

## OPEN SESSION MINUTES

Thursday, May 11, 2017 at 5:30 p.m.  
Huntsville District Memorial Hospital Boardroom  
Approved June 8, 2017

**PRESENT:**

<b>Elected Directors:</b>	Evelyn Brown Cameron Renwick Frank Arnone (T)	Philip Matthews Beth Goodhew	Brenda Gefucia Dave Wilkin	Michael Walters Christine Featherstone
<b>Ex-Officio Directors:</b>	Natalie Bubela	Dr. Dave McLinden	Dr. Biagio Iannantuono	Karen Fleming
<b>Executive Support:</b>	Tim Smith	Esther Millar	Harold Featherston	Robert Alldred-Hughes
<b>Staff Resource:</b>	Tammy Tkachuk			
<b>REGRETS:</b>	Dr. Paulette Burns	Moreen Miller	Ross Maund	

**1.0 CALL TO ORDER**

With a quorum present, the Board Chair, Evelyn Brown called the meeting to order at 5:33 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 BOARD EDUCATION - PHYSICIAN/HOSPITAL RELATIONSHIPS**

Natalie Bubela provided the Board with an overview of a session hosted by the Ontario Hospital Association (OHA) on Physician/Hospital relationships. The session was the 7<sup>th</sup> of 8 sessions across the province. It was explained that the Ontario Medical Association (OMA) had initially intended to co-host the sessions, however given the political climate had pulled out of the sessions. The OHA is keeping them apprised of the sessions and sharing the information. The Board was provided with the results of a survey completed prior to the sessions. The survey outlined the areas rated of high importance by 'Corporate' and 'Clinical'. In addition some of the themes gleaned from earlier surveys and interviews included:

- Physician availability and time; multiple work life demands
- Physician payment (including for hospital leadership/participation), physician income models, status as independent contractors
- Tensions between the Ontario Medical Association and the Ministry of Health and Long-Term Care
- Generalized barriers, old school attitudes (e.g. challenge in moving to standardized processes), slow leadership turnover
- Challenges with recruiting and retaining physicians who are strong leaders.

As a result, six factors were identified that foster positive hospital physician relationship. These included

- Document and share best practices/enablers
- Address needs of physicians in hospital
- Continuous and intentional engagement with staff and leaders
- Recruitment: Hire strong leaders with clear roles and responsibilities
- Self-sustaining culture: collect data, grown relationships, develop QI programs
- Collaborative system leadership discussions: beyond the hospital

Much of the conversation during the session centred around how best to develop physician leaders and approaches beyond the typical attendance at leadership courses such as apprentice type approaches. There was also acknowledgment that the issues will be challenging to address. The floor was open for questions and comments. It was explained that through these sessions the OHA was attempting to identify areas of best practice, etc. but there were no concrete examples identified. It was evident and reassuring that this is an area of challenge for all organizations with many variables influencing. It was also confirmed that the survey results were not ranked. Comment was also provided that it became evident that the importance of a solid recruitment process is the critical first step to ensure organization are recruiting the right people for the organization. It was confirmed that this information will be shared with the Stakeholder Engagement Task Force initially and then with the broader physician group.

## **2.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS**

### **2.1 PATIENT STORY**

A patient story was shared around feedback received following a patient's discharge. In response to the patient feedback, the manager followed up directly and spoke with the patient with respect to post care calls and the work underway to adjust and improve the process. In addition, the manager provided the patient with appropriate direction to receive test results and explained the practice with respect to changing bed sheets for inpatients. The feedback was resolved well and the patient was appreciative of the information.

### **2.2 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE**

Dr. Biagio Iannantuono presented the May report of the Medical Advisory Committee and highlighted the discussions occurring with respect to the development of the Medication Reconciliation on Admission policy. A brief overview of the work underway was provided and it was explained that identifying the best approach is working through the internal Committee structure with a goal to develop a functional plan. The floor was open for questions and in response it was explained that the NSQIP program did not provide enough meaningful data and that typically it takes about three years; a one year program generally provides baseline data.

