

# BOARD OF DIRECTORS



## OPEN SESSION MINUTES

Thursday, November 12, 2015 at 5:30 p.m.  
South Muskoka Memorial Hospital Boardroom  
Approved December 10, 2015

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### **PRESENT:**

|                              |                        |                    |                       |                        |
|------------------------------|------------------------|--------------------|-----------------------|------------------------|
| <i>Elected Directors:</i>    | Charles Forret         | Gregg Evans        | Evelyn Brown          | Christine Featherstone |
|                              | Donna Denny            | Brenda Gefucia     | Ross Maund            | Cameron Renwick        |
|                              | Dave Wilkin            | Phil Matthews      | Frank Arnone          | John Kropp             |
| <i>Ex-Officio Directors:</i> | Dr. Jennifer Macmillan | Karen Fleming      | Dr. Paulette Burns    |                        |
| <i>Executive Support:</i>    | Tim Smith              | Harold Featherston | Esther Millar         |                        |
| <i>Staff Resource:</i>       | Tammy Tkachuk          |                    |                       |                        |
| <b><u>REGRETS:</u></b>       | Natalie Bubela         | Dr. Jan Goossens   | Robert Alldred-Hughes |                        |

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### **1.0 CALL TO ORDER**

With a quorum present, the Board Chair, Charles Forret called the meeting to order at 5:30pm.

#### **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 Board Chair welcomed new Directors Frank Arnone and John Kropp. Mr. Forret announced that the MAHC Board of Directors has been awarded a Certificate of Honorary Commendation for the Award in Leading Governance by the Governance Centre of Excellence. The award was in recognition to the Board's approach of utilizing agendas to link directly to the Strategic Directions in an effort to ensure the Strategic Direction is always top of mind. The Governance Centre for Excellence has recognized this as a leading practice. Cameron Renwick attended the award ceremony and received the award on behalf of MAHC. Mr. Renwick was recognized and thanked for his contribution in this initiative.

Charles Forret informed the Board of the staff groups celebrating their recognition weeks and expressed appreciation for their service and contribution to health care here in Muskoka. These included Medical Radiation Sciences Week, Perioperative Nurses Week and Information Technology Professionals Week. In addition, it was acknowledged that November is Diabetes Awareness Month, Canadian Patient Safety Week and National Philanthropy Day.

The Chair drew the Board's attention to the CEO Report in the Consent Agenda specifically noting the closing remarks made by Health Minister, Dr. Eric Hoskins. It was highlighted that his remarks speaks to much of the work that the Hospital Board has been supporting and encouraging in Muskoka over the past couple of years – the work being done locally by Health Links and Health Hubs. The Minister also speaks to the importance of embracing new ideas and ways of doing things, about the need to be innovative, transformative and the need to move away from the status quo. The Board was encouraged to read through the remarks as they are reassuring that MAHC's direction over the past couple of years is on the right track. It will be important for the Board to keep abreast of these directions and continually understand their impact on acute care.

### **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 8, 2015***
- 2.2 Receipt of the Strategic Planning Committee Report of October 21, 2015***
- 2.3 Approval of the Strategic Planning Committee Work Plan 2015/16***
- 2.4 Receipt of the Quality & Patient Committee Report of October 29, 2015***
- 2.5 Receipt of the Trillium Gift of Life Network – Quarterly Report***
- 2.6 Receipt of the Patient Relations Quarterly Report***
- 2.7 Receipt of the Governance Committee Report of October 28, 2015***
- 2.8 Receipt of the Board Work Plan for 2015/16***
- 2.9 Receipt of the Annual Board Goals Status Report***
- 2.10 Approval of the Succession Plan Policies - CEO #GOV-2-50 & Chief of Staff #GOV-2-60***
- 2.11 Approval of the Recruitment & Election Process Policy #GOV-5-190***
- 2.12 Receipt of the Report of the Chief Executive Officer***

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

#### **3.1 PATIENT STORY**

The Board viewed a video of a patient providing feedback with respect to his experience at MAHC. The intent is to provide Board members with real life experiences of patients to help maintain focus on continually improving patient safety and experience.

#### **3.2 REPORT OF THE CHIEF OF STAFF/MEDICAL ADVISORY COMMITTEE**

The report was deferred.

