

**LAKE OF THE WOODS DISTRICT HOSPITAL**  
**Regular Meeting of the Board of Directors**  
Thursday, September 2, 2004, 5:02 p.m. Hospital Boardroom

**PRESENT:** B. Fairfield, H. Hulsbosch, G. Kaskiw, H. Kasprick, J. Kowbel, R. Lamb, M. Lundin, S. Moore, S. Proudlove, J. Reid (Acting Chair), L. Brown, L. A. Brown

**REGRETS:** M. Balcaen, A. Cameron, K. MacDonald, F. Penner, P. Sarsfield, D. Schwartz, M. Mymryk

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. AGENDA</b>	The agenda was approved as presented.	
<b>B. MINUTES OF PREVIOUS MEETING</b>	<b>Moved</b> by B. Fairfield and <b>seconded</b> by M. Lundin that the minutes of the regular meeting of the Board of Directors held on June 24, 2004 be accepted as circulated.	Motion #04/9/1 Carried
<b>C. BUSINESS ARISING OUT OF THE MINUTES</b>	There was no business arising out of the minutes.	
<b>D. NEW BUSINESS</b>	J. Reid reviewed the Governance portion of the minutes of the meeting held on July 28, 2004.	
<b>D.1 Committee Reports</b>		
<b>Resource Planning &amp; Utilization/ Governance</b>	H. Kasprick reviewed the RPU portion of the minutes. A meeting with those businesses submitting tenders for the Hospital's audit will take place later in September.	
	<b>Moved</b> by H. Kasprick and <b>seconded</b> by B. Fairfield that the Board of Directors accept the report of the Resource Planning & Utilization/Governance committee as presented.	Motion #04/9/2 Carried
<b>D.2 Report on Consultation Meeting with T. Closson</b>	L. Brown, Dr. Moore and Dr. MacDonald attended a meeting in Dryden with T. Closson, Advisor to the Minister of Health where representatives from district hospitals (except Sioux Lookout) were given the opportunity to identify service gaps based on Thunder Bay Regional Health Sciences Centre's inability to respond to regional needs. Our stated position reflected the fact that, with additional funding, we are capable of providing more extensive services in Kenora negating the need for patients to travel to Thunder Bay and subsequently alleviating pressures on that facility. It was also noted for geographical reasons our referral pattern is to Winnipeg therefore regional planning must include that tertiary centre. The final report is expected in May 2005. L.A. Brown provided details of discussions from the OHA members meeting which took place today. Although provincial hospitals are reporting huge deficits, this hospital is in fact in a balanced situation. Three resolutions were presented and passed. The first was in support of an advocacy campaign by the JPPC for increased hospital funding, the second in support of OHA's proposed legal review of service accountability agreements and the third in support of an open, transparent process between local communities and the government in the development of the Local Health Integration Networks.	Information
<b>D.3 Board Strategic Planning Session/ Board Retreat</b>	After discussion it was agreed that more detailed planning of this session including the selection of a facilitator and the potential participation of community members was deferred to the September meeting of the Corporate Planning committee. In the meantime, Board members will be polled as to their date preference for the retreat (October 15/16, 22/23, 29/30).	Deferred to Corporate Planning  S. Winter

<b>D.4 Letter of Support for Northern Hospital Funding Process</b>	Discussion took place regarding the Board's position on submission to the editor of the Sudbury Star a letter in support of funding for northern Ontario hospitals. A motion to support this campaign moved by J. Reid and seconded by R. Lamb was subsequently withdrawn pending further discussion and clarification by M. Balcaen at the next meeting of the Corporate Planning Committee. If it is decided that support will be given, M. Balcaen will be asked to redraft the letter to be sent.	Deferred to Corporate Planning
<b>D.5 Board Education – Quality Monitoring/ Improvement, Quality Council &amp; Accreditation</b>	L. Brown provided details of the Hospital's quality program, established in the mid 90's. The formal program is client focused from the bedside to the corporate level. High volume, high risk and high cost activities as well as various processes are monitored for efficiency/effectiveness and improved upon if necessary. Benchmarks and indicators are used in the process. The quality program is made up of nine client centred teams, congruent with accreditation requirements and is coordinated by Kathy Dawe. One member from each team sits on the Quality Council. Ad hoc teams are established to address other functional issues as they arise. Additional hospital committees relating to quality are medical quality assurance (physician/clinical perspective), utilization, and pharmacy and therapeutics.	Information
<b>E. AJOURNMENT</b>	<b>Moved</b> by R. Lamb that the meeting be adjourned at 6:05 p.m.	

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Chair  
/sw

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Executive Director