

Stevenson Memorial Hospital Meeting of Board of Directors

April 5, 2018

Physical Therapy Department

5:00 p.m.

In attendance:

Elected Directors: Michael Martin, Board Chair; Darlene Blendick; Colleen Butler; Shelly Cunningham; Norm Depta; Wendy Fairley; Sheila Kaarlela; David Knight; Marie-Pierre Lussier; Jan Tweedy

Ex Officio Directors: Jody Levac, President & CEO; Carrie Jeffreys, VP, Patient Services & Chief Nursing Executive; Marg Barber, Board Chair, Foundation; Dr. Shazia Ambreen, President of Professional Staff

Staff: Paul Heck, Chief Financial & Information Officer

Guests: Deb Panton, Occupational Health and IPAC Specialist; Kelly Rowntree, Manager, Quality & Patient Experience

Regrets: Paul Edmonds; John Murray; Dr. Barry Nathanson; Diane Munro

1.0 WELCOME & CALL TO ORDER

1.1 Quorum

M. Martin welcomed the Directors to the meeting and advised there was a quorum.

1.2 Declaration of Conflict of Interest

M. Martin reminded those in attendance of their responsibilities as Board members with respect to the conflict of interest as outlined in the Corporation's Bylaws and asked if anyone present wished to declare a conflict of interest. No declarations were made.

1.3 Amendments to the Agenda

The Board of Directors elected to defer item 5.3 March 12 Finance Minutes from the agenda as the Chair of the Committee had been away and did not have an opportunity to review.

Motion: Moved by W. Fairley, seconded by D. Knight.

"That the Board of Directors accepts the agenda as amended."

All in favour. Motion passed.

Approved May 3, 2018

2.0 SCREAMERS/ AUDIBLE ALARMS

Deb Paton, Occupational Health and IPAC Specialist attended the meeting to distribute and provided training for the audible alarms. These wearable noise makers are to be carried with your ID within the Hospital and are to be activated if you require assistance. In order to call a code within the Hospital please dial 53 and call Code White.

3.0 ENTERPRISE RISK MANAGEMENT (ERM)

Kelly Rowntree, Manager, Quality Improvement & Patient Experience attended the meeting to highlight the changes to the ERM. The ERM is a proactive consistent framework to look at all the risks the organization faces and rates them based on the likelihood and impact.

2018/19 Enterprise Risk Management (ERM)

Motion: Moved by N. Depta, seconded by D. Blendick.

“THAT the Board of Directors accepts the recommendation of the Board Quality Committee and approve the 2018/19 Enterprise Risk Register as presented.”

All in favour. Motion passed.

4.0 STRATEGIC PLAN

J. Levac presented to the Board the final iteration of the Strategic Plan and explained that, if approved, this concept will be used to set priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are working toward common goals, establish agreement around intended outcomes/results, and assess and adjust the organization's direction in response to a changing environment.

This plan was a collaborative effort of the community, partner organizations, leadership and the Board. The new vision for the Hospital will be: Setting a New Standard for Community Hospital Care and the mission will be Promising Progress, Pursuing Perfection. All were thanked for their help in determining the course of the next few years at SMH.

Approval of the Strategic Plan

Motion: Moved by J. Tweedy, seconded by M.P. Lussier.

“THAT the Board of Directors accepts the recommendation of the ad hoc committee of Directors and approves the strategic plan concept as presented.”

All in favour. Motion passed.

2.0 CONSENT AGENDA

- 5.1 Board of Directors Minutes – March 1, 2018
- 5.2 Governance & Nominating Minutes – March 9, 2018
- 5.3 Finance Minutes – March 12, 2018 - *deferred*
- 5.4 Community Engagement & Communications Minutes – March 20, 2018
- 5.5 Board Quality Minutes – March 22, 2018

Approved May 3, 2018

***Motion: Moved by S. Kaarlela, seconded by N. Depta.
"That the Board of Directors accepts the consent agenda a presented."
All in favour. Motion passed.***

6.0 BUSINESS ARISING

The Quality and Human Resources Committees will be hosting a viewing of a Health Quality Ontario (HQO) Webinar which occurred in December regarding Workplace Violence Prevention in Hospitals. This will be held in Conference Room B on April 24th at 9:30am.

