

OPEN SESSION MINUTES

Thursday, November 10, 2016 at 5:30 p.m.
Huntsville District Memorial Hospital Boardroom
Approved December 8, 2016

Elected Directors:	Evelyn Brown	Philip Matthews	Brenda Gefucia	Frank Arnone
	Cameron Renwick	Ross Maund	Dave Wilkin	Beth Goodhew
	Moreen Miller	Christine Featherstone		
Ex-Officio Directors:	Natalie Bubela	Dr. Dave McLinden	Karen Fleming	Dr. Paulette Burns
	Dr. Jan Goossens			
Executive Support:	Tim Smith	Esther Millar	Harold Featherston	Robert Alldred-Hughes
Resources:	Tammy Tkachuk			
Guests:	Alison Brownlee, Metroland Media			
REGRETS:	Rhonda Lawson	Michael Walters		

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Evelyn Brown called the meeting to order at 5:34 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 PATIENTS FIRST ACT, 2016 (BILL 210 41) UPDATE

Natalie Bubela referred to the pre-circulated outline of the changes to the Patient First Act, 2016 Bill 41 (formerly known as Bill 210). It was explained that the Bill has now completed second reading and has been referred to standing legislative committee; the belief is that the third reading will take place in December and royal assent is anticipated to occur before the House recesses for the Christmas Break on December 8, 2016. The Board was reminded that when the Bill was first tabled, there was significant opposition to a number of elements. Many of these from a hospital perspective have been amended.

1.4 CHAIR'S REMARKS

Evelyn Brown informed the Board of the opportunities to engage with various stakeholders in the past month. These included attending a mentoring workshop at the Huntsville local physician education annual conference, a symposium for Municipal Leader in Orillia focused on understanding the fiscal challenges faced by medium sized hospitals, and as a guest speaker at the SMMH Auxiliary General. In addition, a teleconference with a six Mayors was held and was an opportunity to provide information directly. It was agreed that these would be scheduled on a regular quarterly basis and that ad hoc meetings would be called when issues arise. The Chair also reminded the Board of the joint Board, Physician, Administration meeting scheduled for November 16 and 17 and encouraged all to attend. An email received from a group of physicians regarding cataracts was provided in hard copy and the Chair informed the Board that follow up will be occurring. The Chair noted that on the evaluations from the October meeting feedback regarding the length of the meeting was received. The Chair committed to keeping the meeting on track and asked Directors to share in this accountability by being succinct in comments. Finally, the Chair reminded Directors of the upcoming Christmas Party and encouraged Board participation.

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 October 13, 2016**
- 2.2 Receipt of the Quality & Patient Safety Committee Report of October 27, 2016**
- 2.3 Receipt of the Strategic Planning Committee Report of October 19, 2016**
- 2.4 Approval of the Strategic Planning Committee Work Plan 2016/17**
- 2.5 Approval of the revised Strategic Objective 3a-17 – Health Links**
- 2.6 Receipt of the Governance Committee Report of October 26, 2016**
- 2.7 Approval of the Board of Directors Work Plan for 2016/17**
- 2.8 Approval of the Governance Committee Terms of Reference**
- 2.9 Receipt of the Resources Committee Report of October 31, 2016**
- 2.10 Receipt of the Compliance Report as at September 30, 2016**

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 PATIENT STORY

Karen Fleming shared a patient experience that provided feedback with respect to the noise level on the unit overnight. The feedback has been shared with the Manager and staff. The patient also highlighted the exceptional care received from Dr. Reid and noted that all of the nurses in the surgical area are caring, kind and compassionate. This feedback has also been shared.

3.2 OVERALL CORPORATE QUALITY & SAFETY OUTLINE

Phil Matthews referred to the pre-circulated outlining providing an overview of the structure in place at the Hospital for overseeing and promoting quality. In addition, the Quality and Patient Safety Committee requested management to provide an outline of all the programs in place that assist in ensuring that quality and safety is monitored. The fishbone diagram included in the meeting package assists in providing this outline and it was also noted that the areas are a shared responsibility across senior management. The documents provide the Board with the confidence that quality is being monitored from a broad perspective. The floor was open for questions and a suggestion was made to highlight continuous improvement within the fishbone framework.

