

**WDMH Board of Directors**  
**Tuesday, May 23, 2017– 5:00 p.m.**  
**Dillabough Professional Centre - Boardroom**

**MINUTES OF MEETING**

**ATTENDEES:** Marieke vanNoppen – Chair  
Mike Villeneuve  
Cholly Boland - CEO  
David Wattie  
Peter Sorby, President, Auxiliary  
Renee Belhumeur (Teleconf)  
James Pitruniak  
Michelle Perry  
Renee Belhumeur (Teleconf)  
Bruce Millar  
Lynn Hall, Chief Nursing Executive

**REGRETS:** Dr. M. Crabtree  
Tom Dawson  
Shawn Sutton  
Stephen McClellan  
Andy Barrett  
Robin Varughese  
John Trickett  
Dr. D. Tse

**STAFF:** Michelle Blouin, Chief Financial Officer  
Abeer Sami, MHA Resident  
Shawn Burnett, Team Lead, Complex Continuing Care  
Sean O'Brien, Chief Information Management Officer  
Chris Barkley (Recorder)

**1. Call to Order**

Marieke vanNoppen called the meeting to order at 5:00 pm.

**2. Declaration of Conflict of Interest**

None declared.

**3. Agenda Check-In**

The agenda was accepted as presented.

**4. Review of Minutes of March 7, 2017**

**MOVED** by **Mike Villeneuve** and **SECONDED** by **Peter Sorby**  
That the minutes from the Board Meeting held May 23, 2017 be approved.  
**CARRIED**

**5. Patient Story**

Shawn Burnett provided an overview of an elderly patient with a history of dementia and Parkinson's. The patient declined once admitted to the Complex Continuing Care unit due to staff not complying with preprinted orders, the CAM (Confusion Assessment Method) not being used appropriately and the restraint policy not being followed. The patient was brought back to his normal levels within a week and was discharged to a place that could look after his needs.

Compliance with preprinted orders has been a challenge and we are now looking for a physician champion to ensure adherence to these orders.

## **6. Board Education**

### **6.1 Information Technology – Layered Security**

Sean O'Brien, Chief Information Management Officer, provided an overview of the hospital's sophisticated security for information technology. As a technology hub that hosts over 500 healthcare organizations, the hospital must ensure a sophisticated security system. The hospital hosts many services for many organizations, i.e. e-Consult, Risk Incident Management System (RIMS), PACS (Picture Archiving and Communication System), and the Eastern Ontario Regional Lab Association (EORLA).

From an IT perspective the hospital receives project funding and operational funding from the LHIN. There have been adjustments to our base funding that have allowed us to make adjustments to our IT infrastructure.

## **7. New Business**

There was no new business added to the agenda.

## **8. Board Reports**

### **8.1 Quality Committee**

James Pitruniak provided an overview of the May 18<sup>th</sup> Quality Committee meeting. The minutes of the meeting were included in the Board agenda package.

The Quality Committee received an update on the Patient and Family Engagement Committee. Additional patient and family representatives are being recruited to serve on other hospital committees.

The CIS Steering Committee is working on the Lab Information System (LIS) which is a new system that will be integrated into our QuadraMed electronic chart.

With respect to Quality Indicators, the hospital did not meet the 2016-17 targets for Length of Stay in Emergency. The Executive Committee has requested that we re-examine to see how best to track and present the data.

The Committee discussed an article about patient and Family Engagement Requirements for Accreditation. In reading the requirements and regulations it was reassuring to see how far ahead WDMH is.

#### **8.1.1 Patient Safety Report**

The Patient Safety Report was received for information.

## 8.2 Finance Report

### 8.2.1 2016/17 Audited Financial Statements

Andrew Newman of KPMG attended the meeting to present the 2016/17 Audited Financial Statements. The hospital received a clean audit with no recommendations. The Board congratulated Michelle Blouin and the Financial Team on another successful audit.

**MOVED** by **Bruce Millar**, seconded by **Mike Villeneuve** that the 2016/17 Financial Statements be accepted as presented and submitted to the Corporate Members for approval at the Annual Meeting in June.

**CARRIED.**

### 8.2.2 2017/18 Capital Equipment Plan

The 2017/18 Capital Equipment Plan was presented to the Board for approval. The capital listing was compiled with input from managers, team leaders, senior managers and Chief Physicians. The plan contains a contingency in the amount of \$100,000 and includes all high, medium and low priority items.

It was noted that if the required donation money is not raised to purchase the equipment, fewer items will be purchased, which will be done in order of priority. The highest priority items for 2017/18 total \$853,961.

**MOVED** by **David Wattie** and **SECONDED** by **James Pitruniak** that the 2017/18 Capital Budget be approved as presented.

**CARRIED.**

### 8.2.3 Funding Update

The Ministry of Health and Long-Term Care has acknowledged that the funding formula used for the largest hospitals in Ontario, of which WDMH is the second smallest, does not work for a hospital of our size. WDMH falls within the formula that involves QBPs (Quality Based Procedures) or HBAM (Health Based Allocation Model). The government has committed to reviewing the formula and we are expecting a long term solution to be announced in August.

