

**LAKE OF THE WOODS DISTRICT HOSPITAL**  
**Regular Meeting of the Board of Directors**  
**Thursday, November 1, 2012**  
**Hospital Boardroom**

**PRESENT:** B. Anderson, M. Balcaen, Dr. J. Beveridge, K. Dawe, G. Kakeeway, Dr. K. MacDonald, M. Matheson, O. Mejia, D. Monteith, A. Pringle, F. Richardson (Chair), Dr. M. Spencer, T. Stevens, C. Gasparini, M. Mymryk

**REGRETS:** Dr. K. MacDonald

AGENDA ITEMS	DISCUSSION	ACTION
<b>1. Call to Order</b>	<p>F. Richardson, Chair, called the meeting to order at 5:05 p.m. Dr. Mandy Spencer, new VP Medical Staff was introduced and welcomed.</p> <p>K. Dawe informed board members that Patient Safety week is October 29 – November 2, 2012 and to promote awareness, a video has been produced by B. Loeppky, Manager of Education/Quality/Risk/Telehealth, entitled “Ask, Listen, Talk - Good Healthcare Starts with a Question” which outlined initiatives to promote patient safety within our hospital. This video was presented to Board members at this time.</p>	
<b>2. Adoption of Agenda</b>	<b>Moved</b> by G. Kakeeway and <b>seconded</b> by B. Anderson that the regular meeting agenda be approved as circulated.	Motion#12/11/1 Carried
<b>3. Adoption of Minutes</b>	<b>Moved</b> by B. Anderson and <b>seconded</b> by G. Kakeeway that the minutes of the regular meeting of the Board of Directors held on October 11, 2012 be approved as circulated.	Motion#12/11/2 carried
<b>4. Business Arising</b>	<p><b>4.1 Orientation Overview</b></p> <p>D. Monteith circulated an evaluation form for completion by those board members who attended the Board Orientation session on October 12 &amp; 13, 2012. Completed forms are to be submitted to Dorothy.</p> <p>After discussion it was agreed that board members would be surveyed for an agreeable date later in November on which to meet to continue review and revision of ENDS. It was agreed that the full board should participate, including medical staff representatives.</p>	S. Winter
<b>5. Education</b>	<p>K. Dawe presented for review, a Dashboard of Indicators as developed by the Board’s Quality committee (attached). It was noted that the full hospital dashboard was reviewed and only those indicators relevant to the board were selected for inclusion in this Board document. It was confirmed that the dashboard will be a fluid document and that indicators will be added/deleted as board priorities change.</p> <p>Explanations of various components of the dashboard were provided including:</p> <ul style="list-style-type: none"> <li>Some of the targets used for various indicators, ie. % ALC days, have been set by the Province and the LHIN and incorporated into the H-SAA.</li> <li>A number of indicators are also found in the hospital’s Quality Improvement Plan.</li> <li>A second Hand Hygiene audit has been completed recently with improved results. A third audit may be undertaken in the spring.</li> </ul>	Information

	<ul style="list-style-type: none"> <li>• Colour coding to indicate current status will be added in the future, ie. red (target unmet); yellow (target within goal); green (target exceeded).</li> <li>• Tracking of additional responses from the patient satisfaction survey may be added.</li> </ul>	
<b>6. Committee Reports</b>	<b>6.1 Ownership/Linkages</b>  B. Anderson reported: <ul style="list-style-type: none"> <li>• Next meeting scheduled for November 14 at 5:00 p.m.</li> <li>• Letters of invitation will be sent shortly to organizations with whom the committee would like to meet.</li> <li>• Sweatshirts displaying the hospital name and logo are being ordered for board members to wear when meeting with community groups.</li> <li>• Name tags will also be ordered.</li> <li>• The O/L presentation document will be revised with input from management.</li> </ul>	Information
	<b>6.2 Governance</b>  D. Monteith reported the following: <ul style="list-style-type: none"> <li>• Education has been set as follows: December – review of accreditation survey results January – Paterson Medical Centre presentation February – A. Cameron on the KAHAC open clinic March – Dr. Sas on methadone treatment program</li> <li>• F. Richardson, B. Anderson and D. Monteith will be attending the OHA HealthAchieve conference in Toronto on November 5-7, 2013</li> <li>• Committee is currently investigating options for more streamlined access to information for board members (ie. tablets for each member to access meeting information electronically)</li> <li>• Peer review/evaluation model being investigated.</li> <li>• Orientation survey to be submitted to D. Monteith.</li> </ul>	Information        A.Pringle M. Balcaen
	<b>6.3 Building a Future</b>  No report	
	<b>6.4 Quality</b>  F. Richardson reported: <ul style="list-style-type: none"> <li>• Results of the recent Patient Satisfaction survey were reviewed and indicate a high level of general satisfaction with this hospital.</li> <li>• Discussion took place regarding the number of near misses in various categories being reported. The Accreditation surveyor, present at the meeting, commented that this high number is indicative of a good culture of reporting among our staff and should be commended. Committee members have requested that reporting of severity level 1 and 2 incidents be included as a regular agenda item.</li> </ul>	Information
	<b>6.5 Governance Accreditation</b>  M. Balcaen reported: <ul style="list-style-type: none"> <li>• A review of the recent Accreditation survey results will take place at the next meeting.</li> <li>• The final report indicates a 95.6% compliance rate. Standards not met will be addressed by March 2013 which will result in a rating of either exemplary or with commendation depending on</li> </ul>	Information

