

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

April 2018

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: April 26, 2018

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: Non-Compliant with regards to section d.) re: views of medical staff on clinical staff issues.

- 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 and Vice-President of Medical Staff positions have been vacant for seven (7) months, therefore affecting the amount of information received directly from medical staff to the Board, and were limited to that provided by the Chief of Staff. Now that the positions of President and Vice President of Medical Staff have been filled, the Board should receive more views of the medical staff on clinical 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:
 - 2017-2018 Quality Improvement Plan (QIP)
 - Broader Public Sector Accountability Act (BPSAA) Information
 - OR/MDRD Capital Renovation Project Information
 - Hospital Annual Planning Submission 2017-2018
 - 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:
 - OHA Ontario Budget Teleconference (April 28, 2017)
 - LHIN Governance-to-Governance Webinar (May 31, 2017)
 - OHA Executive Compensation Webcast (June 1, 2017)
 - Strengthening Hospital-Physician Relationships (June 12, 2017)
 - OHA Hospital Member Executive Compensation Webcast (June 29, 2017)
 - Site Visit to Sioux Lookout Meno Ya Win Health Centre (August 25, 2017)

- Site Visit to Fort Qu'Appelle's All Nations' Healing Hospital (September 18, 2017)
- LWDH Operational Review Information Session (September 25, 2017)
- LWDH Board Orientation Session with Michael Watts and The Governance Coach (October 14, 2017)
- OHA Health Achieve (November 6-7, 2017)
- NWLHIN Governance-to-Governance Webinar (November 20, 2017)
- Whitehorse General Hospital Site Visit (December 7, 2018)
- Teaching Session on Cultural Protocols, Meanings of Ceremonies and Other Cultural Teachings at Seven Generations (December 20, 2017)
- LWDH Hospital Re-development Meeting with MOHLTC (January 9, 2018)

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

Month	Title	Presenter
September 2017	OHA Video: "Effective Governance for Quality and Patient Safety Education Program"	Dr. Ross Baker, University of Toronto
October 2017	Recruitment Update	Anneke Gillis Kenora Area Health Care Recruiter
November 2017	Quality Improvement Plan (QIP)	Erin Mudry, Manager Quality/Risk/Education/Telemedicine
December 2017	Whistleblower Policy (In Camera)	Michael Watts, Osler
February 2018	Patient Experience Survey Results	Mark Balcaen, President and CEO
March 2018	Physician Assistant Information	Dr. J.K .MacDonald, Chief of Staff
April 2018	Medical Assistance in Dying (MAID) (In Camera)	Donna Makowsky, VP Patient Care and CNO

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 and is archived on the Dropbox.

- d) A recent survey (April 2018) of Board members, concerning communication and support to the Board, indicate that a majority of Board members that responded felt that they did not receive adequate information to support informed Board choices:

Surveys distributed = 9

Surveys returned completed = 8

Survey response rate = 89%

Evaluation Criteria	Always						Never
1. Relevant environmental scanning data	37.5%	12.5%	37.5%	12.5%			
2. A representative range of staff and external points of view	37.5%		25%	12.5%	12.5%	12.5%	
3. Views of medical staff on clinical issues	25%				25%	37.5%	12.5%
4. Significant changes within the external environment which may have a bearing on any existing Board policies	37.5%	12.5%	37.5%		12.5%		
5. Alternative choices and their respective implications	25%	37.5%	25%	12.5%			

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 2017 to March 2018 and Board decisions concerning those monitoring reports.

Summary of Recorded Board Decisions

Date	Policy	Board Decision	Approved by Board within 12 months
April 2017	EL-5	Approved	Yes
	EL-4	Deferred	See next month
	EL-7	Approved	Yes
	EL-12	Approved	Yes
May 2017	EL-4	Approved	Yes
	EL	Approved	Yes
	EL-8	Approved (with the exception of item #2 for non-union/non-management and non-union/management).	Yes
June 2017	EL-1	Deferred until there is a new Strategic Plan.	Board approved deferral until complete
	EL-3	Approved	Yes
September 2017	EL-2	Approved	Yes
	EL-5	Deferred	See next month
October 2017	EL-5	Approved	Yes
	EL-6	Deferred	See next month
	EL-10	Approved	Yes
November 2017	EL-6	Approved (with the exception of the Opening Statement in the one (1) area of WHMIS, and item #1.1 relating to CPI training).	Yes
	EL-3	Approved	Yes
	EL-9	Approved	Yes
December 2017		None	n/a
January 2018		None	n/a
February 2018	E-1	Approved (with the exception of item #1.d. with regards to wait time for cataracts for one month during the year (May 2017) and the average wait time for priority 4 patients).	Yes

March 2018	EL-5	Approved (with the exception of item #1.b).	Yes
	EL-11	Deferred	Board approved deferral

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 (April 2018) 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 = 9

Surveys returned completed = 8

Survey response rate = 89%

Evaluation Criteria	Always					Never
6. Anticipated media coverage	50%	50%				
7. Actual or potential lawsuits against the organization	75%	12.5%			12.5%	
8. Significant or publicly visible external and internal changes	37.5%	12.5%	37.5%		12.5%	
9. Major contracts or contracts with public visibility	37.5%	25%	25%		12.5%	

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 2017).

