## LAKE OF THE WOODS DISTRICT HOSPITAL Regular Meeting of the Board of Directors Thursday, January 8, 2009, Boardroom

**PRESENT**: B. Anderson, M. Balcaen, J. Clarke, Dr. K. MacDonald, M. Matheson, B. McCallum, D. Munro, Dr. Reed-Walkiewicz, J. Reid, F. Richardson (Acting Chair), R. Thompson, L. Brown

**REGRETS:** D. Baldwin, A. Cameron, O Mejia, C. Gasparini, M. Mymryk

ABSENT: Dr. S. Sas

AGENDA ITEMS		DISCUSSION	ACTION
1.	Call to Order	F. Richardson, Acting Chair, called the meeting to order at 5:00 p.m.	
2.	Adoption of Agenda	<b>Moved</b> by B. Anderson and <b>seconded</b> by J. Clarke that the regular meeting agenda be adopted as amended. #10 – deferred ; Item #8 Addition to consent agenda.	Motion#09/1/1 carried
3.	Self Evaluation of Governance Process	<ul> <li>3.1 Meeting Monitor Report</li> <li>The December 4, 2008 meeting monitor report, completed by F. Richardson, was circulated for review (Attachment #3.1).</li> <li>3.2 January Meeting Monitor</li> <li>Dr. K. MacDonald was appointed meeting monitor for the current meeting.</li> </ul>	
4.	Adoption of Minutes	<b>Moved</b> by J. Clarke and <b>seconded</b> by B. Anderson that the minutes of the regular meeting of the Board of Directors held on December 4, 2008 be adopted as circulated.	Motion#09/1/2 carried
5.	Business Arising	No business arising.	
6.	Process /Priority Setting	J. Clarke provided a brief review of material discussed at the December meeting of the Board. Issues/challenges identified at that meeting as priorities for the Board were consolidated based on duplication or similarities. The resultant seven items will now be prioritized and will assist the Board in determining their future focus. (Presentation - Attachment #6)	
7.	Education	The most current Medical Manpower Plan had been circulated to Board members in the fall of 2008. Dr. MacDonald reviewed for members, details within that document which included geographic and demographic limitations to the plan, a summation of existing professionals at the time of circulation of the document and an outline of the scope of services provided by these professionals recognizing that many have multiple roles. Recommendations within the plan included: #1 – that LWDH continue to support of recruitment initiatives for general practitioners, a general internist, a radiologist, 2 <sup>nd</sup> psychiatrist #2 – that LWDH continue to seek support for alternate payment plans for physicians #3 – that LWDH continue to support training of medical students and residents through Northern Ontario School of Medicine, etc. #4 – a review and update of plan annually Discussion followed regarding initiatives employed by both by the hospital and by the Kenora Health Professionals Recruitment and	

