

LAKE OF THE WOODS DISTRICT HOSPITAL
Regular Meeting of the Board of Directors
Thursday, October 6, 2016
Lake of the Woods District Hospital Boardroom

PRESENT: M. Balcaen, W. Cuthbert (arrived at 5:23 p.m.), J. Diamond, Dr. S. Foidart, C. Gasparini, Dr. J.K. MacDonald, S. Moreau, D. Paypompee (via teleconference), J. Reid, F. Richardson (Chair), D. Schwartz, and B. Siciliano

REGRETS: D. Carrie, D. Makowsky, and T. Stevens

AGENDA ITEMS	DISCUSSION	ACTION
1. Call to Order	F. Richardson, Chair, called the meeting to order at 5:04 p.m.	Called to Order
2. Adoption of Agenda	Moved by J. Reid and seconded by D. Schwartz that the regular meeting agenda be approved with the addition of item #7.6 CEO Evaluation and Compensation.	Motion#16/10/1 Carried with Addition
3. Adoption of Minutes	Moved by D. Schwartz and seconded by J. Reid that the minutes of the Regular Meeting of the Board of Directors held on September 1, 2016 be approved as circulated.	Motion#16/10/2 carried
4. Declaration of Conflict of Interest	There were no declarations of conflict of interest.	None Declared
5. Education	5.1 General Overview of the Quality Committee of the Board <ul style="list-style-type: none"> B. Loeppky, Manager of Quality/Risk/Education/Telemedicine, presented on the Quality Committee of the Board (presentation attached). The Quality Committee is a legislated committee as per the Excellent Care for All Act (ECFAA, 2010). Committee membership and agenda topics/presentations were reviewed. 	Information
6. Business Arising	None.	
7. Committee Reports	7.1 Executive F. Richardson reported: <ul style="list-style-type: none"> The Committee reviewed the resolution received from the Kenora Chiefs Advisory (KCA); further information will be provided in camera. Facilitated review of the Missions, Vision, Values, and Ends statements will be held on Saturday October 22, 2016 from 9:00 a.m. – 4:00 p.m. Physicians, managers, front-line staff, and one representative from the City of Kenora, WNHAC, and KCA have been invited. Informational packages will be circulated prior to the workshop. 	Information
	7.2 Ownership/Linkages J. Reid reported: <ul style="list-style-type: none"> Met on September 12, 2016 and reviewed priority organizations that the committee should meet with. Will focus on a meeting with Grand Chief Kavanaugh of Treaty #3 to discuss a new healthcare delivery system. Next meeting will be held on Wednesday October 12, 2016 at 4:30 p.m. 	Information
	7.3 Quality F. Richardson reported: <ul style="list-style-type: none"> Committee is now meeting every two months. 	Information

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	<ul style="list-style-type: none"> • Presentations were held on: the Antimicrobial Stewardship Program, discharge follow-up phone calls, and medication reconciliation audit results on admission for quarter 1. • It was noted that there has been an increase in the number of falls this year, which could be attributed to the increase in ALC patients. • B. Chisholm, Manager of Rehabilitation, will remain on the committee for an additional one (1) year term. • Please submit any education topics to the Executive Committee. 	
	7.4 Nominating No report.	
	7.5 Building a Future No report.	
	7.6 CEO Evaluation and Compensation F. Richardson reported: <ul style="list-style-type: none"> • The CEO Evaluation and Compensation Committee met today following an OHA webcast titled: "New Regulation on Executive Compensation". • Each hospital Board will need to be in compliance with this new regulation and the committee will need to develop its own Executive Compensation Framework, which includes public consultation, before September 5, 2017. • F. Richardson will be communicating with other Board Chairs within the region re: next steps. • The next meeting will be held on November 16, 2016 at 4:30 p.m. in the LWDH Boardroom. Committee members are strongly encouraged to attend. 	Information
8. Consent Agenda	Moved by J. Reid and seconded by D. Schwartz that the Consent Agenda be approved.	Motion#16/10/3 Carried
9. Monitoring CEO Performance	9.1 EL-2 Planning: Financial Moved by J. Diamond and seconded by J. Reid that the Board of Directors has assessed the monitoring report on EL-2 Planning: Financial and found that it demonstrated compliance with a reasonable interpretation of the policy, with the 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).	Motion #16/10/4 Carried
	9.2 EL-6 Treatment of Staff and Volunteers Moved by J. Reid and seconded by J. Diamond that the Board of Directors has assessed the monitoring report on EL-6 Treatment of Staff and Volunteers and found that it demonstrated compliance with a reasonable interpretation of the policy, with the 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.	Motion #16/10/5 Carried
	9.3 EL-11 Environmental Impact Moved by J. Reid and seconded by J. Diamond 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.	Motion #16/10/6 Carried

