

OPEN SESSION MINUTES

October 10, 2013 at 7:15 p.m.
Huntsville District Memorial Hospital Boardroom
Approved November 14, 2013

PRESENT:

<i>Elected Directors:</i>	Larry Saunders	Evelyn Brown	Charlie Forret	Eric Spinks
	Donna Denny	Christine Featherstone	Cameron Renwick	Gregg Evans
	Catherine King	Kevin King	Joe Swiniarski	Philip Matthews
<i>Ex-Officio Directors:</i>	Natalie Bubela	Dr. Jan Goossens	Dr. K. Kents	
	Bev McFarlane			
<i>Executive Support:</i>	Tim Smith	Robert Alldred-Hughes	Vivian Demian	Harold Featherston
<i>Resources:</i>	Tammy Tkachuk			

REGRETS: Dr. Steven Herr

1.0 CALL TO ORDER

With a quorum present, the Chair, Larry Saunders called the meeting to order at 1922 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 declarations of conflict of interest.

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 Minutes from September 12, 2013*
- 2.2 Receipt of the Governance Committee Report*
- 2.3 Approval of the Governance Committee Terms of Reference*
- 2.4 Approval of the Governance Committee Work Plan for 2013-2014*
- 2.5 Approval of the Committee Terms of Reference Template*
- 2.6 Receipt of the Executive Committee Report*
- 2.7 Receipt of the Corporate Communications Dashboard*
- 2.8 Approval of the Executive Committee Work Plan for 2013-2014*
- 2.9 Receipt of the Board Goals Dashboard*
- 2.10 Receipt of the CEO Business Commitment Status Report*
- 2.11 Receipt of the Resources Committee Report*
- 2.12 Approval of the Resources Committee Work Plan for 2013-2014*
- 2.13 Receipt of the Human Resources Report*
- 2.14 Receipt of the Compliance Report as at August 31, 2013*
- 2.15 Receipt of the Expense Reports*
- 2.16 Receipt of the Consultant Use Report*
- 2.17 Receipt of the Strategic Planning Committee Report*

3.0 PROGRAM QUALITY AND EFFECTIVENESS**3.1 PATIENT EXPERIENCE AWARENESS - "YOUR ROLE-QUALITY MATTERS REPORT"**

Natalie Bubela reviewed the pre-circulated report and highlighted the 'Good Catch Of The Month' made by Corinne Schaufelberger of the Diagnostic Imaging Department. There were no comments or issues raised.

3.2 REPORT OF THE CHIEF OF STAFF/MEDICAL ADVISORY COMMITTEE

A copy of the Report of the Chief of Staff was pre-circulated and appended to the agenda package for information. Dr. Goossens referenced the following out of the written report:

- the Medical Advisory Committee has agreed to move forward with criminal reference checks for new physicians;
- the Physician Leadership Agreements have been revamped and specific roles and responsibilities have been appended to each;
- a review of the Physician Engagement Survey has been completed and actions identified.

Dr. Goossens welcomed any questions on matters arising from his written report. There were questions or comments raised.

3.3 UTILIZATIONS REPORTS

A copy of the Bed Utilization Reports for the months July - September (Acute Care and Complex Continuing Care) were pre-circulated and appended to the meeting package. N. Bubela made comment with regards to the Complex Continuing Care data and explained that the beds have never been fully utilized and that the data supports the reduction of the four beds from the system. A question of clarification was raised with regards to the amount of data the Board would like included monthly; it was agreed that each month, that particular data should be included along with a compilation of the data to show some historical data. A comment was made with regards to the occupancy rates that were reported three years past; those rates were much higher than the current rates. It was explained that the reduction in occupancy would be the result of a variety of factors and initiatives including, but not limited to, emergency physicians careful consideration of admission, the implementation of patient flow navigators, Order Set Committee work, ect.

3.4 SITING OF CHEMOTHERAPY DAY CLINIC

Larry Saunders explained that following the deferral of a decision in May, the investigation has now been complete and the Board of Directors has had an opportunity to consider the information.

It was moved, seconded and carried that Muskoka Algonquin Healthcare single site the Chemotherapy Day Clinic activity to the Huntsville District Memorial Hospital for the following reasons:

- ***to achieve high quality of care and safety standards***
- ***to impact critical volume and competency***
- ***to eliminate duplication of costly services such as renovation costs, capital, education/training, staffing (RN, Social Worker)***
- ***to align with regional and provincial priorities***

4.0 REPORTS

4.1 REPORT OF THE CHAIR

Larry Saunders shared a synopsis of the content of a recent not-for-profit governance workshop hosted by the Muskoka Community Foundation which was attended by Mr. Saunders as well as Evelyn Brown. The information, in general, provided the Chair with a reaffirmation that the MAHC Board of Directors is on the 'right track' from a governance perspective.

The Chair recognized and on behalf of the Board extended appreciation to each of the following groups of staff celebrating their professional designation weeks this month:

- Health Care Food Services
- Health Care Facilities and Engineering
- Health Care Resource & Materials Management
- Health Care Central Service / Sterile Processing
- Occupational Therapy
- Respiratory Therapy
- Pharmacy

In follow up to the September report where it was announced that the Huntsville Hospital Auxiliary was nominated for a Muskoka Award, it was shared that the Auxiliary was named the recipient of the Muskoka Award for Community Organization. Congratulations were extended to the Auxiliary for this honour.

