LAKE OF THE WOODS DISTRICT HOSPITAL Regular Meeting of the Board of Directors Thursday, June 7, 2007, 5:00 p.m. Boardroom

PRESENT: M. Balcaen, D. Baldwin, J. Clarke, C. Edie, R. Lamb, Dr. K. MacDonald, M. Matheson, B.

McCallum, J. Reid (Chair), F. Richardson, Dr. S. Sas, L. Brown, C. Gasparini, M. Mymryk

REGRETS: B. Anderson, A. Cameron, Dr. J. Kroeker, O. Mejia, E. Skead

GUEST: J. Landseidel

AGENDA ITEMS		DISCUSSION	ACTION
1. Call to Order		J. Reid, Chair, called the meeting to order at 5:09 p.m.	
3.	Adoption of Agenda Adoption of Minutes	Moved by R. Lamb and seconded by J. Clarke that the regular meeting agenda be adopted as circulated. Moved by R. Lamb and seconded by J. Clarke that the minutes of the regular meeting of the Board of Directors held on May 3,	Motion#07/6/1 Carried Motion#07/6/2 Carried
		2007 be adopted as circulated	Garriod
4.	Presentations	Community Palliative Care J. Clarke provided a powerpoint presentation to the Board on Community Palliative Care with information gleaned from a community meeting of that committee which he attended on May 8, 2007. (Attachment #1). Following the presentation, J. Landseidel, Palliative Care Coordinator, provided an outline of the service provided at LWDH including the process for referral to the service, numbers of clients, and various other statistics. It was noted that a holistic approach is practiced using a multi- disciplinary team of caregivers and that spiritual care is an important component of that care. The committee continues to "dream" of dedicated palliative care beds and the establishment of a hospice.	Information
5.	Governance	5.1 Board Appointee Recruitment Update	
	Process Items	J. Reid reported that the committee met with an individual last week who is potentially interested in sitting on the Hospital Board. This individual has not yet confirmed her acceptance of the position.	Information
		5.2 GP- 8.1 Audit Committee	
		After Board review of policy GP 8.1 Audit Committee, it was agreed that there was no need to change the policy.	
		It was confirmed that the Audit committee does function as per this policy in addition to performing direct inspection of finances within the context of EL-2. In order to perform the latter of these roles, committee members will become educated in hospital financial processes and will be able to effectively review statements and bring to the board any concerns noted.	
		5.3 Foundation Board of Directors Nomination	
		Moved by R. Lamb and seconded by J. Clarke that the Board of Directors approve the nomination of Bill Scribilo to the Foundation Board of Directors.	Motion#07/6/3 Carried
6.	Consent Agenda	Moved by R. Lamb and seconded by J. Clarke that the Consent Agenda be approved.	Motion#07/6/4 Carried
7.		7.1 BC-2 Accountability of the CEO	Carriod

		After review of policy BC-2 Accountability of the CEO, it was agreed that there was no need to change the policy.	
		In response to a question, it was agreed that J. Reid will contact J. Moore regarding the possible development of a policy outlining	J. Reid
		the process for addressing complaints against the CEO or whether this process is addressed in policy BC1. The issue will also be discussed at both the upcoming Strategic Planning session in September and the meeting with Jan Moore in October.	For further discussion
8.	Ends Items	8.1 Ownership Linkages Update	
		J. Clarke reported that positive progress has been made with regard to community engagements. Meetings with a number of groups have taken place (Kenora Police Service, Kenora Health Providers Steering committee, Ministerial Assoc., Retired Nurses, Kenora Seniors Coalition, NW LHIN) and others are scheduled to take place shortly (Kenora Rotary, Kenora Kinsmen, Treaty 3 Police, Emergency Response Team (fire, etc.), Kenora Lions, Kenora Community Legal Clinic, Northwestern Health Unit, and the City of Kenora Economic Development Committee).	Information
		A preliminary meeting with L. Michaud, facilitator contracted for the Board's strategic planning session, has been scheduled for August 18 where pre-digested data from the community engagement sessions will be reviewed. It has been agreed that Board members will meet prior to this meeting on August 11 th to pull together both the quantitative (O. Mejia/B. McCallum) and qualitative data gleaned from the sessions.	
		R. Lamb, a representative of the Ministerial Association, requested that a follow up meeting with Board members be scheduled in order to continue discussions. The importance of continuing the community engagement process and the provision of feedback to organizations with whom the Board has made linkages was reconfirmed.	
9.	Monitoring CEO	9.1 EL-2 Financial Condition & Activities	
	Performance	Moved by J. Clarke and seconded by R. Lamb that the Board of Directors has read and accepted the monitoring report on EL-2 Financial Condition & Activities.	Motion#07/6/5 carried
		Requests for subsequent reports included: - #4 - Interpretation of "inaccurately filed" is not acceptable, delete the word "deliberate" In response to a question regarding the outstanding deficit from 2005/06 it was suggested that a revision to item #1 be made to include comments on the previous years' financial situation An explanation of the differences between the reporting requirements of generally accepted accounting practices and the Ministry of Health was also requested.	
		9.2 EL-5 Treatment of Staff & Volunteers	
		Moved by J. Clarke and seconded by R. Lamb that the Board of Directors has read and accepted the monitoring report on EL-5 Treatment of Staff and Volunteers.	Motion#07/6/6 defeated
		Moved by J. Clarke and seconded by M. Matheson that the board has read the policy on EL-5 and assessed that it does not provide compliance with reasonable interpretation of the policy. A new report will be requested in six months time with improved	Motion#07/6/7 carried

	compliance and explanations of, or evidence to support noted compliance. Where there is non compliance, the plan for compliance and when this will happen will also be included. Suggestions included: - suggested that information provided as evidence need not be in both the interpretation section of the policy and the evidence of compliance section of the report. - low compliance with employee appraisals is not acceptable as this is not only a hospital policy but a requirement of the Canadian Council on Health Services Accreditation. It was noted that appraisals are a useful tool for both employers and employees in identifying areas for improvement and confirmation of a job well done. - members were not satisfied with a number of interpretations and noted that there is insufficient comparative data provided to substantiate either compliance or non compliance. Please provide what is reasonable and why. - concrete evidence of the current level of staff morale was requested, ie # of successful grievances, staff satisfaction survey results.	
10. Information Requested by the Board	M. Balcaen's report was circulated for review. (Attachment #5) In response to a question by D. Baldwin, M. Mymryk informed Board members that the development of a crisis stabilization program to investigate strategies for hard to service youth is being coordinated by B. Onysko of the Child Development Centre and includes a number of community partners, the Kenora Police Service, M. Stevenson, Manager of the hospital ER and Dr. U. Zahlan.	Information
11. Adjournment	Moved by D. Baldwin that the regular meeting be adjourned at 7:10 p.m.	Motion#07/6/8 Carried

Chair	Chief Executive Officer		
/sw			