

BOARD OF DIRECTORS



OPEN SESSION MINUTES

Thursday, March 9, 2017 at 5:30 p.m.
Huntsville District Memorial Hospital Boardroom
Approved April 13, 2017

Elected Directors:	Evelyn Brown	Philip Matthews	Brenda Gefucia (T)	Michael Walters (T)
	Cameron Renwick	Ross Maund	Dave Wilkin	Beth Goodhew
	Moreen Miller	Christine Featherstone		
Ex-Officio Directors:	Natalie Bubela	Dr. Dave McLinden	Karen Fleming	Dr. Paulette Burns
	Dr. Jan Goossens			
Executive Support:	Tim Smith	Esther Millar	Harold Featherston	Robert Alldred-Hughes
Staff Resources:	Tammy Tkachuk			(T) denotes participation via teleconference
Guests:	Alison Brownlee, Metroland Media			
REGRETS:	Frank Arnone	Rhonda Lawson		

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Evelyn Brown called the meeting to order at 5:37 pm.

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 MAHC PATIENT & FAMILY HANDBOOK

Allison Snelling provided the Board of Directors with an overview of the new Patient and Family Handbook scheduled to be available in April 2017. The purpose of the handbook is to share information about the hospital facilities and amenities, policies and practices, what patients can expect during their stay, safety and how patients and families can be involved in the Hospital. There was no cost to the organization to develop tool beyond staff time as it has been developed in partnership with Willow Publishing. There were several stakeholders involved in the development of the handbook including the Patient and Family Advisory Committee. It was highlighted that a special feature of the handbook is the patient diary section intended to be a tool for patients, families and care providers to make notes. The diary section will also empower patients to take the handbook with them upon discharge. The Chair thanked A. Snelling for the presentation.

1.4 CHAIR'S REMARKS

Evelyn Brown expressed appreciation to the senior staff for their hard work in securing the one-time funding and also thanked the North Simcoe Muskoka LHIN our local doctors, and political leaders for their support noting that this was a team effort. The Board was reminded that it is National Social Work Week, Pharmacy Awareness Month and that the week of March 13th is Health Information Professionals Week. The Chair also highlighted MAHC Matters and encouraged Directors to review the new staff section as well as exceeding expectations.

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 February 9, 2017**
- 2.2 Receipt of the Nominations Committee Report of February 13, 2017**
- 2.3 Approval of the Nominations Committee Work Plan for 2016/17**

- 2.4 Receipt of the Governance Committee Report of February 22, 2017**
- 2.5 Approval of the revised Corporate Communications and Media Call Policy**
- 2.6 Receipt of the Quality & Patient Safety Committee Report of February 23, 2017**
- 2.7 Receipt of the Resources Committee Report of December 23, 2016**
- 2.8 Receipt of the Compliance Report as at November 30, 2016**
- 2.9 Approval of the revised Management of Donations Policy GOV-4-60**
- 2.10 Approval of the revised Financial Donations to External Organizations Policy GOV-4-65**

It was highlighted that within the Quality & Patient Safety Committee Report, it was noted that the Alternate Level of Care numbers at William Osler were 2 ALC patients out of 900 beds; staff are following up.

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 PATIENT STORY

Karen Fleming shared the experience of a patient from the SMMH Site that provided praise of the staff and noted that when a fall occurred the family was very appreciative for staff informing them immediately and ensuring they were kept advised of the care plan.

3.2 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

Dr. Jan Goossens presented the February 2017 report as pre-circulated and appended to the agenda. In response to a question from the floor, an overview of the functioning of a pulse generator was provided and it was explained that the replacement equipment arrived on site February 28, 2017.

3.3 QUALITY IMPROVEMENT PLAN 2017/18

On behalf of the Quality & Patient Safety Committee, Phil Matthews presented the 2017/18 Quality Improvement Plan as recommended. The floor was open for comment and questions. There were no concerns regarding the proposed targets.

It was moved, seconded and carried that the 2017-2018 Quality Improvement Plan be approved.

3.4 ENTERPRISE RISK MANAGEMENT PROGRAM

Brenda Gefucia presented the results of the Enterprise Risk Management Program and the changes over the previous year. The floor was open for question and comment. In terms of insurance coverage, all Hospitals within GBIN are members of HIROC and there is no reduction to rates as a result of the partnership. It was also noted that not all IT systems are through the partnership. A suggestion was made related to the risk rating for IT in that it should remain a 3; it was explained that the Resources Committee considered both the personnel changes as well as the processes implemented and the issues addressed warranted the improved risk rating. There were no changes to the report requested as a result of the discussion.

3.5 GBIN STRATEGIC PLAN

On behalf of the Resources Committee, Brenda Gefucia reviewed the GBIN Strategic Plan and recognized the Board members involved in the planning process. It was explained that at this time the Strategic Plan is a high level view focused on a vision for the partnership and provides direction. The Plan calls for a year of stabilization where no new modules or partners will be implemented. Over the coming year, the GBIN Strategic Planning Committee will continue to drill down on subsequent year and create a more detailed plan with the goal of developing functional maturity to achieve the HIMS scale to a level 5. Work is also underway around formalizing a partnership agreement. It was clarified that MAHC personnel are part of a shared pool of IT resources. There were no further comments.

