


Executive Limitations Monitoring Report EL-7 Communication and Support to the Board Lake of the Woods District Hospital

April 2017

Board policy is indicated in bold typeface throughout.

I hereby present my monitoring report on your Executive Limitations Policy EL-7 **Communication and Support to the Board** according to the schedule set out. I certify that the information contained in this report is true, and represents compliance with a reasonable interpretation of the policy unless specifically stated otherwise.

Signed: , CEO Date: March 24, 2016

The CEO shall not permit the Board to be uninformed or unsupported in its work.

CEO Interpretation (no change):

I submit that the Board has comprehensively interpreted this policy in its subsequent policy provisions (listed below). My interpretations and evidence will be attached to those provisions listed below.

Evidence:

I submit that the evidence to follow demonstrates compliance with this global provision.

Further, without limiting the scope of the above statement by the following list, the CEO shall not:

1. **Let the Board be without adequate information to support informed Board choices, including relevant environmental scanning data, a representative range of staff and external points of view, including the views of medical staff on clinical issues; significant issues or changes within the external environment which may have a bearing on any existing Board policies, along with alternative choices and their respective implications.**

CEO Interpretation (no change):

I interpret this criterion to mean that the Board will be regularly provided with written and verbal information from a variety of internal and external sources to allow them to make well informed decisions on important governance issues. Further I interpret this criterion to mean that Board members will be encouraged and provided with opportunities for education and meetings with external agencies, experts, and peers to enable them to obtain information from a broad range of sources.

Compliance will be demonstrated when:

- a) All "decision" items on the board's agenda are accompanied by an appropriate briefing document and/or verbal information relevant to the Board's ability to make an informed decision
- b) Senior Management and representatives of Medical Staff are available to provide background information and comment to the board regarding clinical and medical issues.
- c) Opportunities for board education and for the board to meet with external agencies, experts, and peers to enable them to obtain information from a broad range of sources are arranged at the board's request.
- d) A majority of Board members surveyed over the latest reporting period for EL-7 state that they received adequate information to support Board choices including:
 1. relevant environmental scanning data;
 2. a representative range of staff and external points of view;
 3. including the views of medical staff on clinical issues;

4. significant issues or changes within the external environment which may have a bearing on any existing Board policies, along with; and
5. alternative choices and their respective implications.

Evidence: Compliant

- a) A review of the board's agenda packages and minutes over the last twelve months confirmed that decision items were accompanied by a written briefing document, and/or verbal background information.
- b) Members of the Senior Management Team are expected to attend Board meetings and have been available to provide commentary, advice, and information to the Board. The President and Vice-President of Medical Staff, Chief of Staff, and VP Patient Services are Board members and have provided commentary, advice, and information to the board on clinical and medical issues. The President & CEO has made available to the Board various external and internal documents, studies, and reports. Examples include but are not limited to:
 - 2016-2017 Quality Improvement Plan (QIP)
 - Broader Public Sector Accountability Act (BPSAA) Information
 - OR/MDRD Capital Renovation Project Information
 - Hospital Annual Planning Submission 2016-2017
 - Information on Health System Funding Reform (HSFR), Quality Based Procedures (QBPs), and Health Based Allocation Methodology (HBAM)
 - Hospital Service Accountability Agreement (H-SAA)
 - Multi-Sector Service Accountability Agreement (M-SAA)
 - Electronic Credentialing in Northwestern Ontario/Northwest Regional Electronic Credentialing System (NRECS)
 - Kenora Area Healthcare Working Group
 - Capital List/Budget
 - Alternate Level of Care (ALC) Updates
 - Patient satisfaction surveys, clinical indicators, system integration and change indicators, and financial indicators.
 - LWDH infection rates.
 - Wait Time Indicators (cataracts, knee surgery, CT scans, major surgery, minor surgery, dental surgery)
 - Hospital Occupancy Rates
 - Hospital Patient Days
 - Hospital Annual Report
 - Hospital Annual Audited Financial Statements
 - Monthly Financial Statements with commentary by CFO
 - Various OHA Correspondence, Courses, Seminars, and Reports
 - Legal Advice (Michael Watts)
 - Medical Assistance in Dying (MAID)
- c) Board members have also actively participated in (or have been encouraged to participate in) provincial, regional and local meetings, and/or educational seminars to receive information from external agencies, experts, and peers that provided them with information and varying points of view. Examples since the last monitoring report (in the past 12 months) include but are not limited to:
 - LHIN Governance to Governance Session – Dryden (May 30, 2016)
 - LHIN Governance to Governance Webinar (June 15, 2016)
 - Reception with Michael Gravelle and Kathleen Wynne (August 10, 2016)
 - OHA Teleconference on Bill 41 (Formerly Bill 210) Update on Restructuring Legislation (October 14, 2016)
 - Facilitated Review of the Board's Ends (October 22, 2016)
 - OHA Health Achieve (November 7 – 9, 2016)
 - OHA Executive Compensation Webcast (November 17, 2016)
 - OHA Executive Compensation Webcast – Developing an Executive Compensation Program (December 16, 2016)

