

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

PRESENT: B. Anderson, M. Balcaen, Dr. J. Beveridge, G. Kakeeway, Dr. K. MacDonald, M. Matheson, O. Mejia, D. Monteith, A. Pringle, F. Richardson (Chair), T. Stevens, C. Gasparini,
REGRETS: K. Dawe, M. Mymryk, H. Redsky, Dr. M. Spencer
GUEST: Erin Mudry, Staff Health/Physiotherapy

AGENDA ITEMS	DISCUSSION	ACTION
1. Call to Order	F. Richardson, Chair, called the meeting to order at 5:01 p.m. Two reference documents were provided to board members. <ul style="list-style-type: none"> Grand Council Treaty #3 Health Resource Directory provided by G. Kakeeway which included information on each of the 28 communities within the Council's boundaries. An article in the most recent edition of The Governance Coach, "Real Board Advisor" entitled "The System is Working. Now What?" This document will be scanned and placed in the Board's Dropbox. 	
2. Adoption of Agenda	Moved by M. Matheson and seconded by B. Anderson that the regular meeting agenda be approved as circulated.	Motion#13/2/1 Carried
3. Adoption of Minutes	Moved by A. Pringle and seconded by B. Anderson that the minutes of the regular meeting of the Board of Directors held on January 10, 2013 be approved as circulated.	Motion#13/2/2 carried
4. Business Arising	No business arising.	
5. Education	Wellness Committee Presentation by Erin Mudry Erin Mudry, Staff Health/Physiotherapist and Chair of the Wellness Committee, joined the meeting and provided board members with an overview of the Wellness committee, its mandate and activities. (Speaking notes attached)	Information
6. Committee Reports	6.1 Ownership/Linkages B. Anderson reported: <ul style="list-style-type: none"> Met with the Kenora Chiefs Advisory on January 14. The meeting was very productive and the Board is being recognized for their efforts to connect with First Nations organizations. As a result of this meeting, hospital and KCA representatives have met to discuss ways in which to encourage better working relationships and L. Mychalyszyn and CCAC reps are currently visiting First Nations communities to meet with respective health care providers. Lynne Mychalyszyn was recognized for the vital role she plays in discharge planning and in communications with First Nations. It was recommended that she be nominated for an ABLE award. Met with the Legal Aid Clinic on January 23. Although their clients require supports not mandated by the hospital, it was noted that Addiction Services participate in a number of 	Information

	<p>community support initiatives.</p> <ul style="list-style-type: none"> • Benidickson Court - February 12 at 2:00 p.m. • Shoal Lake 40 - February 27 at 1:00 p.m. • Nechee Friendship Centre – February 19 at 3:00 p.m. • Grassy Narrows - March 18. • Whitefish Bay –date to be determined 	
	<p>6.2 Governance</p> <p>D. Monteith reported:</p> <ul style="list-style-type: none"> • Board members were reminded to access the OHA website to review the schedule for upcoming governance related educational events. • A Board meeting evaluation form has been developed and will be circulated at the end of the meeting for completion and submission to F. Richardson. • Reports, submitted by F. Richardson and D. Monteith on the January 30th LHIN Governance to Governance, have been circulated. F. Richardson highlighted his recommendations for board action noted in his report. 	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"> • L. Mychalyshyn presented on ALC rates for 3rd quarter. • Birchwood Terrace has been sold and there will be collaboration opportunities with the new owners • Dashboard of indicators will be reviewed and updated on a quarterly basis. • B. Loeppky presented information on near miss reporting. • List of quality improvement targets were circulated at their meeting and will be discussed further at next meeting. 	Information
	<p>6.5 Governance Accreditation</p> <p>M. Balcaen reported:</p> <p>A recommendation in the October 2012 survey report to the Governance team stated,</p> <p>“There is no governance process, end or executive limitation related to using an ethics framework as the Board executes its oversight through policies executed by management. The organization has an ethics committee and uses an ethics decision making flowchart. There is an opportunity to use this tool to assist the Board in making governance decisions or to guide discussions with the CEO regarding monitoring reports.”</p> <p>In order to comply with the recommendation, a governance process policy was drafted and presented for Board review. After a brief discussion it was,</p> <p>Moved by M. Matheson and seconded by A. Pringle that the policy GP-19 Ethical Framework be approved.</p>	Motion#13/2/3 carried
	6.6 Nominating	

	<p>A. Pringle reported:</p> <ul style="list-style-type: none"> • An advertisement for board members has been placed in the local newspaper. • Nominations will be reviewed in early March. 	Information
	<p>6.7 CEO Evaluation and Compensation</p> <p>No report</p>	
7. Consent Agenda	Moved by B. Anderson and seconded by M. Matheson that the Consent Agenda be approved.	Motion#13/2/4 carried
8. Executive Limitations Items	<p>8.1 E-2 Information for Positive Lifestyle Choices - Review</p> <p>After review and discussion of policy E-2 Information for Positive Lifestyle Choices, it was agreed that there was no need to revise the policy at this time.</p>	No change
9. Monitoring CEO Performance	<p>9.1 E-2 Information for Positive Lifestyle Choices</p> <p>Moved by B. Anderson and seconded by A. Pringle that the Board of Directors has assessed the monitoring report on E-2 Information for Positive Lifestyle Choices and found that it demonstrated compliance with a reasonable interpretation of the policy.</p>	Motion#13/2/5 carried
10. Monitoring Board Performance	<p>10.1 GP-5 Board Job Description</p> <p>The monitoring report on GP-5 Board Job Description, completed by F. Richardson, was reviewed.</p>	
11. Ends Items for Decision	<p>11.1 E-3 Partners Have Enhanced Capacity – for Approval</p> <p>Moved by A. Pringle and seconded by M. Matheson that the revised policy E-3 Partners Have Enhanced Capacity be approved as circulated.</p> <p>The first monitoring report on this policy will be provided to Board members in February 2014.</p>	Motion#13/2/6 carried
12. Information Requested by the Board	<p>12.1 President & CEO Report</p> <p>M. Balcaen reviewed his report as circulated (attached).</p> <p>12.2 Chief of Staff Report</p> <p>Dr. MacDonald reviewed his report as circulated (attached).</p> <p>12.3 VP Patient Services Report</p> <p>K. Dawe's report was circulated for review (attached). A brief discussion took place regarding an incident where a pre-op physical was not provided to an orphan patient scheduled for surgery in Manitoba. Dr. MacDonald and Dr. Beveridge will follow up on this event.</p> <p>12.4 VP Community Programs Report</p> <p>M. Mymryk's report was circulated for review (attached).</p> <p>12.5 VP Corporate Services Report</p>	Information

	C. Gasparini reviewed her report as circulated (attached). In response to a question, C. Gasparini informed board members that there are two organizations potentially interested in the rental space at the St. Joseph's Health Centre	
13. Adjournment	The regular meeting was adjourned at 6: 20 p.m.	

Chair

President & CEO

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