

**Stevenson Memorial Hospital  
Meeting of Board of Directors**

March 6, 2014

Physical Therapy Department

5:00 p.m.

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**In attendance:**

**Elected Directors**

John Swinden, Board Chair; Darlene Blendick (via teleconference); Alan Dresser; Paul Edmonds; Paul Farley; Cory Jackman; Michael Martin; David Purvis

**Ex Officio Directors**

Jody Levac, President & CEO; Shannon Landry, Vice President/Chief Nursing Officer; Dr. Oswaldo Ramirez, Chief of Staff; Dr. Stephen Tomini, President of Medical Staff

**Staff**

Terry Kuula, Chief Financial Officer

**Regrets:**

Andrew Morris; Catherine Morden; Jan Tweedy; Diane Munro, President SMH Auxiliary; Dr. Izabella Kogan, Vice President of Medical Staff; Glenn Rae, President, SMH Foundation

**Guests:**

Kathy Stevenson, Manager, Quality, Patient Safety and Risk

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**1. Call to Order**

J. Swinden called the meeting to order.

**2. Conflict of Interest**

J. Swinden reminded those in attendance of their responsibilities as Board members with respect to the Conflict of Interest as outlined in the Corporation Bylaws and asked if anyone present wished to declare a conflict of interest. No declarations were made.

**3. Presentations**

• **Quality Improvement Plan**

K. Stevenson provided a presentation on the 2014/15 QIP highlighting the key changes which included 7 mandatory priority indicators along with other proposed indicators. She also highlighted the written narrative to accompany the QIP. The draft QIP has been reviewed by internal stakeholders.

She reminded the Board that the QIP is tied to Executive Compensation to be determined by the Board.

K. Stevenson also reviewed the status update on the 2013/14 QIP and achievements made to date. The Board recognized and thanked the senior leadership for their successful year in exceeding many of the benchmarks noted in the QIP.

The Board was asked to review the draft QIP and provide any further comments to K. Stevenson. Once all feedback has been received, K. Stevenson to collate the comments and re-circulate to the Board for an electronic vote. Once approved by the Board, it will be posted on the Hospital's website and submitted to the Central LHIN (Local Health Integration Network).

- **Obstetrics Update**

S. Landry provided an update on the Obstetrics program including the recommendations that were included in the Obstetrics 4 Year Review Report, along with patient volumes, locum coverage and next steps. Dr. G. Lawson will be attending the April Board meeting to provide a further update.

#### **4. Minutes of the meeting held on February 6, 2014**

***Motion: Moved by P. Edmonds, seconded by A. Dresser, CARRIED.***

***"That the Board of Directors approves the minutes of February 6, 2014 as presented."***

#### **5. Goal 1 – Safe, Quality Care**

##### **5.1 Patient Experience**

There was no patient story this month.

##### **5.2 Critical Incident Report**

A. Dresser provided an update on past reported critical incidents as discussed at the Quality Committee. There were no new critical incidents to report.

##### **5.3 Report of Quality Committee**

Circulated in advance of the meeting were the minutes of March 4, 2014. A. Dresser advised that the Committee's main focus of their meeting was on the QIP as presented at the onset of the Board meeting.

J. Levac advised that some of the larger Toronto Hospitals have decided to no longer use NRC Picker, the company engaged by the OHA (Ontario Hospital Association), used to measure patient satisfaction scores across Ontario hospitals. The Central LHIN CEOs have agreed to continue to use NRC Picker at this time in order to have comparable data of peer hospitals.

##### **5.4 Report of President of Medical Staff**

Dr. Tomini provided the following update:

- Medical Staff Association held a meeting in March. The Chief of Surgery and the Perioperative Committee are working hard to optimize the utilization of time in the Operating Room.
- Dr. I. Gogan will be stepping down from the role of Vice-President of the Medical Staff.

## **5.5 Report of Chief of Staff**

Dr. Ramirez referenced his written report circulated with the agenda and highlighted the following:

- General surgery update – continue looking for additional part-time surgeon(s) to allow for 100% on-call coverage.
- Has been attending the Perioperative Committee meetings to gain a better understanding of their move towards becoming more efficient in the Operating Room.
- Dr L. Jansen has tendered her resignation as Chief of Medicine but will continue as a Hospitalist. The position will be posted in April with mentoring and orientation taking place over the summer.

## **6 Goal 2 – Champions of Care**

### **6.1 Report of Human Resources Committee**

There was no meeting of the Human Resources Committee since the last Board meeting.