7.0 REPORTS

7.1 Report of President & CEO

- The press release for the County commitment of \$10 Million towards the redevelopment local share has been released.
- Work on the redevelopment stage two plans are ongoing. The final amount of the Local Share is being determined by the consultants.
- The SHINE project had an outside consultant come to determine the status of the project and it was decided that Markham Stouffville will go live on Sept 1, 2018 and Southlake and SMH will go live on Dec 1, 2018.
- An operational review of the SMH Mental Health Program has been completed.
- An outside firm has been contracted to conduct an efficiency review of the Hospital.
- On March 23, 2018 J. Levac and M. Martin attended a York Region CEO and Board Chairs meeting with representatives from Mackenzie, Markham, Southlake & SMH.
- Candidates for the position of Manager of Human Resources are being interviewed. Listening sessions have been held for management and frontline staff to help capture the staff voice to determine the needs from the HR manager and dept.
- ONA and OPSEU negotiations are starting in the next month. Collective bargaining – some are local and some are provincial.
- The recently announced 2% base funding would mean an increase in the amount of \$393,700.
- In order to offset the deficit submission parking fees will increase May 1st to a daily flat fee of \$10 from \$7. Currently staff parking rates are not changing.
- The position of full time CFIO has been posted and we are working with a recruitment firm.
- Carrie will be travelling to St. John's to receive the Robert Zed Young Health Leader Award.

7.2 Report of VP, Patient Services & Chief Nursing Executive

- The Assess and Restore additional funding request has been, unfortunately, denied. One of the factors of the decision was that the population density of the seniors in the area. Allied health professionals such as occupational therapy, physical therapy and dietician services will not be available because of this denial.

- Level 2 ICU beds business case was submitted. As of March 31st the surge beds will close. The response received from the Central LHIN was that we should continue to talk to Critical Care Canada.
- Representatives from the Quinte Health sites of Belleville and Trenton sent representatives to visit and observe the ED process here at SMH. We are ranked 3/74 and they are 64/74 in provincial ED wait times.
- Will be speaking with the LHIN ED representative regarding a virtual Clinical Decision Unit (CDU)

7.3 Report of Chief of Staff

A written report was circulated and is included in the minute package.

The Board discussed the Life and Limb policy which is a no refusal policy for Hospitals. This policy ensures that a critical care bed is found within four hours of calling. Once stabilized the patient is repatriated in 24 hours.

Dr. Ambreen joined the meeting at this time.

7.4 Report of Foundation Board Chair

The Foundation Board Chair report, updated key messages and Case for Support were received prior to the meeting. M. Barber submitted the updated version of the Foundation's key messages and Case for Support for approval.

The Board reviewed and discussed the materials and felt that it would be best to have a subcommittee meet with the Foundation representatives to complete the work on the key messages and Case for Support.

Motion to approve the campaign key messages & case for support – *deferred*.

Action: The Chair of the Community Engagement and Communications will coordinate a meeting with the Board, Hospital and Foundation representatives. Once complete an electronic motion be sent to the Board in order to expedite the approval.

7.5 Report of Professional Staff Association

No report was submitted.

8.0 SAFE, QUALITY CARE

8.1 Patient Experience

C. Jeffreys explained that a patient had come to the March 22nd Quality meeting to discuss the care she had received at SMH. She wanted to come an express her gratitude for the Hospital as she credits the care she received as having saved her life.

8.2 Critical Incident Report

None to report.

8.3 Report of Chair, Quality Committee

J. Tweedy advised the following:

- At each quality meeting leaders come to provide program updates – including information on the goals of the programs. The Medical Surgical Unit presented at the March 22nd Quality meeting.
- The patient satisfaction data for Q4 was presented and included information from all answers available as opposed to just the top box score of yes definitely. The patients who participated in the survey responded positively 90% of time for the inpatient unit and 92% of the time for the ED.