### 8.2.4 Broader Public Sector Accountability Act (BPSAA) Reporting Requirements

As of April 1, 2011, under the BPSAA, every hospital is required to:

- Prepare reports on the hospital's use of consultants

- Publicly post expense claim information
- Prepare compliance attestations

The hospital completed the required template for every consultant retained by the hospital. The accumulated consultant fees were presented to the Board.

WDMH publicly posts the required information about expense claims for each member of the Board of Directors; the CEO; and each member of the Senior Management group who reports to the CEO.

Compliance attestations have been prepared related to the use of lobbyists; procurement directives issued by the Management Board of Cabinet; and compensation arrangements.

**MOVED** by **Peter Sorby** and **SECONDED** by **Michelle Perry** that the BPSAA Compliance attestations be approved as presented.

**CARRIED.**

### 8.3 Medical Advisory Committee

Highlights from the Medical Advisory Committee meetings were included in the agenda package and distributed prior to the meeting.

MAC recommended that Dr. Shamsa Deeb be appointed to a second, three-year term as Chief of Obstetrics/Gynaecology. Dr. Deeb's accomplishments over the past three years were noted.

**MOVED** by **James Pitruniak** and **SECONDED** by **Peter Sorby** that Dr. Shamsa Deeb be appointed to a second, three-year term as Chief of Obstetrics/Gynaecology.

**CARRIED.**

One of the most important roles of the Board is to approve professional staff privileges. The process for the appointment and reappointment of professional staff is included in each Board package. On the recommendation of the Medical Advisory Committee it was

**MOVED** by **Peter Sorby** and **SECONDED** by **Mike Villeneuve** that the following physicians be granted privileges:

- Dr. Jesse Schwartz, Locum with Admitting Privileges, Internal Medicine – General
- Dr. Anna Osadchuk, Term without Admitting Privileges, Emergency Medicine
- Dr. Jean Yelle, Term without Admitting Privileges, Surgery
- Dr. Mary Duncan, Term without Admitting Privileges, Surgery, Surgical Assist
- Dr. Lara Gizzi, Term without Admitting Privileges, Emergency Medicine

**CARRIED.**

The 2017/18 Professional Staff Reappointments were included in the agenda package.

**MOVED** by **Peter Sorby** and **SECONDED** by **Mike Villeneuve** that the 2017/18 Professional Staff Reappointments be approved as presented.

**CARRIED.**

#### 8.3.3 Medical Human Resources Plan

The 5-year Medical Human Resources Plan was included in the agenda package and distributed in advance for review. Each Chief was asked to assess their human resources needs over the next 5 years, including projected attrition, opportunities for growth, threats to staffing and recruitment, and potential for replacement. A new physician services survey is in circulation that will once again focus on physician needs at WDMH.

The following goals for Physician Recruitment were presented:

- Revise and conduct a new physician services survey in 2017 to identify continued needs in the community
- Continue efforts to recruit additional specialists in General Internal Medicine, Geriatrics, Pediatrics, Respiriology, Dermatology, and Psychiatry
- Foster a greater focus on Family Medicine recruitment. Market rural family medicine physician opportunities to highlight opportunities that target our changing demographic
- Stay current in the highly competitive general surgery healthcare sector by developing systems to enhance and expand elective volume service provision
- Foster collaborative growth of the Obstetrics program while monitoring impact on various departments

**MOVED** by **David Wattie** and **SECONDED** by **Bruce Millar**

That the 5-year Medical Doctor Human Resources plan be approved.

**CARRIED.**

#### 8.3.4 Professional Staff Bylaw Amendments

A committee was struck to conduct a detailed review of the Professional Staff Bylaws to ensure all new legislation and current practices are reflected in the bylaws. Members of the committee included: Dr. Brian Devin, Dr. Kate Darbyshire, Dr. Darren Tse and Cholly Boland. The proposed changes were presented to the Board. It was noted that there are still a few places in the bylaws where we need to change the Mission, Vision and Values to reflect our new Commitment Statement.

**MOVED** by **Bruce Millar** and **SECONDED** by **Peter Sorby** that the proposed changes to the Professional Staff Bylaws be accepted and presented to the Corporate Members at the Annual Meeting in June for approval.

**CARRIED.**

**Abstained: 1**

#### 8.4 Medical Staff Organization

The Medical Staff Organization (MSO) is comprised of all physicians who have privileges at WDMH. At their recent Annual Meeting the following physicians were elected to office:

Dr. J. Burke – President  
Dr. M. Crabtree – Vice President  
Dr. E. Rivington – Secretary / Treasurer

### 9.0 **Report of the CEO**

#### 9.1 Strategic Priorities Update

The fourth quarter report on Strategic Priorities was distributed in advance with the agenda.

