

## OPEN SESSION MINUTES

Thursday, May 8, 2014 at 5:30 p.m.  
Huntsville District Memorial Hospital Boardroom  
Approved June 12, 2014

**PRESENT:**

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

**REGRETS:**

Joe Swiniarski	Gregg Evans	Dr. K. Kents	Kevin King
----------------	-------------	--------------	------------

**1.0 CALL TO ORDER**

With a quorum present, the Chair, Larry Saunders called the meeting to order at 1729 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 HOSPITAL FOUNDATION PRESENTATION**

The Chair welcomed John Crockett, Board Chair for the Huntsville District Memorial Hospital Foundation along with Colin Miller, Executive Director for the South Muskoka Memorial Hospital Foundation. Both Foundation representatives provided the Board of Directors with a verbal update on their respective Foundation activities and future direction. The Foundation representatives requested the moral and financial support from Directors and stressed the importance of being able to provide the message to donors that both campaigns have 100% participation of both the Hospital and Foundation Board of Directors. Larry Saunders thanked Mr. Crockett and Mr. Miller for their information and time.

*Mr. Crockett and Mr. Miller left the meeting at 1542 hours*

**1.4 CHAIR'S REMARKS**

The Chair made note that the upcoming week, May 12 – 18 is National Nurses week. In addition, Mr. Saunders recognized Evan Turner an RN in Muskoka Algonquin Healthcare's Dialysis Unit and extended sincere congratulations on behalf of the Board for the recent honour of receiving the Human Touch award from Cancer Care Ontario. In addition, the Board Chair thanked all MAHC physicians in honour of Doctor's Day on May 1, 2014. It was noted that Allyson Snelling has revamped the staff recognition that appears in local print media. Mr. Saunders reported that Gregg Evans and Bev McFarlane will be participating in Waypoint Centre for Mental Health Care's upcoming Mental Health & Addictions Governance Collaborative Retreat being held on June 2<sup>nd</sup>.

**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 April 10, 2014**
- 2.2 Receipt of the Quality & Patient Safety Committee Report of April 24, 2014**
- 2.3 Receipt of the Critical Incidents Report as at March 31, 2014**
- 2.4 Receipt of the Patient Relations Report – 4th Quarter, 2013/14**

- 2.5 Receipt of the Governance Committee Report of April 23, 2014*
- 2.6 Approval of the Revised Open & In-Camera Board Meetings Policy #GOV-5-150*
- 2.7 Approval of the Revised Corporate Communications & Media Call Policy #GOV-6-140*
- 2.8 Receipt of the Executive Committee Report of April 29, 2014*
- 2.9 Senior Leadership Team Report*

### **3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS**

#### **3.1 UTILIZATION REPORT**

A copy of the April 30, 2014 Acute Care and Complex Continuing Care Utilization reports were pre-circulated and appended to the agenda package for information. Natalie Bubela noted that the Alternate Level of Care volumes have been steadily decreasing and although not yet considered a trend it was surmised that this change in direction is a direct result of improved partnerships and the continued focus on Alternate Level of Care. Physicians and Staff were thanked for their participation in daily rounds and impacting this change. The floor was opened for questions or comments.

#### **3.2 REPORT OF THE CHIEF OF STAFF**

Dr. Goossens, Chief of Staff presented the report on behalf of the Medical Advisory Committee that met on April 14, 2014. A copy of the report was pre-circulated and appended to the agenda package for information. It was explained that the Medical Advisory Committee continues to work diligently on order sets and have also been involved in developing a Rapid Response Team. The purpose of these Teams is to assess and treat appropriate patients in an attempt to delay potential deterioration into an arrest situation.

With regards to the Balanced Scorecard it was questioned why there may be differences between sites in terms of achieving metrics. Dr. Goossens explained that there are no concerns in terms of care but noted that often times an initiative or project is first rolled out and implemented at one site and then followed by the other sites, thus the improvements may be seen at one site prior to the other. A question was also raised with regards to the new Flow Navigator roles and any impact that this may be having on reducing wait times; Bev McFarlane explained that the orientation is just being completed this week and full implementation of the role will begin May 12<sup>th</sup>. Discussion also ensued with regards to gridlock and over census at Muskoka Algonquin Healthcare and it was explained that gridlock can occur for a variety of reasons as it is about the flow into the Emergency Department.