### **2.3 BALANCED SCORECARD**

Phil Matthews presented the results of the approved targets as per the Quality Improvement Plan. Esther Millar was asked to provide an update with respect to the ED Wait Time Target - 90th Percentile Time From Registration or Triage to PIA (Physician Initial Assessment) for CTAS 2. The MAHC target of 0.5 hours is more aggressive than most hospitals. It was acknowledged that the target is aggressive and when a review of the outliers was undertaken it was identified that these could be attributed to mental health patients. It was also explained that the provincial average for non-admitted high acuity patients ranges from 2.6 – 3.3 hours. MAHC is outperforming the provincial average. The ED Committee is reviewing the outlier data to better understand the barriers. It was also noted that very few patient complaints arise from CTAS levels 1, 2 or 3s. Upon review of the scorecard the increase in ALC during January was highlighted. In addition, Karen Fleming spoke to the work with respect to clinical pathways and explained that the interprofessional team is addressing this and in most cases there has been an increase on the uptake with respect to pathways. The topic is a regular discussion at the Quality Council and in nursing huddles. As well, there has been an increase in physician use of the QBP order sets which translates into an increase in pathway use.

Discussion ensued with respect to Patient Satisfaction results and it was explained that there has been an increase in the return rate as staff have been noting the survey and asking patients to watch for the survey that will be going to them. The Board was reminded that the methodology changed this year for the survey and when the target was established management was unsure if it was the right target. A review of peer results will occur to evaluate the target for next year. It was explained that there is an approximate 6-8 week gap between patient discharge and when they receive the survey through mail. The Board was also reminded that conducting the patient satisfaction surveys is a legislative requirement. However, in addition management also conducts leader rounding on patients to obtain more timely feedback as well as collecting data through the compliments and complaints process. The Ontario Hospital Association did conduct a Request for Proposal process last year and NRC was the successful proponent. Management will be monitoring the process over the next 6 months to help determine next steps. It was also noted that the NRC survey approach provides value in terms of the ability to benchmark against peers. The tool also provides verbatim comments that are circulated to the Leadership Team with the expectation that plans are developed around themes that emerge from the comments. There were no actions arising from the discussion.

## **3.0 REPORTS**

### **3.1 CHAIR'S REMARKS**

Evelyn Brown noted that National Nursing Week is underway and offered congratulations and thanks to all MAHC nurses. The Board was advised that the quarterly teleconference with Political Leaders has continued and as a result of the most recent call, Evelyn Brown and Natalie Bubela will be providing each of the local Councils with an update during the month of July. Board members were thanked for attending the recognition dinner for Dr. Goossens. Appreciation was extended to Tammy Tkachuk, Christine Featherstone and Natalie Bubela for organizing the Annual Board Education Day. On April 26th, Evelyn Brown attended the mental health board meeting along with Ross Maund and Michael Walters. The invitation was extended as part of the mental health board's outreach strategy. In return, Evelyn Brown has extended an invitation to the mental health board to attend a MAHC Board meeting in the Fall. The Board received the reports of the Huntsville Hospital Foundation and the South Muskoka Hospital Foundation. It was noted that since the distribution of the reports, the Huntsville Hospital Foundation has changed the date of the Bigwin Island Golf Tournament to July 6, 2017. The Board was requested to mark their calendars for the June 12th webinar Strengthening Hospital-Physician Relationships being held in the HDMH Boardroom. All Board members were reminded to wear their identification badges when on hospital property. A request was made to circulate the dates of the presentations to Town Councils.

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

The May report of the Chief Executive Officer was received for information and Natalie Bubela provided a brief overview of the information gleaned from attending the Health Infrastructure Summit.

