

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

June 10, 2015

5:00 p.m.

Offices of Township of Adjala-Tosorontio  
7855 30th Sideroad, Alliston, ON

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**In attendance:**

**Elected Directors:** Alan Dresser, Board Chair; Darlene Blendick; Paul Edmonds; Paul Heck; Robert Jurmalielis; Michael Martin; Catherine Morden; Jan Tweedy

**Ex Officio Directors:** Jody Levac, President & CEO; Shannon Landry, Vice President/Chief Nursing Officer; Marg Barber, President SMH Foundation; Dr. Oswaldo Ramirez, Chief of Staff; Dr. Stephen Tomini, President of Medical Staff; Ann Hamby, President SMH Auxiliary

**Staff:** Jared Nolan, Corporate Communications

**Consultants:** Susan Conner, Gerry Pilon, Ryan Stitt

**Regrets:** Harry Cassie; Colleen Butler; John Swinden; Terry Kuula, Chief Financial Officer; Dr. Ihab Khalil, Vice-President of Medical Staff

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**1. Call to Order**

A. Dresser called the meeting to order.

**2. Conflict of Interest**

A. Dresser 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. Approval of the Agenda**

The agenda was approved as circulated.

**4. Presentation of Stevenson Redevelopment Committee**

Following the SMH Board meeting on May 14, 2015, the Consultant Team was directed to engage a qualified structural engineering firm for the purposes of assessing potential structural risks related to Option A and C. It was noted that undertaking a review of this nature is usually completed during Stage 2: Functional Programming, however due to concern raised by some members of the SRC. S. Conner provided a presentation highlighting the below:

- a) **Structural Assessment and Risk Assessment: Option A, B & C**  
Provided an overview and summary of the structural assessment and risk assessment report highlighting the construction issues/risk identified regarding both Options A and C (did not complete for Option B as it is similar to Option C). Overall, both Options are structurally feasible. There are pros and cons of both design Options that will need to be considered alongside the program requirements and overall best functionality of the facility.
- b) **Phasing Plan: Option A & C**  
Reviewed phasing plans for Options A and C which included “early works” (e.g., work that needs to be completed before the construction begins).
- c) **Impact on Cost and Local Share**  
Reviewed the Project Cost Estimate and Local Share Estimate for both Options A and C. The Consultants highlighted that the figures are higher than what was presented at the April 28<sup>th</sup> SRC meeting and the Ministry of Health & Long Term Care (MOHLTC) on May 7<sup>th</sup>.
- d) **Inpatient Team (Birthing & Med/Surg) operational efficiencies from adjacency Option C vs. A**  
Reviewed the operational efficiencies that could be achieved with Option C (not possible with Option A) by having one inpatient team for both the Med/Surg and the Birthing Unit due to inpatient adjacencies that would provide for an approximate savings of \$200K.

S. Conner reviewed the criteria used by the Consultants to evaluate their recommendation of the 3 Master Plan Options including feedback received from the Stakeholder sessions. **The Consultant Team recommends Option C as the Preferred Master Plan Option.**

P. Edmonds reviewed the results from the Stakeholder sessions held (User Groups; SRC; MOHLTC/CLHIN; and Patient Advisory Committee) including their feedback and preferred option of the 3 Master Plan options. **All of the Stakeholders unanimously supported Option C as the Preferred Master Plan Option.**

## 5. **Vote on Recommendation**

The Board voted on their preferred Option.

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

***That the Board of Directors approves Design Option C as the Preferred Master Plan Option and agreed that it be submitted to the Ministry of Health & Long Term Care and the Central Local Health Integration Network.”***

## 6. **Details of Submission Process (include “ask”)**

Following the Board’s decision that Option C is the Preferred Master Plan Option, the Consultant Team led the Board through a discussion regarding the size of the funding request of the Ministry of Health & Long Term Care (MOHLTC); the Grant Request.