In addition to his written report, Mr. Boland highlighted the following:

- Nursing Leadership Awards were recently announced and the brochure of award recipients was distributed at the meeting
- Inpatient utilization is low. We will be embarking in an exercise to determine options for inpatient services
- Accreditation surveyors will be on site beginning June 5<sup>th</sup>. Echocardiography will also be going through their first accreditation

### 10. **Report of the Foundation**

The written report of the Foundation was distributed in advance. On behalf of Tom Dawson, Marieke vanNoppen highlighted the following:

- The Gala is scheduled June 3 and ticket sales are going well
- The Foundation's new web site will be live in six weeks
- A thank you brunch is being held for donors
- Board members are encouraged to participate in the Foundation's upcoming thank you blitz

#### 10.1 Annual Review of WDMH / Foundation Memorandum of Understanding

In 2016 the Hospital and Foundation developed a Memorandum of Understanding (MOU) to formalize the importance of our collaborative partnership and establish an ongoing positive relationship that will be easily communicated and understood by both boards. The Chairs of both the Hospital and Foundation Boards have reviewed the Memorandum of Understanding. It has been a positive year for the relationship between the Hospital and Foundation and the lines of communication will continue to be kept open.

## **11. WDMH Auxiliary Report**

The written report of the Auxiliary was distributed in advance with the agenda.

Peter Sorby highlighted the many services provided by the Auxiliary, including the recent addition of a volunteer in the Emergency Department. New volunteers are always welcome.

Volunteers now use the “Volunteer on Demand” system whereby they check an in-house program online for tasks requiring volunteer assistance.

The Auxiliary currently has approximately \$180,000 for operations and capital equipment purchases. The Auxiliary continues to host events to increase their revenue and look toward the WDMH Board of Directors to help promote volunteer activities and events.

On behalf of the many volunteers, Mr. Sorby expressed appreciation for the recent Volunteer Appreciation luncheon hosted by the Leadership Team.

## **12. Report of the Chair**

### **12.1 Executive Committee**

Marieke vanNoppen reminded Board members that they are required to attend at least one Executive Committee meeting per year. Executive Committee meetings are now held via teleconference to save members travelling time. The majority of meetings are one hour in length.

### **12.2 Strategic Plan Planning**

The process for identifying new priorities will be launched in the fall and the priorities will be presented in the spring for approval.

### **12.3 Board Assessment – Governance Functioning Tool**

Given the impending Accreditation in June 2017, the Board completed Accreditation Canada’s Governance Functioning Tool instead of its standard assessment. The results of the evaluation were reviewed with no red flags identified.

### **12.4 Slate of Directors for Election**

Two new board members have been recruited to the Board of Directors and have agreed to let their name stand for election.

Michelle Perry – 1 year term to June 2018

Bruce Millar – 3 year term to June 2020

Michelle Perry is completing the term of one Director who has resigned due to relocation.

**MOVED** by **James Pitruniak** and **SECONDED** by **Peter Sorby** that Michelle Perry and Bruce Millar be recommended for election to the Board of Directors at the meeting of Corporate Members on June 27<sup>th</sup>.

**CARRIED.**

12.5 Slate of Directors for Re-election

The following Directors have submitted their names for re-election to the board for a three-year term ending June 2020:

- *Shawn Sutton*
- *James Pitruniak*
- *Renee Belhumeur*
- *David Wattie*

**MOVED** by **Mike Villeneuve** and **SECONDED** by **Bruce Millar** that the above-named Directors be re-elected to the Board of Directors for a three-year term ending June 2010.

**CARRIED.**

12.6 Meeting Evaluation Results – March 7, 2017

Our response rate for meeting evaluations is low. M. vanNoppen emphasized the importance of completing the evaluations to help us make things better, more timely, are we allowing enough time for discussion, etc. One recurring comment is that shorter agendas would be appreciated. Keeping this in mind Board members are reminded to pre-read the meeting material to keep the meeting moving on time.

12.7 Meeting Evaluation – May 23, 2017

Board members were provided the meeting evaluation for today's meeting for completion.

**13.0 Conference / Workshop Reports**

No report.

**14.0 Report of RHI Board**

The number one priority for the Rural Healthcare Innovations / Dundas Manor Board of directors is seeking approval to construct a new manor.



## **15.0 Communication & Public Relations Considerations**

### **15.1 Key Themes from Meeting**

1. Hospital Information Technology is doing a fantastic job ensuring information is private and we are protected. An action plan is in place for any event
2. Foundation has had a positive year. The Capital Equipment Plan has been approved
3. Nursing Week and Volunteer Appreciation Week celebrated
4. Accreditation in June – Board is feeling confident
5. We are in good stead financially – came through another audit with clean results

## **16. Next Meeting**

The next meeting of the Board is June 27, immediately following the Annual Meeting.

## **17. Adjournment**

There being no further business, the meeting adjourned at 7:45 p.m.