## LAKE OF THE WOODS DISTRICT HOSPITAL Regular Meeting of the Board of Directors Thursday, December 1, 2016 Lake of the Woods District Hospital Boardroom

PRESENT: M. Balcaen, D. Carrie, W. Cuthbert, J. Diamond, C. Gasparini, Dr. J.K. MacDonald, J.

Reid, F. Richardson (Chair), D. Schwartz, B. Siciliano, and T. Stevens (arrived at 5:20

p.m.)

**REGRETS:** Dr. B. Kyle, D. Makowsky, S. Moreau, and Dr. M. Spencer

**ABSENT:** D. Paypompee

AGENDA ITEMS		DISCUSSION	ACTION
1.	Call to Order	F. Richardson, Chair, called the meeting to order at 5:01 p.m. Roundtable introductions were held.	Called to Order
	Adoption of Agenda Moved by D. Schwartz and seconded by W. Cuthbert that the regular meeting agenda be approved as circulated.		Motion#16/12/1 Carried
3.	Minutes	<b>Moved</b> by W. Cuthbert and <b>seconded</b> by D. Schwartz that the minutes of the Regular Meeting of the Board of Directors held on November 3, 2016 be approved as circulated.	Motion#16/12/2 Carried
4.	Declaration of Conflict of Interest	There were no declarations of conflict of interest.	None Declared
5.	Education	S.J. Green presented on the LWDH Surgical Services/Medical Device Reprocessing Department (MDRD) Renovation Project (attached). The history of obtaining project approval was reviewed. Improvements to the departments, ongoing action items throughout the project, and the phasing of each stage of the project were reviewed. Key personnel includes:  1. Project Manager: Greg Gamble; 2. Contractor: Quinan Construction Ltd.; 3. Primary Consultant: Perkins Eastman Black; and 4. Clinical Lead: Sonia June Green, Manager of OR/MDR. Communication to staff and physicians re: progress updates will be a priority. The phasing is subject to change as the project carries out to ensure as little disruption as possible. This renovation is a very positive change for LWDH and for the patients. Occupational Health and Safety and Infection Prevention and Control will be consulted and involved throughout all phases. S.J. Green was sincerely thanked for all of her hard work on this project.	Information
6.	Business Arising	None.	
7.	Committee Reports	<ul> <li>7.1 Executive</li> <li>F. Richardson reported:</li> <li>When Quality is not scheduled, Executive will be held for one (1) hour to focus on Governance topics/issues.</li> <li>F. Richardson's Health Achieve Report was circulated and reviewed (attached). It was noted that there was a focus on mental health at Health Achieve, as well as removing the stigma of mental health. Looking at our policies re: cyber security was also discussed.</li> </ul>	Information
		<ul> <li>7.2 Ownership/Linkages</li> <li>J. Reid reported: <ul> <li>November meeting was cancelled due to lack of attendance. The next meeting will be held on December 8, 2016 at 5:00 p.m. in the LWDH Boardroom.</li> </ul> </li> </ul>	Information