The Cost Estimate for Option C (April 28, 2015) was approximately \$136M and a Local Share Estimate of approximately \$23M resulting in a MOHLTC funding requirement of approximately \$112M. The Consultant Team advised the Board that based on a number of factors, a grant request of this magnitude would not be favourably received by the MOHLTC. The most compelling argument for considering a grant request of a lesser amount was the MOHLTC's feedback on the draft Part B Submission which was received on June 1<sup>st</sup>. Essentially, the MOHLTC gave a directive to submit "smaller discrete standalone focussed capital projects based on program and service priorities".

In response to the directive referred to in the above from the MOHLTC, the Consultant Team asked the Board to consider breaking down Option C into a minimum of "two asks".

The first ask would be for the new 2-story addition, the new front entrance and the associated early works. The second future ask would be for all of the renovations to the existing building or the renovations could be parcelled into several smaller asks; for example, a future grant request could relate to the renovations of the ambulatory clinics only. The Cost Estimate for this "first ask" is approximately \$93M with a Local Share Estimate of approximately \$16M resulting in a grant request for MOHLTC funds of approximately \$76M.

It will be made clear in the Submission that SMH is asking for approval of its Master Plan Option C and in this context will be positioned for both the first grant request and all subsequent grant requests. However, at this early stage, it is critical to appear responsive to the MOHLTC's "messaging" and to submit a grant request that demonstrates we have listened. The MOHLTC did also deliver a message to the Consultant Team that SMH will not get it all in a single ask.

After a lot of very good discussion, the Board directed the Consultant Team to proceed to complete the Submission based on Master Plan C and a grant request for the New Addition, New Front Entrance and the Early Works.

***MOTION: Moved by D. Blendick, seconded by C. Morden, CARRIED.***

***"That the Board of Directors proceeds to complete the Submission based on Master Plan C and a grant request for the New Addition, New Front Entrance and the Early Works in the amount of \$76,563,500."***

At this point in time, Dr. Tomini left the meeting.

## **7. Submission Approval Process**

The Consultants provided an overview of the Proposal Submission Requirements in the Stage 1 Proposal submission and target dates to meet the June 22<sup>nd</sup> submission target date.

At this point in time the Consultants left the meeting.

## 8. Community Engagement

- **Community Engagement Strategy**

The Board reviewed the Community Engagement (CE) Strategy that was previously circulated to the Board and has been endorsed by the Communications Committee. The CE Strategy will be included with the Stage 1 Proposal submission.

***Motion: Moved by C. Morden, seconded by D. Blendick, CARRIED.***

***“That the Board of Directors accepts the recommendation of the Communications Committee and approves the Stevenson Memorial Hospital Communication and Community Engagement Strategy as presented.”***

- **Community Engagement Operational Plan – 2015/16**

The Board reviewed the Community Engagement Operational Plan – 2015/16 that was circulated prior to the meeting.

C. Morden advised that the Operational Plan does require financial resources, approximately \$117K to implement all of the initiatives noted in the Plan to support the Redevelopment. The Board discussed and agreed that Management will need to consider the resources required in the 2015/16 budget as this Plan is key in the success of the Hospitals’ Redevelopment

***Motion: Moved by M. Martin, seconded by J. Tweedy, CARRIED.***

***“That the Board of Directors approves the Community Engagement Operational Plan 2015-16 as presented in the amount of approximately \$117K and directs Management to include the costs in the 2016/17 operating budget.”***

## 9. Next Steps

A special joint meeting of the Stevenson Redevelopment Committee and Board of Directors will be scheduled for Thursday, June 18<sup>th</sup> at 5:00 p.m. to review the draft Stage 1 Proposal submission and provide comments to the Consultants. The voting members of the Board will then approve the Proposal for submission to the MOHLTC on June 22, 2015.

There being no further business, the meeting adjourned at 8:00 p.m.



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Alan Dresser, Board Chair

Recording Secretary: Sharon Knisley