.5 Receipt of the Board Meeting Attendance Record**
- 2.6 Approval of the Revised Policy & Governance Review Policy**
- 2.7 Approval of the Revised Political Activities Policy**
- 2.8 Receipt of the Executive Committee Report**
- 2.9 Receipt of the 2012-2013 Board Goals Dashboard**
- 2.10 Receipt of the Resources Committee Report**
- 2.11 Receipt of the Energy Project Update**
- 2.12 Receipt of the Human Resources Report**
- 2.13 Receipt of the Expense Reports**
- 2.14 Receipt of the Consultant Use Report**
- 2.15 Approval of the Annual BPSAA Annual Attestation**
- 2.16 Receipt of the 2013/14 Capital Needs List**
- 2.17 Receipt of the Audit Committee Report**
- 2.18 Receipt of the Fraud Risk Matrix and Inquiry**
- 2.19 Receipt of the Senior Leadership Team Report**

3.0 PROGRAM QUALITY AND EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF/MEDICAL ADVISORY COMMITTEE

The Chief of Staff referred to the report included in the meeting package and noted that Dr. Caughey has announced his retirement after 38 years of service. This is Dr. Caughey's last week and a retirement party has been planned for June 27th. Dr. Goossens also noted that Dr. D. Kents has announced his plans to retire in the Fall; this is following 41 years of practice. Dr. Orfori will begin practice on Monday, June 17th and will be replacing Dr. Caughey.

Further to the written report, Dr. Goossens explained that he has met formally with both the Huntsville and Bracebridge Medical Staff in terms of utilization data. There was a mixed response to receiving the data but agreement to providing the data to physicians on a more regular basis.

3.2 NSM LHIN-WIDE MUSCULOSKELETAL (MSK) PROGRAM INTEGRATION PROPOSAL

Bev McFarlane provided a brief overview of the information related to the proposed integration of the Musculoskeletal program across the North Simcoe Muskoka LHIN. The benefit for Muskoka Algonquin Healthcare proceeding with the integration will include equitable access to the regional beds for Muskoka patients. This proposal represents two years of the work of interprofessional committee of representatives from across the North Simcoe Muskoka LHIN. It was noted that MAHC has the highest proportion of orthopedic trauma being referred out and the new referral system under this integration will provide a more seamless system and be a tremendous benefit to patients and care providers alike. It was clarified that this will not be impact our selection of an IT vendor and that the current three sites within the LHIN providing orthopedic surgery will continue as the three designated sites.

It was moved, seconded and carried that

WHEREAS the Local Health System Integration Act, 2006 (the "Act"), section 27. (1), allows for health service providers to integrate services with those of another person or entity; and

WHEREAS Section 27(3) (a) of the Act requires a health service provider to give notice to a LHIN of any integration that relates to services that are funded, in whole or in part, by the LHIN; and

WHEREAS the MSK Steering Committee is recommending implementation of a LHIN-wide MSK Program to achieve the provision of timely, equitable access to orthopedic care with optimal outcomes for all residents in the NSM LHIN through evidence-based, people-centered care delivered in an efficient, effective and sustainable manner. Of significance, the key elements and vision provided within the MSK LHIN-Wide Proposal are foundational pillars the Program must be built upon and knowing that this may evolve over time.

BE IT RESOLVED that the Muskoka Algonquin Healthcare Board of Directors accept in principle the Notice of Intended Integration under Section 27 of the Local Health System Integration Act between Collingwood General Marine Hospital, Orillia Soldiers Memorial Hospital, and Royal Victoria Hospital, Muskoka Algonquin Healthcare, Georgian Bay General Hospital and NSM Community Care Access Centre.

4.0 REPORTS

4.1 REPORT OF THE CHAIR

The Board Chair circulated patient related correspondence that has recently been received and noted that letters of thanks have been forwarded to both the authors of the letters as well as the staff involved expressing appreciation on behalf of the Board.

