

**LAKE OF THE WOODS DISTRICT HOSPITAL**  
**Regular Meeting of the Board of Directors**  
**Thursday, April 5, 2012, Hospital Boardroom**

**PRESENT:** B. Anderson, M. Balcaen, L. Brown, K. Dawe, G. Kakeeway, Dr. K. MacDonald, D. Monteith, J. Reid, F. Richardson (Chair), C. Gasparini, M. Mymryk  
**REGRETS:** Dr. J. Beveridge, Dr. R. Diamond, O. Mejia, M. Matheson, D. Munro  
**GUEST:** Anita Cameron, Executive Director, Waasegiizhig Nanaandawe'iyewigamig

AGENDA ITEMS	DISCUSSION	ACTION
1. Call to Order	F. Richardson, Chair, called the meeting to order at 5:00 p.m.	
2. Adoption of Agenda	<b>Moved</b> by J. Reid and <b>seconded</b> by D. Monteith that the regular meeting agenda be approved with the transfer of Item #6.6 Nominating Committee Report to the in-camera session.	Motion#12/4/1 carried
3. Adoption of Minutes	<b>Moved</b> by J. Reid and <b>seconded</b> by B. Anderson that the minutes of the regular meeting of the Board of Directors held on March 1, 2012 be approved.	Motion#12/4/2 carried
4. Business Arising	No business arising.	
5. Education	<p>Anita Cameron, Executive Director of Waasegiizhig Nanaandawe'iyewigamig, joined the meeting and provided Board members with a high level presentation on the services being provided by her organization. (Presentation attached)</p> <ul style="list-style-type: none"> <li>• A population of 10,118 within the catchment area is being served, ¼ reside in the community of Kenora. There are 10 communities within the catchment area.</li> <li>• The target population being served is under the age of 25.</li> <li>• Health issues – Diabetes has consistently been #1 with the exception of the year of the pandemic. The ten top services provided by this organization are related to the treatment of diabetes. A coordinated diabetes care model is being used.</li> <li>• Other resources and strengths of the service include mental health services, health promotion, clinical services (primary health care)</li> <li>• Approximately 5 years ago there was a shift in diagnoses from mental health to others. Reasons for this are being investigated.</li> <li>• Other Aboriginal Health services in the community include Nechee Friendship Centre, Kenora Metis Council, Kenora Chiefs' Advisory, Anishinaabe Abinooji Family Service, Migisi Addiction Service and First Nation Health Services in the individual communities.</li> <li>• A priority concern for this organization is that the traditional model of physician centred health care is no longer appropriate or functional for this population.</li> <li>• To address this, a person centred model of care is needed that focuses on client needs and encompasses health determinants, not just symptoms of ill health. A whole system change is required, similar to the patient centred care model being initiated by the province.</li> <li>• During the discussion that followed the presentation, the need to promote and maintain communication between our two organizations was highlighted. It was suggested that the O/L committee schedule a meeting with the Board of KAHAC. Topics for discussion would include ER discharge strategies, ways in which to address ALC's, coordinated (with hospital) hours of</li> </ul>	Information

