

BOARD OF DIRECTORS



OPEN SESSION MINUTES

Thursday, November 13, 2014 at 5:30 p.m.
Huntsville District Memorial Hospital Boardroom
Approved January 8, 2015

PRESENT:

<i>Elected Directors:</i>	Charles Forret	Gregg Evans	Evelyn Brown	Christine Featherstone
	Donna Denny	Philip Matthews	Cameron Renwick	Joe Swiniarski
	Brenda Gefucia	Kevin King	Nicholas Popovich	
<i>Ex-Officio Directors:</i>	Natalie Bubela (T)	Karen Fleming	Dr. Jan Goossens	Dr. Kersti Kents (T)
	Dr. J. Macmillan			
<i>Executive Support:</i>	Tim Smith	Harold Featherston	Robert Alldred-Hughes	Vivian Demian
<i>Guests:</i>	Alison Brownlee, Metroland Media			
<i>Staff Resource:</i>	Tammy Tkachuk			(T) denotes participation via teleconference
REGRETS:	Larry Saunders			

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Charles Forret called the meeting to order at 1733 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

Upon review of the agenda, there were no conflicts of interest declared.

1.3 CHAIR'S REMARKS

The Chair welcomed Karen Fleming, Chief Quality & Nursing Executive to the meeting who began her appointment full time on October 20, 2014. In addition, the Chair recognized a number of staff groups celebrating their professional designation weeks during November and extended the Board's gratitude to all those staff:

- Medical Radiation Sciences Week
- Perioperative Nurses Week
- Information Technology Professionals Week

It was noted that November also represents Diabetes Awareness Month, Canadian Patient Safety Week and National Philanthropy Day.

Board members were also reminded of upcoming events and requested that any Director intending to attend an event to advise the Board Liaison accordingly. It was noted that in order to meet two of the annual Board Goals an additional Director volunteer is required to attend the Mental Health & Addictions Governance Collaborative on November 21st as well as the Governance Discussion Group on November 24th; Kevin King volunteered to attend the Governance Discussion Group.

The Chair, along with Evelyn Brown attended, the annual Care Connections Forum hosted by the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) on October 22, 2014. The Chair remarked that it was a good event with enlightening speakers and the successes shared by various organizations was quite interesting. The NSM LHIN was acknowledged for their increased efforts in their attempts to engage with the broader communities.

The Board was reminded of the presentation received from the NSM LHIN on October 6, 2014 with regards to integration and systems approaches; within that presentation there were a number of questions raised for consideration by the Board. The Chair explained that these questions will be circulated to Directors to consider and

respond to individually; the results will be collated to enable to Board to have further dialogue. It was noted that the NSM LHIN Annual Business Plan has been posted to the Board portal and Directors were encouraged to review the document.

Circulated in hard copy to each Director was a notice regarding the June Callwood Outstanding Achievement Award for Voluntarism in Ontario; Directors were encouraged to bring forward any suggestions for nomination.

1.4 CREDENTIALING AT MAHC

The Chair welcomed Dr. Jan Goossens, Chief of Staff to present the annual educational overview of the credentialing process at Muskoka Algonquin Healthcare. Dr. Goossens provided a verbal overview of the process and noted that it is the responsibility of the Board, as per the Corporations Act and Public Hospitals Act, to oversee and monitor the quality of care provided by the Professional Staff. As part of meeting that responsibility, the Board needs to be confident that each of the Professional Staff brought forward for privileging has been thoroughly vested.

Dr. Goossens spoke to the process of credentialing a new member of the Professional Staff and touched on all of the expectations and requirements that an applicant must meet in order to be considered. Once the Medical Affairs office has received all of the required information, a criminal background check is conducted as well as in follow up to the written references, the Chief of Staff will contact the Chief of Staff at the applicants current practicing location. Once all of the criteria has been satisfied, a recommendation is made to the Medical Advisory Committee for a vote that is then brought forward to the Board of Directors for final approval.