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 are as clear and concise as the subject or issue permits.

A recent survey (April 2018) 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 = 9

Surveys returned completed = 8

Survey response rate = 89%

Evaluation Criteria	Always					Never
10. Is information presented in a precise and simple format that is easy to understand and manage?	37.5%	12.5%	25%	12.5%		12.5%

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: **Non-Compliant**

A recent survey (April 2018) 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 = 9

Surveys returned completed = 8

Survey response rate = 89%

Evaluation Criteria	Always					Never
13. Do you feel that you have a mechanism for official Board, officer, or committee communication?	37.5%		12.5%	25%	25%	

- 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.
- As of January 2018, Board committee meetings were opened to all directors. Non-committee members have been invited and encouraged to attend as observers for the purpose of education and succession planning.
- Executive Assistant circulates all meeting dates by calendar appointment to Board Directors.
- Board committee minutes and supporting documents/meeting packages are available on the Dropbox.

As a solution to this concern I, as CEO, am recommending that the Board form an ad hoc committee to review what information is currently received and what information you feel you need but are not getting. This information can be communicated back to the CEO so that concerns can be addressed over the next year.

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 (April 2018) 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 = 9

Surveys returned completed = 8

Survey response rate = 89%

Evaluation Criteria	Always					Never
12. 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?	62.5%	25%	12.5%			

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 (April 2018) 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 = 9

Surveys returned completed = 8

Survey response rate = 89%

Evaluation Criteria	Always					Never
11. 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?	62.5%	12.5%	12.5%			12.5%

- 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 2017/18 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	Board Decision (with Non-Compliance Identified)
April 2017	EL-5 Treatment of Clients	Approved no exceptions.
	EL-4 Protection of Assets	Deferred
	EL-7 Communication & Support to Board	Approved no exceptions.
	EL-12 Ethical Behaviour	Approved no exceptions.
May 2017	EL-4 Protection of Assets	Approved no exceptions.
	EL General Executive Constraint	Approved no exceptions.
	EL-8 Compensation and Benefits	Approved (with the exception of item #2 for non-union/non-management and non-union/management). Explanation was provided.
June 2017	EL-1 Planning: Hospital Strategic Plan	Deferred until there is a new Strategic Plan.
	EL-3 Financial Condition and Activities	Approved no exceptions.
September 2017	EL-2 Planning: Financial	Approved no exceptions.

	EL-5 Treatment of Clients	Deferred
October 2017	EL-5 Treatment of Clients	Approved no exceptions.
	EL-6 Treatment of Staff	Deferred
	EL-10 Significant Service Changes	Approved no exceptions.
November 2017	EL-6 Treatment of Staff	Approved (with the exception of the Opening Statement in the one (1) area of WHMIS, and item #1.1 relating to CPI training). Acceptable plans to attain compliance were provided.
	EL-3 Financial Condition & Activities	Approved no exceptions.
	EL-9 Leadership Capacity & Continuity	Approved no exceptions.
December 2017	None	None
January 2018	None	None
February 2018	E-1 People Achieve Optimum Outcomes	Approved (with the exception of item #1.d. with regards to wait time for cataracts for one month during the year (May 2017) and the average wait time for priority 4 patients). Explanations were provided. It was noted that Item #1.g. and #3 were compliant with the exception of Chart 19 where the satisfaction rate for sensitive to spiritual needs was 79%.

9. Neglect to supply for the required approvals 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 required approvals 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 Required Approvals Agenda:

- Granting of Professional Staff Privileges (GP-11)
- 2017-18 M-SAA Extension Agreement (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) – Revised Motion #16/9/4 (EL-5)
- 2018-2019 M-SAA Extension Agreement (EL-2)
- 2018-2020 H-SAA Amending 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. As of November 2017, the media receives “highlights” from the monthly President and CEO and VP reports to the Board. This initiative was started to provide the media with accurate information and to help make meetings more concise.
- 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, 2017 to March 31, 2018.