

BOARD OF DIRECTORS



OPEN SESSION MINUTES

Thursday, March 12, 2015 at 5:30 p.m.
South Muskoka Memorial Hospital Boardroom
Approved April 9, 2015

PRESENT:

<i>Elected Directors:</i>	Charles Forret Donna Denny Larry Saunders	Gregg Evans Brenda Gefucia (T)	Nicholas Popovich Joe Swiniarski	Christine Featherstone Phil Matthews
<i>Ex-Officio Directors:</i>	Natalie Bubela	Karen Fleming	Dr. Kersti Kents	
<i>Executive Support:</i>	Tim Smith	Harold Featherston	Vivian Demian	Robert Aلدred-Hughes
<i>Staff Resource:</i>	Tammy Tkachuk			
<u>REGRETS:</u>	Dr. Jan Goossens Kevin King	Dr. J. Macmillan	Evelyn Brown	Cameron Renwick
<u>GUESTS:</u>	Jesse Cole, Hunters Bay Radio Alison Brownlee, Metroland News			

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Charles Forret called the meeting to order at 1732 hours. The Chair welcomed Jesse Cole from Hunters Bay Radio and Alison Brownlee from Metroland News.

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

Members 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 Board Chair acknowledged and recognized Vivian Demian for her commitment and dedication to MAHC. In addition, the Chair read aloud a letter of recognition from the North Simcoe Muskoka LHIN thanking Ms. Demian for her leadership and guidance. The Board collectively wished Ms. Demian all the best in her new role; Ms. Demian's last date with MAHC is March 13, 2015.

The Chair noted that the Huntsville Hospital Foundation Gala is approaching on April 18th and encouraged Members to purchase tickets as soon as possible.

Board Members were also informed that work will be initiated shortly with respect to adding biographies for each Director to www.mahc.ca to give the communities a better perspective and knowledge of Directors individually and the skill set that they bring to the Board.

1.4 ANNUAL BOARD EVALUATION

On behalf of Cameron Renwick, Christine Featherston reviewed the different tools and components of the annual evaluation process for the Board of Directors. The tools will be provided electronically today, and it is requested that they be completed not later than April 6, 2015. To assist in completing the tools, each Director was provided with the 'Good Governance Policies and Practices Checklist'. Governance practices are listed for each it is identified if MAHC has the practice in place and references the corresponding document or policy should further information be required.

2.0 CONSENT AGENDA

A question was raised with respect to Agenda Item 2.7 – Patient Satisfaction Surveys; it was explained that the same vendor is conducting the surveys (NRC Picker) however a new format has been developed for reporting of the results. N. Bubela further explained that currently the Ontario Hospital Association is undergoing a Request for Proposals process and as a result the vendor may change in the near future.

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 12, 2015***
- 2.2 Receipt of the Governance Committee Report of February 25, 2015***
- 2.3 Approval of the Orientation Policy #GOV-5-20 Revisions***
- 2.4 Approval of the Recruitment & Election Process Policy #GOV-5-190 Revisions***
- 2.5 Receipt of the Quality & Patient Safety Committee Report of February 26, 2015***
- 2.6 Receipt of the Patient Relations Report- 3rd Quarter, 2014-2015***
- 2.7 Receipt of the Patient Satisfaction Survey Results***

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF

On behalf of Dr. Jan Goossens and the Medical Advisory Committee, Dr. Kersti Kents presented and reviewed the report as pre-circulated and appended to the meeting package. There were no concerns or questions with respect to the information.

3.2 QUALITY IMPROVEMENT PLAN 2015/2016

Donna Denny and Karen Fleming presented the Quality Improvement Plan (QIP) for 2015/16 as recommended by the Quality & Patient Safety Committee. The information included an overview of the intent of the plan, the steps taken in developing the plan and the three main components that are required as part of the submission to Health Quality Ontario – the progress report on the current year metrics, the narrative and the actual metrics proposed for the next year. It was explained that as Quality Improvement Plans have evolved, the body overseeing the Plans for the Province are mandating the majority of metrics. In MAHC's proposed plan all of the metrics were 'pre-populated' except for the falls. In response to a question with respect to quality Based Procedures, it was explained that there are some specific targets for readmissions, COPD and CHF. It was further explained that MAHC's Quality Improvement Plan is one of many tools measuring quality; in addition to the QIP, there are clinical teams focused on planning for Quality Based Procedures, and as well the Hospital Services Accountability agreement also includes a number of quality indicators. In conclusion, Donna Denny noted that the Committee had a very comprehensive and fulsome discussion with respect to each of the metrics recommended in the document.

It was moved, seconded and carried that upon the recommendation of the Quality & Patient Safety Committee, the Quality Improvement Plan for 2015/2016 be approved.

3.3 BALANCED SCORECARD REPORT

Karen Fleming presented the latest results of the Balanced Scorecard and noted a number of substantial improvements over the last reporting period in particular with respect to medication reconciliation and the number of quality initiatives in the organization. A concern was raised with respect to the June 2014 wait times and unnecessary time spent in acute care; staff were unsure of the events that may have occurred at that time to impact the results.

3.4 MEDICAL HUMAN RESOURCES PLAN 2014/15

Donna Denny presented the Medical Human Resources Plan as recommended by the Quality & Patient Safety Committee. It was explained that the document is a 'living document' that is consistently updated. There is a collaborative approach to developing the plan and it is a requirement to be approved by the Board of Directors on an annual basis. It is a plan developed based on the best judgment of the physicians as to what the recruitment requirements are at a point in time.

It was moved, seconded and carried upon the recommendation of the Quality & Patient Safety Committee, the Medical Human Resources Plan for 2014/15 be approved.

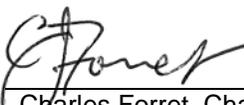
4.0 REPORTS

4.1 REPORT OF THE CHIEF EXECUTIVE OFFICER

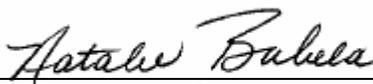
The Report of the CEO for March 2015 was pre-circulated and appended to the meeting package. In addition, Natalie Bubela drew attention to the information pertaining to Hospital Service Accountability Agreements and clarified that each year, organizations/hospitals are signing an extension of the original 2008 agreement. Work has been occurring since 2008 to develop multi-year agreements.

5.0 MEETING TERMINATION

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



Charles Forret, Chair



Natalie Bubela, Secretary