In terms of the reapplication process, Dr. Goossens explained that a truncated version of the process occurs. Dr. Goossens provided an overview of the different categories and types of privileges. The reapplication process commences September 1st annually with an expectation that all reapplications are submitted to Medical Affairs by October 15th. The Credentialing Committee meets to review each reapplication and ensures that all requirements have been met such as the required CMEs and that there are no significant issues or complaints. The Committee then makes a recommendation to the Medical Advisory Committee, who in turn recommend the approval to the Board of Directors. Dr. Goossens also noted that one of the categories, Regional Affiliate, is a category where there are regional professionals. The process for this category is that they are vetted through partner Hospitals. Dr. Goossens also noted that an important portion of the process is the completion of an Impact Analysis for all new applications and for any reapplications that may be requesting a change in privileges.

Discussion ensued and it was explained that the basic process is generally the same across the Province with some minor differences and each Hospital would have its own Bylaws and Rules & Regulations. There has been some dialogue regionally around standardizing the procedure and having an electronic means to completing the process.

Dr. Goossens also spoke about the process of suspending and revoking of privileges and explained that there are two types; immediate mid-term action for emergency situations and non-immediate mid-term action. The process would typically be initiated with a complaint and the investigations lead the Chief of Staff to believe that a patient is in danger; the Chief of Staff may suspend the individual immediately. In a non-immediate situation a recommendation is made to not grant the individual reappointment privileges. The main difference between the two approaches is the in a non-immediate situation the professional staff member may continue providing care during the process. It was confirmed that in both cases, MAHC would proceed under the guidance of legal counsel. It was also confirmed that although the process would be led through the Chief of Staff office, the Chief of Staff works closely with the Chief Executive Officer and Human Resources. In addition, any recommendations are made through the Medical Advisory Committee. It was reinforced that either of these actions do have a profound impact on the practicing professional; in addition to the potential impact to the professional's livelihood, whenever privileges are removed that professional then has an obligation to report this on any subsequent applications for privileges to any Hospital.

The Chair thanked Dr. Goossens for the information provided.

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 9, 2014***
- 2.2 Receipt of the Quality & Patient Safety Committee Report of October 28, 2014***
- 2.3 Patient Relations Report – 2014/15, 2nd Quarter***
- 2.4 Receipt of the Governance Committee Report of October 29, 2014***
- 2.5 Approval of the annual Board Work Plan for 2014-2015***

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 REPORT OF THE CHIEF OF STAFF

Dr. Jan Goossens, Chief of Staff presented the report of the Medical Advisory Committee as was pre-circulated and appended to the meeting package for information. In addition, Dr. Goossens thanked the Board members that attended the recent Joint Physician, Board, Administration meetings and reported they were positive in terms of information exchange that occurred.

3.2 BALANCED SCORECARD REPORT

Evelyn Brown, on behalf of the Quality & Patient Safety Committee presented the Balanced Scorecard Report as pre-circulated and appended to the agenda package for receipt. In terms of the Emergency Department Wait Times data it was noted that the target is the provincial average and that Muskoka Algonquin Healthcare is performing well. It was reinforced that the total wait time includes the process of going through triage, assessment, testing, physician review and decision point. It was also pointed out that some of the data remains unpopulated (white areas) and that this is a result of a clearing process that data goes through to ensure it is clean data reported on the dashboard. Discussion ensued with regards to the medication reconciliation data and the Board was reminded that these targets were acknowledged as extreme stretch targets when identified. The difference between the Hospital Sites in terms of performance around medication reconciliation was identified and it was explained that the process is just being rolled out and that there is an engaged group of physicians at one site that is championing this metric. It was also noted that in terms of meeting the Accreditation standard, the requirement is to have the process in at least one area and this is being achieved in Complex Continuing Care. It was also explained that the Patient Experience and Flow Navigators are now assisting with this process and is another tactic to try and improve this metric.

