

OPEN SESSION MINUTES

Thursday, October 9, 2014 at 5:30 p.m.
South Muskoka Memorial Hospital Boardroom
Approved November 13, 2014

PRESENT:

<i>Elected Directors:</i>	Charles Forret	Gregg Evans	Evelyn Brown	Christine Featherstone
	Donna Denny	Philip Matthews	Cameron Renwick	Joe Swiniarski
	Brenda Gefucia (T)	Larry Saunders	Nicholas Popovich	Kevin King
<i>Ex-Officio Directors:</i>	Natalie Bubela	Catherine Vanclieaf	Dr. Jan Goossens	Dr. Kersti Kents
	Dr. J. MacMillan (T)			
<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

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

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

1.3 CHAIR'S REMARKS

The Chair welcomed both Alison Brownlee and Catherine Vanclieaf to the meeting; Mrs. Vanclieaf is the Manager of Emergency & Surgical Services at the Huntsville Site and was appointed as the Acting Chief Nursing Executive until Karen Fleming begins her appointment full time on October 20th. The Chair recognized a number of staff groups celebrating their professional designation week during October and requested the Senior Leaders extend the Board's appreciation to:

- Food & Nutrition Services
- Medical Device Reprocessing
- Chaplain & Spiritual Care
- Materials Management
- Cardio-Respiratory
- Pharmacy Services
- Plant & Facilities
- Occupational Therapy

Board members were also reminded of upcoming events and requested that any Director intending to attend an event to advise the Board Liaison accordingly. N. Bubela encouraged Board members to attend the upcoming Care Connections Forum. It was also noted that the North Simcoe Muskoka Local Health Integration Network will be touring the Hospital Sites on October 27th and holding their Board meeting in the Boardroom at the Huntsville Site; members of the public are welcome to attend, further details will be shared as they are confirmed.

1.4 ACCREDITATION PREPARATION

N. Bubela led the Board of Directors through a mock Governance Tracer activity in preparation for Accreditation in November 2014. Tracer methodology is used by surveyors during the on-site survey to assess compliance with the standards and how well key processes have been implemented at the Board level. Board members were encouraged to review the Governance Standard in preparation.

Dr. Jennifer MacMillan joined the meeting at 1753 hours.

2.0 CONSENT AGENDA

Mr. Forret referred to the items included in the Consent Agenda and noted that all items listed on the Consent Agenda were pre-circulated with the agenda package. A request was made to remove Item #2.3 Strategic Committee Terms of Reference from the Consent Agenda for further discussion; it was agreed to remove the item and address under Section 5.0 Contribute to the Strategic Direction.

Mr. Forret requested a motion to approve or receive the items as indicated.

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 September 11, 2014***
- 2.2 Receipt of the Strategic Planning Committee Report of September 16, 2014***
- 2.4 Approval of the Strategic Planning Committee Work Plan for 2014-2015***
- 2.5 Receipt of the Executive Committee Report of September 18, 2014***
- 2.6 Approval of the Executive Committee Work Plan for 2014-2015***
- 2.7 Approval of the Freedom of Information & Protection of Privacy Act Delegation***
- 2.8 Receipt of the Resources Committee Report of September 25, 2014***
- 2.9 Approval of the Resources Committee Work Plan for 2014-2015***
- 2.10 Receipt of the Compliance Report as at August 31, 2014***
- 2.11 Receipt of the Expense Reports for the period April – August 2014***
- 2.12 Receipt of the Consultant Use Report***

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 YOUR ROLE QUALITY MATTERS REPORT

A copy of the September 2014 “Your Role...Quality Matters” report was pre-circulated and appended to the agenda package for information. N. Bubela reviewed the report and informed the Board that the incidents have been reviewed at Quality Council with remedial action plans put in place. In addition, N. Bubela explained that the format of the weekly Senior Leadership Team rounds has been revised with the report including an area to identify the person accountable for follow up and this report goes back to the department to ensure that the communication loop is complete when staff identify an issue.

3.2 REPORT OF THE CHIEF OF STAFF

Dr. Jan Goossens referred to the pre-circulated summary report of the Medical Advisory Committee that met in September 2014. Dr. Goossens reminded Board members that the next joint Physician, Board & Administration meeting is scheduled for November, one of each site. The agenda for this meeting is to discuss data as it relates to the Gridlock Policy and potential approaches to revise and improve the policy. Directors planning to attend the meeting were requested to advise the Board Liaison.