- LHIN Governance to Governance Session – focus on Bill 41 and Environmental Scan (February 21, 2017)
- OHA Executive Compensation Teleconference (March 10, 2017)
- HIROC Board Education Session (March 30, 2017)
- Effective Governance for Quality, Patient Safety and QCIPA Overview (April 11, 2017)

Education and speakers requested by the Board Governance Committee have included sessions on the following since the last monitoring report:

Month	Title	Presenter
May 2016	LWDH Suicide Risk Assessment	Denise Forsyth, Manager of Schedule 1 Psychiatry/ Social Work/ Challenge Club
September 2016	Mission/Vision/Values Review	General Board Discussion
October 2016	Overview of the Quality Committee of the Board	Brigitte Loeppky, Manager of Quality/ Risk/ Education/ Telemedicine
November 2016	Kenora Area Health Care Working Group (KAHCWG) Recruiter	Anneke Gillis
December 2016	OR/MDR Capital Renovation Project	Sonia June Green, Manager of Surgical Services/MDRD
January 2017	KAHCWG	Dennis Wallace and Don Parfit, KAHCWG Co-chairs
February 2017	Managed Alcohol Program (MAP)	P. Dryden-Holmstrom, Manager
March 2017	Patient Experience Survey Results	Mark Balcaen

These education sessions have been provided by various external experts, board members, and hospital management. The Board has also been provided with regular board e-mails and mailings, and has access to books on governance issues with information from John Carver, Jannice Moore, and the OHA. The REALBoard Advisory publication is provided electronically to Board Directors twice a year.

- d) A recent survey (March 2017) of Board members, concerning communication and support to the Board, indicate that a majority of Board members that responded felt that they received adequate information to support informed Board choices:

Surveys distributed = 7

Surveys returned completed = 6

Survey response rate = 86%

Evaluation Criteria	Always						Never
1. Relevant environmental scanning data	33%	17%	17%	17%			17%
2. A representative range of staff and external points of view	50%	33%				17%	
3. Views of medical staff on clinical issues	33%	33%	17%			17%	
4. Significant changes within the external environment which may have a bearing on any existing Board policies	33%	50%	17%				
5. Alternative choices and their respective implications	50%	17%	17%	17%			

2. **Neglect to submit monitoring data required by the Board (see policy on Monitoring CEO Performance) in a timely, accurate and understandable fashion, including a reasonable interpretation of board policy, rationale, and evidence of compliance.**

CEO Interpretation (no change):

I interpret this criterion to mean written monitoring reports shall be provided to the Board according to the monitoring report schedule (or amended schedule) submitted by the CEO and approved by the Board. Further I interpret this criterion to mean that the written monitoring reports will be complete, free from material errors, and provide a reasonable interpretation of the Boards policy, and evidence of compliance.

Compliance will be achieved when 100% of monitoring reports (Ends and Executive Limitations) have been accepted by the Board within the 12 month reporting period taking into consideration monitoring reports that the Board has requested to be resubmitted by the CEO with corrections and/or additional information subsequently accepted by the Board.