## **7 Goal 3 – Power in Partnerships**

### **7.1 Report of the Communication Committee**

There was no meeting of the Communications Committee since the last Board meeting.

## **8. Goal 4 – Finance**

### **8.1 Report of Finance Committee**

- **Financial Statements as January 31, 2014**

Circulated with the agenda were the minutes of February 20, 2014.

T. Kuula provided a finance presentation which highlighted a surplus of \$57K for the month of January and a year-to-date surplus of \$37K. The goal is to achieve at least a balanced budget after depreciation and amortization.

## **9. Goal 5 – Building the Best**

### **9.1 Report of Future Health Care Centre Committee**

Circulated with the agenda were the minutes of February 11, 2014.

The Hospital is in receipt of a letter from the Ministry dated February 24, 2014 looking for additional information (e.g., funding – community share and space/volumes) in order to complete the requirements of the Pre-Capital Submission for proposed redevelopment. The Hospital is in the process of preparing a response.

M. Martin provided an update on different funding models available through Infrastructure Ontario (IO) along with a draft summary cash flow overview for the redevelopment.

The Foundation continues to work on their case for support on how to proceed with a significantly larger scope fundraising campaign to support the Hospital redevelopment.

## 10. Other Committees

### 10.1 Report of Governance & Nominating Committee

Circulated with the agenda were the minutes of February 14, 2014.

A. Dresser referenced the below policies that have been vetted through the appropriate Board Committee(s) and the Governance & Nominating Committee, and are presented for Board approval:

- Whistle Blower Policy (new policy)
- Terms of Reference – Communications Committee
- Board Policy - I-5 Ethics
- Board Policy III-1 Quality Improvement and Safety
- Board Policy III-3 Patient Experience
- Board Policy III-2 Risk Management (deferred to the next Board meeting as J. Levac to review prior to approval.)

***Motion: Moved by A. Dresser, seconded by D. Blendick, CARRIED.***

***“That the Board of Directors accepts the recommendation of the Governance & Nominating Committee and approves the above noted Board policies with the exception of the Risk Management policy which will be deferred to the next Board meeting.”***

A. Dresser advised that at the next meeting, the Governance & Nominating Committee will discuss the Board Officer positions, Board Committee membership, Board Committee Chairs, and appointment of Advisory Council members to Board Committees. He noted that he has been in contact with all Committee Chairs to ask them to solicit their Committee members to ascertain their interest in remaining or moving to another Board Committee following the June Annual General Meeting.

There are 2 Board vacancies to be filled effective June 2014.

### 10.2 Report of Executive Committee

There was no meeting of the Executive Committee since the last Board meeting.

***Motion: Moved by A. Dresser, seconded by P. Edmonds, CARRIED.***

***“That the Board of Directors accepts all reports of the Board Committees as presented.”***

## 11. Reports

### 11.1 Report of CEO:

J. Levac provided the following update:

- Extended sincere thanks to the Board for their warm welcome in his second month of being Stevenson’s CEO.
- Acknowledged the strong commitment and support of Hospital senior leadership in helping to drive costs and quality across the organization.
- Working with Corporate Communications to focus on branding Stevenson in the community.
- Referenced the Ministry’s publication “A Vision for Ontario” regarding Ophthalmology. The Central LHIN’s strategy is to have two high volume centres at Southlake Regional Health Centre and North York General Hospital. Discussions continue with Stevenson’s

Ophthalmologists and a proposal will be presented to the LHIN Eye Care Committee, after which the proposal, if accepted, will be considered by the LHIN and Stevenson.

**11.2 Report of the Auxiliary President**

There was no report as D. Munro was absent from the meeting.

**11.3 Report of Foundation President**

There was no report as G. Rae was absent from the meeting.

**11.4 Report of the Board Chair**

J. Swinden provided the following update:

- Continues to meet monthly new CEO and Chief of Staff.
- Referenced the 2013/14 QIP, circulated with K. Stevenson, and acknowledged the significant achievements the Hospital has made over the past few years.

**12. In Camera Session**

***Motion: Moved M. Martin, seconded by P. Farley, CARRIED.***

***"That the Board moves to the in-camera session."***

***Motion: Moved by A. Dresser, seconded by D. Purvis, CARRIED***

***"That the Board move back into the open session."***

**13. Next Meeting Date**

The next Board meeting will be held on Thursday, April 3, 2014.

There being no further business, the meeting terminated.



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John Swinden, Board Chair

Recording Secretary: Sharon Knisley