

**LAKE OF THE WOODS DISTRICT HOSPITAL**  
**Regular Meeting of the Board of Directors**  
**Thursday, October 1, 2009, Hospital Boardroom**

**PRESENT:** B. Anderson, , D. Baldwin (Chair), A. Cameron , J. Clarke, Dr. K. MacDonald, M. Matheson, B. McCallum, O. Mejia, D. Munro, J. Reid, F. Richardson, R. Thompson, Dr. S. Wiebe, L. Brown, C. Gasparini, M. Mymryk

**REGRETS:** M. Balcaen, Dr. S. Reed-Walkiewicz

AGENDA ITEMS	DISCUSSION	ACTION
1. Call to Order	D. Baldwin, Chair, called the meeting to order at 5:10 p.m.	
2. Adoption of Agenda	<b>Moved</b> by J. Reid and <b>seconded</b> by B. Anderson that the regular meeting agenda be adopted as circulated.	Motion#09/10/1 carried
3. Self Evaluation of Governance Process	<p><b>3.1 Meeting Monitor Report</b></p> <p>The September 3, 2009 meeting monitor report, completed by Dr. Reed-Walkiewicz, was circulated for review.</p> <p><b>3.2 October Meeting Monitor</b></p> <p>M. Matheson was appointed meeting monitor for the current meeting.</p>	
4. Adoption of Minutes	<b>Moved</b> by J. Reid and <b>seconded</b> by D. Munro that the minutes of the regular meeting of the Board of Directors held on September 3, 2009 be adopted as circulated.	Motion#09/10/2 carried
5. Education	<p><b>5.1 Aboriginal Health – A. Cameron</b></p> <p>In an effort to elicit dialogue about issues (rather than a one-way presentation of information that is readily accessible – as noted later), Anita Cameron provided Board members with information/thoughts relating to aspects of aboriginal healthcare.</p> <p>Comments included:</p> <ul style="list-style-type: none"> <li>- There is a need to get past token words and get to real working relationships/partnerships.</li> <li>- FN populations are large consumers of hospital services and as such should be part of meaningful relationships with healthcare providers. More planning should be based on aboriginal needs. To facilitate this we need to connect with other aboriginal services providers ie. KAHAC, Kenora Chiefs Advisory, and not just First Nations communities. In the context of pandemic planning we all need to work together including various First Nation communities.</li> <li>- Aboriginal health information is available on a number of first nation organizational profiles accessible on the internet.</li> <li>- Must look at the Kenora area as regional centre not as separate on reserve and off reserve populations. Must include these populations in discussions</li> <li>- Hospital ownership/linkages plans should include more FN input and how we can make relationships more functional. Cannot be just about service delivery.</li> <li>- There are a number of individuals who feel they are not being served well by the hospital. Information about services available and hand off processes needs to be more visible.</li> <li>- Most health care funding on reserves is spent on treatment rather than prevention. There is a perception that there are many prevention programs in existence but in reality few resources are actually allocated to these. In addition, the number and success of initiatives is influenced by population dynamics, availability of skilled personnel in securing resources</li> </ul>	

