

PRESENT: D. Carrie (Chair), W. Cuthbert, J. Diamond, C. Gasparini, Dr. B. Kyle, Dr. J.K. MacDonald, S. Moreau (left at 6:10 p.m.), D. Paypompee (arrived at 5:25 p.m. via teleconference), J. Reid, D. Schwartz, and B. Siciliano

REGRETS: M. Balcaen, K. Dawe, Dr. S. Foidart, and T. Stevens

AGENDA ITEMS	DISCUSSION	ACTION
1. Call to Order	D. Carrie, Chair, called the meeting to order at 5:04 p.m.	Called to Order
2. Adoption of Agenda	Moved by W. Cuthbert and seconded by J. Reid that the agenda be approved as circulated.	Motion #16/5/1 Carried
3. Adoption of Minutes	Moved by W. Cuthbert and seconded by J. Reid that the minutes of the Regular Meeting of the Board of Directors held on April 7, 2016 be approved as circulated.	Motion #16/5/2 carried
4. Declaration of Conflict of Interest	There were no declarations of conflict of interest.	None Declared
5. Education	LWDH Suicide Risk Assessment <ul style="list-style-type: none"> • D. Forsyth and B. Loeppky presented on the LWDH Suicide Risk Assessment (presentation attached). • The historical information was reviewed. • The current policy clearly outlines definitions, guidelines, and processes. Currently use the Nurse Global Assess Suicide Risk (NGASR) and the Columbia Suicide Risk Assessment (C-SSRS) tools, which provide the most effective clinical direction to staff, as well as effective mitigating strategies to protect the patient and decrease the risk of on premise suicide. Staff compliance on tool completion is audited. • Staff training on tool completion is available online; education is ongoing and compliance is monitored through Human Resources. • HIROC recognized the LWDH Suicide Risk Assessment as a leading practice. B. Loeppky and D. Forsyth were invited to present at HIROCs Annual General Meeting. • Collaboration with other agencies and organizations within the region during the development of the policy and tools was discussed. • It was noted that staff are supported with debriefing sessions should any patient care incident occur within the LWDH that has directly or indirectly affected a staff member. 	Information
6. Business Arising	None	
7. Committee Reports	<p>7.1 Ownership/Linkages</p> <p>J. Reid reported:</p> <ul style="list-style-type: none"> • Reviewed policy GP-16 Handling Operational Complaints. It was noted that the Board receives the information required and there was no need to revise the policy at this time. • Will be meeting within Kenora Chiefs Advisory on May 11th at 5:00 p.m. • Will be meeting with WNHAC on Monday May 9th at 5:00 p.m. • All Board Directors are invited to attend the LWDH Spring Feast at 12 noon on Friday May 13, 2016. • The next committee meeting will be held on Thursday May 12, 2016 at 5:00 p.m. in the LWDH Boardroom <p>D. Carrie addressed a meeting request from the Kenora Area Health Care Working Group (KAHCWG) (letter attached). Following discussion it was agreed that an O/L Meeting with the KAHCWG would be beneficial; Senior Managers will be invited to attend. D. Carrie will respond.</p>	<p>Information</p> D. Carrie

