

LAKE OF THE WOODS DISTRICT HOSPITAL
Regular Meeting of the Board of Directors
Thursday, June 3, 2004, 5:02 p.m. Hospital Boardroom

PRESENT: B. Fairfield, H. Hulsbosch 5:58 p.m.), H. Kasprick, R. Lamb, M. Lundin, S. Moore, F. Penner (Chair), S. Proudlove, J. Reid, D. Schwartz, L. Brown, L. A. Brown, M. Mymryk

REGRETS: M. Balcaen, J. Kowbel, P. Sarsfield, K. MacDonald

ABSENT: A. Cameron

AGENDA ITEMS	DISCUSSION	ACTION
A. AGENDA	The agenda was accepted as presented.	
B. MINUTES OF PREVIOUS MEETING	Moved by H. Kasprick and seconded by G. Kaskiw that the minutes of the regular meeting of the Board of Directors held on May 6, 2004 be accepted as circulated.	Motion #04/6/1 Carried
C. BUSINESS ARISING OUT OF THE MINUTES	There was no business arising out of the minutes.	
D. NEW BUSINESS	J. Reid reviewed the minutes of the meeting of May 13, 2004.	
D.1 Committee Reports		
Patient Care	Moved by H. Kasprick and seconded by G. Kaskiw that the Board of Directors approve continued casual employment status for one year (post retirement) for Shirley Paul, R.N., Mary DeGagne, R.N., and Glenda McLeod, EKG Technician.	Motion #04/6/2 carried
Corporate Planning	In J. Kowbel's absence, D. Schwartz reviewed the minutes of the meeting of May 20, 2004. Board members were informed that the OHA teleconference on hospital funding scheduled for June 10, 2004 has been cancelled (This fact to be confirmed and communicated to Board members by email by S. Winter.)	S. Winter
Governance	Minutes of the meeting held on May 27, 2004 were reviewed by F. Penner. Letters of invitation to the political candidates to meet with Board and senior management are currently being drafted.	Information
	Moved by J. Reid and seconded by M. Lundin that the Board of Directors accept the reports of the following committees as presented: Patient Care, Corporate Planning, and Governance.	Motion #04/6/3 Carried
D.2 Community Programs Operating Plan Approval	A memorandum to the Board of Directors outlining 2004/05 goals and objectives of the various community programs was distributed prior to the meeting for review. M. Mymryk noted that there are no changes to the budgets in any of these programs. Due to submission timelines, these operating plans are being presented directly to the Board of Directors for approval and have not gone through Board committee. M. Mymryk stated that she will be contacting the Ministry of Health regarding these short time lines. Moved by J. Reid and seconded by D. Schwartz that the Board of Directors approve operating plans for the following programs: Addictions Services Kenora Program #2013, Day Treatment Program #2020, Community Counseling Program #2008, Problem Gambling Program #8201.	Motion #04/6/4 carried
D.3 Board Education – Risk Management Program	Dr. S. Moore and L. Brown presented information on the Canadian Adverse Events Study and the resultant implementation of a risk management program at this hospital.	Information

	<p>An adverse event has been defined as “an unintended injury or complication, which results in disability, death or prolonged hospital stay and is caused by health care management”. Hospitals in five provinces participated in the study that determined that 7.5% of patients in Canadian hospitals experienced an adverse event. For the most part, no impairment or disability resulted. In order to improve these statistics, it has been recommended that system changes (electronic medical record), improved medication safety and surgical care, better methods of monitoring and evaluating adverse effects and the resources to implement these recommendations are required.</p> <p>Currently data are manually collected at LWDH from paper reports in a number of areas (unusual occurrences, complaints, and medication, employee and security incidents). Although these reports are forwarded to the appropriate individual for investigation and follow up, there is no central location for collection, storage and evaluation of data and no one person to coordinate this process. Research is clear that most errors result from problems in the system versus problems with a person.</p> <p>In an effort to address this deficiency in the organization, risk management and feedback monitor (for tracking of complaints and thanks) programs have been purchased and will be implemented by fall. Details of these programs were provided. All staff must be trained in the appropriate use of this software and a specific person will be identified to coordinate the information. In addition, an employee will be identified as Risk Manager dedicated to quality improvement/assurance.</p>	
D.4 Summer Meeting Schedule	In follow up to discussions at the Governance Committee meeting, joint RPU/Governance meetings will take place on Wednesday, July 28, 2004 and Wednesday, August 25, 2004.	Information
E. AJOURNMENT	Moved by D. Schwartz seconded by H. Kasprick that the meeting be adjourned at 5:59 p.m.	

Chair
/sw

Executive Director