## **4.0 PROVIDE FOR EXCELLENT MANAGEMENT**

### **4.1 CEO PERSONAL BUSINESS COMMITMENTS FOR 2017/18**

Evelyn Brown presented the proposed CEO Personal Business Commitments for 2017/18 and explained that the Executive Committee have reviewed these on two occasions. A question was raised with respect to a people quadrant and if consideration was given to including a goal related to satisfaction. It was explained that management does monitor satisfaction and that there will be more focus on this in preparation for Accreditation however it was not included in the pay at risk goals. The Board was also reassured that although these goals are directly linked to pay at risk, all other targets and monitoring related to the Strategic Plan, Quality Improvement Plan, etc. will still occur. There were no revisions requested to the proposed goals.

*It was moved, seconded and carried that the 2017/18 CEO Personal Business Commitments be approved*

## **5.0 ENSURE FINANCIAL VIABILITY, IN ACCORDANCE WITH THE STANDARDS APPLICABLE TO THE DIRECTORS AT LAW**

### **5.1 HOSPITAL WORKING FUNDS INITIATIVE CORRESPONDENCE**

Brenda Gefucia presented the correspondence pre-circulated with the meeting package and highlighted that MAHC did not meet the balanced budget requirement of the program and thus were removed from the program. However, the Ministry will not be requiring MAHC to pay back the funding received in the first two years of the program. It was also noted that this is a result of the advocacy that occurred by the LHIN on MAHC's behalf.

## **6.0 CONTRIBUTE TO STRATEGIC DIRECTION**

### **6.1 MUSKOKA & AREA HEALTH SYSTEM TRANSFORMATION UPDATE**

Phil Matthews updated the Board on the work of Muskoka & Area Health System Transformation (MAHST) explaining that they continue to meet weekly and that the LHIN was updated on April 24, 2017. The feedback from the LHIN update has been that they are comfortable with the progress to-date. A review of the first draft of the report due to the LHIN June 30<sup>th</sup> occurred today. One of the issues discussed was the timing that it may take for the LHIN and Ministry to review that report and provide direction; it is assumed that this would not occur until at least September. MAHST has agreed to keep working through the summer months.

## 6.2 STRATEGIC OBJECTIVE UPDATE - #9 LONG RANGE PLANNING

Cameron Renwick presented the pre-circulated information outlining a recommendation from the Strategic Planning Committee to revise the Long Range Planning objective. It was explained that the Strategic Planning Committee discussed the recommendation at length and highlighted the amount of consultation with the Ministry and RPG that has occurred. The floor was open for question and it was confirmed that there are currently 34 hospitals in the que for capital planning and MAHC is not yet in that que.

***It was moved, seconded and carried that the Year 3 Project Scope and Performance Indicators be aligned with MAHST activities***

## 6.3 2015-2018 STRATEGIC PLAN STATUS REPORT – YEAR 2, Q4

On behalf of the Strategic Planning Committee, Cameron Renwick present the Q4 Strategic Plan Status Report. There were no questions or concerns raised by the membership.

## 6.4 STRATEGIC PLAN PLANNING PROCESS FOR 2018/19

The Strategic Planning Committee discussed at length the next steps in terms of the Strategic Plan given that the current plan is in its final year. Given the current environment, the potential impact on MAHC of several initiatives currently underway including MAHST, the implementation of the Patients First Act and funding etc. the Committee came to the conclusion that the best approach for MAHC would be to extend the current plan for a 4<sup>th</sup> year. It was also noted that the Committee agreed to revisit this in the Fall with focused discussion relating to the future of the hospital sustainability. There were no comments or questions from the floor.

***It was moved, seconded and carried that the current 2015-2018 Strategic Plan be extended for a 4th year beginning April 1, 2018 ending March 31, 2019.***

## 7.0 CONSENT AGENDA

***It was moved, seconded and carried that the following items be approved or received as indicated:***

- 7.1 Approval of the Board of Director Meeting Minutes from April 13, 2017***
- 7.2 Receipt of the Quality & Patient Safety Committee Report of April 27, 2017***
- 7.3 Receipt of the Strategic Planning Committee Report of April 19, 2017***
- 7.4 Receipt of the Resources Committee Report of May 1, 2017***
- 7.5 Receipt of the Compliance Report as at March 31, 2017***

## 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.***

  
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Evelyn Brown, Chair

  
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Natalie Bubela, Secretary