3.3 BALANCED SCORECARD

Phil Matthews presented the Balanced Scorecard as pre-circulated with the meeting package and reviewed the changes to the report and also noted that the Committee has requested that future dashboards be separated to indicate the metrics that are mandatory and those that are MAHC selected. There were positive comments provided with respect to the revised format. Questions raised were with respect to additional measures that are monitored, explanation of pathways, the data lag for patient satisfaction and medication reconciliation. Action arising was to ensure that feedback with respect to the patient satisfaction data lag be provided to the Ontario Hospital Association. It was also clarified that the Balanced Scorecard metrics are selected on an annual basis through the Quality & Patient Safety Committee and approved by the Board. A formatting error was noted with respect to the target row; K. Fleming committed to rectifying this error.

4.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

4.1 STRATEGIC OBJECTIVE 3B-17– HEALTH HUBS

Cameron Renwick reviewed the proposed changes to the Strategic Objective and explained that given the implementation of Health Hubs, the Strategic Planning Committee agreed to refocus on the Muskoka and Area Health System Transformation. The deliverables were left broad as MAHC's specific role is unknown at this time. It was confirmed that the Health Hubs received funding for three years; a suggestion was made to ensure that the impact on the Hospital when the funding ends be monitored.

It was moved, seconded and carried that the Board of Directors approve the revision of Strategic Objective 3b-17 to focus on the Muskoka and Area Health System Transformation .

4.2 2015-2018 STRATEGIC PLAN STATUS REPORT – YEAR 2, Q1

Cameron Renwick presented the status report as pre-circulated with the meeting package. It was noted that at the recent Quality & Patient Safety Committee meeting, the Committee requested that the Recruitment and Retention dashboard be changed to a yellow. That meeting occurred after Strategic Planning, therefore that change will be made in the next report. There were no questions or concerns arising from the report.

5.0 ENSURE BOARD EFFECTIVENESS

5.1 NOMINATIONS COMMITTEE MEMBERSHIP

The pre-circulated decision support document was presented and the 'Standing Committee Deliberations' section was noted as an addition to the decision support to provide the Board with a sense of the Committee discussions on the decision item. There were no questions arising.

It was moved, seconded and carried that Ross Maund and Cameron Renwick be appointed to the Nominations Committee for the 2016/17 Board year.

6.0 ENDEAVOUR TO ENSURE FINANCIAL VIABILITY

6.1 FINANCIAL RESULTS

Brenda Gefucia presented the financial results for year-to-date September 30, 2016 and noted volumes and the \$210k variance; it is anticipated that this will reach budgeted levels by year end. The Quality Based Procedures conservative estimates and cost per weighted case were also highlighted. Of note was salaries and benefits and it was explained that there are a number of factors impacting including an increase in orientation costs and although overtime and call back are higher than budget they are significantly lower than the previous year. Offsetting the salaries and benefits are the supplies and other at \$600k better than budget; the Board was informed that \$350k of this is due to a credit from GBIN that occurred following the close of the books. Maintenance is tracking below budget as a result for the most part due to project timing and capacity. The draw on the line of credit during the month was \$6.1 million and the accounts receivables are slowly declining. Questions from the floor focused on HBM costing variance and clarification of maintenance activity. There were no actions resulting. It was confirmed that a response from the bank with respect to increase in the line of credit is expected November 21, 2016.

It was moved, seconded and carried that the Financial Statements for the period ending September 30, 2016 be approved.

7.0 REPORTS

7.1 REPORT OF THE CHIEF EXECUTIVE OFFICER

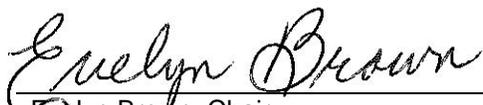
The November report of the Chief Executive Officer was received as pre-circulated for information. There were no questions or concerns arising.

7.2 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The November report of the Chief of Staff and Medical Advisory Committee was received for information. Dr. Goossens noted the highlights of the report and there were no questions arising.

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.


Evelyn Brown, Chair


Natalie Bubela, Secretary