LAKE OF THE WOODS DISTRICT HOSPITAL Regular Meeting of the Board of Directors Thursday, January 10, 2013 Hospital Boardroom

PRESENT: M. Balcaen, K. Dawe, G. Kakeeway, D. Monteith, A. Pringle, H. Redsky, F. Richardson (Chair),

Dr. M. Spencer, C. Gasparini, M. Mymryk

REGRETS: B. Anderson, Dr. J. Beveridge, Dr. K. MacDonald, M. Matheson, O. Mejia, T. Stevens

GUEST: T. Stasiuk, Manager of Maternity/CSR

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AGENDA ITEMS		DISCUSSION	ACTION
1.	Call to Order	 F. Richardson, Chair, called the meeting to order at 5:00 p.m. Mr. Richardson provided the following information at this time: The Ministry of Health & Long Term Care has confirmed support for planning and implementation of the hospital's proposal for Surgical Services/CSR redevelopment. The total project cost and Ministry grant will be confirmed once the scope of the project has been determined. F. Richardson will be participating in an OHA Member Engagement broadcast event on January 29, 2013 from 11:00 – 1:00 p.m. in the hospital boardroom. The OHA has acknowledged the difficulties in terms of cost and time for some members to attend these sessions in person and is offering this broadcast as one of ten member 	
2	Adoption of	engagement forums that take place throughout the year. Moved by A. Pringle and seconded by D. Monteith that the regular	Motion#13/1/1
۷.	Agenda	meeting agenda be approved as circulated.	Carried
3.	Adoption of Minutes	Moved by A. Pringle and seconded by D. Monteith that the minutes of the regular meeting of the Board of Directors held on December 6, 2012 be approved as circulated.	Motion#13/1/2 carried
4.	Business	No business arising.	
	Arising	3	
5.	Education	Quality Improvements in Obstetrics	
		T. Stasiuk, Manager of Maternity/CSR joined the meeting and provided Board members with a power point presentation on quality improvements being implemented in obstetrics specifically the Better Outcomes Registry & Network Ontario (BORN) and the Managing Obstetrical Risk Efficiently (MORE ^{OB}) programs (presentation attached). It was noted that the BORN project will involve data collection and the development of a database while MORE ^{OB} will utilize this data to comprehensively improve performance inpatient care. Both programs will require the involvement of physicians, midwives and RN's and resultant data will be shared with the Quality Committee of the board on a regular basis.	Information
6.	Committee Reports	 6.1 Ownership/Linkages D. Monteith reported: The committee has had many positive responses to their requests to meet. The O/L community presentation is currently being revised. G. Kakeeway informed board members that the A. White, Health Director at Whitefish Bay is also very interested in meeting with the Board and would like to invite members of his board to participate. A meeting date is yet to be determined. F. Richardson, D. Monteith and M. Mymryk traveled to Northwest Bay to attend a celebration launching that community's new 	Information

		approach to preparedness with particular emphasis on mental health. An individual has been hired to lead the project for the next	
		three years.	
		6.2 Governance	
		D. Monteith reported:	
		Efforts to contact S. Alcock at the Patterson Medical Clinic are	
		ongoing	
		A. Cameron will present on KAHAC for March education	
		Dr Sas will present on the Methadone Clinic	
		Revisions to policy E-3 Partners Have Enhanced Capacity will be presented at the payt meeting for consideration and empressel.	
		presented at the next meeting for consideration and approval. 6.3 Building a Future	
		No report	
		6.4 Quality	
		F. Richardson reported:	Information
		M. Stevenson report on ER wait times	Illioilliation
		Activities of the Medication Reconciliation Working group were	
		outlined	
		L. Hoppe will remain a member on the Quality committee.	
		A draft QIP will be presented at the next meeting. The plan is due to he and the April 4, 2012. A pril 4, 2012.	
		be submitted by April 1, 2013. 6.5 Governance Accreditation	
		0.5 Governance Accreditation	
		M. Balcaen reported:	
		One final requirement for Governance will be the adoption of an ethical framework by the Board	
		6.6 Nominating	
		A. Pringle reported:	Information
		 Nominations for 4 elected positions will be presented to the 	Illioilliation
		corporate membership at the June 2013 AGM. Two current	
		members, whose term will be completed in June 2013 have agreed	
		to let their names stand for re-election.	
		Advertising will be circulated in early February 2013. 6.7 CEO Evaluation and Companyation.	
		6.7 CEO Evaluation and Compensation	
		No report	
7.		Moved by A. Pringle and seconded by D. Monteith that the Consent	Motion#13/1/3 carried
8.	Agenda Executive	Agenda be approved. 8.1 EL-1 Planning: Hospital Strategic Plan - Review	cameu
J.	Limitations	C. LE I Hammy. Hospital offatogio Hall - Neview	
	Items	After review and discussion of policy EL-1 Planning – Hospital Strategic	No change
		Plan, it was agreed that there was no need to revise the policy at this	
9.	Monitoring	time. 9.1 E-1 People Achieve Optimum Outcomes	
J.	CEO	3.1 L-1 reopie Acilieve Optililuili Outcomes	
	Performance	Moved by A. Pringle and seconded by D. Monteith that the Board of Directors has assessed the monitoring report on E-1 People Achieve Optimum Outcomes and found that it demonstrated compliance with a reasonable interpretation of the policy with the exception of: Item #2 (c) for which a process review will be undertaken to address non-compliance and,	Motion#13/1/4 carried
		Item #4, Chart #12, 2011/12 data, which was not available due to changes in CIHI reporting formats. Health Records is currently investigating report options for retrieval of this information.	

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	A revised report will be submitted to the Board in 3 months. 9.2 EL-1 Planning: Hospital Strategic Plan		
	Moved by A. Pringle and seconded by D. Monteith that the Board of	Motion#13/1/5	
	Directors has assessed the monitoring report on EL-1 Planning: Hospital Strategic Plan and found that it demonstrated compliance with a reasonable interpretation of the policy.	carried	
	K. Dawe noted that the 2010/12 Strategic Planning cycle is complete and a new process will be initiated shortly. Investigations are being made regarding a new, more streamlined model and a facilitator will be retained to assist in optimizing the value of the document.		
10. Monitoring	10.1 GP-7 Board Committee Principles		
Board Performance	The monitoring report on GP-7 Board Committee Principles, completed by T. Stevens, was reviewed.		
	10.2 GP-10 Investment in Governance		
	The monitoring report on GP-10 Investment in Governance, completed by A. Pringle, was reviewed. As per a recommendation out of the report, it was		
	Moved by A. Pringle and seconded by D. Monteith that Item #1.2 be revised replacing "30 days" with "100 days" in the last line of the sentence in that item.		
11. Ends Items	11.1 Ends Policies for Approval		
for Decision	The revised policy E-3 Partners Have Enhanced Capacity will be presented for consideration and approval at the February meeting.	February meeting	
12. Information	12.1 President & CEO Report		
Requested by the Board	M. Balcaen reviewed his report as circulated (attached).	Information	
	12.2 Chief of Staff Report		
	Dr. MacDonald's report was circulated for review (attached).		
	12.3 VP Patient Services Report		
	K. Dawe reviewed her report as circulated (attached).		
	12.4 VP Community Programs Report		
	M. Mymryk reviewed her report as circulated (attached).		
	12.5 VP Corporate Services Report		
	C. Gasparini reviewed her report as circulated (attached).		
13. Adjournment	The regular meeting was adjourned at 6:00 p.m.		

Chair	President & CEO