Directors were reminded that the Annual General Meeting will be occurring on Monday June 24th at the Bracebridge Sportsplex. The focus of the meeting will be more on celebrating staff and physicians and highlighting some of the excellent work that is occurring within the Hospitals and less focus on the business pieces required at the AGM.

Larry Saunders presented the perfect attendance awards to Directors Charlie Forret and Joe Swiniarski.

The Chair recognized the departing Directors, Sven Miglin, John Sinclair, Rick Durst, Bill Garriock and Dr. MacLennan, and thanked them each individually for their contributions during their service.

4.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

Natalie Bubela spoke to the report pre-circulated with the meeting package and discussion ensued with regards to the single siting of the Chemotherapy Day Clinic. As directed by the Board at the May meeting, follow up has occurred with both the North East Cancer Centre and the Simcoe Muskoka Regional Cancer Centre out of the Royal Victoria Regional Health Centre. The recommendation is that Muskoka Algonquin Healthcare engage an external third party to review the service delivery model and physician oversight at the two sites that would result in a recommendation that would support achievement of the expected quality outcomes required of satellite sites of the Chemotherapy program. An external review is being recommended to ensure an impartial evidence based recommendation. Following discussion, it was agreed to proceed with the external review and that the decision regarding the single siting be delayed until that review is complete.

N. Bubela also explained that it has been agreed to negotiate formal agreements with both the North East Cancer Centre and the Simcoe Muskoka Regional Cancer Centre out of the Royal Victoria Regional Health Centre; it is intended that the contacts will be similar and this will provide both patients and providers with a clear choice. Negotiations are currently underway and it is anticipated that the contracts will be signed off by the end of this month.

5.0 FINANCIAL VIABILITY

5.1 AUDITED FINANCIAL STATEMENTS & APPOINTMENT OF AUDITOR

John Sinclair commented on the Audit Findings report and indicated that it was the opinion of KPMG that for the year ended March 31, 2013 the financial statements are presented fairly in all material aspects and that the report is an unconditional report.

The financial position of the organization as at March 31, 2013 ended in a surplus position of \$92,943. It was further explained that due to a change in accounting standards the format of the financial statements has been impacted somewhat by the requirement for a three column statement, separate presentation of wages and benefits, as well as separate presentation of amortization expense and amortization of deferred capital contributions. This change will only impact this year, next year the format is expected to return to normal. KPMG reported no difficulties or concerns that were encountered during the course of the audit.

The surplus position represents the third consecutive year of surpluses for Muskoka Algonquin Healthcare. It was also explained that the organization also received the one-time dollars related to the Working Capital Relief program; these dollars are presented 'below the line' but do bring the surplus position up to approximately \$1.16 million. It was clarified that these one-time dollars are designated funds to assist in reducing the long-term debt of the hospital.

The Audit Committee confirmed the fees with KPMG at \$30,000 inclusive of any travel expenses. This is a change from previous years, as KPMG now considers MAHC a 'local client' and the result is no extra fees for travel related expenses. There will be additional fees audits of programs such as HIRF. Based on KPMG's performance and excellent working environment with staff the Audit Committee has recommended the re-appointment of KPMG.

It was moved, seconded and carried that the Board of Directors approve of the Audited Financial Statements for the year ended March 31, 2013 for presentation to the Members of the Corporation.

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 2013-2014 fiscal year.

6.0 ENSURE BOARD EFFECTIVENESS

6.1 MAHC BYLAW REVISION

Evelyn Brown referred to the decision support document pre-circulated with the meeting package and outlined the process undertaken for a comprehensive review of the professional staff portion of the Bylaws. Generally, there are wording and editorial changes throughout the document to provide clarity and to be in line with industry standards; an example of this is that 'Credentialed Professional Staff' has been changed to 'Professional Staff'. The most significant changes involve removing process and procedure pieces of the appointment and re-appointment process from the Bylaw and placing these into policy. There has also been a change to the categories of

Professional Staff; the rationale for the change was to add clarity and to be in line with industry standards. It was noted that the Bylaw revisions and the new Professional Staff Appointment and Credentialing Policy were pre-circulated to Board Members with a request to forward any feedback or questions; besides one minor question of clarification there were no other concerns or questions raised from Directors.