4.0 REPORTS

4.1 REPORT OF THE CHIEF EXECUTIVE OFFICER

A copy of the October Report of the Chief Executive Officer was pre-circulated and appended to the agenda package for information. Natalie Bubela reviewed the items and indicated that she would be pleased to answer any questions on matters coming out of the written report. It was explained that the clinical research report is a requirement to bring to the Board’s attention at least annually. Discussion ensued and it was explained that all research applications are required to have been approved by a formal external Ethics Review Board with evidence of that approval attached to the application. The majority of studies that are conducted at Muskoka Algonquin Healthcare are outcome metric type studies where data is abstracted from charts; there is often funding that come with the research to cover any costs. Part of the application process is to involve all of the appropriate department managers so there is a clear understanding of any resource implications at MAHC prior to approving the application. A question was raised with regards to information related to the publication of the research and N. Bubela committed to including this information in the next report. In response to a question with regards to MAHC’s status as a teaching hospital it was explained that under the new funding formula there is an adjustment that is based on medical training days; these hours are submitted to the Ministry of Health and Long-Term Care and thus the more training hours an organization has the

funding compensates accordingly. N. Bubela commented that MAHC does have a significant number of hours and thanked Physicians for making this commitment. It was agreed that this report would be brought for information.

5.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

5.1 STRATEGIC PLAN 2012-2014 STATUS REPORT

Mr. Phil Matthews referred to the Strategic Plan Status Report as pre-circulated and appended to the meeting package. The Board was reminded of the request for the Committee to consider if a new visual for the new Strategic Plan was needed; the Strategic Planning Committee reviewed and discussed potential alternatives and came to the recommendation that the current visual for the Strategic Plan has served well and is a good link to the corporate brand. The Strategic Planning Committee is not recommending any change to the visual. In addition, reviewed the report and highlighted that there may be a slight delay in the completion of the work around the Master Program/Master Plan but generally all projects are progressing well.

5.2 MASTER PROGRAM/MASTER PLAN UPDATE

The project remains on track in its original view; a meeting is scheduled for the Committee to review an evaluation rating matrix that will help Committee Members to rank each of the options on a scale of 1-5 based on a number of criteria. This evaluation matrix will come forward to the Board of Directors. The costing request went to the consultants the first week of October and it is anticipated that a response will be received around October 20th that will show the various capital costs of the five options. In terms of the operating costs, RPG has been requested to provide a notional sense of each of the models but any details operating costs are not within the scope of this work.

A meeting has occurred with the Commissioner of Public Works (the outgoing and incoming Commissioners) of the District of Muskoka. The focus for the meeting was to explore municipal servicing for the different models to provide a sense of what the options may look like across the catchment area. The meeting was very instructive and the District staff were thanked for their openness and detailed review. The results of this meeting will assist the Steering Committee to understand reasonable expectations in the future from a municipal service perspective. It was noted that there are no serviced options available in the middle of the catchment area. Any service requirements for land must be covered by the local community and the District of Muskoka has no plans to extend services.

N. Bubela commented on the community feedback received to date noting the very thoughtful feedback that has been provided from a number of community members; in addition the general sentiment has been complimentary in terms of the process the organization has undertaken.

5.4 STRATEGIC PLANNING COMMITTEE TERMS OF REFERENCE

Subsequent to the Strategic Planning Committee meeting, it was identified that the Committee has lacked membership from the Huntsville physician group. Phil Matthews put out a call for interested members of the group to volunteer to participate on the Committee. In response to that there were two physicians that came forward expressing an interest. The terms of Reference only call for two physician members and as such a recommendation was made to increase the physician membership to state up to four members. Discussion ensued and Dr. J. MacMillan confirmed that both physicians were clear in their interest for the Strategic Planning Committee and were not confusing it with the Master Program/Master Plan Steering Committee. It was clarified that the Master Program/Master Plan Steering Committee does have eight physician representatives, four from each Hospital Site. It was questioned if there is any issue with having an excess of non-board members on a Committee; it was explained that at the Committee level there is a need to include different skills and expertise and this would not be a concern as final decision making still lies with the full Board of Directors. It was noted that with this change, should there be an additional interested physician from the Bracebridge Site to have them contact the Board Liaison.