	<p>the degree to which non-compliant standards are met.</p> <ul style="list-style-type: none"> <li>Two areas requiring attention within the governance section relate to an ethics framework and although one does exist in practice, a written Board of Directors endorsement of a formal framework is required.</li> </ul>	
	<p><b>6.6 Nominating</b></p> <p>A. Pringle noted that the next meeting will be scheduled to take place in November.</p>	
	<p><b>6.7 CEO Evaluation and Compensation</b></p> <p>F. Richardson reported that the next meeting will take place on November 25, 2012 at 5:00 p.m.</p>	
<b>7. Consent Agenda</b>	No consent agenda.	
<b>8. Executive Limitations Items</b>	<p><b>8.1 EL-3 Financial Condition &amp; Activities - Review</b></p> <p>After review and discussion of policy EL-3 Financial Condition &amp; Activities, it was agreed that there was no need to revise the policy at this time.</p>	No change
	<p><b>8.2 EL-9 Leadership Capacity &amp; Continuity - Review</b></p> <p>After review and discussion of policy EL-9 Leadership Capacity &amp; Continuity, it was agreed that there was no need to revise the policy at this time.</p>	No change
<b>9. Monitoring CEO Performance</b>	<p><b>9.1 EL-3 Financial Condition &amp; Activities</b></p> <p><b>Moved</b> by D. Monteith and <b>seconded</b> by M. Matheson that the Board of Directors has assessed the monitoring report on EL-3 Financial Condition &amp; Activities and found that it demonstrated compliance with a reasonable interpretation of the policy.</p>	Motion#12/11/3 carried
	<p><b>9.2 EL-9 Leadership Capacity &amp; Continuity</b></p> <p><b>Moved</b> by B. Anderson and <b>seconded</b> by D. Monteith that the Board of Directors has assessed the monitoring report on EL-9 Leadership Capacity &amp; Continuity and found that it demonstrated compliance with a reasonable interpretation of the policy.</p>	Motion#12/11/4 carried
<b>10. Monitoring Board Performance</b>	<p><b>10.1 GP-2 Governing Style</b></p> <p>The monitoring report on GP-2 Governing Style, completed by M. Matheson, was reviewed. As recommended in the report, the policy will be referred to the Governance committee for review of Items #1, #10.</p>	To Governance Ctte for review
<b>11. Information Requested by the Board</b>	<p><b>11.1 President &amp; CEO Report</b></p> <p>M. Balcaen reviewed his report as circulated (attached).</p> <p><b>11.2 Chief of Staff Report</b></p> <p>Dr. MacDonald's report was circulated for review (attached).</p> <p><b>11.3 VP Patient Services Report</b></p> <p>K. Dawe reviewed her report as circulated (attached).</p> <p><b>11.4 VP Community Programs Report</b></p> <p>M. Mymryk reviewed her report as circulated (attached).</p>	Information

	<b>11.5 VP Corporate Services Report</b>  C. Gasparini reviewed her report as circulated (attached).	
<b>12. Adjournment</b>	The regular meeting was adjourned at 7:00 p.m.	

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Chair

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President & CEO