

OPEN SESSION MINUTES

Thursday, March 13, 2014 at 5:30 p.m.
Huntsville District Memorial Hospital Boardroom
Approved April 10, 2014

PRESENT:

<i>Elected Directors:</i>	Larry Saunders	Charlie Forret	Kevin King	Evelyn Brown
	Donna Denny	Catherine King	Cameron Renwick	Joe Swiniarski
	Philip Matthews	Gregg Evans	Eric Spinks	
<i>Ex-Officio Directors:</i>	Natalie Bubela	Bev McFarlane	Dr. Jan Goossens	
<i>Executive Support:</i>	Tim Smith	Vivian Demian	Harold Featherston	Robert Alldred-Hughes
<i>Staff Resource:</i>	Tammy Tkachuk			

REGRETS:

Dr. Steven Herr Christine Featherstone Dr. K. Kents

(T) = participation via teleconference

1.0 CALL TO ORDER

With a quorum present, the Chair, Larry Saunders called the meeting to order at 1735 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 MAHC'S ANTIBIOTIC STEWARDSHIP PROGRAM

The Chair welcomed Dawn Major, Manager of Quality and Patient Safety at Muskoka Algonquin Healthcare. A copy of the overview presentation around Antibiotic Resistant Organisms (ARO's), Clostridium Difficile and Antibiotic Stewardship at MAHC will be appended to the meeting minutes. The Chair thanked Dawn Major for her presentation and opened the floor for questions.

1.4 CHAIR'S REMARKS

The Chair welcomed Mary Beth Hartill from the Metroland Bracebridge office to the meeting. The Chair noted the updated Upcoming Events listing that was pre-circulated with the agenda. Committee Chairs were requested to advise the Board Chair of skills/knowledge base that may be needed for Standing Committees as the formal recruitment process is underway. The Chair advised that the North Simcoe Muskoka LHIN Board Chair, Bob Morton has requested an update meeting and welcomed Directors to submit any items they would like raised.

2.0 CONSENT AGENDA.

It was noted that the Governance Committee Report of February 26, 2014 and the approval of the Delegations Policy have been removed from the Consent Agenda for further discussion.

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 13, 2014**
- 2.2 Receipt of the Quality & Patient Safety Committee Report of February 27, 2014**
- 2.3 Receipt of the Patient Satisfaction Survey Results**
- 2.4 Receipt of the Patient Relations Report for 3rd Quarter, 2013-2014**
- 2.5 Senior Leadership Team Report**

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 UTILIZATION REPORT

N. Bubela presented the Utilization Reports as at March 6, 2014 which were pre-circulated with the agenda. In terms of acute care occupancy, it was noted that there continue to be challenges at the Huntsville District Memorial Hospital Site. Of interest notification was received recently from the Community Care Access Centre identifying the Orillia and Barrie with 1A Status for a six week period. Concern has been expressed to the CCAC about MAHC's situation and a response indicating that the choices that Muskoka patients have are not in competition with Orillia or Barrie.

3.2 REPORT OF THE CHIEF OF STAFF

Dr. Jan Goossens thanked all Directors for attending the March 12th meeting and noted that the next meeting is scheduled for May 14th where the topic will focus on establishing a physician at risk program.

3.3 DETERMINATION OF DEATH POLICY EDUCATION

Dr. Jan Goossens spoke to the Determination of Death Policy that was pre-circulated and appended to the agenda package for information. An overview was provided including the importance of the policy and the process involved. It was clarified that the protocol includes Trillium Gift of Life Network working with families to determine interest in donation. It was also noted that the process is legislated and similar policies are in place at Hospitals across Ontario given that Trillium Gift of Life Network provides Hospitals with the template.

3.4 BALANCED SCORECARD REPORT

Charlie Forret presented the Balanced Scorecard Report as pre-circulated and appended to the agenda. It was noted that metrics are progressing and that this is not yet a completed year-end report. Some of the targets are of concern however there are action plan to address the concerns and it is anticipated that there will be an improvement in time. Directors were also reminded that some of targets were aggressive stretch targets. It was noted that the Hospital Acquired Infection Rate is reporting a green, however this is just this particular reporting period. The floor was opened for questions and a comment was made with regards to many of the metrics in the red in that they are very close to meeting the identified target.

3.5 QUALITY IMPROVEMENT PLAN 2014-2015

Charlie Forret presented, on behalf of the Quality & Patient Safety Committee, the Quality Improvement Plan for fiscal year 2014/2015. Many of the targets are similar to the current year. It was highlighted that the QIP narrative provides an excellent summary of the events over the past year. In addition, Bev McFarlane explained some very recent information from Health Quality Ontario impacts the Plan presented to the Committee. The provincial average for Emergency Department wait times is 21.6 hours; given that MAHC averages 18 hours it was suggested that the target be better than the Provincial average. As well, direction has been received from the North Simcoe Muskoka LHIN that the Alternate Level of Care target must be a minimum of a 10% improvement, thus it was suggested that the ALC target be revised to comply with this requirement. In response to requests for questions from the floor a suggestion was made to revise Page 49, second paragraph to "...implemented in 2013/14..." rather than "recognizes".

It was moved, seconded and carried that the Quality Improvement Plan for 2014-2015 be approved for submission as amended above.

3.6 HOME FIRST PROGRAM RE-LAUNCH

Vivian Demian provided a brief overview of the Home First Program and philosophy explaining a re-launch will be occurring over the next several weeks. The re-launch involves significant education for all stakeholders; the education is being provided by Vivian Demian to ensure the "tone from the top" is heard. It is believed that with the work already underway and the re-launch that the outcome will be significant improvement in the ALC numbers.

