

BOARD OF DIRECTORS



OPEN SESSION MINUTES

Thursday, September 10, 2015 at 5:30 p.m.
South Muskoka Memorial Hospital Boardroom
Approved October 8, 2015

PRESENT:

<i>Elected Directors:</i>	Charles Forret	Gregg Evans	Evelyn Brown	Christine Featherstone
	Donna Denny	Brenda Gefucia	Ross Maund	Phil Matthews
	Dave Wilkin	Cameron Renwick		
<i>Ex-Officio Directors:</i>	Natalie Bubela	Karen Fleming	Dr. Jan Goossens	Dr. Jennifer Macmillan
	Dr. Paulette Burns			
<i>Executive Support:</i>	Tim Smith	Robert Aldred-Hughes	Harold Featherston	Esther Millar
<i>Staff Resource:</i>	Tammy Tkachuk			
<u>GUESTS:</u>	Robert Sibbald, Ethicist	Alison Brownlee, Metroland News		
<u>REGRETS:</u>	Kevin King			

1.0 CALL TO ORDER

With a quorum present, the Board Chair, Charles Forret called the meeting to order at 1732 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

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 GOVERNANCE ETHICS IN HEALTHCARE & PHYSICIAN ASSISTED DYING

Charles Forret introduced Mr. Robert Sibbald who is a Bioethicist for London Health Sciences Centre and Adjunct Professor in the Department of Family Medicine at Western University, Canada. Mr. Sibbald is also Co-Director of the Canadian Unit of the International Network of the UNESCO Chair in Bioethics with recent publications addressing decision making, end of life conflict, and best interests at the margins of life - though his current research interests focus on the challenges of defining and delivering an ethics curriculum in an interdisciplinary environment. Mr. Sibbald has also been advising and assisting MAHC with the development and implementation of the Ethics Program for several years. A copy of his slide presentation was provided in hard copy to each Director and provided an overview of the Board's role in relation to ethics as well as information with respect upcoming Physician Assisted Dying legislation.

The Chair thanked Mr. Sibbald for his presentation and opened the floor for comments and questions.

1.4 CHAIR'S REMARKS

The Chair welcomed the new Directors to the first meeting of the year and reinforced the importance of the ex-officio Directors at the table and encouraged their input into agenda items and Board discussion. The Chair also refreshed all with respect to the meeting policy and reviewed the process for the regular and consent agenda and the link to the Strategic Directions. It was recognized that there have been several events over the summer months and appreciation was expressed to all organizers as well as Board members that participated and supported the various events. In recognition of Environmental Services Week the Chair extended sincere appreciation for all that these staff across MAHC do every day and reinforced the integral role that they play in MAHC's success.

Each Director was provided with the Annual Declaration Form and were asked to sign off and submit to the Board Liaison. Directors were also asked to submit any vacation plans so that meetings and events can be planned as efficiently as possible. Also pre-circulated and appended to the meeting package was the upcoming events list for information purposes.

The Board Chair circulated in hard copy a letter of resignation from Director, Kevin King. Mr. King is relocating to the United States for work purposes and is unable to fully commit to Board responsibilities. There was general agreement that Mr. King has been an asset to the Board and his participation and background was particularly valuable during the recent public information sessions.

It was moved, seconded and carried that the Board of Directors accept the resignation of Kevin King, with regret.

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 June 11, 2015***
- 2.2 Approval of the Board of Director Meeting Minutes from June 22, 2015***
- 2.3 Approval of the Board of Director Meeting Minutes from August 13, 2015***
- 2.4 Receipt of the Quality & Patient Safety Committee Report of August 27, 2015***
- 2.5 Approval of the Quality & Patient Safety Committee Terms of Reference***
- 2.6 Approval of the Quality & Patient Safety Committee Work Plan for 2015/16***
- 2.7 Receipt of the Patient Safety Indicator Report***
- 2.8 Receipt of the Patient Satisfaction Results***
- 2.9 Receipt of the Patient Relations 2015/16 Q1 Report***
- 2.10 Receipt of the Clinical Research Report***
- 2.11 Receipt of the Governance Committee Report of August 26, 2015***
- 2.12 Approval of the Governance Committee Terms of Reference***
- 2.13 Approval of the Governance Committee Work Plan for 2015/16***

3.0 ENSURE PROGRAM QUALITY & EFFECTIVENESS

3.1 PATIENT STORY

Karen Fleming shared a short video of a patient highlighting his recent positive experience at MAHC.

3.2 REPORT OF THE CHIEF OF STAFF

There was no report from the Chief of Staff at this time.

3.3 MEDICAL HUMAN RESOURCES PLAN

Dr. Goossens presented the revised Medical Human Resources Plan and provided an overview of the measures highlighting that high impact would include those specialties that require greater resources such as internal medicine and general surgery. The most pressing needs currently are a general internist for Bracebridge and Family Practice for Gravenhurst, Bracebridge and Huntsville. In response to a question from the floor, it was explained that when a need is identified the organization will begin advertising however many applicants approach MAHC following completion of a medical rotation or providing locum coverage. An impact analysis is completed as part of the process. Congratulations was expressed with respect to the Emergency Department given the challenges in recruitment previously; Dr. Goossens credited Dr. John Simpson, ED Medical Director for this success.