Evidence: **Compliant**

The following report summarizes the submission of written monitoring reports submitted from April 2016 to March 2017 and Board decisions concerning those monitoring reports.

Summary of Recorded Board Decisions

Date	Policy	Board Decision	Approved by Board within 12 months
April 2016	EL-5	Approved (with the exception of item #6.2 for SSI and CDI and item #7)	Yes
	EL-7	Approved	Yes
	EL-12	Approved	Yes
May 2016	EL	Approved	Yes
	EL-8	Approved (with the exception of item #2 for non-union/non-management and non-union/management).	Yes
June 2016	EL-1	Approved	Yes
	EL-3	Approved (with the exception of the opening statement and items #1 and #5)	Yes
September 2016	EL-2	Deferred	
	EL-5	Approved (with the exception of item #6.2 for SSI and CDI and item #7)	Yes
October 2016	EL-2	Approved (with the exception of the opening statement and items #2 and #3)	Yes
	EL-6	Approved (with the exception of the opening statement in three areas: WHMIS, staff lost time injury, and mask fit testing, as well as item #1.1 relating to CPI Training)	Yes
	EL-11	Approved	Yes
November 2016	EL-3	Approved (with the exception of the opening statement and item #1)	Yes
	EL-9	Approved	Yes
December 2016	EL-4	Deferred until April Board Meeting by the Audit Committee	Yes – in April
January 2017	E-1	Approved (with the exception of item #2 re: cataract surgery wait times).	Yes
February 2017	E-2	Approved	Yes
	E-3	Approved	Yes
March 2017	EL-5	Deferred, will be approved in April 2017	Yes – in April
	EL-10	Approved	Yes

3. Let the Board be uninformed of anticipated adverse media coverage, changes in executive personnel, actual or potential lawsuits against the organization, significant or publicly visible external and internal changes or events, major contracts or contracts with high public visibility.

CEO Interpretation (no change):

I interpret this criterion to mean that the Board shall be informed of any unfavorable issue or event that is extensive or important enough to merit attention no later than the next Board meeting after the information came to the attention of the CEO.

Examples are issues that are unfavorable would include serious complaints concerning patient care, treatment of staff/patients/visitors, business dealings with other organizations. Other examples would include damage to the buildings and/or major equipment that may reasonably be expected to be reported on by the local media caused by fire, deliberate acts, and/or negligence; police investigations or criminal charges involving the hospital or its senior managers or managers; an operating deficit; and law suits against the hospital.

Compliance will be demonstrated when a recent survey of Board members indicates that a majority of Board members feel that they have been informed of:

- a) anticipated adverse media coverage and,
- b) actual or potential lawsuits against the organization and,
- c) significant or publicly visible external and internal changes or events and,
- d) major contracts or contracts with high public visibility

Changes in executive personnel are communicated to the Board no later than the next scheduled Board meeting.

Evidence: Compliant

A recent survey (March 2017) of Board members, concerning communication and support to the Board, indicate that a majority of Board members that responded felt that they had received adequate information or notice concerning anticipated adverse media coverage and, actual or potential lawsuits against the organization and, significant or publicly visible external and internal changes or events and, major contracts or contracts with high public visibility.

Surveys distributed = 7

Surveys returned completed = 6

Survey response rate = 86%

Evaluation Criteria	Always						Never
a) Anticipated media coverage	83%	17%					
b) Actual or potential lawsuits against the organization	67%	33%					
c) Significant or publicly visible external and internal changes	50%	33%	17%				
d) Major contracts or contracts with public visibility	100%						

4. Let the Board be unaware if, in the CEO's opinion, the Board is not in compliance with its own policies on Governance Process and Board-CEO Linkage, particularly in the case of Board behaviour which is detrimental to the work relationship between the Board and the CEO.