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10. Executive Limitations Items	10.1 EL-2 Planning: Financial – Review After review of EL-2 Planning: Financial, it was agreed that there was need to revise the policy at this time.	Information
	10.2 EL-6 Treatment of Staff and Volunteers – Review After review of EL-6 Treatment of Staff and Volunteers, it was agreed that there was no need to revise the policy at this time.	Information
	10.3 EL-11 Environmental Impact – Review After review of EL-11 Environmental Impact, it was agreed that there was no need to revise the policy at this time.	Information
11. Monitoring Board Performance	11.1 GP-18 CEO Recruitment The monitoring report on GP-18 CEO Recruitment, completed by D. Paypompee, was reviewed. It was agreed that there was no need to revise the policy at this time. <ul style="list-style-type: none"> Clarification was provided re: policy item #1, which refers to the option to look at opportunities to integrate with other organizations prior to CEO replacement. 	Information
	11.2 GP-9 Board and Committee Expenses The monitoring report on GP-9 Board and Committee Expenses, completed by S. Moreau, was reviewed. It was agreed that there was no need to revise the policy at this time.	Information
	11.3 GP Global Governance Commitment The monitoring report on GP Global Governance Commitment was deferred.	Deferred
12. Information Requested by the Board	12.1 President & CEO Report M. Balcaen reviewed his report as circulated (attached). 12.2 Chief of Staff Report Dr. MacDonald reviewed his report as circulated (attached). In addition: <ul style="list-style-type: none"> An update was provided on the Hospitalist Program, and how the high number of ALC patients in-hospital creates problems with cross-border care and the repatriation of patients. The Laboratories of the Kenora Rainy-River Regional Laboratory Program (KRRRLP) recently underwent Accreditation, and were granted the highest level of accreditation within Canada, ISO 15189+. This is a significant achievement, as only a few select hospitals within Canada receive this designation. Dr. Kerry MacDonald is the Regional Laboratory Director for each of the hospitals. 12.3 VP Patient Services Report No report. <ul style="list-style-type: none"> M. Balcaen, on behalf of D. Makowsky, provided an update on ALC patients. There are currently 18 ALC patients in-hospital, with the potential for an additional three (3) for a total of 21. Out of those 21, 17 are waiting for long-term care (LTC) placement. Both Birchwood and Pinecrest currently have waiting lists. Met with the LHIN and CCAC on Monday and have requested Category 1 Crisis Designation, which gives priority to LWDH patients when 	

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	<p>beds become available in a LTC facility.</p> <p>12.4 VP Mental Health and Addictions Programs Report B. Siciliano reviewed his report as circulated (attached). In addition:</p> <ul style="list-style-type: none"> An update was provided on the ongoing meetings with community children service providers and the OPP re: support for a proposal for 24/7 social work support in our hospital. B. Siciliano will advise re: a future board-to-board meeting with providers of children services within the community with the purpose of discussing after-hours support. <p>12.5 VP Corporate Services Report C. Gasparini reviewed her report as circulated (attached). In addition:</p> <ul style="list-style-type: none"> M. Balcaen reported that the process has commenced to start looking at the replacement of the CT scanner within the next year. Will be working with the LWDH Foundation on this project. 	
14. Adjournment	The regular meeting was adjourned at 6:55 p.m.	Adjourned

Chair

President & CEO

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