

LAKE OF THE WOODS DISTRICT HOSPITAL
Regular Meeting of the Board of Directors
Thursday, October 3, 2013
Hospital Boardroom

PRESENT: B. Anderson, M. Balcaen, K. Dawe, C. Gasparini, G. Kakeeway, Dr. J.K. MacDonald, D. Monteith, M. Mymryk, H. Redsky, F. Richardson (Chair), and Dr. M. Spencer

REGRETS: A. Pringle, J. Reid, Dr. R. Scatliff, and T. Stevens

GUEST(S): B. Loeppky

AGENDA ITEMS	DISCUSSION	ACTION
1. Call to Order	F. Richardson, Chair, called the meeting to order at 5:04 p.m. <ul style="list-style-type: none"> K. Roehrig, new Board Member, was introduced and welcomed. 	
2. Adoption of Agenda	Moved by D. Monteith and seconded by G. Kakeeway that the regular meeting agenda be approved as circulated.	Motion#13/10/1 Carried
3. Adoption of Minutes	Moved by B. Anderson and seconded by D. Monteith that the minutes of the Regular Meeting of the Board of Directors held on September 5, 2013 be approved as circulated.	Motion#13/10/2 Carried
4. Business Arising	No business arising.	
5. Education	5.1 Diversity Plan <ul style="list-style-type: none"> M. Mymryk and B. Loeppky were commended for their hard work and dedication in completing the Diversity Plan. B. Loeppky presented the Diversity Plan, which requires Board approval and submission to the NWLHIN by October 30, 2013 (presentation appended). The highlights of the Plan were reviewed and discussed. The "Cultural Competency and Safe Care" Staff Training Module for new and existing staff, as well as students and physicians, was reviewed. This module, which is mandatory, was developed with the input of the Anishinaabe Health Advisory Committee, and was approved by our local Elders. It was suggested that input from the Kenora Metis Council or the Metis Nation of Ontario be incorporated into the training module. The updated module will be circulated to the Board of Directors for review. G. Kakeeway will circulate information to the Board of Directors on the Aboriginal Canadian Relations Certificate Program offered by Confederation College. 	Information G. Kakeeway
6. Committee Reports	6.1 Ownership/Linkages Committee <p>B. Anderson reported:</p> <ul style="list-style-type: none"> A letter of invitation has been developed. This letter will be sent out to various community organizations requesting a date/time to meet. Currently scheduling one community visit a month, and have prioritized the list of community organizations they hope to meet with. Suggestions for visits can be sent to B. Anderson. These visits have been very successful and have helped to clarify misconceptions about LWDH. First scheduled community visit is for Wednesday October 16, 2013 with Anishinaabe Abinoojii Children's Services; time to be determined. Meetings are now being held at 4:30 p.m. on the second Wednesday of every month. 	Information

	<ul style="list-style-type: none"> Would like to recommend to the Governance Committee that individuals from LWDH Palliative Care and Kenora Midwives be invited to conduct education at a future Board Meeting. 	
	<p>6.2 Governance Committee</p> <p>H. Redsky, new Chair of the Governance Committee, reported:</p> <ul style="list-style-type: none"> F. Richardson, K. Roehrig, and H. Redsky will be attending Health Achieve in Toronto on November 4, 5, and 6, 2013. A webcast titled: "Suicide Prevention in Aboriginal Communities" will be held on Tuesday October 22, 2013 in the Training Centre Classroom from 11:00 a.m. – 12:30 p.m. A webcast titled: "An Update on the Ontario <i>Not-for-Profit Corporations Act</i>" will be held on Wednesday October 16, 2013 from 11:00 a.m. – 12:30 p.m. in the LWDH Boardroom. M. Stevenson, Manager of Emergency/Dialysis/Stroke Strategy will be presenting an education session on Patient Advocacy at November's Board Meeting. 	Information
	<p>6.3 Building a Future</p> <p>No report.</p>	
	<p>6.4 Quality</p> <p>F. Richardson reported:</p> <ul style="list-style-type: none"> Due to lack of quorum, a formal meeting was not held. M. Stevenson presented on ED Wait Times. An updated report was given on Medication Reconciliation Compliance. 	Information
	<p>6.5 Nominating Committee</p> <p>M. Balcaen reported:</p> <ul style="list-style-type: none"> No formal chair has been designated. The Terms of Reference and current Work Plan were reviewed. Board Members who may be leaving next June were identified. Hope to have some members interested in serving a second term. One position will need to be recruited for. 	Information
	<p>6.6 CEO Compensation and Evaluation Committee</p> <p>No report.</p>	
7. Consent Agenda	Moved by D. Monteith and seconded by B. Anderson that the Consent Agenda be approved.	Motion#13/10/3 carried
8. Executive Limitations Items	<p>8.1 EL-6 Treatment of Staff - Review</p> <p>After review and discussion of policy EL-6 Treatment of Staff, it was agreed that this policy will be sent to the Governance Committee for discussion on item "5. Allow staff to be without access to spiritual care," which was thought to be incongruous.</p>	To Governance Committee

