

LAKE OF THE WOODS DISTRICT HOSPITAL
Regular Meeting of the Board of Directors
Thursday, October 8, 2015
LWDH Boardroom

PRESENT: M. Balcaen, D. Carrie (Chair), K. Dawe, Dr. S. Foidart, C. Gasparini, Dr. B. Kyle, Dr. J.K. MacDonald, S. Moreau, D. Paypompee (via teleconference), J. Reid, B. Siciliano, and T. Stevens (arrived at 5:15 p.m.)

REGRETS: D. Schwartz

| AGENDA ITEMS | DISCUSSION | ACTION |
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| 1. Call to Order | D. Carrie, Board Chair, called the meeting to order at 5:04 p.m. <ul style="list-style-type: none"> This meeting was scheduled to be held on October 1, 2015, but was rescheduled due to lack of quorum. Dr. S. Foidart, Vice President of Medical Staff was welcomed to the Board of Directors as an ex-officio member. | Called to Order |
| 2. Adoption of Agenda | Moved by S. Moreau and seconded by J. Reid that the agenda be approved as circulated | Motion #15/10/1 carried |
| 3. Declaration of Conflict of Interest | There were no declarations of conflict of interest. | None Declared |
| 4. Adoption of Minutes | Moved by J. Reid and seconded by S. Moreau that the minutes of the Regular Meeting of the Board of Directors held on September 3, 2015 be approved as circulated. | Motion #15/10/2 carried |
| 5. Business Arising | None. | |
| 6. Education | <p>6.1 Ontario College of Pharmacists (OCP) Site Visit</p> <p>This education session was held for those in attendance during the October 1st meeting.</p> <p>B. Edie, Pharmacist, was invited to present on the Ontario College of Pharmacists' site visit that occurred on July 13, 2015 (presentation appended). Hospitals will be inspected every two to four years according to their level of risk; certificates of accreditation will be issued. LWDH was rated on the level of compliance for 395 criteria, and achieved the following results:</p> <ul style="list-style-type: none"> Met the standards for 218 out of the 395 criteria. Partially met 154 out of the 395 criteria, and an opportunity for improvement exists in these areas. LWDH did not meet 23 out of the 395 criteria. <p>The findings were reviewed and discussed.</p> | Information |
| 7. Committee Reports | <p>7.1 Ownership/Linkages</p> <p>J. Reid reported:</p> <ul style="list-style-type: none"> Currently waiting for responses to our letter of invitation from a couple of organizations. Directors are asked to complete the OHA survey on community engagement that will be circulated on October 26, 2015. Committee is looking into a meeting with all community service providers. | Information |
| | <p>7.2 Governance</p> <p>J. Reid reported:</p> <ul style="list-style-type: none"> Currently looking at the number of Board committees, and if | Information |

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| | <p>this can be reduced. This will be discussed during orientation with the Governance Coach consultant.</p> <ul style="list-style-type: none"> • T. Stevens and D. Carrie will be attending OHA's Health Achieve in November. • Patient Satisfaction Survey Results and Accreditation Canada Survey Results were brought forward for education topics. | |
| | <p>7.3 Building a Future</p> <p>No report.</p> | |
| | <p>7.4 Quality</p> <p>D. Carrie reported:</p> <ul style="list-style-type: none"> • There was a presentation on the communication tool that is being used between Morningstar and the Emergency Department. • Reviewed the audit results for medication reconciliation done on admission, and the QIP target has been met. • Update was provided on the upcoming Accreditation Canada Survey, and a quality incident was reviewed. | Information |
| | 7.5 Nominating | Moved to In Camera |
| | <p>7.6 Governance Accreditation</p> <p>M. Balcaen reported:</p> <ul style="list-style-type: none"> • All Board Members were reminded of the Governance Accreditation session on Monday October 19, 2015 at 9:45 a.m. in Studio 2. F. Richardson and B. Anderson will also be attending. | Information |
| 8. Consent Agenda | Moved by S. Moreau and seconded by J. Reid that the Consent Agenda be approved. | Motion #15/10/3 carried |
| 9. Monitoring CEO Performance | <p>9.1 EL-6 Treatment of Staff</p> <p>Moved by S. Moreau and seconded by J. Reid that the Board of Directors has assessed the monitoring report on EL-6 Treatment of Staff and found that it demonstrated compliance with a reasonable interpretation of the policy, with the exception of the Opening Statement relating to WHMIS, as well as item #1.1 relating to CPI training. Acceptable plans to attain compliance have been provided.</p> <p>K. Dawe will review the CEO Interpretation re: CPI training, and will provide a report on the non-compliances for December's Board meeting.</p> | <p>Motion #15/10/4 carried</p> <p>K. Dawe</p> |
| | <p>9.2 EL-11 Environmental Impact</p> <p>Moved by J. Reid and seconded by S. Moreau that the Board of Directors has assessed the monitoring report on EL-11 Environmental Impact and found that it demonstrated compliance with a reasonable interpretation of the policy.</p> | Motion #15/10/5 carried |
| 10. Executive Limitations Items | <p>10.1 EL-6 Treatment of Staff - Review</p> <p>After review and discussion of policy EL-6 Treatment of Staff, it was agreed that there was no need to revise the policy at this time.</p> | Information |
| | <p>10.2 EL-11 Environmental Impact - Review</p> <p>After review and discussion of policy EL-11 Environmental Impact,</p> | Information |

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| | it was agreed that there was no need to revise the policy at this time. | |
| 11. Monitoring Board Performance | 11.1 GP-14 Board Planning Cycle and Agenda Control The monitoring report on GP-14 Board Planning Cycle and Agenda Control, completed by T. Stevens, was reviewed. It was noted that an orientation to the Board framework would be useful when Board members first start. | Information |
| | 11.2 GP-17 Corporate Rules of Order The monitoring report on GP-17 Corporate Rules of Order, completed by S. Moreau, was reviewed. | Information |
| | 11.3 BC-2 Accountability of the CEO The monitoring report on BC-2 Accountability of the CEO, completed by D. Paypompee, was deferred until November's Board meeting. | Deferred |
| 12. Governance Process Item for Approval | 12.1 Northwest Regional Appointment and Credentialing Policy and Procedure Moved by J. Reid and seconded by S. Moreau that the Board of Directors approves the revisions to the <i>Northwest Regional Appointment and Credentialing Policy and Procedure</i> as circulated. | Motion #15/10/6 carried |
| 13. Information Requested by the Board | 13.1 President & CEO Report M. Balcaen reviewed his report as circulated (attached). ED staffing was discussed, and we hope to have more physician ED signatories soon. 13.2 Chief of Staff Report Dr. J.K. MacDonald reviewed his report as circulated (attached). In addition, Dr. Puskas, Orthopedic Surgeon, completed his first visit on-site this week (Monday and Tuesday) and everything went very well. 13.3 VP Patient Services Report K. Dawe reviewed her report as circulated (attached). A media release on the relocation of the LWDH Obstetrical Service was provided to the local media. In addition, there are currently eight (8) ALC patients in-hospital. 13.4 VP Mental Health and Addictions Programs Report B. Siciliano reviewed his report as circulated (attached). 13.5 VP Corporate Services Report C. Gasparini reviewed her report as circulated (attached). In addition, a letter was received notifying LWDH to proceed to the next stage of OR/CSR Capital Planning Project. Will be meeting with the consultants in November to continue planning. Official approval has not yet been received. | Information |
| 14. Adjournment | The regular meeting was adjourned at 5:58 p.m. | Adjourned |

Chair

President & CEO

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