#### **3.3 BALANCED SCORECARD**

Evelyn Brown presented the decision support document and Balanced Scorecard on behalf of the Quality & Patient Safety Committee as pre-circulated and appended to the meeting package. It was explained that the Committee discussed at length the lag time to receive data and the number of agencies involved in providing data. The Committee Chair and the Chief Quality & Nursing Executive will be meeting to develop an appropriate framework to help improve the timeliness of the information coming forward to the Board table. It was also reinforced that given the Minister's remarks, quality care and patient centeredness will remain top priorities. Karen Fleming referred to the scorecard and explained that a glossary has been developed to help communicate the data sources and lag times involved. It was explained that in the case of patient satisfaction it does take six months to reconcile data through the external vendor. Work is underway with respect to medication reconciliation to modify the approach to collecting data. In terms of the wound data, the data has been collected and discussions with decision support are occurring with respect to the appropriate numerators and denominators and how to display that data. In terms of the results related to Falls it was confirmed that there is a mechanism in place to separate inpatient falls from other falls; the data in the scorecard represents inpatient visits only. It was also confirmed that a falls assessment is completed on all patients; in terms of outpatients it is more of a passive approach where patients are encouraged to share any risks with staff who then are able to put strategies in place to mitigate the risks. An observation was made with respect to a decline in patient satisfaction since the previous year; a synopsis of some of the potential causes to this was provided which included higher workload and patient complexities impacting staff, as well as the continuous state of surge. The complaints are taken to the Emergency Department Committee for discussion. Discussion also ensued with respect to the Hand Hygiene compliance results and it was explained that an evaluation of the change has occurred. One of the potential root causes identified was around standardization of the availability of sanitizer pumps; at the SMMH Site these are available both inside and outside the patient rooms however at HDMH this is not standardized and are primarily inside the room. The approach is being standardized at the Huntsville Site. It was also confirmed that the year end forecast will be populated. Evelyn Brown referred to the decision support document and highlighted the recommendation with respect to the glossary and action plan additions to the report.

***It was moved, seconded and carried that the Balanced Scorecard be updated with a Glossary that provides the data source, timelines as well as responsible leader for the metric and that an Action Plan accompany the Balanced Scorecard with clear action items and expected outcomes with defined dates for those metrics in the red at a minimum.***

### **4.0 ENSURE BOARD EFFECTIVENESS**

## 4.1 STRATEGIC ACTION PLAN STATUS REPORT – Q2 2015/16

Phil Matthews presented the second quarter Strategic Action Plan Status Report and explained that the Strategic Planning Committee has made attempts to fill the membership gaps from the Foundations and the Physicians. Dr. Kersti Kents has agreed to be the second SMMH Site representative and a member of the Foundation Board in Huntsville has also agreed. It was highlighted that the majority of the projects are proceeding well, the work plans and timetables are set for the remainder of the year. It was explained that the Strategic Planning Committee had discussions with respect to the Partnerships Strategic Direction and given the growing importance of Health Links believe that accountability for the area would be better suited with the Strategic Planning Committee to maintain a strategic view of the project. A question was raised with respect to the continuum of care and the impact on quality, it was suggested that accountability may also fall to the Quality & Patient Safety Committee. It was stated that the project will be a growing entity and although may evolve in the future with a more quality focus there is concern that at this point having the Partnerships direction may distract from the quality and safety focus. There was general agreement that the Partnerships area should be accountable to the Strategic Planning Committee.

A concern was expressed with respect to the Pre-Capital initiative and it was acknowledged that the technical work has been completed however there is a risk that is not clearly communicated within the report. It was noted that the initiative is in the realm of a debate at the LHIN for the next six weeks however the LHIN has endorsed the Pre-capital submission and made the submission of both the Part A and B to the Capital Branch of the Ministry. It was further suggested that what is pre supposed in the language of the initiative was required to have a successful outcome and now that there are qualifications around the successful outcome, this should be refocused as a Board to ensure that the technical work will end up being successful. A suggestion was made to create a second portion to the project to recognize the work that has been done as well as the issues and risks that are the current reality. Support was expressed for this approach as it will reinforce a message with the community. Further confusion was expressed with respect to the submission and that the services and facilities pieces would be dealt with separately. It was explained that the process does involve the Part A and Part B and that the LHIN is only to endorse the Part A but the full document is submitted to the Ministry for approval. It was re-confirmed that the NSM LHIN has moved the full document on to the Ministry. Caution was noted with respect to the language in the report and it was suggested that the report clarify that the LHIN endorses the Part A. There was agreement to have the Master Program piece as a green and a second Master Plan piece be coded as a yellow.

## 5.0 ENSURE BOARD EFFECTIVENESS

### 5.1 STANDARD PREAMBLE LANGUAGE FOR COMMITTEE TERMS OF REFERENCE

On behalf of the Governance Committee, Cameron Renwick presented the information with respect to the Standing Committee Terms of Reference as pre-circulated and appended to the meeting package. It was explained that following a robust discussion the Governance Committee solution is to achieve improved awareness of impacts on other Committees of issues would be through the decision making framework and decision support template. A suggestion was made to enhance the language in the template to include “any material or significant impactations” to provide a sense of the magnitude of the impact. A further suggestion was to create a separate section in the template for the “Implications to Other Committees”. There was general agreement with these suggestions recognizing that the approach is not to become burdensome.

***It was moved, seconded and carried that the Board of Directors approve the recommendation of the Governance Committee to revise the Decision Making Framework, the Decision Support Template and the Standing Committee Terms of Reference Template.***

## 6.0 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.***

  
Charles Forret, Chair

  
Natalie Bubela, Secretary