

**LAKE OF THE WOODS DISTRICT HOSPITAL
Regular Meeting of the Board of Directors
Thursday, September 1, 2011, Hospital Boardroom**

PRESENT: B. Anderson, M. Balcaen, L. Brown, C. DeLaronde, Dr. R. Diamond, C. Harasemchuk, G. Kakeeway, Dr. K. MacDonald, M. Matheson, O. Mejia, J. Reid, F. Richardson (Chair), C. Gasparini, M. Mymryk
REGRETS: D. Munro

| AGENDA ITEMS | DISCUSSION | ACTION |
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| 1. Call to Order | <p>F. Richardson, Chair, called the meeting to order at 5:01 p.m. An official welcome was given to incoming board members Geraldine Kakeway, Calvin Harasemchuk, and Conrad DeLaronde.</p> <p>F. Richardson brought member's attention to the laminated "Decision-Making Tools" placed around the table. These documents will be made available at each meeting as a reference to remind members of the Board's purpose and a tool to assist in decision making. The introduction of these tools came as a result of a similar practice at the Dryden Regional Health Centre. The documents will be collected at the end of each meeting.</p> | |
| 2. Adoption of Agenda | Moved by M. Matheson and seconded by B. Anderson that the regular meeting agenda be approved with the move of Item 10.5 Foundation Report to follow Item #2. | Motion#11/9/1 Carried |
| | <p>10.5 Foundation Report</p> <p>Donna Wallace, Chair of the Foundation and Jess Rheault, Managing Director of the Foundation joined the meeting and provided board members with details of recent, current and ongoing fundraising projects.</p> <p>The fundraising goal for 2011 is set at \$500,000 and is well on its way to being realized. Projects and events to date include the annual Charity Golf Classic (\$50,000), Life Savers Dinner and Auction (\$107,000), Boobie Nights (\$32,500 to digital mammography), and the Expo at the Best Western (\$800).</p> <p>Upcoming events include Lemon Sales at Wind & Water (to create awareness of the Foundation and the need for special equipment) and Octoberfest.</p> <p>Jess Rheault, Managing Director, informed board members that the Foundation's existing data base is being accessed to identify individuals who supported the CT scanner project in the hope that they may consider contributing to the current Diagnostic Imaging project. It was also noted that approximately 100 proposals will be submitted to various organizations for consideration over the course of the current year.</p> <p>In closing, it was suggested that arrangements be made to encourage a quarterly exchange of information between the Foundation and Hospital board members.</p> | |
| 3. Adoption of Minutes | Moved by B. Anderson and seconded by C. DeLaronde that the minutes of the regular meeting of the Board of Directors held on June 2, 2011 be approved as circulated. | Motion#11/9/2 Carried |
| 4. Business Arising | No business arising. | |
| 5. Education | <ul style="list-style-type: none"> • All board members and support staff introduced themselves, provided a brief personal background and the motivation for their interest in the Board of Directors. | |

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| | <ul style="list-style-type: none"> Mentors were assigned to each new board member as follows: C. DeLaronde: A) B. Anderson, B) O. Mejia C. Harasemchuk: A) M. Matheson, B) D. Munro G. Kakeway: A) J. Reid, B) F. Richardson It was noted that the mentoring process will be ongoing. Committee assignments were discussed and the finalized list will be circulated to each board member. | S. Winter |
| 6. Committee Reports | <p>6.1 Ownership/Linkages</p> <p>B. Anderson reported the following:</p> <ul style="list-style-type: none"> Met with Senior's Coalition June 8, 2011; Physicians on June 28, 2011; KACL on July 27; Ontario Provincial Police on August 30. It was felt that all meetings were productive. Common themes included interest/support for a new hospital, need for a greater range of out-patient clinics, need for improvements in the delivery system, would like to address the inefficient use of escort's time by having to wait with clients in ER, need people to take more responsibility for their own health, people need to be more supportive of hospital problems, need better communications, need to address physician shortages and physician referral issues. | Information |
| | <p>6.2 Governance</p> <p>M. Matheson reported the following:</p> <ul style="list-style-type: none"> OHA HealthAchieve 2011 will take place in Toronto on November 7-9. Members interested in attending should contact S. Winter. Board orientation will take place on September 16 & 17 in the hospital boardroom and will include a session on the impact of recent legislation on the hospital by Michael Watts, corporate legal counsel and a refresher session on the Policy Governance model by Jannice Moore. A list of OHA fall education sessions was distributed. Members interested in any of these events are to contact M. Matheson, Chair of Governance committee. Education reports from M. Balcaen on the ACHE Congress held in March 2011 and the OHA's session entitled Innovation and Leadership in Rural and Northern Healthcare held in May 2011 were circulated for review. | Information |
| | <p>6.3 Building a Future</p> <p>C. Gasparini reported the following:</p> <ul style="list-style-type: none"> There has been no formal meeting since June 2011. A proposal for a planning and design grant, submitted previously has been revised and re-submitted at the request of the Ministry. A response is anticipated in early September. | Information |
| | <p>6.4 Quality</p> <p>F. Richardson reported the following:</p> <ul style="list-style-type: none"> The committee met in August where continued review of indicators to ensure compliance with the Quality Improvement Plan took place. The next meeting is scheduled to take place on September 20th. | Information |
| | <p>6.5 Governance Accreditation</p> <p>M. Balcaen reported the following:</p> <ul style="list-style-type: none"> The committee membership includes 5 board members and staff support All 26 survey questions have been verbally completed but will not | Information |