	operation.	
	At this time, F. Richardson congratulated K. Dawe on her appointment to the position of VP Patient Care Services/CNO effective July 1, 2012.	
<b>6. Committee Reports</b>	<b>6.1 Ownership/Linkages</b>  B. Anderson reported: <ul style="list-style-type: none"> <li>• In order to communicate board activities, etc., a column entitled "From the Boardroom" will be included in the hospital newsletter.</li> <li>• Meeting with Wauzhushk Onigum (Rat Portage) Health Centre representatives will take place on April 11, 2012 at 1:30 p.m.</li> <li>• A meeting with the Northwestern Health Unit has been tentatively scheduled for April 22, 2012.</li> <li>• Meeting dates with the Kenora Fellowship Centre and AKRC have not yet been set.</li> <li>• In response to a question from B. Anderson, Dr. MacDonald confirmed that pertinent Board meeting information is regularly provided to physicians at both their Medical Staff meetings and the Medical Advisory Committee meetings.</li> </ul>	Information
	<b>6.2 Governance</b>  J. Reid reported the following on behalf of M. Matheson: <ul style="list-style-type: none"> <li>• Board education for the coming months will be <ul style="list-style-type: none"> <li>• May- Dr. MacDonald presenting on Laboratory Accreditation and quality control.</li> <li>• June – AGM</li> <li>• September – a Fiscal Environmental Scan</li> <li>• Fall education/orientation session – presentations from M. Watts, hospital legal counsel and J. Moore, Policy Governance Coach and ENDS review.</li> </ul> </li> <li>• A Board member Self Evaluation form was circulated for completion. Ex-officio members were also asked to complete the form.</li> <li>• OHA Education Sessions – Region 1 Spring Conference, April 18-20, 2012 in Thunder Bay (no registered attendees from LWDH), OHA Advanced Certificate in Board Governance, June 4, 2012 in Dryden (M. Matheson, D. Monteith to attend).</li> <li>• The committee has reviewed and recommended revisions to Policy EL-4 Protection of Assets (see Item #11.2 below).</li> <li>• The committee has agreed that the Board budget will remain the same for the coming year.</li> </ul>	Information
	<b>6.3 Building a Future</b>  M. Balcaen reported: <ul style="list-style-type: none"> <li>• As the Federal budget has now been announced, contact will be made with the Capital Planning Branch of the Ministry of Health to inquire about the status of our project proposals, submitted in September of 2011.</li> </ul>	Information
	<b>6.4 Quality</b>  F. Richardson reported: <ul style="list-style-type: none"> <li>• The completed 2012/13 Quality Improvement Plan is being presented for board approval and all staff and board members participating in this process were thanked for their time and commitment.</li> <li>• At the next meeting, comparisons with other facilities will be made and fine-tuning of the dashboard of indicators will begin.</li> </ul>	Information

	<ul style="list-style-type: none"> <li>The 2012/13 QIP is posted on the internal website.</li> </ul> <p><b>Moved</b> by J. Reid and <b>seconded</b> by D. Monteith that the Board of Directors approve the Lake of the Woods District Hospital's 2012/2013 Quality Improvement Plan as recommended by the Quality Committee.</p>	Motion#12/4/3 carried
	<p><b>6.5 Governance Accreditation</b></p> <p>M. Balcaen reported:</p> <ul style="list-style-type: none"> <li>Results of the Governance Self-Assessment survey, Governance Functioning Tool and the Quality Performance Roadmap have been circulated to committee members. Of the 42 standards in the Quality Performance Roadmap, we have received only 1 red and 3 yellow flags.</li> <li>The committee will meet on Thursday, April 12 at 12:00 noon in the hospital boardroom to begin follow-up on the areas identified.</li> </ul>	Information
	<p><b>6.6 Nominating</b></p> <p>Moved to In-camera.</p>	Information
	<p><b>6.7 CEO Evaluation and Compensation</b></p> <p>F. Richardson reported:</p> <ul style="list-style-type: none"> <li>A meeting will be held in April to begin development of a number of policies including one specific to CEO compensation.</li> <li>To assist them in policy development, the committee will conduct a literature review of executive compensation from a variety of perspectives, ie. healthcare, industry etc.</li> <li>It is recommended that the committee be more proactive in the area of CEO compensation and evaluation.</li> </ul>	Information
<b>7. Consent Agenda</b>	<b>Moved</b> by J. Reid and <b>seconded</b> by B. Anderson that the Consent Agenda be approved.	Motion#12/4/4 carried
<b>8. Executive Limitations Items</b>	<p><b>8.1 EL-7 Communication &amp; Support to the Board - Review</b></p> <p>After review and discussion of policy EL-7 Communication &amp; Support to the Board, it was agreed that there was no need to revise the policy at this time.</p>	No change
	<p><b>8.2 EL-12 Ethical Behaviour - Review</b></p> <p>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.</p>	No change
<b>9. Monitoring CEO Performance</b>	<p><b>9.1 EL-7 Communication &amp; Support to the Board</b></p> <p><b>Moved</b> by J. Reid and <b>seconded</b> by D. Monteith that the Board of Directors has assessed the monitoring report on EL-7 Communication &amp; Support to the Board and found that it demonstrated compliance with a reasonable interpretation of the policy.</p>	Motion#12/4/5 carried
	<p><b>9.2 EL-12 Ethical Behaviour</b></p> <p><b>Moved</b> by J. Reid and <b>seconded</b> by B. Anderson that the Board of Directors has assessed the monitoring report on EL-12 Ethical Behaviour and found that it demonstrated compliance with a reasonable interpretation of the policy.</p>	Motion#12/4/6 carried

