

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

February 11, 2016

Physical Therapy Department

5:00 p.m.

In attendance:

Elected Directors: Alan Dresser, Board Chair; Darlene Blendick (via teleconference); Colleen Butler; Paul Edmonds; Paul Heck; Mike MacEachern; Catherine Morden; John Murray; Jan Tweedy

Ex Officio Directors: Jody Levac, President & CEO; Ann Hamby, President SMH Auxiliary; Marg Barber, President SMH Foundation; Dr. Shazia Ambreen, President of Medical Staff, President of Medical Staff

Staff: Jared Nolan, Corporate Communications

Guests: Jeff Kerk, Manager, Paramedical Services

Regrets: Robert Jurmalietis; Wendy Fairley; Terry Kuula, Chief Financial Officer; Michael Martin; Shannon Landry, Vice President/Chief Nursing Officer; Dr. Ihab Khalil, Vice-President, of Medical Staff; Dr. Oswaldo Ramirez, Chief of Staff;

1. Call to Order

A. Dresser called the meeting to order and welcomed Mike MacEachern, a new Director, to the Board and guest Jeff Kerk, Manager, Paramedical Services.

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's Bylaws and asked if anyone present wished to declare a conflict of interest. No declarations were made.

3. Hospital Information System

J. Kerk referenced a briefing note and other information circulated with the agenda and provided a presentation entitled "Clinical Transformation", a copy of which is included in the minute book.

J. Kerk reminded the Board that in January 2015, McKesson announced that many components of the current Hospital Information System (HIS) used by Stevenson would be sunset in March 2018. Stevenson is currently at Electronic Medical Record Adoption Model (EMRAM) Stage 2.13 and is still looking to get to Stage 6.

Dr. Ambreen shared a presentation on the current Electronic Medical Record (EMR) system and the impact it has on staff/physician users. There are 4 programs used to gather patient information but currently no consolidated system. An integrated EMR would improve efficiency and patient/staff satisfaction.

J. Kerk presented several options for consideration to resolve SMH's HIS issue and highlighted the two most feasible options:

1. Request for Proposal (RFP): Continue the current partnership with Southlake Regional Health Centre (SRHC), participating in their current RFP process (subject to an "opt-in" provision to be negotiated); and
2. Request for Supplier Qualification (RFSQ): Simultaneously go looking for a new hospital partner.

The Board discussed the one-time costs capital and ongoing operating costs for the above options, along with the pros and cons associated with each option and various funding methods.

It was noted that the Ministry of Health & Long Term Care (MOHLTC) had formed a HIS Replacement Task Force in 2015 with a focus on pending release of the Task Force recommendations. In the fall of 2015, SRHC and SMH requested an HIS procurement pause exemption which was submitted to the MOHLTC Task Force for consideration; to date, no response has been received. If granted, this exemption would permit SRHC to issue an RFP in hopes of locating a new HIS provider. SMH's participation in this process could be a condition precedent to receipt of the "pause exemption" as such participation places the RFP in line with the MOHLTC's collaboration approach.

J. Kerk also advised the Board of the "ConnectingGTA" program by EHealth Ontario, a platform designed to create a hub for the sharing of electronic health information across Ontario. SMH is currently enrolling in the ConnectingGTA and expects to be live in 2017. J. Kerk noted that this is separate from SMH's HIS dilemma and that SMH needs to develop an HIS roadmap that will take into account our desire to be included in ConnectingGTA.

The Board applied its Ethical Decision Making Framework to the HIS options presented and discussed the current system and possible replacement strategies from the perspective of efficiency, quality of patient care, marketability of the Hospital, and the limitations of existing software, as well as the financial implications of a new HIS system.

The Board also discussed in detail the different funding options that the Board could consider given the financial impact that any decision of a new HIS will have. This impact will include substantial one-time capital and ongoing operating costs.

The Board also considered whether a Special Committee was required to oversee this initiative. It was agreed this was not necessary at this time as the internal operational committee could report to respective Board Committees as required. Also, given the financial and other implications of this project, it was agreed that the Board as a whole should participate, at least in this early stage.

Following further discussion, the Board passed the following motions:

Motion: Moved by J. Murray, seconded by C. Morden.

“That in identifying criteria for the new Hospital Information System, the Board of Directors recommends that Stevenson Memorial Hospital seek to achieve a minimum level of EMRAM Stage 3.”

All in favour. Motion passed.

MOTION: Moved by M. MacEachern, seconded by D. Blendick.

“That the Stevenson Memorial Hospital Board of Directors directs the Chief Executive Officer to communicate with Southlake Regional Health Centre’s Chief Executive Officer and explain the rationale of the Stevenson Memorial Hospital Board of Directors’ decision to undertake a Request For Supplier Qualification (RFSQ) in parallel with the Request for Proposal (RFP) with Southlake Regional Health Centre;

And furthermore, that Stevenson Memorial Hospital’s Chief Executive Officer underscores the importance of the relationship between Stevenson Memorial Hospital and Southlake Regional Health Centre.”

All in favour. Motion passed.

MOTION: Moved by J. Tweedy, seconded by M. MacEachern.

“That the Board of Directors directs the Board Chair to sign the ‘commence to procurement’ document as recommended by Central Ontario Healthcare Procurement Alliance (COHPA) subject to appropriated ‘opt in’ language for Stevenson Memorial Hospital be included and does not in any way bind or commit Stevenson Memorial Hospital to procuring the products or services therein.”

All in favour. Motion passed.

The Board recognized J. Kerk for the significant work he has undertaken on the HIS project and thanked him for his informative presentation.

There being no further business, the meeting adjourned at 7:50 p.m.



Alan Dresser, Board Chair

Recording Secretary: Sharon Knisley