

**LAKE OF THE WOODS DISTRICT HOSPITAL**  
**Regular Meeting of the Board of Directors**  
**Thursday, April 7, 2016**  
**LWDH Boardroom**

**PRESENT:** M. Balcaen, D. Carrie (arrived at 5:45 p.m.), W. Cuthbert, K. Dawe, J. Diamond, Dr. S. Foidart, C. Gasparini, S. Moreau, J. Reid (Vice Chair), D. Schwartz, and B. Siciliano

**REGRETS:** Dr. B. Kyle, Dr. J.K. MacDonald, and T. Stevens

**ABSENT:** D. Paypompee

AGENDA ITEMS	DISCUSSION	ACTION
<b>1. Call to Order</b>	J. Reid, Vice Chair, called the meeting to order at 5:02 p.m.	Called to Order
<b>2. Adoption of Agenda</b>	<b>Moved</b> by W. Cuthbert and <b>seconded</b> by J. Diamond that the agenda be approved as circulated.	Motion #16/4/1 Carried
<b>3. Adoption of Minutes</b>	<b>Moved</b> by W. Cuthbert and <b>seconded</b> by J. Diamond that the minutes of the Regular Meeting of the Board of Directors held on March 3, 2016 be approved as circulated.	Motion #16/4/2 carried
<b>4. Declaration of Conflict of Interest</b>	There were no declarations of conflict of interest.	None Declared
<b>5. Education</b>	The education session titled: "Update on the LHIN's Direction" has been deferred.	Deferred
<b>6. Business Arising</b>	None	
<b>7. Committee Reports</b>	<p><b>7.1 Ownership/Linkages</b></p> <p>J. Reid reported:</p> <ul style="list-style-type: none"> <li>• On March 29, 2016 the O/L Committee met with the Mental Health and Addictions Advisory Committee. The highlights of the meeting were reviewed. In particular, the co-location with CMHA Fort Frances' Peer Support Program is going very well, and the feedback from clients has been very positive.</li> <li>• Met with CMHA Kenora on April 4, 2016. The need to work together to provide enhanced care for patients/clients was discussed. CMHA Kenora will be invited to future O/L meetings when they meet with other community partners.</li> <li>• Will be meeting with Kenora Chiefs Advisory on Wednesday May 11, 2016 at 5:00 p.m.</li> </ul>	Information
	<p><b>7.2 Governance</b></p> <p>No Report</p>	
	<p><b>7.3 Building a Future</b></p> <p>No Report</p>	
	<p><b>7.4 Quality</b></p> <p>J. Reid reported:</p> <ul style="list-style-type: none"> <li>• Presentations were given on the transition of care communication tool that is used between the ED and the Morningstar Centre, and the Caring Safety Task Force.</li> <li>• LWDH Patient and Family Advisory Committee is being formed and a draft Terms of Reference has been developed.</li> <li>• It was noted that last year's QIP had 11 indicators and 10 of them were met; the one not met was the total margin financial indicator.</li> </ul> <p>The following documents were circulated and reviewed (attached):</p> <ol style="list-style-type: none"> <li>1.) 2015-2016 Progress Report</li> <li>2.) 2016-2017 Narrative</li> <li>3.) 2016-2017 Quality Improvement Plan (QIP)</li> <li>4.) 2016-2017 Performance-based Compensation Contract</li> </ol>	Information

	<b>Moved</b> by J. Diamond and <b>seconded</b> by W. Cuthbert that the Board of Directors approves the 2016-2017 Lake of the Woods District Hospital's Quality Improvement Plan (QIP) as presented.	Motion #16/4/3 carried
	<b>7.5 Nominating</b>	Moved to In Camera
<b>8. Consent Agenda</b>	<b>Moved</b> by J. Diamond and <b>seconded</b> by W. Cuthbert that the Consent Agenda be approved.	Motion #16/4/4 carried
<b>9. Monitoring CEO Performance</b>	<b>9.1 EL-5 Treatment of Clients - Report</b>  <b>Moved</b> by D. Schwartz and <b>seconded</b> by S. Moreau that the Board of Directors has assessed the compliance 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 #6.2 for the Surgical Site Infection Prevention Indicator and the CDI Indicator, and item #7. Acceptable plans to attain compliance have been provided.	Motion #16/4/5 carried
	<b>9.2 EL-7 Communication &amp; Support to the Board – Report</b>  <b>Moved</b> by S. Moreau and <b>seconded</b> by D. Schwartz that the Board of Directors has assessed the compliance report on EL-7 Communication and Support to the Board and found that it demonstrated compliance with a reasonable interpretation of the policy.	Motion #16/4/6 carried
	<b>9.3 EL-12 Ethical Behaviour – Report</b>  <b>Moved</b> by S. Moreau and <b>seconded</b> by D. Schwartz that the Board of Directors has assessed the compliance report on EL-12 Ethical Behaviour and found that it demonstrated compliance with a reasonable interpretation of the policy.	Motion #16/4/7 carried
<b>10. Executive Limitations Items</b>	<b>10.1 EL-5 Treatment of Clients - Review</b>  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.	Information
	<b>10.2 EL-7 Communication &amp; Support to the Board – Review</b>  After review and discussion of policy EL-7 Communication and Support to the Board, it was agreed that there was no need to revise the policy at this time.	Information
	<b>10.3 EL-12 Ethical Behaviour – Review</b>  After review and discussion of policy EL-12 Ethical Behaviour, it was agreed that there was no need to revise the policy at this time.	Information
<b>11. Monitoring Board Performance</b>	<b>11.1 GP-18 CEO Recruitment</b>  The monitoring report on GP-18 CEO Recruitment was deferred.	Deferred
	<b>11.2 GP-11 Charge to the Chief of Medical Staff</b>  The monitoring report on GP-11 Charge to the Chief of Medical Staff was deferred.	Deferred
	<b>11.3 GP-16 Handling Operational Complaints</b>  The monitoring report on GP-16 Handling Operational Complaints, completed by S. Moreau, was reviewed. It was suggested that this policy be reviewed to formalize the process for when a Board Director receives a public complaint.	To the O/L Committee for Review
	<b>11.4 GP-3 Board Members' Code of Conduct</b>  The monitoring report on GP-3 Board Members' Code of Conduct, completed by D. Carrie, was reviewed. It was agreed that there was no need to revise the policy at this time.	Information

<b>12. Governance Process Item for Decision</b>	<b>12.1 GP-19 Ethical Framework Policy Revision</b> <b>Moved</b> by D. Schwartz and <b>seconded</b> by S. Moreau that Board Policy GP-19 Ethical Framework be revised as follows: <ul style="list-style-type: none"> <li>• Be retitled “Resolving Ethical Dilemmas”;</li> <li>• Opening statement “ethical decision making” be replaced with “handling complex ethical issues”; and</li> <li>• Item #1 be revised to read “Ethical Dilemma” instead of “Ethical Issue”.</li> </ul>	Motion #16/4/8 carried
<b>13. Information Requested by the Board</b>	<b>13.1 President &amp; CEO Report</b> M. Balcaen reviewed his report as circulated (attached).  <b>13.2 Chief of Staff Report</b> No report.  <b>13.3 VP Patient Services Report</b> K. Dawe reviewed her report as circulated (attached).  <b>13.4 VP Mental Health and Addictions Programs Report</b> B. Siciliano reviewed his report as circulated (attached).  <b>13.5 VP Corporate Services Report</b> C. Gasparini’s reviewed her report as circulated (attached).	Information
<b>14. Adjournment</b>	The regular meeting was adjourned at 6:05 p.m.	Adjourned

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Chair

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President & CEO

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