

LAKE OF THE WOODS DISTRICT HOSPITAL
Regular Meeting of the Board of Directors
Thursday, April 6, 2017
Lake of the Woods District Hospital Boardroom

PRESENT: M. Balcaen, D. Carrie, W. Cuthbert J. Diamond, C. Gasparini, Dr. J.K. MacDonald, D. Makowsky, J. Reid (Chair), D. Schwartz, and B. Siciliano

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

GUESTS: S. Lamb (DMN), C. Kokokopenace, J. McKibbon, D. Segerts, and E. Stach

ABSENT: D. Paypompee

AGENDA ITEMS	DISCUSSION	ACTION
1. Call to Order	J. Reid, Chair, called the meeting to order at 5:00 p.m. <ul style="list-style-type: none"> Roundtable introductions were held to introduce the four (4) prospective Board Directors in attendance. 	Called to Order
2. Adoption of Agenda	Moved by D. Schwartz and seconded by W. Cuthbert that the regular meeting agenda be approved as circulated.	Motion #17/4/1 Carried
3. Adoption of Minutes	Moved by W. Cuthbert and seconded by D. Carrie that the minutes of the Regular Meeting of the Board of Directors held on March 2, 2017 be approved as circulated.	Motion #17/4/2 Carried
4. Declaration of Conflict of Interest	D. Carrie declared a conflict of interest with Item #8.1 Professional Staff Privileges.	One Conflict Declared
5. Education	There was no scheduled education session for this meeting. It was noted that a HIROC education session was held for Board Directors on Thursday March 30, 2017.	Information
6. Business Arising	None.	
7. Committee Reports	7.1 Executive J. Reid reported: <ul style="list-style-type: none"> Committee continues to plan education sessions. 	Information
	7.2 Ownership/Linkages J. Reid reported: <ul style="list-style-type: none"> Continue to review local organizations that the committee should meet with. A meeting with the Mental Health and Addictions Advisory Committee has been tentative set for May 2, 2017. Information will follow once confirmed. 	Information
	7.3 Quality The following documents were circulated and reviewed (attached): 1.) 2016-2017 Progress Report 2.) 2017-2018 Narrative 3.) 2017-2018 Quality Improvement Plan (QIP) Workplan 4.) 2017-2018 Performance-based Compensation Contract B. Loepky was commended for her hard-work in preparing the final documents. Moved by W. Cuthbert and seconded by D. Schwartz that the Board of Directors approves the 2017-2018 Lake of the Woods District Hospital's Quality Improvement Plan (QIP) as presented.	Motion #17/4/3 Carried
	7.4 CEO Evaluation and Compensation J. Reid reported: <ul style="list-style-type: none"> Process is ongoing. 	Information

