

**Stevenson Memorial Hospital  
Meeting of Board of Directors**

March 1, 2018

Physical Therapy Department

5:00 p.m.

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**In attendance:**

**Elected Directors:** Michael Martin, Board Chair; Darlene Blendick (by teleconference); Shelly Cunningham; Norm Depta; Paul Edmonds; Wendy Fairley; Sheila Kaarlela; David Knight; John Murray; Jan Tweedy

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

**Staff:** Paul Heck, Chief Financial & Information Officer

**Guests:** Glenn Ventrcek, BDO; Kelly Rowntree, Manager, Quality, Risk and Patient Experience

**Regrets:** Dr. Barry Nathanson, Marie-Pierre Lussier, Colleen Butler

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**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 following changes to the agenda were made

- Add HAPS update bullet point under the Financial Health.
- List the Foundation report after Quality QIP, ERM presentations.

***Motion: Moved by J. Murray, seconded by J. Tweedy.***

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

***All in favour. Motion passed.***

**Approved April 5, 2018**

## **2.0 PRESENTATIONS**

### **2.1 Restated Audited March 31, 2017 Financial Statements**

P. Heck informed the Board that the Central Local Health Integration Network (Central LHIN) has requested that the March 2017 Financial Statements be restated. Glenn Ventrcek from BDO attended the meeting as a guest and indicated that this change has no impact to the overall materiality of the Hospital.

***Motion: Moved by J. Murray, seconded by N. Depta.***

***“THAT the Board of Directors approves the restated audited financial statements as at March 31, 2017 as presented and that the Chairs of the Board of Directors and Audit Committee are authorized to sign the restated audited financial statements as proof of this approval.”***

***All in favour. Motion passed.***

### **2.2 Hospital Annual Planning Submission (HAPS) – Update**

P. Heck provided the Board with an update regarding the submission of the deficit budget approved at our February 5, 2018 meeting of \$867K. The Central LHIN indicated that the deficit amount submitted meant that we were in the level two category, which has increased negative implications to the level 1 category. With some minor changes to the operating budget and planned revenue increase the amount of the deficit was lowered to approximately \$500K which puts us back into the level 1 category. With the permission of the Board Chair and the Administrative Management Committee (AMC), the decision was made to resubmit with the new, lower deficit number.

## **3.0 Quality Presentations**

### **3.1 Quality Improvement Plan (QIP)**

The 2018/19 QIP for SMH was reviewed. The QIP is a public commitment to meet quality improvement goals. By developing the plan, the organization outlines how it will address improving the quality of care it provides to its patients, residents or clients.

The QIP is submitted annually to Health Quality Ontario (HQP) to meet legislative requirements outlined by the Excellent Care for All Act as well as posted on our website. New to the QIP this year is a focus on Workplace Violence and Opiate Use and Prescribing.

**Action:** S. MacDougall to send meeting invites to all Board to attend a viewing of a previously held webinar hosted by Health Quality Ontario entitled “A Quality Improvement Approach to Workplace Violence Prevention in Hospitals”.

### **2018/19 Quality Improvement Plan (QIP)**

***Motion: Moved by J. Tweedy, seconded by S. Kaarlela.***

***“THAT the Board of Directors accepts the recommendation of the Board Quality Committee and approve the 2018/19 Quality Improvement Plan as presented.”***

***All in favour. Motion passed.***

**Approved April 5, 2018**

### **3.2 Enterprise Risk Management (ERM)**

The 2018/19 ERM was reviewed. The ERM is a proactive consistent framework to look all the risks the organization faces and rates them based on the likelihood and impact.

Dr. Ambreen left the meeting at this time.

The extreme and high risks were reviewed along with the mitigation plans for these risks.

The Board made the decision to defer the motion until the entire ERM can be circulated and the changes listed below are made.

**Action:** K. Rowntree to change the risk:

“The community may not be able to raise the local share of the costs for our redevelopment in a time frame yet to be established by the government” to higher level.

### **4.0 Report of Foundation Board Chair**

M. Martin presented the Feb 6, 2018 Foundation press release as well as a table related to the fundraising requirement decisions to date. The press release indicated that the Foundation had fundraised \$17M of the \$30M needed and that the SHINE project was included in the \$30M.