4.0 REPORTS

4.1 REPORT OF THE CHIEF EXECUTIVE OFFICER

A copy of the March CEO Report was pre-circulated and appended to the agenda package for information. In addition to the report, Natalie Bubela explained that clarification has been received from Waypoint Mental Health Centre around their governance session in April. Waypoint is requesting that each organization identify a specific Board member that may have a particular interest in mental health as the representative and that can commit to being a consistent participant. Directors were asked to express their interest to either the Board Chair or Board Liaison.

4.2 CHIEF EXECUTIVE OFFICER PERSONAL BUSINESS COMMITMENTS FOR 2014-2015

Natalie Bubela presented the 2014/2015 CEO Personal Business Commitments as pre-circulated and appended to the meeting package and welcomed questions or comment from the floor.

It was moved, seconded and carried that the Board of Directors approve the Chief Executive Officer Personal Business Committee for 2014-2015 as presented.

4.3 REPORT OF THE PRESIDENT, MEDICAL STAFF

There was no report at this time.

5.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

5.1 PATIENT & FAMILY CENTRED CARE/SERVICE EXCELLENCE PROGRAM

Charlie Forret explained that the Quality & Patient Safety Committee spent time at their last meeting reviewing the Patient & Family Centred Care Service Excellence Program. The program was well received by the Committee and as a result were comfortable in bringing forth a motion for Board endorsement.

It was moved, seconded and carried that upon the recommendation of the Quality & Patient Safety Committee, the Board of Directors formally endorses the Patient & Family Centred Care/Service Excellence Program.

5.2 MASTER PROGRAM/MASTER PLAN UPDATE

Evelyn Brown provided the Board with a verbal update around the progress of the Master Program/Master Plan project. The process involves two steps, the first being the development of the Master Program which will reflect and outline current and projected future programs and services. It takes into consideration the current LHIN direction and studies as well as projected volumes of patients out to year 2032/33. The process also includes a review and analysis of integration opportunities. The second step in the overall project is the Master Plan. This involves an evaluation of the condition and potential use of the buildings and sites and potential use in long term strategies. This work is aligned with the outcomes of the Master Program.

The project work plan sets out all of the deliverables and sets a completion date of October 29, 2014. There have been various Teams formed to ensure there is engagement and involvement from the staff level. The leaders from the various Teams met recently in workshop session with the consulting team. The workshops were very enlightening and encouraging with the input; participants offered concrete ways to move forward with the planning process. The ideas generated were recorded and will in aid in the development of a draft document. The Master Program/Master Plan Steering Committee has met twice and have been provided with an update on the work accomplished and were also provided an opportunity to provide further suggestions and ideas. The challenge for the teams will be to make the best decisions. There has also been much discussion around a decision making framework for the project. It was explained that a framework is being developed to help guide the Committee with their work and decision making process. At the same time, a practical organizational decision making framework is in development and will be brought forward to the Governance Committee in the near future.

E. Brown identified that the next deliverable from the Board perspective will be the presentation of the draft Master Program in April. This will be the result of the work around the projections as well as presentation of the assumptions. At the Board retreat in April there will also be a presentation of data with the Board as reference for the Strategic Plan refresh process.

6.0 ENSURE BOARD EFFECTIVENESS

6.1 ACCREDITATION FUNCTIONING TOOL OVERVIEW

Board members were provided with a hard copy of the Accreditation Governance Functioning Tool. Completion of this tool by each Board member individually is the next step in preparing for the November 2014 Accreditation from a Governance perspective. The electronic link to the survey tool will be circulated to all Board members via email. It was requested that the survey be completed no later than April 15, 2014.

6.2 RECEIPT OF THE GOVERNANCE COMMITTEE REPORT OF FEBRUARY 26, 2014

Larry Saunders explained that the governance Committee Report was removed from the Consent Agenda in response to a suggestion regarding the decision to move to a two day format for the Orientation. Catherine King explained that this decision was reached by the Committee as a result of the responses from the Orientation Evaluation. Committee members felt that a two-day format, in a 4 hour timeframe for each day, would enable more time for discussion. A concern was expressed with regards to the potential issue for 'working' individuals and that a two day format may be a barrier and prohibit some from participating fully in the Orientation program. The concern was discussed and it was noted that the scheduling of the Orientation days would be flexible and accommodating to those participating. In addition, the Governance Committee agreed that the format would be trialed and assessed next year.

6.3 DELEGATIONS TO THE BOARD POLICY

Discussion ensued regarding the revisions to the Delegations Policy. A suggestion was made to clarify Part A of the Delegation Application by replace the 2nd and 3rd Spokesperson with 2nd and 3rd Member of the Delegation to be consistent with the Procedure #3 that indicated the Delegation may only have one Spokesperson. Further discussion ensued with regards to the format of the presentation and a suggestion to remove the option for a Power Point Presentation. It was noted that the intent is to ensure the Board has as much information as possible in advance. A further suggestion was made regarding the application's requirement to provide material in with the application versus one week in advance. A concern was expressed as to the detail of the policy and it was noted that the revised policy provides a solid guideline as to what is acceptable and what is not. This will be important to have in place as the organizations moves forward through the next few years and the challenges that lay ahead. It was agreed that the policy would be deferred back to Governance for further discussion of the suggestions.

7.0 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.


Larry Saunders, Chair


Natalie Bubela, Secretary