9.0 POWER IN PARTNERSHIPS

9.1 Report of Chair, Community Engagement & Communications Committee

W. Fairley advised the following:

- A new PFAC member joined the committee
- Media crisis plan will be revised and reviewed at a later meeting
- The Foundation Press release was discussed
- The revised audited financials should be added to last year's annual report on the SMH website

10.0 FINANCIAL HEALTH

10.1 Report of the Finance Committee

P. Heck advised the following:

- The Central LHIN has indicated that they have accepted the restated 2017 Financial Statements and that the base funding increase of \$450K will not need to be returned. The restated audited financials have been circulated to the necessary parties.
- A 5 year fixed loan to cover the SHINE HIS at 3.11% interest has been secured. These are net adjusted funds and have the option to be paid down at an accelerated rate.
- On April 26 P. Heck will be attending the Foundation Board meeting to present on the Hospital's Requested \$1.4M for Capital Requests. To date the Foundation has paid \$496K toward the SHINE project.
- Financial Statements
P. Heck provided a finance presentation which highlighted a surplus of \$8,479 for the month of February 2018 and a year-to-date deficit of \$76,473K. The goal is to achieve at least a balanced budget after depreciation and amortization.
- P. Heck presented the 2017-18 Capital Budget. It has been recommended by the Administrative Management Committee (AMC) that a total of \$2,921,555 be approved for the capital expenditures for next fiscal year. A funding request of \$1,444,764 will be submitted to the SMH Foundation. The remaining funds to offset the capital budget will be

derived from other sources of funding, e.g., Health Infrastructure Renewal Funds (HIRF) and SMH contingency funding.

Capital Budget Approval

Motion: Moved by M.P. Lussier, seconded by W. Fairley.

“THAT the Board of Directors accepts the recommendation of the Finance Committee and approves of the 2018/19 capital budget in the amount of \$2,921,555 subject to funding commitment by the SMH Foundation of \$1,444,764, Health Infrastructure Renewal Fund and approved banking facility”

All in favour. Motion passed.

- In order to boost revenues of the Hospital to fund expenses the daily parking fee will be increased from \$7 to \$10. It is anticipated that this will net an additional \$74K in income for next year.

Parking Fee Increase

Motion: Moved by D. Blendick, seconded by D. Knight.

“THAT the Board of Directors accepts the recommendation of the Finance Committee and approves the increase to parking fees to the maximum legislated amount of \$10.00 per day”

All in favour. Motion passed.

11.0 GOVERNANCE

11.1 Report of Chair, Governance & Nominating Committee

C. Butler, on behalf of J. Murray advised the following:

- The Board is required to vote on the following motions based on the recommendations of the Committee:

Appoint Shelly Cunningham to the Human Resources Committee

Motion: Moved by D. Blendick, seconded by D. Knight.

“THAT the Board of Directors accepts the recommendation of the Governance & Nominating Committee to appoint Shelly Cunningham to the Human Resources Committee until the Annual General Meeting in June 2018.”

All in favour. Motion passed.

Noted: S. Cunningham abstained from voting.

Board Education Requests

Motion: Moved by N. Depta, seconded by J. Tweedy.

“THAT the Board of Directors accepts the recommendation of the Governance & Nominating Committee and approves the Board education requests at the total cost of \$2,995.00.”

All in favour. Motion passed.

Noted: C. Butler and MP. Lussier abstained from voting.

Approved May 3, 2018

Policy II-7 Occupational Health & Safety – Accountability Framework

Motion: Moved by S. Kaarlela, seconded by M.P. Lussier.

“THAT the Board of Directors accepts the recommendation of the Governance & Nominating Committee and approves Policy 11-7 Occupational Health & Safety – Accountability Framework as amended.”

All in favour. Motion passed.

12.0 REPORT OF HOSPITAL BOARD CHAIR

M. Martin advised that due to personal obligations he hasn't had the opportunity to meet with the Directors for one on one meetings but plans to prior to the AGM in June.

Motion: Moved by J. Tweedy, seconded by D. Blendick.

“That the Board of Directors receives all reports as presented”

All in favour. Motion passed.

13.0 IN CAMERA SESSION

Motion: Moved MP. Lussier, seconded by S. Cunningham.

“That the Board moves to the in-camera session.” All in favour. Motion passed.

Motion: Moved by S. Kaarlela, seconded by D. Knight.

“That the Board move back into the open session.” All in favour. Motion passed.

The Board Chair advised that the following motions arose from the in-camera session:

Motion: Moved by J. Tweedy, seconded by N. Depta.

“That the Board accepts the recommendation of the Medical Advisory Committee to approve:

- ***One (1) renewal of temporary privileges for members of the medical staff.”***

All in favour. Motion passed.

14.0 NEXT MEETING DATE

The next Board meeting will be held on Thursday, May 3, 2018.

There being no further business, the meeting adjourned at 8:30 p.m.



Michael Martin, Board Chair

Recording Secretary: Sarah MacDougall

Approved May 3, 2018