There is a discrepancy between the totals required and what was reflected in the press release. The local share needed is \$30M for the redevelopment and an additional \$8M for SHINE and capital equipment.

Marg Barber reported that the Foundation felt the need to capitalize on the success of the fundraising to date and issue a statement. There is an understanding now from the Foundation that the \$30M reported was too low. Ms. Barber distributed copies of some bridge key messages for the Board to review and indicated that feedback should be reported to Jody Levac. A second release will be sent to coincide with the May 2018 stage 2 redevelopment submissions and will reflect a higher number.

**Action:** All press releases going forward will be reviewed by both the Foundation and Hospital prior to being released.

## **5.0 CONSENT AGENDA**

### **5.1 Board of Directors - March 1, 2018**

**Motion: Moved by W. Fairley, seconded by D. Blendick.**

**“That the Board of Directors accepts the consent agenda as presented.”**

**All in favour. Motion passed.**

### **6.0 BUSINESS ARISING**

There was no business arising from the last meeting.

**Approved April 5, 2018**

## **7.0 SAFE, QUALITY CARE**

### **7.1 Patient Experience**

C. Jefferies presented a patient experience story. A patient with neurological condition was transferred to tertiary care location. The family contacted SMH with concerns over the delay in transferring the patient back to SMH. The team here worked with the family to explain that there were barriers to repatriate this patient and that there was an action plan. The patient was returned to SMH within two days and the family expressed their gratitude about the way their concern was handled.

### **7.2 Critical Incident Report**

There are no critical incidents to report.

### **7.3 Report of Chair, Quality Committee**

J. Tweedy requested the Board review the minutes from the January Meeting of the Quality Committee, in particular the following two agenda items:

- HIROC Risk Assessment
- Pharmacy Update

## **8.0 CHAMPIONS OF CARE**

### **8.1 Report of Chair, Human Resources Committee**

D. Blendick advised of the following (on behalf of C. Butler):

- Deb Paton attended the February Meeting to provide an Occupational Health report.
- The target for the newly added % Biennial performance reviews completed indicator is 12.5% per quarter.
- ONA and OPSEU contracts are expiring March 31<sup>st</sup>, 2018 and will be negotiated.
- Executive compensation framework submission was further revised and submitted in response to additional questions posed by the Ministry of Health & Long Term Care.
- The HR committee reviewed the policy II-7 Occupational Health and Safety and discussed that annually, the Board should be receiving a report on the occupational health and safety of the Hospital.

## **9.0 POWER IN PARTNERSHIPS**

### **9.1 Report of Chair, Community Engagement & Communications Committee**

W. Fairley advised the following:

- The revamped Website has been launched which includes a new domain address: [www.stevensonhospital.ca](http://www.stevensonhospital.ca).
- Heather Vanderlinde and Christopher Trotman will be the team replacing Rachael Ogorek for Corporate Communications for the next year.

- History of the hospital on the website will be updated – A. Dresser indicated he would help and a local historian was at the Feb 12 media announcement as well and has connected with Rachael to work to update the History.
- Mike Feldman and Jody Levac have met regarding community engagement.
- Annual General Meeting - Dr. Nathanson has agreed to be the guest speaker again this year, as last year he had to cancel last moment due to a medical emergency he was overseeing. This year, a patient will also be speaking sharing their experience at SMH.
- Crisis Communication Plan is to be updated.

## 10. GOVERNANCE

### 10.1 Report of Chair, Governance & Nominating Committee

J. Murray advised the following:

- Ads for recruitment of Board Directors(s) and Advisory Members will be published in the local media, as well, as place on the Hospital's website and social media (Facebook, Twitter).
- The Community Engagement and Communication Committee's Terms of Reference and Work Plan are being recommended for Board approval.