<p><b>10. Monitoring Board Performance</b></p>	<p><b>10.1 GP-3 Board Members' Code of Conduct</b></p> <p>The monitoring report on GP-3 Board Members' Code of Conduct, completed by M. Matheson, was reviewed.</p> <p>Although it was suggested in the report that the Chair should complete this report in future, after discussion, it was agreed that the Chair need only be consulted on specific items within the policy when the report is being done.</p>	
	<p><b>10.2 GP-8.5 CEO Evaluation &amp; Compensation</b></p> <p>The monitoring report on GP-8.5 CEO Evaluation &amp; Compensation Committee Terms of Reference, completed by J. Reid, was reviewed.</p> <p>After discussion it was agreed that the Governance Committee will review the policy with a view to revision of the opening statement.</p>	<p>Governance Cttee to review policy</p>
<p><b>11. Governance Process Items</b></p>	<p><b>11.1 Proposed Professional Staff By-Laws Revision</b></p> <p><b>Moved</b> by D. Monteith and <b>seconded</b> by J. Reid that the Board of Directors approve revisions to Professional Staff By-Laws, Article 3.05 Chief of Staff (d) (i) &amp; (ii) as noted below.</p> <p><b>Current Language</b></p> <ul style="list-style-type: none"> <li>(i) Subject to annual confirmation by the Board, an appointment made under paragraph (a) above shall be for a term of three (3) years, but the Chief of Staff shall hold office until a successor is appointed.</li> <li>(ii) The maximum number of terms for Chief of Staff shall be two (2), provided that following a break in the continuous service of at least one (1) year, the same person may be re-appointed.</li> </ul> <p><b>Revised Language</b></p> <ul style="list-style-type: none"> <li>(i) Subject to annual confirmation by the Board, an appointment made under paragraph (a) above shall be for a term of three (3) years. There is no restriction as to the number of terms that a Chief of Staff may serve but the recruitment and selection process is to be followed near the end of each three year term.</li> <li>(ii) Notwithstanding paragraph (i) above, the Chief of Staff shall hold office until a successor is appointed.</li> </ul> <p><b>11.2 EL-4 Protection of Assets</b></p> <p><b>Moved</b> by J. Reid and <b>seconded</b> by B. Anderson that the Board of Directors approve the revision to policy EL-4 Protection of Assets to include the addition of Item #10.2 "Shall not cause or permit hospital property to be used to promote causes that do not support the hospital mission."</p>	<p>Motion#12/4/7 carried</p> <p>Motion#12/4/8 carried</p>
<p><b>12. Information Requested by the Board</b></p>	<p><b>12.1 President &amp; CEO Report</b></p> <p>M. Balcaen reviewed his report as circulated (attached).</p> <p><b>12.2 Chief of Staff Report</b></p> <p>Dr. MacDonald reviewed his report as circulated (attached). Items</p>	<p>Information</p>

	<p>of a confidential nature were moved to the in-camera session.</p> <p><b>12.3 VP Patient Services Report</b></p> <p>L. Brown reviewed her report as circulated (attached).</p> <p><b>12.4 VP Community Programs Report</b></p> <p>M. Mymryk reviewed her report as circulated (attached).</p> <p><b>12.5 VP Corporate Services Report</b></p> <p>C. Gasparini reviewed her report noting that there is a \$75,297 deficit being reported in the financial statements to February 29, 2012. (Report attached)</p>	
<b>13. Adjournment</b>	The meeting was adjourned at 6:48 p.m.	

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Chair

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President & CEO

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