

**LAKE OF THE WOODS DISTRICT HOSPITAL**  
**Regular Meeting of the Board of Directors**  
**Thursday, March 7, 2013**  
**Hospital Boardroom**

**PRESENT:** B. Anderson, Dr. J. Beveridge (arr. 5:40 pm), K. Dawe, G. Kakeeway, Dr. K. MacDonald, M. Matheson (arr. 5:35 p.m.), O. Mejia, D. Monteith, A. Pringle, H. Redsky (left 6:21 pm), F. Richardson (Chair), T. Stevens, C. Gasparini, M. Mymryk

**REGRETS:** M. Balcaen, Dr. M. Spencer

**GUEST:** B. Loeppky, Manager Education/Quality/Risk/Telehealth

AGENDA ITEMS	DISCUSSION	ACTION
<b>1. Call to Order</b>	F. Richardson, Chair, called the meeting to order at 5:02 p.m.  Mr. Richardson commented on the Board Meeting Evaluation forms circulated at the last meeting noting their usefulness in determining what aspects of board meetings are effective and to identify areas that could be improved upon.	
<b>2. Adoption of Agenda</b>	<b>Moved</b> by B. Anderson and <b>seconded</b> by O. Mejia that the regular meeting agenda be approved as circulated.	Motion#13/3/1 Carried
<b>3. Adoption of Minutes</b>	<b>Moved</b> by O. Mejia and <b>seconded</b> by A. Pringle that the minutes of the regular meeting of the Board of Directors held on February 7, 2013 be approved as circulated.	Motion#13/3/2 carried
<b>4. Business Arising</b>	No business arising.	
<b>5. Education</b>	<b>5.1 Quality Improvement Plan – B. Loeppky</b>  B. Loeppky presented the 2013 Quality Improvement Plan and provided explanations of the objectives within each quality dimension, our current performance in each and our targets for 2013/14 (document attached). The development of this plan is required by all hospitals as per the Excellent Care for All Act and includes a number of indicators based on standards that must also be met through the accreditation process. Although the document must be submitted to the Ministry of Health by April 2, 2013, it will be presented to the Board of Directors for approval at their April 4 <sup>th</sup> meeting. The final plan will be posted on the hospital's website for staff and public information.	Information
<b>6. Committee Reports</b>	<b>6.1 Ownership/Linkages</b>  B. Anderson reported: <ul style="list-style-type: none"> <li>February engagement sessions included meetings with Benidickson Court and Nechee Friendship Centre. Hospital Board and Administration representatives also attended a Shoal Lake 40 health fair.</li> <li>Upcoming sessions have been scheduled with KAHAC (April 29) and Grassy Narrows (March 18)</li> <li>Dates to meet with Whitefish Bay, Shoal Lake 39 and the Dalles have yet to be set.</li> </ul>	Information
	<b>6.2 Governance</b>  D. Monteith reported: <ul style="list-style-type: none"> <li>Future Board education sessions may include presentations from A. Cameron of KAHAC and Dr. Sas on the Methadone Program</li> <li>Rural and Northern Healthcare Governance Workshop takes</li> </ul>	Information

	<p>place in Toronto on May 7-9, 2013</p> <ul style="list-style-type: none"> <li>A brief discussion took place regarding the value of Board meeting evaluation form.</li> </ul>	
	<p><b>6.3 Building a Future</b></p> <p>C. Gasparini reported that following receipt of Ministry approval to proceed with the OR/CSR capital project, the CEO at Kempville hospital has been contacted regarding that hospital's experiences with a recent OR/CSR/ER capital project. They have offered to assist us in the process, and have provided us with forms and template RFP's. They also recommended that we hire a project manager, costs of which would be covered under the project.</p>	Information
	<p><b>6.4 Quality</b></p> <p>F. Richardson reported that the committee continues to develop the 2013 QIP and to finalize the 2012 plan.</p>	Information
	<p><b>6.5 Governance Accreditation</b></p> <p>The new Ethical Framework policy will be utilized later in the meeting to assist the Board in decision making around the HAPS.</p>	Information
	<p><b>6.6 Nominating</b></p> <p>A. Pringle reported that there will be four vacancies on the board and at this date, three applications have been received. Applications continue to be accepted.</p>	Information
	<p><b>6.7 CEO Evaluation and Compensation</b></p> <p>F. Richardson reported that committee members will meet next week via teleconference with the hospital's legal counsel to discuss components of the 2013 QIP as they relate to executive compensation.</p>	S. Winter to schedule meeting
<b>7. Consent Agenda</b>	<b>Moved</b> by O. Mejia and <b>seconded</b> by B. Anderson that the Consent Agenda be approved.	Motion#13/3/3 carried
<b>8. Executive Limitations Items</b>	<p><b>8.1 EL-5 Treatment of Clients - Review</b></p> <p>After review and discussion of policy EL-5 Treatment of Clients, it was agreed that there was no need to revise the policy at this time.</p>	No change
	<p><b>8.2 EL-10 Significant Service Changes – Review</b></p> <p>After review and discussion of policy EL-10 Significant Service Changes, it was agreed that there was not need to revise the policy at this time.</p>	No change
<b>9. Monitoring CEO Performance</b>	<p><b>9.1 EL-5 Treatment of Clients</b></p> <p><b>Moved</b> by A. Pringle and <b>seconded</b> by O. Mejia that the Board of Directors has assessed the monitoring report on EL-5 Treatment of Clients and found that it demonstrated compliance with a reasonable interpretation of the policy with the exception of Items #6, #6.1 and #6.2.</p> <p>Explanations for non-compliance and strategies to address them have been provided within the report. It was noted that although falls resulting in injury are significant events, a measurement of these does not necessarily measure a culture of safety. For further board discussion.</p>	Motion#13/3/4 carried
	<p><b>9.2 EL-10 Significant Service Changes</b></p> <p><b>Moved</b> by B. Anderson and <b>seconded</b> by O. Mejia that the Board of Directors has assessed the monitoring report on EL-10</p>	Motion#13/3/5 carried