	<p>and political influence. It was agreed that prevention is a non threatening way to work together.</p> <ul style="list-style-type: none"> <li>- Interaction between First Nations and the hospital needs to take place on various levels – board to board, staff to staff, management to management, and must be continuous.</li> </ul> <p>Follow-up comments included:</p> <ul style="list-style-type: none"> <li>- There are 35 to 40 First Nation discharges from the ER and in patient wards daily and insufficient community services established to provide appropriate follow up to these volumes. Gaps need to be identified and solutions found.</li> <li>- It has been a substantial learning curve for the Ownership/Linkages committee in relationship building with First Nations communities.</li> <li>- Contemplation of an Aboriginal only hospital is not realistic given economies of scale, etc. Service provision to Aboriginals only at the health access centre is on a much smaller scale.</li> <li>- The Board's fall retreat will focus on a new hospital process. Partnering will be a major part of this process and First Nations need to be consulted.</li> <li>- It was confirmed that hospital funding allocations are not patient population or service usage based but rather on a historic dollar value which increases by percentages each year.</li> </ul>	
<b>6. Ownership/ Linkages</b>	<p>Updates re scheduled meetings included:</p> <p>Alzheimer's Society - October 15 at 5:00 p.m. Boardroom</p> <p>Hospital Foundation - October 22 at 5:00 p.m. Boardroom</p> <p>Retired Teachers – October 15</p> <p>Hospital Auxiliary – January 11, 2010</p> <p>R. Thompson will be attending a Policy Governance workshop in Winnipeg on October 15, 2009</p>	Information
<b>7. Future Focus</b>	<p>Planning for the Board's fall retreat continues and invitations have been sent out this week to various stakeholders. The retreat is scheduled to take place on October 23 and 24 at the Best Western Lakeside Inn.</p>	Information
<b>8. Consent Agenda</b>	<p><b>Moved</b> by B. Anderson and <b>seconded</b> by J. Reid that the consent agenda be approved.</p>	Motion#09/10/3 carried
<b>9. Executive Limitations Items</b>	<p><b>9.1 EL-5 Treatment of Staff &amp; Volunteers</b></p> <p>After review of policy EL-5 Treatment of Staff &amp; Volunteers, it was agreed that there was no need to change the policy.</p> <p><b>9.2 EL-7 Compensation &amp; Benefits</b></p> <p>After review of policy EL-7 Compensation &amp; Benefits, it was agreed that there was no need to change the policy.</p>	
<b>10. Monitoring CEO Performance</b>	<p><b>10.1 EL-5 Treatment of Staff &amp; Volunteers</b></p> <p><b>Moved</b> by B. Anderson and <b>seconded</b> by J. Reid that the Board of Directors has assessed the monitoring report on EL-5 Treatment of Staff &amp; Volunteers and found that it demonstrated compliance with a reasonable interpretation of the policy except for areas reported as non-compliant. The board is satisfied with the dates projected for achieving compliance in these areas.</p> <p>Discussion took place regarding length of reports and relevance of some data. It was noted that there are mechanisms within policy governance to facilitate the verification of information contained in reports. In addition, the option for policy review and revision is available to ensure that policy wording elicits information required in the monitoring reports.</p> <p>J. Clarke requested any "nice to know" information is deleted in subsequent reports.</p>	Motion#09/10/4 carried

	<p><b>10.2 EL-7 Compensation &amp; Benefits</b></p> <p><b>Moved</b> by D. Munro and <b>seconded</b> by O. Mejia that the Board of Directors has assessed the monitoring report on EL-7 Compensation &amp; Benefits and found that it demonstrated compliance with a reasonable interpretation of the policy.</p> <p>Amendment <b>moved</b> by Dr. K. MacDonald and <b>seconded</b> by F. Richardson to add the following statement to the existing motion “except for #2, relating to non union employee compensation, which is non compliant.”</p> <p>In response to a question relating to the impact of benefits on salary, Board members were informed that the OHA salary survey does not include benefits. As benefit packages do impact total compensation, salary comparisons provided in the next report will include both salary and benefits.</p> <p>As in the previous item, J. Clarke requested that “nice to know” information be deleted from subsequent reports.</p>	Motion#09/10/5 With amendment carried
<b>11. Monitoring Board Performance</b>	<p><b>11.1 BC-3 Delegation to the CEO</b></p> <p>The monitoring report on BC-3 Delegation to the CEO by A. Cameron was circulated for review.</p> <p><b>11.2 GP-11 Charge to the Chief of Medical Staff</b></p> <p><b>Moved</b> by J. Clarke and <b>seconded</b> by J. Reid that revisions to the policy GP-11 Charge to the Chief of Medical Staff as follows:</p> <p>Introductory statement: delete “physicians and other non-employee” and replace with “all”, add “whom are” granted ....</p> <p>#2 – revise to read “There is an assessment of medical staff performance on the criteria above annually be an internal examination by a mechanism established by the Medical Staff.”</p> <p>Revised policy to be distributed.</p>	Motion#09/10/6 Carried
<b>12 Information Requested by the Board</b>	<p><b>12.1 President &amp; CEO Report</b></p> <p>M. Balcaen’s report was circulated for review. (attached).</p> <p><b>12.2 Chief of Staff Report</b></p> <p>Dr. K. MacDonald deferred his report to the in-camera session for review.</p>	Information
<b>13. Adjournment</b>	<b>Moved</b> by F. Richardson that the regular meeting be adjourned at 6:25 p.m.	Deferred to in-camera session

Chair  
/sw

President & CEO