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| | <p>be electronically entered until the survey document has been finalized.</p> <ul style="list-style-type: none"> Jannice Moore will be consulted regarding clarification of terms in relation to policy governance model. | |
| 7. Executive Limitations Items | <p>7.1 EL-5 Treatment of Clients – Review</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.</p> | No change |
| 8. Monitoring CEO Performance | <p>8.1 EL-5 Treatment of Clients</p> <p>Moved by J. Reid and seconded by C. DeLaronde 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 Item # 1 (a)(ii) and Item #6.2 for Surgical Site Infection prevention rates which are listed as non compliant.</p> <p>Explanations for the non-compliance in #1(a)(ii) were provided and plans to address the issues were outlined in the report. Details relating to the surgical site infection prevention issue were verbally provided by M. Balcaen. It was noted that we continue to try to meet this standard although it was noted that we have lower volumes than most and as such results are easily skewed.</p> | Motion#11/9/3 carried |
| 9. Monitoring Board Performance | <p>9.1 GP-13 Board Linkage with Community</p> <p>The monitoring report on GP-13 Board Linkage with Community, completed by M. Matheson was reviewed. As the result of her review of the current policy, M. Matheson recommended a number of revisions to the policy. After discussion it was</p> <p>Moved by J. Reid and seconded by B. Anderson that policy GP-13 Board Linkage with Community be revised to include an opening statement “While the work of the Board is on behalf of the “owners” of the Lake of the Woods District Hospital, the perspectives of various stakeholders must be considered. Linkage with organizations that have an impact on or interest in the hospital informs and enhances the decisions of the Board in relation to achieving ENDS.” and a change to the wording in #2.1, first point, from “...will further the mission and goals of the Board” to “... will further the Vision and Ends of the Board”.</p> | Motion #11/9/4 carried |
| | <p>9.2 BC-2 Accountability of the CEO</p> <p>The monitoring report on BC-2 Accountability of the CEO, completed by D. Munro, was reviewed.</p> <p>The policy will be referred to the Governance committee for revisions which will incorporate Quality Improvement Plan points. M. Watts, hospital legal counsel will be consulted regarding the need for these revisions.</p> | Governance Ctte followup |
| 10. Information Requested by the Board | <p>10.1 President & CEO Report</p> <p>M. Balcaen reviewed his report as circulated (attached).</p> <p>Additions to the report:</p> <p>The Hospital’s Strategic Plan will be circulated to board members for their review.</p> <p>10.2 Chief of Staff Report</p> | Information |

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| | <p>The Chief of Staff report was reviewed. Those items of a confidential nature were moved to the in-camera portion of the meeting.</p> <p>10.3 VP Patient Services Report</p> <p>The report was circulated for review (attached).</p> <p>Additions to the report:</p> <ul style="list-style-type: none"> • The official launch of the Home First Philosophy has been delayed until November to allow the CCAC time to adjust staffing. • The Winnipeg Regional Health Authority (WRHA) has notified the hospital that they will begin accepting our cardiac transfers effective September 1, 2011. <p>10.4 VP Community Programs Report</p> <p>The report was circulated for review (attached).</p> | Information |
| 11. Adjournment | The regular meeting was adjourned at 6:55 p.m. | |

Chair

President & CEO

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