4.0 CONTRIBUTE TO STRATEGIC DIRECTION

4.1 MUSKOKA & AREA HEALTH SYSTEM TRANSFORMATION UPDATE

Phil Matthews informed the Board that work continues and an in depth think tank occurred to delve into the programs and services. A follow up meeting is scheduled to consolidate all of the thinking and ideas. A meeting with the North Simcoe Muskoka LHIN has occurred to extend the March 31st deadline.

5.0 ENDEAVOUR TO ENSURE FINANCIAL VIABILITY

5.1 FINANCIAL RESULTS

Brenda Gefucia presented the year-to-date January 31, 2017 financial results and noted the Quality Based Procedure volumes as well the improvement to cost per weighted case for emergency and acute highlighting that the still remain higher than the expected HBAM costs. Expenses are trending the same as previous reports. One of the larger variances on the expense line are the supplies and other; the line is significantly better than planned which is driven by the one-time reallocation of GBIN costs and some unspent consulting fees. The Board was informed that the Resources Committee received further detail on this line and have requested additional analysis to better understand all of the components. The deficit at the end of January is \$835K and the organization remains on track for the \$2.3 million deficit at year end, before the one time funding.

It was moved, seconded and carried that the Financial Statements for year-to-date January 31, 2017 be approved.

5.2 HOSPITAL SERVICES ACCOUNTABILITY AGREEMENT 2017-2018

The Board was informed that a draft Hospital Services Accountability Agreement for 2017-2018 was just received today; staff are in the process of reviewing the numbers. It is expected to be in line with the previous agreement and the approved budget. The Board supported sign off of the agreement if consistent with the approved budget. The Board will be informed or a special will be called in the event of any significant concerns.

It was moved, seconded and carried that the Board of Directors approve the Hospital Services Accountability Amending Agreement for April 1, 2017 to March 31, 2018, and that the Board Chair and Chief Executive Officer be authorized to sign the agreement.

6.0 ENSURE BOARD EFFECTIVENESS

6.1 BOARD OFFICER, COMMITTEE CHAIR, COMMITTEE MEMBERSHIP SELECTION PROCESS

Christine Featherstone presented the information as pre-circulated and appended to the agenda regarding the Governance Committee's recommendation to revise the process related to the selection of Board Officers. The process will allow Directors to express an interest as well as the opportunity to suggest others. Comment was provided with respect to the title in Appendix B and that "Desired Skills" may be too narrow a category; there was agreement to proceed with the document as presented. A typographical error was noted on page five of seven. There were no further comments or revisions requested.

It was moved, seconded and carried that the revised Selection Process, Board Officers Policy #GOV-5-270 and Selection Process, Committee Chairs and Membership Policy #GOV-5-275 be approved.

6.2 RESIGNATION/REMOVAL OF DIRECTOR – NEW POLICY

On behalf of the Governance Committee, Christine Featherstone presented the new policy consistent with the Bylaws. It was confirmed that within the Confidentiality Policy the requirements records under the Freedom of Information and Protection of Privacy Act are outlined.

It was moved, seconded and carried the Governance Committee recommend that the Board of Directors approve the Resignation/Removal of Director Policy.

6.3 BOARD RESPONSIBILITY – FINANCIAL VIABILITY

Christine Featherstone explained that the Governance Committee debated the financial viability responsibility and were unable to come to consensus regarding ensuring versus endeavouring to ensure. Comment was provided that the word endeavour provides clarity in that Directors are not providing a guarantee. It is also consistent with the standard of care Directors are held to under the statute and the case law. At the same time, it was noted that endeavour may not be a strong enough word and could potentially be read differently. A suggestion was provided that the sentence state "Ensure Financial Viability, in accordance with the standards applicable to the directors at law, that...". Discussion ensued and there was agreement by general consent to implement the suggested sentence.

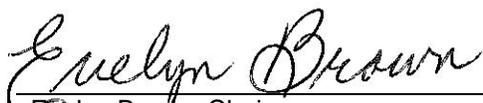
7.0 REPORTS

7.1 REPORT OF THE CHIEF EXECUTIVE OFFICER

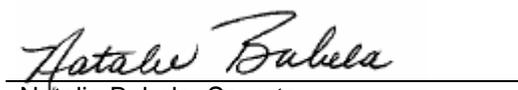
The March report of the Chief Executive Officer was received as pre-circulated with the meeting agenda. Further to the report, the Board was advised of a Flurouracil supply shortage occurring Canada-wide. At this time, MAHC and the NSM LHIN is not experiencing any shortage. It is anticipated that two of three supplies will be ramping up supplies by mid-March to address the issue.

8.0 ADJOURNMENT

It was moved that the open session be adjourned and the Board of Directors proceed into the in-camera session following a short recess.



Evelyn Brown, Chair



Natalie Bubela, Secretary