	<p>8.2 EL-11 Environmental Impact- Review</p> <p>After review and discussion of policy EL-11 Environmental Impact, it was agreed that this policy will be sent to the Governance Committee for discussion on item “2. Operate with less than the best possible energy efficiency.” C. Gasparini will suggest a revised statement for the Governance Committee to review.</p>	<p>C. Gasparini</p> <p>To Governance Committee</p>
9. Monitoring CEO Performance	<p>9.1 EL-6 Treatment of Staff and Volunteers</p> <p>Moved by G. Kakeeway and seconded by H. Redsky that the Board of Directors has assessed the monitoring report on EL-6 Treatment of Staff and Volunteers and found that it demonstrated compliance with a reasonable interpretation of the policy, with the exception of the Opening Statement relating to safety, specifically the five year average for staff incidents.</p> <p>It was noted that verbal and physical abuse rates have not increased, but the number of staff reporting has. Staff education around changes in the Occupational Health and Safety Act with Bill 168, which deals with Violence and Harassment in the Workplace, is the reason why there are more incidents being reported. It was also noted that many incident reports can be caused by one patient.</p>	<p>Motion#13/10/4 carried</p>
	<p>9.2 EL-11 Environmental Impact</p> <p>Moved by B. Anderson and seconded by G. Kakeeway that the Board of Directors has assessed the monitoring report on EL-11 Environmental Impact and found that it demonstrated compliance with a reasonable interpretation of the policy, with the exception of item 1.1, with regards to the total percentage of recycled waste component.</p> <p>It was noted that the percentage of recycled waste did not include electronic waste that is recycled as it is included with the total waste brought to the Transfer Station. Need to look at the interpretation to determine if the percentage of waste recycled is a true indication of good recycling processes.</p>	<p>Motion#13/10/5 carried</p>
10. Monitoring Board Performance	<p>10.1 GP-14 Board Planning Cycle and Agenda Control</p> <p>The monitoring report on GP-14 Board Planning Cycle and Agenda Control was deferred until next month.</p>	<p>Deferred</p>
	<p>10.2 GP-17 Corporate Rules of Order</p> <p>The monitoring report on GP-17 Corporate Rules of Order was deferred until next month.</p>	<p>Deferred</p>
11. Governance Process Items for Decision	<p>None.</p>	
12. Information Requested by the Board	<p>12.1 President & CEO Report</p> <p>M. Balcaen reviewed his report as circulated (attached). Those items of a confidential nature will be reviewed In Camera.</p> <p>12.2 Chief of Staff Report</p> <p>Dr. MacDonald reviewed his report as circulated (attached). Those</p>	<p>Information</p>

	<p>items of a confidential nature will be reviewed In Camera.</p> <p>12.3 VP Patient Services Report</p> <p>K. Dawe reviewed her report as circulated (attached). Those items of a confidential nature will be reviewed In Camera.</p> <p>In addition, the Ownership/Linkages Committee requested K. Dawe give an update on the ER Customer Service Plan that has been ongoing throughout the summer. Feedback from staff members as to how this initiative has been beneficial was reviewed. The ER will continue to survey patients, with regards to patient satisfaction, to measure how well the department is improving.</p> <p>12.4 VP Community Programs Report</p> <p>M. Mymryk reviewed her report as circulated (attached). Those items of a confidential nature will be reviewed In Camera.</p> <p>12.5 VP Corporate Services Report</p> <p>C. Gasparini reviewed her report as circulated (attached). Those items of a confidential nature will be reviewed In Camera.</p> <p>C. Gasparini provided an update to the financials up to the end of August 31, 2013. LWDH had a deficit of \$116,000.00; however, from a Ministry reporting view there would be a surplus of \$28,000. Will continue to diligently monitor financials, and work on implementing the Hospital Improvement Plan (HIP) initiatives.</p>	
13. Adjournment	The regular meeting was adjourned at 6:42 p.m.	Adjourned

 Chair

 President & CEO

/kh