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	7.5 Nominating	Moved to In Camera
	7.6 Building a Future No report. A meeting will be set in the next month to review the committee's Terms of Reference.	J. Reid
8. Consent Agenda	D. Carrie declared a conflict of interest and left the room. Moved by D. Schwartz and seconded by W. Cuthbert that the Consent Agenda be approved. D. Carrie returned to the meeting.	Motion #17/4/4 Carried
9. Monitoring CEO Performance	9.1 EL-5 Treatment of Clients Moved by D. Carrie and seconded by W. Cuthbert that the Board of Directors has assessed the monitoring report on EL-5 Treatment of Clients and found that it demonstrated compliance with a reasonable interpretation of the policy.	Motion #17/4/5 Carried
	9.2 EL-4 Protection of Assets	Deferred
	9.3 EL-7 Communication and Support to the Board Moved by D. Schwartz and seconded by J. Diamond that the Board of Directors has assessed the monitoring report on EL-7 Communication and Support to the Board and found that it demonstrated compliance with a reasonable interpretation of the policy.	Motion #17/4/6 Carried
	9.4 EL-12 Ethical Behaviour Moved by J. Diamond and seconded by W. Cuthbert that the Board of Directors has assessed the monitoring report on EL-12 Ethical Behaviour and found that it demonstrated compliance with a reasonable interpretation of the policy. <ul style="list-style-type: none"> “Whistleblower” services were discussed. Information will be provided to the Board on the current ethics policies and procedures (i.e. how staff members report an ethical concern). 	Motion #17/4/7 Carried M. Balcaen
10. Executive Limitations Items	10.1 EL-5 Treatment of Clients – Review After review of EL-5 Treatment of Clients, it was agreed that there was no need to revise the policy at this time. <ul style="list-style-type: none"> Patient Experience Survey template will be sent to the Quality Committee of the Board for further discussion; it was noted that two questions re: spiritual and cultural care were omitted from the OHA survey utilized this year. 	Information To Quality Committee of the Board
	10.2 EL-4 Protection of Assets – Review	Information
	10.3 EL-7 Communication and Support to the Board – Review After review of EL-7 Communication and Support to the Board, it was agreed that there was no need to revise the policy at this time.	Information
	10.4 EL-12 Ethical Behaviour – Review After review of EL-12 Ethical Behaviour, it was agreed that this policy will be sent to the Executive Committee for review of the Opening Statement.	To Executive Committee
11. Monitoring Board Performance	11.1 GP-7 Board Committee Principles The monitoring report on GP-7 Board Committee Principles, completed by D. Schwartz, was reviewed. Following discussion, D. Schwartz agreed to review this policy in further detail and will bring suggested revisions for approval at the next meeting.	D. Schwartz
	11.2 GP-12 Board Linkage with Community	Deferred

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	<p>11.3 GP-15 Board Succession Planning</p> <p>The monitoring report on GP-15 Board Succession Planning, completed by J. Reid, was reviewed. Following discussion, it was agreed that there was no need to revise the policy at this time.</p> <ul style="list-style-type: none"> Executive Committee will review education request re: “Cultural Diversity”. 	<p>Information</p> <p>To Executive Committee</p>
12. Governance Process Items for Decision	<p>12.1 GP-4 In Camera Meetings Policy – Revised Policy for Approval</p> <p>Moved by W. Cuthbert and seconded by D. Carrie that GP-4 In Camera Meetings be retitled: “GP-4 Board Open/Closed Meeting Policy”, and that the revisions be approved as circulated (attached).</p>	<p>Motion #17/4/8 Carried</p>
	<p>12.2 GP-8.1 Audit Committee Terms of Reference</p> <p>Moved by D. Carrie and seconded by J. Diamond that the revisions to GP-8.1 Audit Committee Terms of Reference be approved as circulated (attached).</p>	<p>Motion #17/4/9 Carried</p>
13. Information Requested by the Board	<p>13.1 President & CEO Report</p> <p>M. Balcaen reviewed his report as circulated (attached). The role of the KAHCWG Recruiter with regards to other health care professions was discussed. It was noted that physician recruitment is a current priority.</p> <p>13.2 Chief of Staff Report</p> <p>Dr. MacDonald’s report will be reviewed in camera (attached).</p> <p>13.3 VP Patient Services Report</p> <p>D. Makowsky reviewed her report as circulated (attached). In addition:</p> <ul style="list-style-type: none"> It was noted that super-user training for the electronic Canadian Triage Acuity Score (eCTAS) implementation took place this week. A “Rapid Response Clinic” was defined. Information was provided on Surge Learning, a new software program that provides staff educational modules and tracks completion. <p>13.4 VP Mental Health and Addictions Programs Report</p> <p>B. Siciliano reviewed his report as circulated (attached).</p> <p>13.5 VP Corporate Services Report</p> <p>C. Gasparini reviewed her report as circulated (attached). In addition:</p> <ul style="list-style-type: none"> Financial statements for the period ending February 28, 2017 report an operating surplus of \$95,275; work continues with the NWLHIN and MOHLTC regarding changes to the funding formula. Correction to report: “Year-end results (2016-17) also indicate that we will have a projected shortfall in QBP funding of \$700,000.” Update provided on the OR/MDRD Capital Renovation Project. 	<p>Information</p>
14. Adjournment	The regular meeting was adjourned at 6:10 p.m.	Adjourned

Chair

President & CEO

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