

## OPEN SESSION MINUTES

Thursday, March 10, 2016 at 5:30 p.m.  
South Muskoka Memorial Hospital Boardroom  
Approved April 14, 2016



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**PRESENT:**

<i>Elected Directors:</i>	Charles Forret	Evelyn Brown	Phil Matthews	Christine Featherstone
	Donna Denny	Brenda Gefucia	Frank Arnone (T)	Cameron Renwick
	Ross Maund	Dave Wilkin		
<i>Ex-Officio Directors:</i>	Natalie Bubela	Karen Fleming	Dr. Jan Goossens	Dr. Paulette Burns
	Dr. Jennifer Macmillan			
<i>Executive Support:</i>	Tim Smith	Harold Featherston	Esther Millar	Robert Alldred-Hughes
<i>Staff Resource:</i>	Tammy Tkachuk		(T) denotes participation via teleconference	
<b>REGRETS:</b>	Gregg Evans	John Kropp		

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**1.0 CALL TO ORDER**

With a quorum present, the Board Chair, Charles Forret called the meeting to order at 5:30 pm.

**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**

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 CHAIRS REMARKS**

The Chair advised the Board that the Ontario Hospital Association's Board of Directors is seeking applications for election to their Board of Directors. There are six positions to be filled through this recruitment process; Directors are to contact the Board Liaison for more details and the application if interested.

The Board was informed that former MAHC Board Chair, Larry Saunders has been appointed for a three year term on the Board of Directors for the North Simcoe Muskoka Local Health Integration Network.

**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 11, 2016*
- 2.2 Receipt of the Quality & Patient Safety Committee Report of February 25, 2016*
- 2.3 Receipt of the Strategic Planning Committee Report of February 9, 2016*
- 2.4 Receipt of the Nominations Committee Report of February 10, 2016*
- 2.5 Approval of the Nominations Committee Terms of Reference*
- 2.6 Approval of the Nominations Committee 2016 Work Plan*

**3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS****3.1 PATIENT STORY**

Karen Fleming provided the Board with an overview of a very complex patient case that is deemed Alternate Level of Care and the numerous issues related to preparing for the patient's discharge. There are multiple agencies involved with the case and all have invested countless hours to ensuring a safe discharge. The patient recognized five nurses

as well as the Inpatient Manager and the Support Services Manager for the kind and caring approach. The patient also noted that the number of room changes during the stay is an opportunity for improvement. Karen Fleming also provided an overview of the ALC designations that are challenging for all Hospitals in the North Simcoe Muskoka Local Health Integration Network and the work that is underway to address these challenges collectively.

### 3.3 BALANCED SCORECARD

Evelyn Brown provided the Board with a brief overview of the data sources and explained that the Quality & Patient Safety Committee requested staff to prepare monthly reports based on the internal data that is unverified data. These reports were pre-circulated with the meeting package. The monthly results significant fluctuations over a number of months and these fluctuations pose a challenge for the staff in addressing changes monthly given that the results will change once verified. The Committee discussed these challenges at length and agreed that the monthly internal reports will shed little light on the actual trends. E. Brown also informed the Board that the Committee has requested a redesign of the Scorecard and noted that the metrics that are reported quarterly will be grouped together in future. The results and the action plans were reviewed. It was highlighted that follow up will be occurring with respect to the Patient Satisfaction results to determine how other hospitals are dealing with the low response rate. The Board was informed that the Patient Satisfaction Results will also be undergoing a change in the future as the vendor will be moving to a four point scale and thus there will not be any base line data for 2016/17. In response to a question from the floor it was confirmed that Patient Satisfaction results are available by site, however the numbers are very small so it is more useful to review the corporate results. **A request was made that an Executive Summary be provided with the report to provide context in advance.**