#### **3.3 BALANCED SCORECARD REPORT**

Charlie Forret presented the Balanced Scorecard that was pre-circulated with the meeting package for information. In response to a question from the floor, it was clarified that the acronym CMG refers to Case Mix Groups and it was explained that it is a grouping of 'like diagnoses by the Ministry of Health and Long-Term Care that allows tracking and monitoring at a more manageable level. A question was also raised with regards to Medication Reconciliation and the goal to have a fully computerized system in place by the end of March 2014. It was explained that the goal was not met and will be revised. In addition, it was noted that the Quality Improvement Plan was very prescriptive and a mandatory goal was to have Medication Reconciliation upon admission. This is now in place and the project team will be moving towards implementing a process at discharge and transfer. In closing, Mr. Forret recognized that many of the metrics in the report are in the red category however the year end statistics are still being finalized. It was noted for the Board that the two high risk goals, reduce hospital acquired infection rates and improve provider hand hygiene compliance, are both in the green status as meeting target.

### **4.0 REPORTS**

#### **4.1 REPORT OF THE CHIEF EXECUTIVE OFFICER**

A copy of the May 2014 Chief Executive Officer Report was pre-circulated and appended to the meeting package for information. N. Bubela provided a brief update regarding the recent meeting with the Ministry of Health and Long-Term Care that was attended along with the District of Muskoka. The purpose of the meeting was to discuss the Health Links proposal. As well, some discussion also occurred with regards to Muskoka Algonquin Healthcare's Seniors Assessment and Support Outreach Team and the Nursing Station proposals. In addition to the written report, N. Bubela advised the Board that due to the call for a provincial election in June, the North Simcoe Muskoka Local Health Integration Network are prohibited from engaging in any public forums until after the election.

## 4.2 REPORT OF THE PRESIDENT, MEDICAL STAFF

Dr. Herr thanked the Board for the opportunity to speak on behalf of the Medical Staff and provided some feedback on behalf of the physicians regarding transparency in decision making and some concerns with regards to communication and collaboration. Discussion ensued with regards to engagement efforts and communication needing to be a two way approach. The Board welcomed any suggestions for improvement in the process in the future. The Chair thanked Dr. Herr for bringing forward the feedback and noted that the Board will continue to work with all stakeholders in the future.

## 5.0 PROVIDE FOR EXCELLENT MANAGEMENT

### 5.1 CHIEF EXECUTIVE OFFICER PERSONAL BUSINESS COMMITMENTS - YEAR END RESULTS FOR 2013-2014

A copy of the year-end results of the Chief Executive Officer Personal Business Commitments were pre-circulated and appended to the agenda package. N. Bubela highlighted the achievement of the Alternate Level of Care metric as well as the Attendance Awareness program. The Senior Leadership Team was thanked for their support in progressing through the goals. There were no questions or comments raised from the floor.

### 5.2 CHIEF OF STAFF PERSONAL BUSINESS COMMITMENTS - YEAR END RESULTS FOR 2013-2014

Dr. Jan Goossens reviewed the results of the 2013-2014 Chief of Staff Personal Business Commitments as were pre-circulated and appended to the meeting package. Overall, Dr. Goossens expressed satisfaction with the results and noted that there was a significant improvement in the medication reconciliation metric over the previous year. There were no comments or questions from the floor.

## 6.0 ENSURE BOARD EFFECTIVENESS

### 6.1 BOARD OFFICER & COMMITTEE CHAIR APPOINTMENTS

Larry Saunders presented the proposed slate of Officers and Committee Chairs for the 2014-2015 Board Year.