It was moved, seconded and carried that the Board of Directors approve the following revisions to the Strategic Planning Committee Terms of Reference:

Responsibility E: Oversee the development and updating of a Master Program/Master Plan ~~and Facilities Plan~~.

Membership (b): Up to four ~~Two~~ Medical Staff representatives who are not members of the Board of Directors; ideally two from each Hospital Site.

5.3 STRATEGIC OBJECTIVES FOR 2015-2018

Phil Matthews reviewed the information contained in the pre-circulated decision support document outlining the work leading up to the development of the proposed Strategic Objectives for the next three years. It was noted that the

new Strategic Plan would begin April 1, 2015 to coincide with the fiscal year, as opposed to the calendar. Essentially there would be a hiatus for three months; however N. Bubela explained that the work would continue during this time.

It was moved, seconded and carried that the Board of Directors approve the following Strategic Objectives for 2015-2018 and accept the recommendation to continue with the current Strategic Plan Framework Visual:

- 1. Ensure the quality and safety plans continue to advance the organization's ongoing commitment to being recognized for excellence and outstanding care.***
- 2. Embed a culture of patient and family-centered care/service excellence and best practice.***
- 3. Actively partner with key stakeholders to support the creation of high functioning integrated systems that will improve care.***
- 4. Continue to progress IT Systems to Stage 5 of the HIMMS Scale.***
- 5. Strengthen and leverage existing partnerships with learning institutions.***
- 6. Foster creative agility that embraces and supports technological change, system innovation and process improvement.***
- 7. Implement the Strategic Human Resources Plan***
- 8. Inspire a shared purpose and team-based approach with physicians, staff and volunteers to partner with patients and families***
- 9. Develop a Stage 1 submission to the Ministry of Health and Long-Term Care for capital redevelopment.***
- 10. Meet all Hospital Services Accountability Agreement obligations and ensure financial and operational stability through a combination of process improvement, re-design, revenue generation and utilization management.***

6.0 ENSURE BOARD EFFECTIVENESS

1.4 ANNUAL BOARD GOALS FOR 2014-2015

Charles Forret explained that during the deliberations of the Executive Committee around the Board Goals, a concern was raised with regards to focus for the goals. Initially the goals were intended to be on Board and Governance development; however over time the focus has shifted and now in part includes the goals of the Standing Committees. The Executive Committee will have further discussion and determine a framework for the future. For the current year, it was felt that the proposed goals would serve the Board well and are recommended for approval. The proposed goals, along with measures were pre-circulated and appended to the meeting package.

It was moved, seconded and carried that the Board of Directors approve the following annual goals for 2014-2015:

- 1.0 Ensure the Master Program and Master Plan is developed and approved by March 31, 2015.***
- 2.0 Successfully implement and 'go live' with the new Cerner Information Technology system by June 2015***
- 3.0 Provide leadership and support to ensure continued development of partnerships and collaboration opportunities that improve the local health system***
- 4.0 Further the quality agenda by ensuring completion of the five step plan for Service Excellence and Patient- and Family-Centred Care initiative by March 31, 2015.***
- 5.0 Monitor resource utilization for opportunities to improve financial position and increase cash flow.***
- 6.0 Participate and engage in the planning and related activities that will support successfully attaining full Accreditation in November 2014***
- 7.0 Advance the strategic knowledge of Directors by leveraging and promoting educational opportunities for board development in key areas such as funding reform, integration and partnerships, generative governance, ect.***

7.0 ENDEAVOUR TO ENSURE FINANCIAL VIABILITY

7.1 FINANCIAL RESULTS AS AT AUGUST 31, 2014

Gregg Evans reviewed the financial results for the five month period ending August 31, 2014 as pre-circulated and appended to the meeting package and noted that at this point in time the organization is running a surplus of \$155k. Mr. Evans reviewed the highlights of the report including the occupancy levels. In terms of the Medical Staff remuneration it was explained that the overage is tied to patient revenue, as an organization earns more the associated professional fees to physicians increase.

It was moved, seconded and carried that the Financial Report for the five month period ending August 31, 2014 be approved.

8.0 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