Pre-circulated and appended to the meeting package was a copy of the South Muskoka Hospital Auxiliary report. The Chair thanked both Auxiliaries for the incredible amount of work and effort they put into our Hospitals.

L. Saunders reported that a copy of an 'Upcoming Events' schedule was appended to the agenda package and circulated in hardcopy to all members. Directors were requested to advise T. Tkachuk of availability to attend any of the events.

4.2 REPORT OF THE CHIEF EXECUTIVE OFFICER

A copy of the October Report of the CEO was pre-circulated and appended to the agenda package for information. N. Bubela highlighted the following arising from the written report:

- the meeting with West Parry Sound Health Centre that was reported to occur October 10th was cancelled and will be rescheduled.
- feedback regarding the inclusion of the Ontario Hospital Association and LHIN report was requested with regards to the usefulness of the information to the Board. There was general consensus that the information was appreciated. Discussion ensued with regards to integration and it was explained that there are a variety of areas where different service providers are working together. One example cited is the Health Links initiative and sub-committee work with the CCAC that is beginning to look at streamlining services. N. Bubela commented that a key strength of the North Simcoe Muskoka LHIN is the amount of collaboration and relationship building that does occur. It was agreed that a future education session would include information with regards to the Muskoka portion of the CCAC and what they may require from the MAHC Board.

5.0 CONTRIBUTE TO THE STRATEGIC DIRECTION

5.1 STRATEGIC PLAN STATUS REPORT

Evelyn Brown noted that the first page of the Strategic Plan Status Report has been revised; following discussion the Committee agreed that there was a need to visually link the strategic objectives and goals as well as highlight their progress. The subsequent pages continue to provide further detail in terms of the progress of initiatives and major milestones reached. Robert Alldred-Hughes spoke to the Customer Service Excellence initiative and explained that a plan has been drafted but is slightly behind schedule; the plan will incorporate initiatives specific to patient experience. It is anticipated that the schedule will be back on track soon.

5.2 MASTER PROGRAM/MASTER PLAN PROJECT UPDATE

Pre-circulated and appended to the meeting package was a decision support document updating the Board of Directors on the progress of the project. Harold Featherston spoke to the report briefly and provided a brief history explaining that there has been a shift in direction from the Ministry of Health. Initially, it was MAHC's understanding that a Stage 1 submission was required; this is now changed and a Master Program/Master Plan is required to be completed prior to initiating and capital submission. As a result terminology in the Strategic Plan needs to be adjusted. As well, it was noted that the Board Goals for 2013/14 call for a deliverable of a completed Master Program/Master Plan by June 2014 whereas the RFP for the project calls for a deliverable of completion by October 2014. It was confirmed that there is no change to the budget. Discussion ensued with regards to the timing and it was suggested that either a friendly amendment to the goal be made or that it be updated for 2014/15.

6.0 ENDEAVOUR TO ENSURE FINANCIAL VIABILITY

6.1 FINANCIAL STATEMENTS

Gregg Evans referred the Board to the financial report for the five months ending August 31, 2013 noting that the financial position ended approximately \$278,000 better than projected although remaining in deficit.

It was moved, seconded and carried that the Financial Report for the five month period ending August 31, 2013 be approved.

7.0 ENSURE BOARD EFFECTIVENESS

7.1 NOMINATIONS COMMITTEE APPOINTMENTS

Catherine King referred to the pre-circulated report as appended to the meeting package and thanked Larry Saunders, Phil Matthews and Eric Spinks for agreeing to participate on the Nominations Committee. Directors were asked to inform Larry Saunders of any plans to leave the Board by March.

It was moved, seconded and carried that the following Directors be appointed to the 2013-2014 Nominations Committee:

- ***Larry Saunders***
- ***Eric Spinks***
- ***Phil Matthews***

7.2 BOARD MEETING EVALUATION

C. King explained that the Governance Committee has developed a new evaluation intended to take less than five minutes to complete at the conclusion of each Board meeting. This new format and approach will provide improved opportunity to address any issues in a timely matter. There were no concerns or comments raised.

It was moved, seconded and carried that the monthly Board Meeting Evaluation be approved for implementation.

7.3 FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT DELEGATION ♦

It was moved, seconded and carried that for the 2013-2014 Fiscal Year the Chair of the Muskoka Algonquin Healthcare Board of Directors delegate all powers and duties under the Freedom of Information and Protection of Privacy Act to the Chief Financial Officer;

Further, if the Chief Financial Officer is not reasonably available (e.g. illness, vacation, etc), then these powers and duties shall be delegated to the Manager, Health Information Services & Privacy Officer until the Chief Financial Officer is reasonably available;

And further, if the Manager, Health Information Services & Privacy Officer is not reasonably available (e.g. illness, vacation, etc), then these powers and duties shall be delegated to the Board Liaison until the Manager, Health Information Services & Privacy Officer or the Chief Financial Officer is reasonably available.

8.0 MEETING TERMINATION

It was moved, seconded and carried that the open session be terminated 2054 hours.


Larry Saunders, Chair


Natalie Bubela, Secretary