#### ***2017-2018 Committee Terms of Reference***

***Motion: Moved by P. Edmonds, seconded by J. Tweedy.***

***"THAT the Board of Directors accepts the recommendation of the Governance and Nominating Committee and approves the 2017-2018 Terms of Reference for the Community Engagement and Communications Committee as presented."***

***All in favour. Motion passed.***

#### ***2017-2018 Committee Work Plan***

***Motion: Moved by D. Knight, seconded by J. Tweedy "THAT the Board of Directors accepts the recommendation of the Governance and Nominating Committee and approves the 2017-2018 work plans for the Community Engagement and Communications Committee as presented."***

***All in favour. Motion passed.***

## 11. REPORTS

### 11.1 Report of President & CEO

- Redevelopment update: Stage 2 is moving along. Currently focused on the estimated local share and project cost. The project continues to be on target and on budget.
- Feb 12, 2018 was the announcement for the \$500K SMH and Collingwood General & Marine Hospital Planning Grant.
- Met with Mike Feldman, advisory member and Wendy Fairley to discuss fundraising initiatives and community engagement.
- Attended CEO meeting for the Central LHIN.
- Excited to announce that the first group of volunteer porters has been trained and is working in the Hospital. Staff and Nurses are very grateful for their help.

**Approved April 5, 2018**

- An update on the Strategic Plan, the ad hoc group will reconvene and present a final version at the next Board meeting.
- Next Board meeting Deb Paton from Occupational Health will attend and issue screamers (audible alarms). Volunteers and Foundation staff will be issued the screamers as well.

### **11.2 Report of VP, Patient Services & Chief Nursing Executive**

- Heather Van Housen was the nurse working to spearhead the project of the volunteer porters to help alleviate the pressure on the nursing staff.
- A mock blood shortage will be happening here in the coming weeks as an exercise.
- There is a patient in our community who has requested Medical Assistance in Dying (MAID). Dr. Nathanson has contacted the family with the appropriate care coordinators.
- SMH is now to be a satellite of Royal Victoria Hospital (RVH) for renal dialysis instead of Orillia Soldiers' Memorial Hospital. The two groups are negotiating a Service Level Agreement (SLA) for funding. This has had an impact to the level of service due to the changes to the funding and the model of care.
- The Central LHIN did provide SMH with funding for two surge beds and has indicated the interest in providing additional funding, for another 7 months, to those hospitals in the **Central** LHIN who continue to face surge pressures. SMH has made the decision to close its two surge beds on March 31<sup>st</sup> as there hasn't been the levels of patients anticipated this year. SMH will instead be submitting a proposal to the Central LHIN to request the funding for additional surge beds be used to support critical care beds at SMH.

### **11.3 Report of Chief of Staff**

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

### **11.4 Report of President of Professional Staff**

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

### **11.5 Report of Auxiliary President**

- The Auxiliary members continue to be trained as porters in the Hospital. Training is being completed by Gary Munro who is an Occupational Health and Safety Inspector with the Ministry of Labour.
- The Auxiliary will hold its Annual General Meeting (AGM) on June 12 and a representative from Victims Services will be the guest speaker.
- An issue of the Smock Talk Newsletter was released.

### **11.6 Report of Hospital Board Chair**

M. Martin advised the following:

- Has requested that the CEO review the communication process with the Foundation
- A large donor has requested a seat on the Board of Directors, we have indicated that all candidates must follow the Governance & Nominating Committees' recruitment process
- The redevelopment project is very appreciative of the \$500K planning grant from Dr. Hoskins and the MOHLTC.

**Approved April 5, 2018**

- 1:1 meeting with Directors and Board Chair will be scheduled.
- The Foundation is working to build a new financial report a draft template has been circulated.

***Motion: Moved by N. Depta, seconded by S. Kaarlela.  
"That the Board of Directors receives all reports as presented"  
All in favour. Motion passed.***

## **12. In Camera Session**

***Motion: Moved W. Fairley, seconded by J. Murray.  
"That the Board moves to the in-camera session." All in favour. Motion passed.***

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

### **Approval of Medical Staff Appointments**

***Motion: Moved by J. Murray, seconded by W. Fairley.  
"THAT the Board accepts the recommendation of the Medical Advisory Committee to approve:***

- ***Two (2) new applications for medical staff;***
  - ***Eight (8) changes in privileges for members of the medical staff; and***
  - ***Five (5) renewals of temporary privileges for members of the medical staff."***
- All in favour. Motion passed.***

## **13. Next Meeting Date**

The next Board meeting will be held on Thursday, April 5th, 2018.

There being no further business, the meeting adjourned at 8:10 p.m.



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Michael Martin, Board Chair

Recording Secretary: Sarah MacDougall

**Approved April 5, 2018**