	Significant Service Changes and found that it demonstrated compliance with a reasonable interpretation of the policy.	
<b>10. Monitoring Board Performance</b>	<p><b>10.1 GP-8 Board Committee Structure</b></p> <p>The monitoring report on GP-8 Board Committee Structure, completed by B. Anderson, was reviewed.</p>	
	<p><b>10.2 GP-12 Board Linkage with Community</b></p> <p>The monitoring report on GP-12 Board Linkage with Community, completed by D. Monteith, was reviewed.</p> <p>In response to an inquiry, it was confirmed that the Aboriginal Health Advisory committee is a hospital operational committee and not a governance group established as part of the O/L committee's community engagement process.</p>	
<b>11. Ends Items for Decision</b>	<p><b>11.1 E Mission – for Approval</b></p> <p><b>Moved</b> by A. Pringle and <b>seconded</b> by O. Mejia that the revised policy E Mission be approved with a revision to the third bullet point , "Integrated Health Care System" to lower case (attached).</p> <p>Discussion followed regarding the limitations of the hospital to provide access to healthcare system providers who are a part of the integrated healthcare system but not administered by the hospital. Measurability of this point was also questioned. It was agreed that these Ends are not static and will continue to be discussed and revised if appropriate.</p>	Motion#13/3/6 carried
<b>12. Information Requested by the Board</b>	<p><b>12.1 President &amp; CEO Report</b></p> <p>M. Balcaen reviewed his report as circulated (attached).</p> <p><b>12.2 Chief of Staff Report</b></p> <p>Dr. MacDonald reviewed his report as circulated (attached).</p> <p>Dr. MacDonald informed Board members that a recent study suggests that quality information available on social media sites is comparable to formal research studies and may warrant investigation. Board members will be provided with these websites for their review.</p> <p><b>12.3 VP Patient Services Report</b></p> <p>K. Dawe reviewed her report as circulated (attached).</p> <p><b>12.4 VP Community Programs Report</b></p> <p>M. Mymryk reviewed her report as circulated (attached).</p> <p><b>12.5 VP Corporate Services Report</b></p> <p>C. Gasparini reviewed her report as circulated (attached).</p> <p>C. Gasparini also provided a powerpoint presentation (attached) outlining the Ministry of Health's new funding system being implemented and an overview of the current draft of the 2013/14 HAPS. The hospital is projecting an \$882,000 deficit for that fiscal year. It was noted that funding information has not been received from the Ministry in a timely manner and has resulted in the</p>	<p>Information</p> <p>S. Winter to email website information</p>

	<p>development of these budgets based on assumptions.</p> <p>Although the current H-SAA is due to expire on March 31, 2013, the Ministry has informed hospitals that it will once again be extended and will include new schedules reflecting new indicators.</p> <p>A Process Improvement Plan must be developed and submitted to the MOHLTC to address the projected deficit. Development of this plan will require careful consideration by Board and Administration as services may be impacted. To assist in this process and to comply with an accreditation requirement, K. Dawe led the Board in an exercise which utilized the Board's new Ethical Framework policy.</p> <p>A brief reporting of discussion around each policy item follows.</p> <ol style="list-style-type: none"> <li>1. Perceived Ethical Issue – Is it appropriate to submit a deficit budget when we know it will not be accepted?</li> <li>2. Facts – C. Gasparini provided details of the facts which have led to this deficit number.</li> <li>3. Consider Policy – Violation of EL 1 and EL3</li> <li>4. Clarify the Question - The board agreed that this is an ethical issue as it is not legal to submit a deficit budget but in order to submit a balanced budget, reallocation of resources will be required and may impact services and the community.</li> <li>5. Who Owns the Decision – Ultimately, the Board of Directors own the decision. Implementation details will be handled by the CEO and staff.</li> <li>6. Options – Balance the budget for submission (which would involve unrealistic assumptions, quick reallocation of resources) or submit a deficit which may trigger an operation review by the Ministry of Health. If there is conflict within the Board as to the most appropriate option, it must be resolved.</li> <li>7. Arrival at a Decision – It was agreed that a deficit budget will be submitted and a Process Improvement Plan developed which will determine allocation of available resources.</li> <li>8. Implement a Plan – A plan of action to be developed and submitted to the LHIN. There must be communication with all staff and managers and the community (FAC, general townhall meetings).</li> <li>9. Monitor – The situation will continue to be monitored.</li> </ol>	
<b>13. Adjournment</b>	The regular meeting was adjourned at 7:40 p.m.	

Chair

President & CEO

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