

LAKE OF THE WOODS DISTRICT HOSPITAL
Regular Meeting of the Board of Directors
Thursday, April 3, 2014
Hospital Boardroom

PRESENT: B. Anderson, M. Balcaen, D. Carrie, K. Dawe, C. Gasparini, D. Monteith (via teleconference), H. Redsky (via teleconference), J. Reid, F. Richardson (Chair), Dr. R. Scatliff, B. Siciliano, and T. Stevens (via teleconference)

REGRETS: G. Kakeeway Dr. J.K. MacDonald, and Dr. M. Spencer

AGENDA ITEMS	DISCUSSION	ACTION
1. Call to Order	F. Richardson, Chair, called the meeting to order at 5:05 p.m. <ul style="list-style-type: none"> B. Siciliano, Vice President of Mental Health and Addictions Services was introduced to the Board of Directors. 	Information
2. Adoption of Agenda	Moved by J. Reid and seconded by B. Anderson that the regular meeting agenda be approved as circulated.	Motion#14/4/1 Carried
3. Adoption of Minutes	Moved by D. Carrie and seconded by J. Reid that the minutes of the Regular Meeting of the Board of Directors held on March 6, 2014 be approved as circulated.	Motion#14/4/2 Carried
4. Business Arising	No business arising.	
5. Education	5.1 Minobimaadiziwin ("The Good Life") Strategy Update <ul style="list-style-type: none"> M. Hyatt, Project Manager for the Minobimaadiziwin Strategy from Grand Council Treaty #3 gave an update on the Strategy (presentation appended). The Strategy is a Treaty #3 wide project that includes 25 Ontario-based communities, two (2) Health Access Centres, and four (4) Tribal Regions/Health Authorities, with the goal of "working together to support Natural Helper systems in communities to improve Mental Health and Addictions and Emergency Preparedness outcomes in communities." Will be entering into Phase 3 - Implementation in July 2014. Project has sustainability built in through agreements with service providers and facilities. The project will conclude in March 2015. The goal is to strengthen each community and create lasting partnerships so the strategy will continue to work. 	Information
6. Committee Reports	6.1 Ownership/Linkages Committee D. Monteith reported: <ul style="list-style-type: none"> Currently scheduling engagements for April and May. The visit with the Alzheimer's Society is currently being rescheduled. Will be meeting with the Best Start Moms and Tots Group on May 6, 2014. F. Richardson and B. Anderson are attending the Spring Governance Showcase on Friday April 11, 2014 to do their presentation on the O/L Committee. 	Information
	6.2 Governance Committee D. Carrie and F. Richardson reported: <ul style="list-style-type: none"> Presentation on the GCE Self-Assessment Survey results was given (presentation appended). The Key Findings were reviewed, as well as the Governance Action Plan. It was felt that this was a worthwhile exercise, and the Board will utilize this tool in the future. 	Information

	6.3 Building a Future C. Gasparini reported: <ul style="list-style-type: none"> A new capital pre-proposal for the OR/CSR renovations is being prepared for submission 	Information
	6.4 Quality B. Loeppky, Manager of Quality/Risk/Education/Telemedicine, presented the 2014-2015 Quality Improvement Plan (QIP). The QIP is mandated by the Excellent Care for All Act (ECFAA), and gives guidance and direction to focus on quality initiatives. The QIP Narrative and the QIP Work Plan were reviewed (appended). Moved by B. Anderson and seconded by J. Reid that the Board of Directors approves the 2014-2015 Lake of the Woods District Hospital's Quality Improvement Plan as presented. Following a brief overview on the Community Program's QIP by B. Siciliano, it was moved by J. Reid and seconded by B. Anderson that the Board of Directors approves the 2014-2015 Community Program's Quality Improvement Plan as presented.	Information Motion#14/4/3 Carried Motion#14/4/4 Carried
	6.5 Nominating Committee F. Richardson reported: <ul style="list-style-type: none"> No meeting since February One candidate has been interviewed, and currently waiting for documentation from one other interested candidate. 	Information
	6.6 CEO Compensation and Evaluation Committee F. Richardson reported: <ul style="list-style-type: none"> The Committee met with M. Watts to develop the QIP LWDH Performance-based Compensation Contract (appended). Contract was approved as per motion #14/4/3. 	Information
7. Consent Agenda	Moved by J. Reid and seconded by D. Carrie that the Consent Agenda be approved.	Motion#14/4/5 carried
8. Executive Limitations Items	8.1 EL-1 Planning: Hospital Strategic Plan The review of policy EL-1 Planning: Hospital Strategic Plan will be deferred until the LWDH Strategic Plan (2014-2017) is completed.	Deferred
	8.2 EL-7 Communication and Support to the Board 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
	8.3 EL-12 Ethical Behaviour 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
9. Monitoring CEO Performance	9.1 EL-1 Planning: Hospital Strategic Plan The review of the monitoring report on EL-1 Planning: Hospital Strategic Plan will be deferred until the LWDH Strategic Plan (2014-2017) is completed.	Deferred
	9.2 EL-7 Communication and Support to the Board Moved by J. Reid and seconded by D. Carrie that the Board of Directors has assessed the monitoring report on EL-7 Communication and Support to the Board and found that it demonstrated compliance with a reasonable interpretation of the policy.	Motion#14/4/6 carried

	<p>9.3 EL-12 Ethical Behaviour</p> <p>Moved by B. Anderson and seconded by J. Reid 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#14/4/7 carried
10. Monitoring Board Performance	<p>10.1 BC-5 Complaints re: CEO or Chief of Staff</p> <p>The monitoring report on BC-5 Complaints re: CEO or Chief of Staff, completed by T. Stevens, was reviewed.</p> <ul style="list-style-type: none"> It was suggested that a traditional process for conflict resolutions be developed and made available. Following discussion of policy item #5, it was decided this policy will be reviewed by the Governance Committee 	Information To Governance Committee
	<p>10.2 GP-16 Handling Operational Complaints</p> <p>The monitoring report on GP-16 Handling Operational Complaints, completed by D. Monteith, was reviewed.</p>	Information
	<p>10.3 GP-3 Board Members' Code of Conduct</p> <p>The monitoring report on GP-3 Board Members' Code of Conduct, completed by F. Richardson, was reviewed.</p>	Information
	<p>10.4 GP-8.5 CEO Evaluation and Compensation Committee</p> <p>The monitoring report on GP-8.5 CEO Evaluation and Compensation Committee, completed by B. Anderson, was reviewed.</p>	Information
11. Information Requested by the Board	<p>11.1 President & CEO Report</p> <p>M. Balcaen reviewed the report as circulated (attached).</p> <p>11.2 Chief of Staff Report</p> <p>Dr. MacDonald's report was circulated (attached).</p> <p>11.3 VP Patient Services Report</p> <p>K. Dawe reviewed the report as circulated (attached). Those items of a confidential nature will be reviewed In Camera.</p> <p>11.4 VP Mental Health & Addictions Program Report</p> <p>B. Siciliano reviewed the report as circulated (attached).</p> <p>11.5 VP Corporate Services Report</p> <p>C. Gasparini reviewed the report as circulated (attached).</p>	Information
13. Adjournment	The regular meeting was adjourned at 6:38 p.m.	Adjourned

Chair

President & CEO

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