4.0 REPORTS

REPORT OF THE CHIEF EXECUTIVE OFFICER

A copy of the November Report of the Chief Executive Officer was pre-circulated and appended to the agenda package for information. Natalie Bubela highlighted the priorities outlined in the Minister of Health's speech at the Ontario Hospital Association convention and noted that as requested at the previous meeting the data related to the training days was also appended to the report for information. It was clarified that MAHC is just above the threshold for a small and rural hospital thus is considered a community hospital and would not benefit from the increased funding noted in the Minister's speaking notes. It was also confirmed that when MAHC receives formal notice of funding, the transfer payments related to that funding begins. In addition it was noted that MAHC does not recognize funding until the formal notices are received.

Natalie Bubela called upon Robert Alldred-Hughes to provide the Board with an update with regards to the planning for the Accreditation survey scheduled for the week of November 24th. It was explained that with all of the work completed over the last 18 months, the organization is poised to meet all of the 32 Required Organizational Practices (ROPs) as well as the numerous standards. The Steering Committee remains on track with the previously circulated critical path and ensuring that the Core Team Leaders are bringing forward the requirements. As well, in recent weeks the communication efforts across the organization have been increased to ensure all are aware and prepared for the survey. Mock tracer activities are currently being conducted to help calm any trepidation of staff; the staff seem generally prepared. In response to a question from the floor, it was reported that there is general confidence that MAHC is well prepared and for any areas that may be weak in meeting standards, there are action plans developed to meet the standards.

Karen Fleming was welcomed to speak to Ebola preparations at MAHC and explained that Muskoka has a very low risk of seeing a case locally. In order for transmission of Ebola to occur, it requires intimate contact with blood and body fluids. On October 17th Hospitals received the first Directive from the Ministry of Health and Long-Term Care. A Directive is a list of criteria that Hospitals must meet in order to be considered safe; MAHC has met all of the criteria. A second Directive was recently received which was a refinement of the first Directive; once again MAHC has met all of the criteria. It is anticipated that a third revision of the Directive will be released in the very near future and MAHC will be efficient in complying as required. K. Fleming further explained that there are two types of screening, passive and active. Passive screening is that which an individual does on themselves and there is signage at each entrance directing patients to conduct this screening. Active screening occurs at Triage with the nurse asking a series of questions from behind a glass barrier with a microphone to determine the level of risk that a patient may be associated with related to travel and exposure to someone in the area with symptoms. Also, to ensure staff, physicians and volunteers are safe all requirements related to education have been implemented and Vivian Demian

was recognized for ensuring the mocks occurred in each of the Emergency Departments. It was also noted that in terms of supplies MAHC is in a very good position. In response to a question from the floor, it was confirmed that there are some cross over benefits with regards to supplies as there are a few diseases within the same grouping as Ebola. There has been no communication from the Ministry with regards support funding, however, MAHC is tracking all costs, including the human resource costs, related to Ebola preparations. Should the Ministry ever announce funding support, MAHC will have accurate information available and as well the information will aid in any negative variance explanations at year end. It was also confirmed that the dollars associated with Ebola preparations have not been taken from another area or service.

5.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

5.1 STRATEGIC PLAN 2012-2014 STATUS REPORT

Phil Matthews, Chair of the Strategic Planning Committee presented the quarterly status report for the Strategic Plan and highlighted that the two areas identified as at risk (yellow) are the funding related initiatives and the Master Program/Master Plan. It was explained that the Master Program/Master Plan is only at risk of meeting the original timeframe due to the Board decision to extend the timeframe to enable further community engagement opportunities prior to a final decision. In addition, Mr. Matthews noted that the Partnerships area will include a communication plan focused on sharing with the public information related to MAHC's partnerships and the benefits to the overall provision of care in the community.