### 3.4 PATIENT SAFETY & QUALITY IMPROVEMENT FRAMEWORK & QUALITY IMPROVEMENT PLAN 2016/17

Evelyn Brown reviewed the framework as pre-circulated and appended to the meeting package and provided a brief overview of the methodology utilized to develop the framework. It was also noted that the quality dimensions with the Quality Improvement Plan are all interconnected and a chart to assist in understanding this is under development. Each priority is given a robust treatment to incorporate a component of change. The results of the 2015/16 Quality Improvement Plan metrics were reviewed and it was highlighted that the staff is working hard to implement the change required. The 2016/17 Quality Improvement Plan is a new, robust approach ensuring commitment from all levels of the organization which is anticipated to impact the results in a positive manner. The narrative component of the Quality Improvement Plan is a requirement of the document and an opportunity to showcase Muskoka Algonquin Healthcare. Karen Fleming informed the Board of the new collaborative approach to the QIP whereby a number of partners were involved in its development. The partners collectively reviewed the metrics and identified one area where it is believed they will be able to make a real contribution; this is the metric related to Emergency Department wait times. The partners will thrilled with this opportunity and requested that it continue into 2017/18. The floor was open for comments and questions. A concern was expressed that there may too many metrics. An additional concern raised was that regarding the language for each of the metrics in the framework in that the majority state "initiate" and it was questioned if there are any areas with a base already in place to build on; K. Fleming will review the language in the document and revise as necessary as it was confirmed that for many there is a base of work already in place. It was also noted that the number of metrics originally included was reduced following initial consultation with the Quality and Patient Safety Committee.

***It was moved, seconded and carried that the Patient Safety & Quality Improvement Framework & Quality Improvement Plan 2016/17 be approved.***

## 4.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

### 4.1 2015-2018 STRATEGIC PLAN STATUS REPORT – YEAR 1, Q3

Phil Matthews reviewed the status report as pre-circulated with the meeting package and highlighted the areas behind target. In terms of the Health Hubs initiative, it was explained that since the Strategic Planning Committee meeting the Health Hubs have in fact developed outcome metrics, therefore that project is now back on track. Comment was made that it may be beneficial to highlight those projects that are beyond the control of MAHC. Phil Matthews also informed the Board that the two new Strategic Planning Committee members did attend the previous meeting and were excellent additions to the membership providing valuable input.

### 4.2 ANNUAL STRATEGIC ASSESSMENT / ENVIRONMENT SCAN

Phil Matthews presented the annual assessment completed by management as reviewed by the Strategic Planning Committee. The Committee upon review of the document was comfortable with the assessment and agreed that

there are no serious risks requiring a change the Strategic Directions. There were no comments or questions from the floor.

## 5.0 PROVIDE FOR EXCELLENT MANAGEMENT

### 5.1 CHIEF EXECUTIVE OFFICER PERSONAL BUSINESS COMMITMENTS FOR 2016/17

Natalie Bubela presented the document as pre-circulated and appended to the agenda and explained that the document was further refined following receipt of feedback from the Executive Committee. It was also explained that as these priorities are approved, these then cascade down through organization with the Senior Leaders and Managers identifying goals that will help support these goals. These are also the specific targets for the CEO executive compensation at risk. The floor was open for comment and questions.

A suggestion was put forth that the timeframe for the development and implementation of the Hospital Improvement Plan by June 2016 may be too optimistic. It was clarified that it is not intended that the Plan itself will be fully implanted by June 2016 but rather that it will initiated by that timeframe; the Plan itself will be over an 18 – 24 month time period. Following discussion there was agreement to have the goal remain at June 2016 as the Executive does have discretion in the evaluation. A question was raised regarding the 25% overtime reduction, and it was noted that this will results in approximately 3% overtime rate. It was further explained that given some of the potential future changes, a 2% overtime rate may be too ambitious given the potential impact on morale and ability to control overtime.

***It was moved, seconded and carried that the Chief Executive Officer Personal Business Commitments for 2016/17 be approved as presented.***

## 6.0 REPORTS

### 6.1 REPORT OF THE CHIEF EXECUTIVE OFFICER

The March report of the Chief Executive Officer was received for information. Further to the report, Natalie Bubela advised the Board that a news release will be issued in the near future around the smoke free grounds.

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

The February 2016 report from the Chief of Staff and the Medical Advisory Committee was received for information. Dr. Goossens also highlighted that the information sessions regarding Physician Assisted Death are proceeding well.

### 5.3 CHIEF OF STAFF PERSONAL BUSINESS COMMITMENTS FOR 2016/17

Dr. Goossens presented the Chief of Staff Business Commitments and welcomed feedback from the Board. In response to a question it was explained that a Chief of Staff Manual is not a typical approach at other centers. Dr. Goossens further explained that there is some consideration of involving other Hospital Chief of Staffs as well in the development of the manual.

***It was moved, seconded and carried that the Chief of Staff Personal Business Commitments for 2016/17 be approved as presented.***

## 7.0 ADJOURNMENT

***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.***

  
Charles Forret, Chair

  
Natalie Bubela, Secretary