It was moved, seconded and carried that the Board of Directors approve the Medical Human Resources Plan.

Dr. Goossens left the meeting at this time.

3.4 BALANCED SCORECARD

Evelyn Brown introduced the Balanced Scorecard and noted the new approach with the colour trifecta utilizing green, yellow and red visual cues. The Quality and Patient Safety Committee reviewed the scorecard and had concerns with respect to the lagging data and potential impact on the ability to monitor effectively. Karen Fleming explained that there is a normal delay to allow sufficient time for data reconciliation. However, in addition with the transition to

Cerner, there has been some additional delays with data coding while staff become familiar with the new processes and systems. At the next meeting of the Quality and Patient Safety Committee an education will be provided with respect to data sources and the normal timelines as some of the data comes from external sources that MAHC has little control over timing.

In terms of the results included on the report, Karen Fleming noted that the Emergency Department Length of Stay for admitted patients at HDMH is excellent despite an average occupancy in Q1 of 95%. SMMH experienced significant flow issues in Q1 that affected this metric including an average occupancy in acute beds of 95%, staffing challenges in both the Emergency Department and inpatient unit which have challenged the pulling of patients from the Emergency Department to the units. Managers have been actively working with Human Resources to resolve this challenge. In addition, some Long-Term Care influenza outbreaks during April and May blocked some of beds because these patients require precautions and cannot be placed in the same room as other patients in order to minimize the transmission of the illness.

The percent Alternate Level of Care (ALC) Days at the HDMH Site does remain high, however it was noted that the straight ALC days at HDMH has dropped by 29% between July 2014 and April 2015 which articulates that the staff are working very hard to manage the ALC volume. Prior to this period, there was an increase in straight ALC days at HDMH. The calculation of % ALC occurs at time of patient discharge therefore this number can be elevated once discharge of even one patient with a history of a long stay in the organization occurs and is not necessarily a reflection of overall performance. Further, it was explained that staff are spending between three and four hours most days in family meetings with the intent of moving these patients to the right facility and into the right bed and the data is demonstrating that these efforts are starting to make a difference. Discussion ensued and it was suggested that the outliers as described be removed from the data to provide an illustration of the underlying trend; it was further explained that the more appropriate metric would patient days. There was agreement to add patient days data to the dashboard report.

Karen Fleming highlighted the change in hand hygiene results and explained that there has been a change in the Infection Prevention and Control personnel conducting the hand hygiene audits, in conjunction with a change to our documentation processes. An action plan has been developed to impact an improvement and includes inpatient managers holding daily staff huddles with staff to reinforce hand hygiene principles and the importance of hand hygiene in minimizing infectious transmission and supporting safe, quality patient care. During the fall, the Infection Prevention and Control team will be hosting lunch and learns at each site on hand hygiene practices and highlighting the key role HH plays in maintaining a safe patient environment. It was also suggested that the recent results could be part of a typical project 'implementation dip' that occurs. In terms of the C-Difficile results, it was confirmed that the result represents two cases.

4.0 REPORTS

4.1 REPORT OF THE CHIEF EXECUTIVE OFFICER

A copy of the report of the CEO was pre-circulated and appended to the meeting package. It was confirmed that based on the facility assessment process, the HIRF funding is only applicable for the HDMH Site. Natalie Bubela also spoke to the hospital funding levy process through the District of Muskoka and it was requested that further information be sought with respect to the decrease from \$500k to \$400k. Muskoka Algonquin Healthcare has submitted a proposal for consideration through the application process.

In terms of the medical learner listing it was noted that there are additional medical learners within the organization.

5.0 ENSURE BOARD EFFECTIVENESS

5.1 ANNUAL GOVERNANCE GOALS

Cameron Renwick presented the information with respect to the annual governance goals as pre-circulated and appended to the meeting package. It was noted that the Governance Committee focused on developing a broad goal that would provide breadth and depth to continue building on the work over the past year.

It was moved, seconded and carried that the Board of Directors approve the Annual Governance Goal for 2015/16 as "Continue to enhance the strategic knowledge and systems thinking of Directors by leveraging and promoting educational opportunities in congruency with government policy and directions and ensuring a thorough understanding of the Ministry capital planning process as it evolves throughout Ontario".

5.2 EDUCATION DAY DISCUSSION

The decision support document pre-circulated and appended to the agenda package provided a synopsis of the discussion that occurred at the Governance Committee with respect to a new approach to education. The Governance Committee suggested holding a four-hour session in November for MAHC Board only as well as the typical April full-day session that would include invitations to partners. The four-hour session would be focused generative discussion of a number of items. Following discussion, there was a general consensus to move forward with the proposed approach for 2015/16 Board education.

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