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	<ul> <li>There will be a meeting with the Kenora Sexual Assault Centre on December 7<sup>th</sup> at 5:15 p.m. at their office on Main Street.</li> <li>The meeting with Treaty #3 will be held on December 15<sup>th</sup> at 5:00 p.m. in</li> </ul>	
	<ul> <li>the LWDH Boardroom.</li> <li>The meeting with the Alzheimer's Society of Kenora Rainy-River Districts</li> </ul>	
	on November 21 <sup>st</sup> was very beneficial and a lot of information was shared. <b>7.3</b> Quality	
	F. Richardson reported:	Information
	There were presentations on the 2016 Hand Hygiene Audit Results, Falls Prevent Strategy, and how LWDH has met the QIP target re: implementing Quality Based Procedures (QBP) best practices for congestive heart failure (CHF).	
	The Managed Alcohol Program (MAP) will commence in the New Year and will be operated out of the Morningstar Centre; tentative education topic for February.	
	7.4 CEO Evaluation and Compensation	
	<ul> <li>F. Richardson reported:</li> <li>Next meeting will be held on December 12<sup>th</sup> at 5:00 p.m. Webcasts are being held regularly.</li> </ul>	Information
	Currently looking into comparators for LWDH. Hope to have additional information coming forward so the committee can continue with the development of a framework.	
	7.5 Nominating No report.	
	7.6 Building a Future No report.	
8. Consent Agenda	None.	
9. Monitoring CEO Performance	9.1 EL-4 Protection of Assets The report on EL-4 Protection of Assets will be presented at the next meeting.	Deferred
10. Executive Limitations Items	10.1 EL-4 Protection of Assets - Review The policy on EL-4 Protection of Assets will be reviewed at the next meeting.	Deferred
11. Monitoring Board	11.1 GP-4 In Camera Board Meetings	
Performance	The monitoring report on GP Global Governance Commitment, completed by W. Cuthbert, was reviewed. Draft revisions to the policy, as suggested by W. Cuthbert, were circulated and reviewed (attached). M. Balcaen will forward to legal counsel for review to ensure compliance with the Public Hospitals Act.	M. Balcaen To Executive Committee
	11.2 GP-8.3 Ownership/Linkage Committee Terms of Reference The monitoring report on GP-8.3 Ownership/Linkage Committee Terms of	
	Reference, completed by J. Reid, was reviewed. Following discussion, it was agreed that the Executive Committee will discuss how to provide feedback with the organizations the O/L Committee meets with to strengthen partnerships and ensure action item(s) that come out of meetings are addressed.	To Executive Committee
12. Information Requested by the Board	<ul> <li>President &amp; CEO Report</li> <li>M. Balcaen reviewed his report as circulated (attached). In addition:</li> <li>Update provided on the meeting with MOHLTC re: the Internal Medicine Program. The first locum internist has completed their rotation, which went well. Program will continue through to March 31, 2017 and hope that by April 1, 2017 an Alternate Payment Plan (APP)</li> </ul>	Information

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	<ul> <li>will be in place. Dr. J. Retson was sincerely thanked for her hard work and dedication on getting this program underway.</li> <li>It was noted that there are quite a few hospitals in the medium category that are struggling under the new funding formula, which continues to be reflected through the daily media clips.</li> </ul>	K. Stepanik
	<ul> <li>12.2 Chief of Staff Report In addition to Dr. MacDonald's report that will be reviewed in camera, the following was discussed: <ul> <li>A positive patient story was reviewed.</li> <li>K. Stepanik will circulate information on an upcoming Grand Rounds session titled: "Street Drug Use in Kenora and Area" on Thursday December 8<sup>th</sup> at 8:00 a.m. in the Training Centre Classroom.</li> </ul> </li> </ul>	
	12.3 VP Patient Services Report D. Makowsky's report was circulated (attached).	
	<ul> <li>VP Mental Health and Addictions Programs Report</li> <li>B. Siciliano reviewed his report as circulated (attached). In addition:</li> <li>251 referrals were received in September and October; everyone has been provided with appointments and there is no current wait list. The staff were commended for their hard work.</li> <li>Will be proceeding with the proposal to request funding to have two (2) Social Workers on-staff around the clock to address the mental health care needs at our hospital.</li> </ul>	
	The community is seeing an increase in crystal meth use, which is impacting our ED.	
44 Adianamasis	<ul> <li>12.5 VP Corporate Services Report</li> <li>C. Gasparini reviewed her report as circulated (attached). In addition: <ul> <li>An update was provided on the projected deficit of \$1.2M.</li> <li>An update was provided on the meeting with the MOHLTC that was held on November 8, 2016 in Toronto, ON. They do realize the funding formula is not working for medium-sized hospitals. There will be no change in the funding formula this year, but LWDH has provided short-term solutions that could assist with the current projected deficit. Currently waiting for a response.</li> </ul> </li> </ul>	Adianasad
14. Adjournment	The regular meeting was adjourned at 6:37 p.m.	Adjourned

Chair	President & CEO