- **PRESENT:** B. Anderson, M. Balcaen, D. Baldwin, A. Cameron, J. Clarke, C. Edie, J. Fletcher, R. Lamb, Dr. K. MacDonald, M. Matheson, B. McCallum, O. Mejia, Dr. S. Moore, J. Reid (Chair), F. Richardson, Dr. S. Sas, L. Brown, C. Gasparini, M. Mymryk
- ABSENT: E. Skead

	GENDA ITEMS		ACTION
1.	Call to Order	J. Reid, Chair, called the meeting to order at 5:03 p.m.	
2.	Adoption of	Moved by R. Lamb and seconded by Dr. S. Moore that the	Motion#07/1/1
	Agenda	regular meeting agenda be adopted as circulated.	Carried
3.	Adoption of	Moved by R. Lamb and seconded by B. Anderson that the	Motion#07/1/2
	Minutes	minutes of the regular meeting of the Board of Directors held on	Carried
		December 7, 2006 be adopted as circulated.	
4.	Education	Dan Essery, Coordinator of the Kenora Health Providers presented a brief history of the organization noting that the group's mandate to make Kenora a healthier community has evolved since its inception in 2002. Current membership includes approximately 30 agencies and individuals from a broad spectrum within the community. The coordinator position was created in November of 2005 thanks to a grant from the Trillium Foundation. Although year two funding will cover expenses budgeted for 2007, the long term viability of the organization will need to be addressed through membership fees, etc. Organizational achievements are extensive and include the development of a Resident's Activity Guide, an electronic Health Care Services Directory, a campaign against VLT's and support for the new Skate Park. Current projects include the Kenora Urban Trails Association (trail guide to be published), Kenora Children's Coalition (includes establishment of an official children's charter), Kenora Activity Guide, establishment of a Volunteer website, support of the Cardiovascular Health Awareness Program (CHAP), participation in the Safe Communities Coalition, participation in the Kenora in Bloom network, participation in "Making Kenora Home" initiative for the homeless, and finally the organization of "Kenora's Amazing Race for Health", a challenge for local businesses and organizations scheduled to begin Feb. 4 th to encourage better eating habits and increased physical activity.	Information
5.	Governance Process Items	5.1 GP Global Governance Process	
	FIDCess Items	After Board review of policy GP Global Governance Process, it	No change
		was agreed that there was no need to change the policy.	ino change
		5.2 Board Committee Representation	
		Prior to the meeting, Board members were provided with a list of existing Board and hospital committees on which Board representation is requested. Board members were asked to consider their respective interests and to communicate their preferences to S. Winter prior to the January 18 th Governance Committee meeting where committee memberships will be set. Information regarding currently established committees, meeting	Contact S. Winter

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	 dates, times, length and frequency was clarified for members. It was suggested that further clarification regarding additional committees and their function and the theory behind the governance process will be provided at the orientation session scheduled for later in January. Other specific issues to be raised will include board self evaluation. Discussion took place regarding the placing of Board member profiles and pictures on the hospital web site. 5.3 Accreditation Survey Summary A summary document of the recent accreditation survey was 	For further discussion
	provided to Board members prior to the meeting for review. M. Balcaen and L. Brown briefly outlined both the accreditation survey process and ways in which recommendations will be addressed. The Leadership/Partnership Team includes Board membership and is the forum where issues relating to Board governance are discussed.	Information
6. Monitorir	g 6.1 E-1 People Achieve Optimum Outcomes	
CEO Performa	Moved by R. Lamb and seconded by B. Anderson that the Board of Directors has read and accepted the monitoring report on E-1 People Achieve Optimum Outcomes.	Motion#07/1/3 Carried
	 Comments from Board members relating to additional evidence in subsequent reports on this policy included: evidence to substantiate compliance relating to both inpatient and outpatient stays in Item #1 comparative benchmarks with Provincial standards for Items #2, #3 quality outcome indicators expression of evidence provided in layman's terms include number of suicides statistics relating to leaving the hospital against medical advice and identification of programs, if any, that can alter or improve these numbers incorporate raw data from the Risk Monitor program on adverse events into chart form along with comparative data from CIHI (Canadian Institute for Healthcare Information) in Item #4 	
	 6.2 EL-2 Financial Condition & Activities Moved by R. Lamb and seconded by Dr. S. Moore that the Board of Directors has read and accepted the monitoring report on EL-2 Financial Condition & Activities. Financial statements to November 30, 2006 and a summary of results (Attachment #2) were circulated prior to the meeting for review. C. Gasparini reviewed data from these statements and responded to a number of questions from Board members specifically relating to staffing and the relocation of the Pediatric unit. In response to comments by Board members, a column identifying variances will be added to future financial statements. Data relating to staffing levels per patient day and community demographics will also be made available regularly so that critical 	Motion#07/1/4 carried

		human resources issues affecting not only the hospital but the community can remain in the forefront of Board topics for discussion.	
7.	Information	7.1 CEO Report	
	Requested by		
	the Board	M. Balcaen's report was circulated for review. (Attachment #2)	Information
		7.2 Chief of Staff Report	
		Dr. Moore's reviewed his report as circulated and expanded on a number of items for the benefit of new members. (Attachment #3).	
8. /	Adjournment	Moved by J. Clarke that the regular meeting be adjourned at 7:32	Motion#07/1/5
		p.m.	Carried

Chair /sw Chief Executive Officer