

OPEN SESSION MINUTES

Thursday, May 12, 2016 at 5:30 p.m.
South Muskoka Memorial Hospital Boardroom
Approved June 9, 2016

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

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Charles Forret called the meeting to order at 5:31 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 May 1st was Ontario Doctors Day and that the week of May 9-13 is National Nurses Week. As well it is National Physiotherapy and Speech for the month of May. Appreciation and gratitude was expressed to these staff and their commitment to MAHC. Board members were provided with the list of upcoming events in support of the Foundations and Auxiliaries over the summer months. It was highlighted that the Volunteer Appreciation BBQ for MAHC will be held July 12th and 13th and Directors were encouraged to volunteer in assisting with the event. The Board was informed that a lunch meeting with the Chairs of Orillia Soldiers' Memorial Hospital and Georgian Bay General Hospital occurred; discussions centered around current situations in each of the Hospitals. It is understood that Bob Morton, NSM LHIN Chair will be coordinating additional meetings of this type for all Chairs in the future.

2.0 CONSENT AGENDA

A question was raised with respect to the Certificate of Integrity and impact analysis as outlined in the Credentialing policy. It was requested that a definition of the Certificate of Integrity be added to the policy. It was also explained that an impact analysis is completed for each physician application; this impact analysis is approved by the Senior Leadership Team and the Medical Advisory Committee. A separate policy is in place outlining this process. E. Brown noted that in conjunction with the review of the Credentialing policy the Committee also reviewed the policies with respect to physician responsibilities.

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 14, 2016, 2016***
- 2.2 Receipt of the Quality & Patient Safety Committee Report of April 28, 2016, 2016***
- 2.3 Receipt of the Strategic Planning Committee Report of April 26, 2016***
- 2.4 Receipt of the Governance Committee Report of March 14, 2016***

2.5 Receipt of the Executive Committee Report of May 4, 2016

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 PATIENT STORY

Karen Fleming provided the Board with the experiences of two patients that demonstrated the work leaders have done around the family presence policy as well the implementation of AIDET. In addition, N. Bubela read aloud a letter from a patient expressing gratitude to all staff for their experience at the SMMH Site.

3.2 REPORT OF THE CHIEF OF STAFF/MEDICAL ADVISORY COMMITTEE

The April 2016 report from the Chief of Staff and the Medical Advisory Committee was received for information. In addition to the report, Dr. Goossens provided an update on the work of the regional Chief of Staff meeting highlighted work regarding standard formatting related to discharge summaries, the development of the regional e-credentialing package as well as discussions with respect to addressing issues related to the shortage of plastics in the region. It was requested that the Chief of Staff Newsletter be posted to the Board portal for information. Dr. Goossens also informed the Board of the upcoming physician golf tournament on August 10th and extended an invitation to participate.

3.3 BALANCED SCORECARD

Evelyn Brown presented the Balanced Scorecard outlining the results of the Quality Improvement Plan & Patient Safety Plan metrics. The report focused on the metrics not meeting target and it was highlighted that although many of the metrics are not meeting target generally the trends are moving in a positive directions. An overview of the analysis and actions to affect improvement was provided for the ED length of Stay, Financial Health and Patient Satisfaction. It was also explained that work continues with identifying a sustainable solution to tracking the medication reconciliation on discharge; it was confirmed that physicians are completing the medication reconciliation the issue is in identifying an efficient approach to measuring it. The Medication Reconciliation on Admission process has been streamlined and is consistently measuring at 79% or 80% monthly. In terms of the CDI spike an investigation revealed that the results were not reflective of a CDI cluster and the Team was not able to isolate the cause. Cleaning staff have been exceptional at compliance with cleaning standards, and hand hygiene rates at SMMH are 100%. Staff continue to monitor this metric closely and are working diligently to mitigate patient bed movement. A question was raised with respect to the increase in Falls and it was explained that an increase is not necessarily a negative; it is important to encourage mobilization but with that is an increase in the risk for falling. The increase demonstrates this encouragement and that MAHC does not support any restraint approaches. E. Brown informed the Board that one of the changes for the coming year will be an executive summary type approach that will accompany the decision support.

3.4 PATIENT DECLARATION OF VALUES REVIEW

The revised Patient Declaration of Values was presented by Evelyn Brown and it was noted that the document is MAHC's commitment to the patient and also incorporates the commitment of the patient and family to MAHC. The document was developed following a robust community consultation process. A question was raised with respect to the statement around "highest quality" and if it is defensible. It was noted that the wording in the document did come from patients and families and many actually felt that this particular statement was 'a given'. It was also noted that some of wording is inconsistent in terms of future versus past tense.

It was moved, seconded and carried that the Patient Declaration of Values be approved.

3.5 PROFESSIONAL STAFF APPOINTMENT & CREDENTIALING POLICY

The revisions to the Professional Staff Appointment and Credentialing policy were reviewed. A spelling error was noted in Article 13.6 as well as in the location of the arrow in Appendix C.

It was moved, seconded and carried that the Professional Staff Appointment & Credentialing Policy be approved.

4.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

4.1 2015-2018 STRATEGIC PLAN STATUS REPORT

Phil Matthews reviewed the Q4, 2015/16 status report providing an update regarding progress of the initiatives and the overall Strategic Plan. A question was raised regarding the notation around the projects behind schedule and it was explained that the detail is reported to the most responsible committee. Generally the projects are moving slower than anticipated. There were no further questions or concerns raised.

5.0 REPORTS

5.1 CHIEF EXECUTIVE OFFICER REPORT

The May 2016 report of the Chief Executive Officer was received for information. Natalie Bubela provided further information with respect to the Director of Policy site visit to MAHC and explained that the primary purpose was to familiarize themselves with the physical plan and MAHC provided a quick overview of the state of affairs. An observation was provided with respect to the positive messaging in the recent news release regarding the education for nurses.

6.0 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