	7.2 Governance J. Reid reported: <ul style="list-style-type: none"> • A meeting will be scheduled for Thursday May 12, 2016, following the O/L Committee meeting, to discuss the future of this committee. It was noted that policies and by-law revisions may be required. • K. Stepanik will circulate the Director Peer Evaluation Survey and the Self-Assessment Survey for 2016. It was noted that this would be beneficial to complete on an annual basis. 	Information K. Stepanik
	7.3 Building a Future No Report	
	7.4 Quality D. Carrie reported: <ul style="list-style-type: none"> • Presentation was given on the revisions to the blood borne exposure policy, procedure, and order set; as well as the administration of post-exposure prophylaxis (PEP). • It was noted that the Quality Committee reviews the complaints received, as well as the resolutions, twice a year in June and December. • Recruitment for community members on the LWDH Patient and Family Advisory Committee is underway. Advertising will occur through the external website and O/L community meetings. • The Quality Committee is very educational, and if Board Directors are interested in learning about hospital operations they should consider membership on this committee for the upcoming year. 	Information
	7.5 Nominating	Moved to In Camera
8. Consent Agenda	Moved by W. Cuthbert and seconded by J. Reid that the Consent Agenda be approved.	Motion #16/5/3 carried
9. Monitoring CEO Performance	9.1 EL General Executive Constraint- Report Moved by J. Reid and seconded by D. Schwartz that the Board of Directors has assessed the compliance report on EL General Executive Constraint and found that it demonstrated compliance with a reasonable interpretation of the policy.	Motion #16/5/4 carried
	9.2 EL-8 Compensation and Benefits – Report C. Gasparini reported an error in Chart #5, which will be amended. It was noted that a provincial Compensation Framework has been discussed, but has not yet been developed. Moved by J. Reid and seconded by D. Schwartz that the Board of Directors has assessed the compliance report on EL-8 Compensation and Benefits and found that it demonstrated compliance with a reasonable interpretation of the policy, with the exception of item #2 for Non Union/Non-Management and Non Union/Management for which full compliance may not be achieved within the foreseeable future due to financial limitations, the need to balance the budget, and the need to maintain quality patient services.	Motion #16/5/5 carried
10. Executive Limitations Items	10.1 EL General Executive Constraint - Review After review and discussion of policy EL General Executive Constraint, it was agreed that there was no need to revise the policy at this time.	Information
	10.2 EL-8 Compensation and Benefits – Review After review and discussion of policy EL-8 Compensation and Benefits, it was agreed that there was no need to revise the policy at this time.	Information
11. Monitoring Board Performance	11.1 GP-18 CEO Recruitment The monitoring report on GP-18 CEO Recruitment was deferred.	Deferred
	11.2 GP-11 Charge to the Chief of Medical Staff The monitoring report on GP-11 Charge to the Chief of Medical Staff was deferred.	Deferred

	11.3 GP-8.1 Audit Committee Terms of Reference The monitoring report on GP-8.1 Audit Committee Terms of Reference, completed by D. Carrie, was reviewed. An annual fall meeting with Senior Management was suggested. It was agreed that there was no need to revise the policy at this time.	Information
	11.4 GP-8.6 Nominating Committee Terms of Reference The monitoring report on GP-8.6 Nominating Committee Terms of Reference, completed by S. Moreau, was reviewed. It was agreed that there was no need to revise the policy at this time.	Information
	11.5 GP-8.7 Building a Future Committee Terms of Reference <ul style="list-style-type: none"> The monitoring report on GP-8.7 Building a Future Committee Terms of Reference, completed by J. Reid, was reviewed. It was agreed that there was no need to revise the policy at this time. Discussion was held on the need to partner with engaged committees/organizations and collaborate on this project to move it forward. It was noted that the LWDH Master Plan needs to be updated. 	Information
12. Information Requested by the Board	12.1 President & CEO Report M. Balcaen's report was circulated (attached). <ul style="list-style-type: none"> D. Makowsky was welcomed as the new VP Patient Care and CNO; effective at the end of June 2016. 12.2 Chief of Staff Report Dr. J.K. MacDonald's report will be reviewed in camera. 12.3 VP Patient Services Report D. Makowsky, on behalf of K. Dawe, reviewed the VP Patient Services Report as circulated (attached). In addition: <ul style="list-style-type: none"> An update was provided on the challenges associated with the high number of Alternate Level of Care (ALC) patients in hospital. Crisis Designation has been renewed until the end of May 2016. M. Morden has been selected as the new Manager of 3 East/ICU/Respiratory. Recruitment for an Infection Prevention and Control Practitioner is now underway. 12.4 VP Mental Health and Addictions Programs Report B. Siciliano reviewed his report as circulated (attached). In addition: <ul style="list-style-type: none"> The CMHA (Kenora) Board of Directors is interested in being invited to the O/L visits with community providers of mental health services. 12.5 VP Corporate Services Report C. Gasparini's reviewed her report as circulated (attached). In addition: <ul style="list-style-type: none"> OR/MDRD Capital Renovation Project is on-schedule. It is anticipated that renovations will take 12-18 months to complete. One (1) Operating Room, minimum, will be maintained and operational throughout the process. 	Information
13. Adjournment	The next Board Meeting, and the Annual General Meeting, will be held on Thursday June 9, 2016. The regular meeting was adjourned at 6:32 p.m.	Adjourned

Chair

President & CEO