

LAKE OF THE WOODS DISTRICT HOSPITAL
Regular Meeting of the Board of Directors
Thursday, February 4, 2016
LWDH Boardroom

PRESENT: D. Carrie (Chair), W. Cuthbert, K. Dawe, C. Gasparini, Dr. J.K. MacDonald, S. Moreau, J. Reid, D. Schwartz, and B. Siciliano

REGRETS: M. Balcaen, J. Diamond, Dr. S. Foidart, Dr. B. Kyle, D. Paypompee, T. Stevens

AGENDA ITEMS	DISCUSSION	ACTION
1. Call to Order	D. Carrie, Board Chair, called the meeting to order at 5:01 p.m.	Called to Order
2. Adoption of Agenda	Moved by J. Reid and seconded by S. Moreau that the agenda be approved as circulated.	Motion #16/2/1 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 January 7, 2016 be approved as circulated.	Motion #16/2/2 carried
4. Declaration of Conflict of Interest	There were no declarations of conflict of interest.	None Declared
5. Education	<p>Accreditation Canada Survey Report</p> <ul style="list-style-type: none"> • B. Loeppky presented on the highlights from the 2015 Accreditation Canada's Award (appended). LWDH was awarded: "Accreditation with Commendation", which is the second highest level and 27% of healthcare organizations in Ontario receive this award. • LWDH met 29 out of the 31 Required Organizational Practices (ROPs), and there were only two (2) unmet major and minor tests of compliance out of 137. Staff celebrations have been held. • Additional evidence will be provided on the assigned due dates of March 29, 2016 and March 29, 2017. • B. Loeppky will look into posting the accreditation seal on our external website. • A congratulatory letter to all staff from the Board of Directors was suggested. 	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"> • The O/L Committee met on January 13, 2016 to review the concerns brought forward from the meeting with the Family Health Team (FHT) physicians; M. Balcaen attended. There will now be a standing in camera agenda item titled: "Report from the President of Medical Staff" to help improve communication between physicians and the Board. • The LHIN Governance-to-Governance Session held on January 25, 2016 was reviewed. • Meeting with S. Hansson (Canadian Red Cross) on February 8, 2016 at 12:00 p.m. in Studio 4; all Board Directors are invited to attend. • Next meeting will be held on February 10, 2016 at 4:15 p.m. in the LWDH Boardroom. 	Information

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	7.2 Governance No Report	
	7.3 Building a Future No Report	
	7.4 Quality D. Carrie reported: <ul style="list-style-type: none"> • Received an update on ALC rates, and the Accreditation process. Currently working on finalizing the 2016-2017 Quality Improvement Plan (QIP). • Next meeting is scheduled for February 16, 2016 at 12:00 p.m. 	Information
	7.5 Nominating D. Carrie reported: <ul style="list-style-type: none"> • Have reviewed the current terms of each Director, and to date we will have one (1) vacancy to fill for a one-year term. • Advertising will be done in two (2) issues of the Kenora Enterprise on February 4th and 18th. Committee will schedule a meeting following the closing date to review any applications received. • Board Competency Matrix has been circulated to all Directors; please complete and return to K. Hales. 	Information
	7.6 Governance Accreditation D. Carrie reported: <ul style="list-style-type: none"> • Met on January 14, 2016 to review the Accreditation results with respect to Governance. There were no deadlines assigned, and moving forward the Board will continue to address the recommendations received. 	Information
8. Consent Agenda	Moved by J. Reid and seconded by S. Moreau that the Consent Agenda be approved.	Motion #16/2/3 carried
9. Monitoring CEO Performance	9.1 E-2 Information for Positive Lifestyle Choices Report Moved by J. Reid and seconded by S. Moreau 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.	Motion #16/2/4 carried
	9.2 E-3 Partners have Enhanced Capacity Report Moved by W. Cuthbert and seconded by J. Reid that the Board of Directors has assessed the compliance report on E-3 Partners have Enhanced Capacity and found that it demonstrated compliance with a reasonable interpretation of the policy.	Motion #16/2/5
10. Executive Limitations Items	10.1 E-2 Information for Positive Lifestyle Choices - Review After review and discussion of policy E-2 Information for Positive Lifestyle Choices, it was determined that there was no need to revise the policy at this time.	Information
	10.2 E-3 Partners have Enhanced Capacity – Review After review and discussion of policy E-3 Partners have Enhanced Capacity, it was determined that there was no need to revise the policy at this time.	Information

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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-19 Ethical Framework The monitoring report on GP-19 Ethical Framework, completed by D. Schwartz, was reviewed. Following discussion, it was agreed that D. Schwartz will bring forward revisions to this policy for the next meeting.	D. Schwartz
	11.4 BC-5 Complaints re: CEO or Chief of Staff The monitoring report on BC-5 Complaints re: CEO or Chief of Staff, completed by J. Reid, was reviewed. It was agreed that there was no need to revise the policy at this time.	Information
12. Information Requested by the Board	<p>12.1 President & CEO Report M. Balcaen's report was circulated (attached).</p> <p>12.2 Chief of Staff Report Dr. J.K. MacDonald's items will be addressed in camera. In addition, he noted that there has been a drastic increase in the amount of applicants for the Regional Staff privilege category due to the new NRECS system. This places an increased workload on the Credentials Committee. He also noted that there are few past NOSM students on this list.</p> <p>12.3 VP Patient Services Report K. Dawe's report was circulated (attached).</p> <p>12.4 VP Mental Health and Addictions Programs Report B. Siciliano's report was circulated (attached).</p> <p>12.5 VP Corporate Services Report C. Gasparini reviewed her report as circulated (attached). In addition: an update on the upcoming Hospital Service Accountability Agreement (H-SAA) was provided. It was noted that the new template will combine the H-SAA and the Multi-Sector Service Accountability Agreement (M-SAA).</p>	Information
13. Adjournment	The regular meeting was adjourned at 5:58 p.m.	Adjourned

Chair

President & CEO

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