		Retention Committee (a committee comprised of volunteer	
		representatives from a variety of local organizations) in recruiting	
		professionals to our community. To be raised at next meeting of	
		KHPRRC	
8.	Consent	Moved by J. Clarke and seconded by J. Reid that the consent agenda	Motion#09/1/3
	Agenda	be approved.	carried
9.	Ownership/	9.1 Update	
	Linkages		
		Meeting with City of Kenora Economic Development Committee – not	
		yet scheduled.	
		Wabaseemoong Health Fair – re-scheduled to Tuesday, Jan. 27, 2009.	
		Seniors Coalition – Jan. 14, 2009	
10.	Governance	10.1 Update on Board Election Process Research	
	Process		
	Items for	Deferred to in-camera meeting.	
	Decision	<b>J</b>	
11.	Executive	11.1 EL-4 Treatment of Clients – for Review	
	Limitations		
	Items	After review of policy EL-4 Treatment of Clients, it was	Motion#09/1/4
		·····	carried
		Moved by B. Anderson and seconded by J. Clarke that Item #1.2 be	
		revised as follows:	
		"Allow services to be delivered in a manner insensitive to <b>the</b> patients'	
		culture. (add: "the"; delete: "cultural characteristics" and replace with	
		<i>"culture"</i> ). Revised policy to be circulated.	
12.	Monitoring	12.1 EL-4 Treatment of Clients	
	CEO		
	Performance	Moved by J. Reid and seconded by B. McCallum that the Board of	Motion#09/1/5
	renormanoe	Directors has assessed the monitoring report on EL-4 Treatment of	carried
		Clients and found that it demonstrated compliance with a reasonable	ourried
		interpretation of the policy, except for areas reported as non-compliant.	
		Indicators to show compliance with regard to access to spiritual care	
		will continue to be developed.	
		Comments:	
		1.0 Deard manshare ware informed that the sympact was divise	
		1.2 – Board members were informed that the survey used was	
		developed in house with the assistance of the Aboriginal representative	
		developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An	
		developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the	
		developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in	
		developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the	
		developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.	
		<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are</li> </ul>	
		<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area.</li> </ul>	
		<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area. As per the request of the Board, L. Brown will attempt to develop</li> </ul>	
		<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area.</li> </ul>	
		<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area. As per the request of the Board, L. Brown will attempt to develop indicators which will also demonstrate compliance with PIDAC.</li> </ul>	
		<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area. As per the request of the Board, L. Brown will attempt to develop indicators which will also demonstrate compliance with PIDAC.</li> <li>7.3 – It was requested that for the next report references to "nurses" be</li> </ul>	
		<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area. As per the request of the Board, L. Brown will attempt to develop indicators which will also demonstrate compliance with PIDAC.</li> <li>7.3 – It was requested that for the next report references to "nurses" be revised to reflect all staff.</li> </ul>	
13.	Monitoring	<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area. As per the request of the Board, L. Brown will attempt to develop indicators which will also demonstrate compliance with PIDAC.</li> <li>7.3 – It was requested that for the next report references to "nurses" be</li> </ul>	
13.	Board	<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area. As per the request of the Board, L. Brown will attempt to develop indicators which will also demonstrate compliance with PIDAC.</li> <li>7.3 – It was requested that for the next report references to "nurses" be revised to reflect all staff.</li> <li>13.1 BC-4 Monitoring CEO Performance</li> </ul>	
13.		<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area. As per the request of the Board, L. Brown will attempt to develop indicators which will also demonstrate compliance with PIDAC.</li> <li>7.3 – It was requested that for the next report references to "nurses" be revised to reflect all staff.</li> </ul>	
13.	Board	<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area. As per the request of the Board, L. Brown will attempt to develop indicators which will also demonstrate compliance with PIDAC.</li> <li>7.3 – It was requested that for the next report references to "nurses" be revised to reflect all staff.</li> <li>13.1 BC-4 Monitoring CEO Performance</li> <li>Report by B. McCallum was circulated for review prior to the meeting.</li> </ul>	
13.	Board	<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area. As per the request of the Board, L. Brown will attempt to develop indicators which will also demonstrate compliance with PIDAC.</li> <li>7.3 – It was requested that for the next report references to "nurses" be revised to reflect all staff.</li> <li>13.1 BC-4 Monitoring CEO Performance</li> <li>Report by B. McCallum was circulated for review prior to the meeting.</li> <li>Discussion took place regarding alternate methods of CEO evaluation</li> </ul>	Further
13.	Board	<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area. As per the request of the Board, L. Brown will attempt to develop indicators which will also demonstrate compliance with PIDAC.</li> <li>7.3 – It was requested that for the next report references to "nurses" be revised to reflect all staff.</li> <li>13.1 BC-4 Monitoring CEO Performance</li> <li>Report by B. McCallum was circulated for review prior to the meeting.</li> </ul>	Further discussion in-
13.	Board	<ul> <li>developed in house with the assistance of the Aboriginal representative on the board to ensure sensitivity and relevance of questions. An explanation of the variance in results between this survey and the Hospital Report Series survey to similar questions will be included in the next report.</li> <li>7.2 – Ministry of Health reporting requirements and benchmarks are currently used as the base for demonstrating compliance in this area. As per the request of the Board, L. Brown will attempt to develop indicators which will also demonstrate compliance with PIDAC.</li> <li>7.3 – It was requested that for the next report references to "nurses" be revised to reflect all staff.</li> <li>13.1 BC-4 Monitoring CEO Performance</li> <li>Report by B. McCallum was circulated for review prior to the meeting.</li> <li>Discussion took place regarding alternate methods of CEO evaluation</li> </ul>	

14. Information Requested by	14.1 President & CEO Report	
the Board	M. Balcaen reviewed his report as circulated. (Attachment #14.1).	Information
	14.2 Chief of Staff Report	
	Dr. MacDonald's report will be provided incamera.	
15. Adjournment	Moved by Dr. K. MacDonald and seconded by J. Reid that the regular	Motion#09/1/6
	meeting be adjourned at 6:50 p.m.	

Chair /sw President & CEO