***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 2014-2015 Board year:***

***Charlie Forret, Board Chair for a two year term;***

***Evelyn Brown, Board Vice-Chair & Quality & Patient Safety Committee Chair for a 2-year term;***

***Natalie Bubela, Secretary for a one-year term***

***Gregg Evans, Treasurer and Resources Committee Chair for a one year term;***

***Joe Swiniarski, Chair - Audit Committee for a one year term;***

***Cameron Renwick, Chair - Governance Committee for a one year term;***

***Phil Matthews, Chair - Strategic Planning Committee.***

### 6.2 BOARD EVALUATION POLICY #GOV-5-90

Catherine King, on behalf of the Governance Committee presented the revised Board Evaluation Policy as was pre-circulated and appended to the meeting package. It was explained that following Board approval in January to proceed with the Governance Centre for Excellence Self-Assessment Tool in place of Muskoka Algonquin Healthcare's previous tool, the policy has been re-written to incorporate these changes. In addition, the Governance Committee reviewed the monthly Board meeting evaluation tool. And following a review of tools utilized at other Ontario Hospitals, are recommending some changes to the wording of the questions. In addition, the new monthly evaluation tool requests that any poor ratings be accompanied by a comment and the appropriate agenda item to allow the Governance Committee to effectively make suggestions for improvement. A question from the floor was raised with regards to the monthly tool and if the trend is tracked. It was noted that this is monitored through the Governance Committee who in turn is charged with making recommendations for remedial action.

***It was moved, seconded and carried that upon the recommendation of the Governance Committee, the Board of Directors approves the revised Board Evaluation Policy #GOV-5-90.***

### 6.3 DELEGATIONS POLICY #GOV-5-60

Catherine King presented the revised Delegations Policy as was pre-circulated and appended to the meeting package. The Governance Committee has completed a thorough review of the revisions and made further additional revisions to the policy including clarifying that a delegation may only include up to three people and that only spokesperson is to be identified. The wording in the application refers to the name of the 'Second Member of the Delegation' and the name of the 'Third Member of the Delegation'. In addition, the requirement to provide information 15 business days prior to a Board meeting was maintained in order to allow a full review and staff sufficient time to circulate the information to the Board. A question was raised with regards to allowing members of the public to attend along with a delegation; it was explained that members of the public are permitted to attend Board meetings and this will be dealt with on a case by case basis.

***It was moved, seconded and carried that upon the recommendation of the Governance Committee, the Board of Directors approves the revised Delegations Policy #GOV-5-60.***

### 6.4 PRINCIPLES OF DECISION MAKING POLICY #GOV-5-180 (CORPORATE DECISION MAKING FRAMEWORK)

Catherine King presented the Decision Support Document on behalf of the Governance Committee.; a copy of the report was pre-circulated and appended to the agenda package. A brief overview was provided and it was reinforced that with the implementation of this framework, the Hospital will have two decision making frameworks in place – one for corporate decisions and one for clinical decisions. A laminated a copy of both frameworks will be provided in each meeting room. In addition, it was explained that the Decision Support document template is also being revised. The revisions to the template will ensure that the dimensions in the framework are intertwined and addressed in the briefing notes that are brought forward. N. Bubela explained that this will enable the decision making process to be transparent. It was also explained that should the Board approve the new framework, a full communication plan and roll out will occur to ensure all are aware. Dr. Goossens requested that the policy be forwarded to be included in the next Medical Advisory Committee meeting.

***It was moved, seconded and carried THAT upon the recommendation of the Governance Committee the Board of Directors approve the Principles of Decision Making Policy be renamed the 'Corporate Decision Making Framework';***

***AND FURTHER that the revisions to the policy and Decision Support Document template be approved.***

### 6.5 DIRECTOR/NON-DIRECTOR ANNUAL DECLARATION POLICY

Catherine King presented the Decision Support document as pre-circulated and appended to the meeting package. It was explained that although Bill 85 has to be enacted, this new process is one of the requirements under the Act that can be implemented prior to the law passing. It is also seen as a good governance practice to have in place. On behalf of the Governance Committee, Mrs. King recommended that the Board of Directors approve the new Director/Non-Director Annual Declaration Policy.

***It was moved, seconded and carried that upon the recommendation of the Governance Committee the Board of Directors approves the Director/Non-Director Annual Declaration Policy.***

## 7.0 MEETING TERMINATION

The next Board meeting is scheduled for Thursday, June 12, 2014 beginning at 5:30 pm in the Boardroom at the South Muskoka Memorial Hospital Site. The Annual General Meeting is scheduled for June 23, 2014 in the Active Living Centre in Huntsville.

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

  
Larry Saunders, Chair

  
Natalie Bubela, Secretary