5.2 ANNUAL STRATEGIC ASSESSMENT 2014

The Annual Strategic Assessment was pre-circulated and appended to the meeting package for information. Phil Matthews explained that the document outlines the risks facing the organization around the Strategic Plan as well as any opportunities and mitigation plans. The Strategic Planning Committee reviewed the document and has no recommendations for change. It was also noted that in addition to this risk analysis, there are a number of other risk analysis that do occur such as the annual insurance review and the Enterprise Risk Management program through the Resources Committee.

5.3 MASTER PROGRAM/MASTER PLAN UPDATE

The Chair welcomed Phil Matthews and Harold Featherston to provide an update on the work of the Ad Hoc Master Program/Master Planning Steering Committee. A copy of the presentation has been added to the Board portal for information and Harold Featherston explained that the 24 member Steering Committee recently met for a 4 hour session to evaluate and rank each of the models. The objectives for the session were to determine if a preferred model could be identified and to determine if additional work needed to be performed. It was highlighted that the total redevelopment cost was 37% more for the largest of the models. In addition, correspondence from the District of Muskoka was received related to potential locations and that based on the criteria the only potential location for hospital would be within one of the three urban centres in Muskoka. Any site beyond the urban centres would not be feasible because of the lack of services and the cost associated with bringing services to any other areas. The presentation provided an overview of the criteria the Steering Committee utilized to complete its evaluation. In the end, the evaluation did not result in a clear direction and the Steering Committee agreed that work is needed to determine if a hybrid model could be developed that would combine the benefits of each the strengths of each of the models. A work group is being compiled to meet to complete this work; the results will be provided to Stantec for analysis, model development and costing by December 2014 or January 2015. In terms of the addition community engagements, a communication plan is being developed. It is clear that a decision will not be made by the end of the calendar year; it is anticipated that the further engagement sessions will occur in the winter of 2015.

6.0 ENSURE BOARD EFFECTIVENESS

6.1 BOARD EDUCATION DAY/RETREAT

On behalf of the Governance Committee Cameron Renwick explained that a lively discussion occurred regarding potential topics and focus for the April 24th Board Education Day. There was keen interest in the concept of integration, and systems approaches to determining how Muskoka Algonquin Healthcare fits with the greater health care system. In addition, some further information from legal counsel around the legal perspective and obligations for Boards may be beneficial. The Board was welcomed to provide feedback and suggestions; there was general support for proceeding with this topic.

6.2 REVISED POLICIES – SUCCESSION PLANNING & SELECTION OF OFFICERS, COMMITTEE CHAIRS & COMMITTEE MEMBERSHIP

Cameron Renwick, Governance Committee Chair reviewed the information included on the Decision Support document as pre-circulated and appended to the meeting package. It was reinforced that there are no changes to the Succession Planning policies for the Chief Executive Officer and the Chief of Staff; these policies have been separated from the previous policy where they were combined with the Board Succession Planning. The Board Succession Planning policy has been improved and has given accountability for a formal review of the Skills Matrix to the Governance Committee. In addition, following comments previously by Board members to Selection Process for Officer and Committee Chair positions have been improved and as well a formal process for Committee Membership has been established.

It was moved, seconded and carried that the Board of Directors approve the:

- **Succession Planning, Chief Executive Officer Policy #GOV-2-50**
- **Succession Planning, Chief of Staff Policy #GOV-2-60**
- **Succession Planning, Board of Directors Policy #GOV-5-280 Version 2.0**
- **Selection Process, Board Officers, Committee Chair and Committee Membership Policy #GOV-5-270 Version 2.0**

Evelyn Brown referred to the hardcopy reference documents related to 211 Ontario that were provided to each Board member and encouraged Directors to visit the 211 website as it could be a valuable resource.

7.0 MEETING TERMINATION

It was moved, seconded and carried that the open session be terminated and the Board of Directors proceed into the in-camera session following a short recess.



Charles Forret, Chair



Natalie Bubela, Secretary