It was moved, seconded and carried that the amendments to the Muskoka Algonquin Healthcare Bylaws be approved for ratification by the Members of the Corporation.

6.2 PROFESSIONAL STAFF APPOINTMENT & CREDENTIALING POLICY

As noted above, the process and procedure pieces of the appointment and re-appointment process were removed from the Bylaws and placed more appropriately into policy. This new policy represents that change. The policy provides detail in terms of expectations on behalf of both applicants and Muskoka Algonquin Healthcare. In addition, clear timelines have been set out for the re-application process.

It was moved, seconded and carried that the Professional Staff Appointment & Credentialing Policy be approved.

6.3 ANNUAL BOARD GOALS FOR 2013-2014

The Executive Committee of the Board reviewed the results of the 2012-13 Board goals and considered the areas requiring focus over the next year. As a result of their discussions the 2013-2014 goals were developed and recommended for the Board's approval. As was done for the 2012-13 year, specific indicators will be developed upon approval to assist in monitoring progress against the goals. Discussion ensued with regards to the goal related to the selection of IT vendor; it was explained that the LHIN is providing MAHC with some human resources to review both potential vendors and provide MAHC with a report upon which MAHC will be able to make a recommendation. Concern was raised with regards to the timeframe around the completion of the Master Program/Master Plan, it was noted that Request For Proposal timeframe calls for an October 2014 completion and it was suggested that the timeframe in the Board goals should be aligned with that.

It was moved, seconded and carried that the Annual Board Goals for 2013-2014 be approved as:

“While overseeing the continued development and embedding of a culture of quality and safety organization wide through the Quality Improvement Plan and Patient Safety Plan, in 2013-2014 the Board of Directors will:

- 1. Ensure completion of a Master Program and Master Plan by June 2014 through the preparation of a comprehensive long-term plan and business analysis for programs, facilities and sites along with the development of a high-level Clinical Services Plan by the end of 2013 to guide immediate planning needs.***
- 2. Facilitate the implementation of an Electronic Medical Record that has the capability to support the registration, lab, results review, radiology information system and pharmacy modules through the identification of a partner by October 2013 followed by the execution of a Partnership Agreement.***
- 3. Oversee the continued integration between the two hospital sites as well as external relationships through the continued support of the Physician engagement strategy, continued involvement in Care Connections and the strengthening of the Board's relationship with the Foundations and Auxiliaries in order to enhance fundraising efforts and efficiencies.***
- 4. Ensure the development of a customer service excellence program by December 31, 2013 and subsequent implementation and training organization-wide.***
- 5. Oversee the continued deliberate focus on improved efficiencies and fiscal health through the close monitoring of the implementation of the cost saving strategies and delivery models as approved in order to achieve a balanced operating position for fiscal year 2013-2014 and ensure the presentation of a balanced budget plan for the 2014-2015 fiscal year by the end of the third quarter of 2013-2014.”***

6.4 OFFICER & COMMITTEE CHAIR APPOINTMENTS FOR 2013-2014

It was moved, seconded and carried that the following slate of Officers and Committee Chairs be recommended to the new Board of Directors for the 2013-2014 year:

- Natalie Bubela, Secretary***
- Gregg Evans, Treasurer and Chair - Resources Committee***
- Phil Matthews, Chair - Audit Committee***
- Catherine King, Chair - Governance Committee***
- Evelyn Brown, Chair - Strategic Planning Committee***

7.0 FOSTER RELATIONS

7.1 AUXILIARY REPORTS

The report of the Huntsville District Memorial Hospital Auxiliary was pre-circulated with the meeting package and received.

8.0 IN-CAMERA SESSION

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



Larry Saunders, Chair



Natalie Bubela, Secretary