CEO Interpretation (no change):

I interpret this criterion to mean if I am aware of any verbal or written communication made by the Board or a Board member(s) that is potentially harmful to the organization or the work relationship between the Board and the CEO, and is a breach of any Governance Process or Board-CEO Linkage policies, I am to inform the Board or that individual member of my concern as soon as possible.

Evidence: Compliant

I am not aware of any specific breach by a Board member or the Board of this criterion since the last EL-7 monitoring report (April 2016).

5. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate between information of three types: monitoring information, decision preparation information, and incidental information.

CEO Interpretation (no change):

I interpret this criterion to mean that information provided to the Board will be provided in a manner that is easily understandable, as brief as possible, and is categorized into monitoring information, decision preparation information, and incidental information.

Compliance will be demonstrated when a recent survey of Board members indicates that a majority of Board members feel that they have been provided with information that is presented in a precise and simple format that is easy to understand and manage.

Compliance will be demonstrated when no documented concerns or complaints are made by Board members indicating that information supplied to them from the CEO or management was not easily understandable or as brief as possible, or was not categorized into monitoring information, decision preparation information, or incidental information.

Evidence: **Compliant**

Monthly written CEO reports separate information into specific formats differentiating the various types of information. Monthly CEO monitoring reports have been reviewed after feedback from the Board and if appropriate were simplified or shortened. Most written information provided to the Board, through regular mailings or e-mail, by external sources such as OHA, the MOHLTC, John Carver, and Jannice Moore are designed with Board members needs in mind and is as clear and concise as the subject or issue permits.

A recent survey (March 2017) of Board members, concerning communication and support to the Board, indicated that a majority of Board members that responded felt that information received was presented in a precise and simple format that was easy to understand and manage.

Surveys distributed = 7

Surveys returned completed = 6

Survey response rate = 86%

Evaluation Criteria	Always					Never
Is information presented in a precise and simple format that is easy to understand and manage?	17%	50%	33%			

6. Permit the Board to be without a mechanism for official Board, officer or committee communications.

CEO Interpretation (no change):

I interpret this criterion to mean that various means of communication will be made available to the Board and its officers and committees to enable them to efficiently and effectively carry out their duties, including appropriately secure methods for confidential information.

Compliance will be demonstrated when a recent survey of Board members indicates that a majority of Board members feel that they have a mechanism for official Board, officer, or committee communication.

Evidence: **Compliant**

A recent survey (March 2017) of Board members, concerning communication and support to the Board, indicated that a majority of Board members that responded felt that they had a mechanism for official Board, officer, or committee communication.

Surveys distributed = 7

Surveys returned completed = 6

Survey response rate = 86%

Evaluation Criteria	Always						Never
Do you feel that you have a mechanism for official Board, officer, or committee communication?	83%	17%					

Communications have been provided to the Board, its officers, and committees by regular Board mailings, e-mail, Dropbox, and written or verbal reports at meetings. All Board members have e-mail access. The Board, its officers, and committees communicate externally through open Board meetings, media interviews and/or announcements, or letters. The CEO or Executive Assistant assisted the Board, its officers, and committees to communicate information among themselves or external to the hospital by the recording of meeting minutes, forwarding e-mail, mail, faxes, and verbal messages to appropriate individuals or agencies.

7. Deal with the Board other than as a whole except when:

- **fulfilling individual requests for information or**
- **responding to officers or committees duly charged by the Board.**

CEO Interpretation (no change):

I interpret this criterion to mean that I am to deal with the whole Board except in cases where the Board has delegated specific duties in its policies and/or bylaws to individuals (officers) or committees (Executive Committee and Audit Committee).

Compliance will be demonstrated when a recent survey of Board members indicates that a majority of Board members feel that they have been dealt with as a whole.

Evidence: Compliant

A recent survey (March 2017) of Board members, concerning communication and support to the Board, indicate that a majority of Board members that responded felt that they had been dealt with as a whole:

Surveys distributed = 7

Surveys returned completed = 6

Survey response rate = 86%

Evaluation Criteria	Always						Never
Do you feel that the CEO and his staff have dealt with the Board as a whole except for fulfilling individual requests for information or responding to officers or committees duly charged by the Board?	50%	33%	17%				

8. Let the Board be without a timely report of any actual or anticipated non-compliance with any Ends or Executive Limitations policy of the Board, regardless of the Board’s monitoring schedule.

