

OPEN SESSION MINUTES

Wednesday, May 27, 2015 at 5:30 p.m.
Huntsville District Memorial Hospital Garden Court
Approved June 11, 2015

PRESENT:

<i>Elected Directors:</i>	Charles Forret	Gregg Evans	Nicholas Popovich	Christine Featherstone
	Donna Denny	Brenda Gefucia	Joe Swinarski	Phil Matthews
	Kevin King (T)	Evelyn Brown	Cameron Renwick	Larry Saunders
<i>Ex-Officio Directors:</i>	Natalie Bubela	Karen Fleming	Dr. Kersti Kents	Dr. Jan Goossens
	Dr. Jennifer Macmillan			

GUESTS: See Appendix A

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Charles Forret called the meeting to order at 1730 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

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 Chair welcomed all guests and reminded that this is a formal board meeting and the guests are participating as observers. It was explained that the Board commenced this process in 2012 when it was identified there was a need to develop a long-range plan for Muskoka Algonquin Healthcare. Planning for the future is the single most impactful topic for all of those served by Muskoka Algonquin Healthcare across Muskoka and East Parry Sound. The Chair explained that there have been hundreds of people involved in the planning process and a result a significant amount of feedback was received. The vote with respect to the recommendation from the Master Program/Master Plan Ad-Hoc Steering Committee will follow the typical rules and procedures by a majority vote with a show of hands. The Chair welcomed Phil Matthews, co-chair of the Master Program/Master Plan Ad-Hoc Steering Committee to review the information.

2.0 CONTRIBUTE TO THE STRATEGIC DIRECTION**2.1 MASTER PROGRAM/MASTER PLAN UPDATE**

Phil Matthews presented the pre-circulated decision support document as appended to the meeting package and provided summary comments on behalf of the Master Program/Master Plan Ad-Hoc Sub Committee noting that more than 250 people have been involved in the process. There was a tremendous amount of research, thought and debate into the project which has spanned a timeframe over two years. It was reinforced that it has been a challenging and agonizing project. The project began in 2013 with the Master Program work around the services that should be provided in 15-20 years and how they should be provided. To do this work the organization involved physicians, staff, community partners and consulting experts. Initially, 7 planning teams of volunteers were established to review and determine services; this totaled approximately 155 people primarily physicians and staff. Following this, an additional 15 teams were established to complete more in depth research. The next step was to move to the Master Planning portion of the project. The health care consultants along with the 21 member Steering

Committee oversaw this work. The immediate focus was how to utilize the current sites and months were spent on this portion resulting in determining that sustainability could not be achieved. Other options were also reviewed which led to a rigorous study of the 'Centres of Focus model'. This was to attempt to identify a solution that would still utilize the current sites and address the shortcomings of the status quo option for the existing sites. A group of thirty people including staff and physicians were brought together for this review. A sub-group was then established to complete a detailed analysis of this option. The result of this analysis was that the recommendation could be viable; however, quality would be compromised. It was reinforced that quality was always the main goal throughout the exercise. It was explained that the Ad-Hoc Steering Committee met eighteen times since 2013 to come to the recommendation. Mr. Matthews expressed appreciation to all of the Ad-Hoc Steering Committee members for the countless hours dedicated to the project, wise counsel and advice.

Mr. Matthews read aloud the motion, which was seconded. At this time, the Board Chair welcomed each Board member to provide their thoughts and position with respect to the motion.

- The one site model is the option that will allow MAHC to not only preserve but potentially enhance the quality and scope of services. The Board needs to consider what is happening in the health care system, understand that it is part of integrated system, and monitor the funding model and funding priorities. The priorities involve shifting funding to the community. It is important for MAHC to keep true to the system change in order to be successful in delivering services and enhancing the future.
- The feedback was carefully reviewed and there were numerous suggestions but the one that struck the most questioned if the Board had the 'guts' to make the right decision and not "bow to politics". After much consideration the goal is to determine the best quality health care that can be sustained. With the large swings in volumes of patients, the challenges around staffing two campuses it was suggested that creating an environment that supports a stable work force will lead to quality.
- When interviewed for a Board position two years ago, the final question asked of candidates was if they would have the ability to make the tough decisions. It was acknowledged that this is one of those tough decisions. As a Board member, all of the community sessions were attended to listen very carefully to the feedback provided. In addition, all of the written feedback submissions were reviewed. Again, the comment that particularly resonated was with respect to being able to choose the best option and not necessarily the one that was politically expedient. The recommendation is well informed and based in fact.
- Support for the one hospital option was expressed as it provides the opportunity to facilitate building a stronger team of professionals and enhance recruitment as well as strengthening MAHC's academic presence. It was noted that expertise cannot be available everywhere. The Foundations do an amazing job at fundraising currently, however it is a concern that this can be sustained within a two site model as technology and procedural enhancements continue to evolve into the future.
- It was explained that one of the challenges in the planning process was to appreciate what health care in Muskoka will evolve to in the future. The task was to envision this future and to appreciate that the reality is that funding will take 15-18 years to obtain. It was reinforced that the Steering Committee did not take this decision lightly and believe that the preferred model will provide a proud sustainable future for health care.
- As a member of the Committees through the entire process, there was some consternation with the demographic projections and question the growth in the number of beds. As a result of technological advancements as well as funding reductions, the trend has seen a decrease in the number of beds in Ontario. It is possible that in the future that even less health care in hospital will be required in the future. If one were to vote solely with their head it would be for the one site model; if one were to vote with their heart it would be to maintain the current two sites.
- Coming to a decision has been a challenge. The amount of work and thought that this dedicated group has put into this decision was acknowledged. The strength of the information brought to the table persuaded support for the motion.
- Concern was expressed with respect to the assumptions based on the funding model that is still new and the unknown as to if this model will continue in 15-20 years. As well, it is unknown if the trend of shifting care to the community will be successful and provide quality care and efficiencies. Concern was also expressed with respect to the economic impact on the communities and that the proposed model will require a highly coordinated transportation system. At the same time, the advantages of the single site model were noted as providing economies of scale, enabling the organization to work more efficiently, creating a good sustainable workforce, opportunity to attract specialist which could lead to more Muskoka residents receiving care locally. It was reinforced, that should the Board support the recommendation, careful consideration around the site selection will be required in order to achieve the goals.
- It was explained that all of the physicians involved with the Steering Committee dedicated countless hours to carefully review all of the options, often times there was spirited debate but in the end were all unanimous in arriving at the recommended model. If there was the luxury of unlimited funding, it was acknowledged that that two acute care sites would be preferred. However, with the realities of the current trends around funding and shifting to community, a two acute care model is not the future. The focus will need to be not on how long it will take to get there, but the service that one would receive when they arrived. As an already amalgamated organization, this next goal will strengthen that even further.

