-LAKE OF THE WOODS DISTRICT HOSPITAL Regular Meeting of the Board of Directors Thursday, September 4, 2008, Boardroom

PRESENT: B. Anderson, M. Balcaen, D. Baldwin, A. Cameron, R. Lamb, Dr. K. MacDonald, M. Matheson,

O. Mejia, D. Munro, Dr. Reed-Walkiewicz, J. Reid (Chair), F. Richardson, R. Thompson, L.

Brown, C. Gasparini

REGRETS: J. Clarke, B. McCallum, S. Sas, M. Mymryk

ABSENT: E. Skead

| AGENDA ITEMS | | DISCUSSION | ACTION |
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| 1. | Call to Order | J. Reid, Chair, called the meeting to order at 5:01 p.m. | |
| 2. | Adoption of Agenda | Moved by F. Richardson and seconded by O Mejia that the regular meeting agenda be adopted with the addition of Item #6.2 – Board Annual Training. | Motion#08/9/1 Carried |
| 3. | Self Evaluation of Governance Process | 3.1 Meeting Monitor Report The June 5, 2008 meeting monitor report, completed by Dr. K. MacDonald was circulated for review (Attachment #3.1). 3.2 September Meeting Monitor M. Matheson was appointed meeting monitor for the current meeting. | |
| 4. | Adoption of Minutes | Moved by O. Mejia and seconded by F. Richardson that the minutes of the regular meeting of the Board of Directors held on June 5, 2008 be adopted as circulated. | Motion#08/9/2 carried |
| 5. | Business Arising | 5.1 Distribution of Information to the Media Update A meeting date with Don Edwards of TBRHSC and our hospital's legal counsel has not yet been scheduled. It is anticipated that a date will be set once Mr. Edwards returns from vacation. In preparation for this meeting, Board members will be provided with hard copies of draft communications plans found on the OHA's Rural and Small Northern hospital web site. | S. Winter to distribute material |
| 6. | Education | L. Ronnebeck, Infection Prevention & Control (IPC) Practitioner, joined the meeting and presented an overview of IPC requirements and practices as they relate to staff training, screening, patient treatment and public reporting of infection rates in provincial hospitals. (Attachment #1) A document outlining the responsibilities of the Board with respect to public reporting on patient safety indicators was also circulated for members' information. (Attachment #6.1) Board Annual Training A draft "Board Annual Training" package, developed by M. Matheson to help identify areas of focus for the October 4th session with Jan Moore, | |
| | | was briefly outlined by F. Richardson. Topics included development of new or revisions to existing policies, an evaluation of Board monitoring, and evaluation of current board functioning and ways to improve. (Attachment #6.2) All board members were asked to review these documents and provide comments or suggestions by September 15 th to F. Richardson (copy to M. Matheson). The final documents will be provided to J. Moore to assist in the October session planning. | Comments to F. Richardson by Sept 15 |

| 7. | Ownership/ | 7.1 Ownership/Linkages Planning | |
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| | Linkages | The finalized "Community Partner Presentations" list, identifying which board members will be presenting to specific organizations over the next four months, will be circulated to Board members in the next week. It was noted that a senior manager will also be in attendance at each presentation to provide information support. | S. Winter to circulate list |
| 8. | Executive | 8.1 E Mission – for Review | |
| | Limitations Items | After review of policy E Mission, it was agreed that further review and possible revision of all Ends policies should take place at the October meeting with Jan Moore. | |
| | | In response to comments made by J. Moore, M. Balcaen had requested that Dr. Reed-Walkiewicz investigate processes available for rating outcomes in mental health treatment at LWDH. After extensive research, Dr. Reed-Walkiewicz determined that there are no best practices/tools to measure these outcomes effectively and outlined for Board members problems associated with evaluating outcomes in this patient population. It was noted however, that standards of practice for the treatment of mental health patients are being adhered to at LWDH and internal audits of condition on admission and discharge are being completed. In conclusion, Board members requested that a process for measuring these outcomes be developed and reported on in subsequent reports. | |
| | | 8.2 EL General Executive Constraint – for Review | |
| | | After review of policy EL General Executive Constraint, it was agreed that there was no need to change the policy. | |
| | | 8.3 EL-2 Financial Condition & Activities – for Review | Motion#08/9/3 carried |
| | | After review of policy EL-2 Financial Condition & Activities, it was | |
| | | Moved by O. Mejia and seconded by M. Balcaen that Item #6 be revised to include "without prior approval by the Board of Directors and the Ministry of Health & Long Term Care." | |
| 9. | Monitoring CEO | 9.1 E Mission | |
| | Performance | Comments on report: - interpretation of "people we serve" – board members felt this was not just people who come to the hospital but also people in the community in general "provide" and "support" are totally different points and are not interpreted in the report. It was felt that the impact of support can be measured questioned why the CEO was interpreting "critically or seriously ill" as it is not contained in this End. | |
| | | After discussion of various aspects of the report it was agreed that further discussion be deferred until after the October session with J. Moore. | Discussion deferred |
| | | 9.2 EL General Executive Constraint | |
| | | Moved by B. Anderson and seconded by M. Matheson that the Board of Directors has assessed the monitoring report on EL General Executive Constraint and found that it demonstrated compliance with a reasonable interpretation of the policy. | Motion#08/9/4 carried |

| | 9.3 EL-2 Financial Condition & Activities | |
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| | Moved by M. Matheson and seconded by B. Anderson that the Board of Directors has assessed the monitoring report on EL-2 Financial Condition & Activities and found that it demonstrated compliance with a reasonable interpretation of the policy. | Motion#08/9/5 carried |
| | Comment: #7 – In response to a question as to whether interest charges should be applied to outstanding accounts with services such as WSIB, etc. as is common business practice, M. Balcaen agreed to contact the OHA for information regarding practices by other provincial hospitals. | |
| 10. Monitoring | 10.1 GP-12 Board Linkage with Community | |
| Board Performance | The monitoring report on GP-12 Board Linkage with Community was circulated for review prior to the meeting. There were no recommendations for change or improvement cited in the report. | Information |
| | Item #3.1: As noted in the report, the Board has not met with the Mental Health and Addictions Advisory committee and in order to comply with this section of the policy, arrangements will be made for a meeting | M. Balcaen |
| | between the two groups. M. Mymryk will be consulted regarding distribution of committee minutes to board members. | M. Mymryk |
| 11. Information | 11.1 President & CEO Report | |
| Requested by the Board M. Balcaen reviewed his report as circulated. (Attachment #2). Additions included: - 3 rd Party Review took place on August 26 and 27 th . There will be a public report released later this month. It was suggested that a joint news release with the LHIN could be developed for circulation prior to | | Information |
| | the formal release of the report. M. Balcaen will contact G. Dubois-Wing tomorrow in this regard. | |
| | Administration was commended for its efforts to ensure transparency by providing Board members with information relating to the 3 rd party review, infection control initiatives, and participation in the RMSAM project. | |
| | 11.2 Chief of Staff Report | |
| | Dr. MacDonald's report was provided in the incamera session. | |
| 12. Adjournment | Moved by D. Baldwin and seconded by Dr. K. MacDonald that the regular meeting be adjourned at 6:40 p.m. | Motion#08/9/6 Carried |

| Chair | Chief Executive Officer |
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