CEO Interpretation (no change):

I interpret this criterion to mean that any actual or anticipated non-compliance with Ends or Executive Limitations policies brought to the CEO’s attention will be communicated to the Board by the next CEO written monthly report or through the scheduled monitoring reports (whichever is sooner). In the event of an emergency, board members will be notified as soon as possible through e-mail or a phone call.

Compliance will be demonstrated when:

- a) A recent survey of Board members indicates that a majority of Board members believe that the CEO and his staff reported, in a timely manner, any actual or anticipated non-compliance with any Ends or Executive Limitations policies of the Board and,

- b) A review of CEO monthly reports and monitoring reports identifies non-compliance of policies reported to the Board.

Evidence: Compliant

- a) A recent survey (March 2017) of Board members indicates that a majority of Board members believe that the CEO and his staff reported, in a timely manner, any actual or anticipated non-compliance with and Ends or Executive Limitations policies of the Board

Surveys distributed = 7

Surveys returned completed = 6

Survey response rate = 86%

Evaluation Criteria	Always					Never
To your knowledge, has the CEO or his staff reported in a timely manner an actual or anticipated non-compliance with any Ends or Executive Limitations policies of the Board?	67%	33%				

- b) Incidents of non-compliance with Ends or Executive Limitations policies have been communicated to the Board regularly through the monthly CEO and VP written reports (monthly CEO and VP reports, and monitoring reports) to the Board. A review of the 2016/17 CEO and VP monthly written reports and monitoring reports to the board confirms that the board is being informed of any non-compliance with an explanation as to why and what is being done to correct non-compliance.

Date	Policy	Non-Compliance Identified
April 2016	EL-5 Treatment of Clients	Exception of items #6.2 for the Surgical Site Infection Prevention Indicator and the CDI Indicator, and item #7. Acceptable plans to attain compliance have been provided.
	EL-7 Communication & Support to the Board	Approved
	EL-12 Ethical Behaviour	Approved
May 2016	EL General Executive Constraint	Approved
	EL-8 Compensation and Benefits	Exception of item #2 for Non Union/Non-Management and Non Union/Management for which full compliance may not be achieved within the foreseeable future due to financial limitations, the need to balance the budget, and the need to maintain quality patient services.
June 2016	EL-1 Planning: Hospital Strategic Plan	Approved
	EL-3 Financial Condition & Activities	Exception of the Opening Statement and Items #1 and #5. Explanations and acceptable plans to work toward compliance have been provided.
September 2016	EL-2 Planning – Financial	Deferred
	EL-5 Treatment of Clients	Exception of items #6.2 for the Surgical Site Infection Prevention Indicator and the CDI Indicator, and item #7. Acceptable plans to attain compliance have been provided.
October 2016	EL-2 Planning – Financial	Exception of the Opening Statement, and items #2 and #3. Senior Management continues to work with the LHIN and the Ministry of Health and Long-term Care (MOHLTC) on a short-term and long-term solution to the effects of the Health System Funding Reform (HSFR).

	EL-6 Treatment of Staff & Volunteers	Exception of the Opening Statement in three (3) areas: WHMIS, Staff Lost Time Injury, and Mask Fit Testing, as well as item #1.1 relating to CPI training. Acceptable plans to attain compliance have been provided.
	EL-11 Environmental Impact	Approved
November 2016	EL-3 Financial Condition & Activities	Exception of the Opening Statement and item #1. Efforts continue to work with the LHIN and the MOHLTC to move toward a balanced budget.
	EL-9 Leadership Capacity & Continuity	Approved
December 2016	EL-4 Protection of Assets	Deferred until April Board Meeting by the Audit Committee
January 2017	E-1 People Achieve Optimum Outcomes	Exception of item #2 with regards to cataract surgery wait times. An acceptable explanation has been provided.
February 2017	E-2 Information for Positive Lifestyle Choices	Approved
	E-3 Partners have Enhanced Capacity	Approved
March 2017	EL-5 Treatment of Clients	Deferred to April.
	EL-10 Significant Service Changes	Approved

9. Neglect to supply for the consent agenda all items delegated to the CEO still required by law or contract to be board-approved, along with the monitoring assurance pertaining thereto.