- From a professional practice and patient and family centered care perspective, a one site model will enable concentrated patient volumes, investments in advancing technology as well as enhance the practice environment that will attract and retain physicians and staff. In addition, it was highlighted that new space will ensure the organization is able to meet infection and prevention control practices and improve safety for patients.
- Having had experiences in several communities across Ontario, there is an appreciation of the challenges. The environment reflects the importance of ensuring the right care, for the right patient at the right time.
- Comments reinforced that the planning is for the future and the decision requires both emotional and business process thinking. The funding changes and continually increasing costs are evidence that status quo is not an option for the future.
- The trend of consolidation for hospitals was highlighted. It was also suggested that communities are organic and would have the opportunity for rejuvenation. Based on all of the material reviewed by the Steering Committee and professional experience support for the motion was expressed.
- It was suggested that a two site model in the future, with inadequate funding, could result in a decrease of care which impacts the ability to meet the ultimate goal of providing high quality care.
- The single site model will support critical volumes, enable targeted capital investments and allow more technological equipment and advancements for the organization. The proposed model also enables the Hospital to evolve, transform and adapt to market changes more readily and provides the best opportunity to continue to remain best in class.
- It was stated that the decision was difficult to reach however it was not reached in isolation. It was also acknowledged that the Muskoka region is not an easy geography to serve and the primary concern expressed from public feedback was anxiety with respect to access to health care. It will be incumbent on the Board to continue to drive integration with all community services and be highly participatory in developing the transportation system for Muskoka. It was also noted that support from Muskoka will be required.

It was moved, seconded and carried unanimously that based upon the recommendation of the Master Program/Master Plan Ad-Hoc Steering Committee, the Board of Directors approves the one hospital model as the preferred model to ensure safe, high-quality and sustainable health care for future generations;

AND FURTHER THAT the site selection target a central location that provides the best access to care for Muskoka Algonquin Healthcare's service population.

The Board Chair expressed appreciation to the Board, as well as all those involved in this process for their vision and dedication. Members of the public were also thanked for attending the meeting and noted that it speaks highly of their interest in Muskoka Algonquin Healthcare. The public was also informed that their help and continued support of the current sites will remain critical to continue the provision of high quality health care.

3.0 ADJOURNMENT

It was moved, seconded and carried that the open session be adjourned.



 Charles Forret, Chair



 Natalie Bubela, Secretary

APPENDIX A

MAHC Board of Directors Meeting May 27, 2015 Guest Registrar

1	Alison Brownlee
2	Allyson Snelling
3	Archie Buie
4	Barb McMurray
5	Bill Patterson
6	Bob Stone
7	Carol Johnson
8	Chris MacDonald
9	Chris Occhiuzzi
10	Chris Wilson
11	Christine Loshaw
12	Dan Armour
13	Dave Wilkin
14	David Smith
15	David Stewart
16	Debbie Dale
17	Derek Sutton
18	Don Smith
19	Donna Crump
20	Dr. A. Drohomyrecky
21	Dr. John Simpson
22	Fran Coleman
23	Graydon Smith
24	Greg Stewart
25	Harold Featherston
26	Helen Barker
27	Jesse Cole
28	John Crockett
29	John Sisson

30	Justine McDonnell
31	Karen Insley
32	Karen Stewart
33	Karen Terziano
34	Ken Williams
35	Lea Barker
36	Les Rowley
37	Lori-Lynn Giaschi-Pacini
38	Mark Quemby
39	Melissa Candelaria
40	Nancy Alcock
41	Noreen Chan
42	Pamela Steel
43	Pat Hayes
44	Paul Johnson
45	Rick Moloney
46	Rob Cooper
47	Rob Cooper - Camera Person
48	Robert Alldred-Hughes
49	Scott Aitchison
50	Sharon McNally
51	Steve Clement
52	Susan French
53	Susan Hughes
54	Sven Miglin
55	Terry MacDonald
56	Tim Smith
57	Tim Withey
58	Wendy Swiniarski