CEO Interpretation (no change):

I interpret the above criterion to mean that authority delegated to the CEO/COS by the Board through written policy or direction that, by law or regulation still requires Board approval, will be addressed through the consent agenda. Additionally I interpret the above criterion to require that the CEO/COS provide evidence to certify that any criteria related to the item that has been previously stated by the Board has been met.

Evidence: **Compliant**

The following items delegated through board policy or direction, required by law or regulation to have Board approval, have been approved by the Board through the Consent Agenda:

- Granting of Professional Staff Privileges (GP-11)
- 2016-2017 H-SAA Three (3) Month Extension (EL-2)
- 2016-2017 Hospital Annual Planning Submission (HAPS) (EL-2)
- Attestation re: Broader Public Sector Accountability Act (BPSAA) (EL General Executive Constraint)
- H-SAA Declaration of Compliance (EL-7)
- M-SAA Declaration of Compliance (EL-7)
- Medical Assistance in Dying (MAID) (EL-5)
- Chief of Service for Emergency Medicine (Professional Staff By-laws)
- 2017-18 H-SAA One (1) Year Extension Agreement (EL-2)

10. Be without a mechanism to make board decisions easily available to the public.

CEO Interpretation (no change):

I interpret this criterion to mean that there are public notices to the media and the general public regarding time and location of open board meetings. Board approved motions, decisions, policies, and communications (with the exception of in camera items) will be made easily accessible to the people in the LWDH catchment area or, to agencies and/or, where appropriate, to individuals outside the catchment area. Examples include the MOHLTC; planning or accreditation bodies such as LHIN's and Accreditation Canada. I interpret "available and

easily accessible” to mean using one or more of the following mechanisms the CEO deems appropriate to communicate the issue: newspaper or magazine ads, articles, or interviews and press releases; radio or TV ads, announcements, or interviews; hospital external and internal web-site, patient handbooks, posters, letters, magazines, e-mails, official documents, and oral communication. While it is true that the board meetings are held in public, that is a BOARD decision and the CEO is not accountable for it.

Evidence: Compliant

Review of records confirmed that the media was reminded by email in advance of every Board meeting and was provided with a copy of the Board agenda.

Board minutes (open meetings) were placed on the hospital external website for the public to read.

We have continued to post the CEO Monitoring Reports on the hospital external website for the public to read.

The following chart shows examples of recent Board approvals, motions, and/or decisions and how they were communicated to the public and/or hospital staff and/or external agencies:

Board Decision	Board Meeting	Media	Document	Website	Email	Other meeting
Granting of Professional Staff Privileges	√	√	√	√	√	√
Board Governance Policies (New and Revisions)	√	√	√	√	√	√
Hospital Annual Audited Financial Statements	√	√	√	√	√	√

11. Let the board be without the information necessary to submit required government-mandated reports in advance of the government’s deadlines.

CEO Interpretation (no change):

I interpret this criterion to mean that the CEO must insure that all mandatory government (Ministry of Health, Ministry of Labor, Ministry of Finance, LHIN, CIHI, Wait Time, etc.) reports, that are subject to financial penalties and/or administrative sanctions are properly completed and submitted within the appropriate time frame, taking into consideration that deadlines may be extended by the government due to short notice periods.

Compliance will be demonstrated when:

An annual review confirms that the hospital has not been assessed a financial penalty and/or administrative sanction by any government agency for non-compliance of the timely submission of the mandated reports.

Evidence: Compliant

The hospital has not been assessed a financial penalty and/or administrative sanction by any government agency for non-compliance of the timely submission of mandated reports for the time period of this monitoring report from April 1, 2016 to March 31, 2017.