

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

June 7, 2018

Physical Therapy Department

5:00 p.m.

In attendance:

Elected Directors: Michael Martin, Board Chair; Darlene Blendick; Colleen Butler; Shelly Cunningham; Paul Edmonds; Wendy Fairley; Sheila Kaarlela; David Knight; Marie-Pierre Lussier; John Murray; Jan Tweedy

Ex Officio Directors: Jody Levac, President & CEO; Diane Munro, President SMH Auxiliary; Marg Barber, Board Chair, Foundation; Dr. Shazia Ambreen, President of Professional Staff

Staff: Paul Heck, Chief Financial & Information Officer

Regrets: Norm Depta, Carrie Jeffreys, Dr. Barry Nathanson

1.0 WELCOME & CALL TO ORDER

1.1 Quorum

M. Martin welcomed the Directors to the meeting and advised there was a quorum.

1.2 Declaration of Conflict of Interest

M. Martin 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.

1.3 Amendments to the Agenda

Add **9.2 OHA Quality Materials**

Motion: Moved by D. Blendick, seconded by J. Tweedy.

"That the Board of Directors accepts the agenda as amended."

All in favour. Motion passed.

2.0 CONSENT AGENDA

2.1 Board of Directors Minutes- May 3, 2018

2.2 Human Resources Committee – April 20, 2018

2.3 Quality Minutes – May 8, 2018

Approved September 6, 2018

- 2.4 Governance & Nominating Minutes – May 18, 2018
- 2.5 Joint Finance & Audit Minutes – May 24, 2018
- 2.6 Community Engagement & Communications Minutes – May 25, 2018

Motion: Moved by S. Kaarlela, seconded by J. Murray.

“That the Board of Directors accepts the consent agenda a presented.”

All in favour. Motion passed.

3.0 BUSINESS ARISING

- 3.1 The Social Media report was circulated to the Board
- 3.2 The narrative in the Foundation materials has been changed to read mid 2018 for the submission date
- 3.3 AMC to present the list of the all the clinical integrations at SMH – *deferred*

4.0 REPORTS

4.1 Report of President & CEO

Jody Levac provided a verbal report to the Board.

- HR recruitment is ongoing for the position on CFIO
- The Mary McGill Mental Health Program will provide a program update to the Board Quality Committee in the Fall and will discuss the addition of addiction services to respond to the opioid crisis.
- Conversations continue with the Capital Branch and the Ministry of Health and Long Term Care regarding the promised planning grant for redevelopment.
- The team from Benchmark Intelligence Group (BIG) should conclude their efficiency review and present their findings in the early fall.
- The SHINE Hospital Information System is still projected to go live December 1st
- The final 2018 – 2022 Strat Plan is in place and will be hardwired in the organization over the next year. Thank you to all who worked hard to develop the plan.
- The CEO Management Performance Plan (MPP) for 2018/19 is being developed with Mike Martin and Colleen Butler and will be brought to Board for approval once complete.
- Premier Kathleen Wynne’s Visit on May 18th was very successful.
- Jody would like to thank Diane Munro, Paul Edmonds, Mike Martin and Paul Heck for the time and dedication they have brought to the Stevenson Memorial Hospital Board.
- The Foundation finance committee recently approved the funding of \$1.444M as requested for the capital expenditures. Thank you to the Foundation.

4.2 Report of Chief of Staff

A written report was circulated and is included in the minute package.

4.3 Report of President of Professional Staff

Dr. Shazia Ambreen indicated that the next meeting of the PSA is scheduled for June 19.

4.4 Report of Auxiliary President

Diane Munro provided the following verbal report:

Tag day is June 9 2018. This is a day in which money is collected for the auxiliary in the community and donors are given tags to show that they have contributed. There are 10,000 tags on hand and volunteers will be stationed all around town. Last year over \$6K was raised. The Auxiliary has determined that they will be raising funds for an infant isolette this year.

4.5 Report of Foundation Board Chair

A written report was circulated and is included in the minute package.

The Foundation is working on gathering sponsorships for the Fire and Ice Gala which is to be held on June 8 2019.

5. SAFE, QUALITY CARE

5.1 Patient Experience / Critical Incident Report

There is one new critical incident to report. A patient with stroke symptoms was seen in the community and the stroke bypass protocol was enacted but this patient was found to be outside the parameters. Upon arrival to the Hospital there was a 60-minute delay in seeing a physician in the ED. The physician then called a stroke center for transfer but the patient was not a candidate for transfer at the time the physician called. The last critical incident was in 2015.

We are engaged with the family and with the LHINs to better standardize care for stroke patients who should be seen as quickly as possible by a neurologist to administer tissue plasminogen activator (tPA).

5.2 Report of Chair, Quality Committee

J. Tweedy advised the following:

- The following program updates: SHINE, Emergency Department and Emergency Preparedness were presented to the committee in May. Reviewing the work of the individual programs allows us to evaluate our processes. Code silver (active shooter) protocol is being developed and the Code White (Violent Person) policy has been updated. The committee reviewed the York Regional Polices Run Hide Defend Video.
- Board Scorecard Targets for the Care and Partnerships Categories were reviewed.

6. CHAMPIONS OF CARE

6.1 Report of Chair, Human Resources Committee

C. Butler advised of the following:

- Ministry of Labour visited initially in January and again in March to review the outstanding orders. There is a focus on workplace violence prevention.
- Violence in the workplace incident reporting are increasing which is positive as increased reporting is encouraged so that we can better manage the risks and provide training
- The Interview process for the Hospital is going to be reviewed and improved
- Board Scorecard Targets in the People Category were reviewed.

7. POWER IN PARTNERSHIPS

7.1 Report of Chair, Community Engagement & Communications Committee

W. Fairley advised the following:

- Foundation promotional materials are flowing through the CECC
- Patient Handbook was reviewed
- The 2018-2022 Strategic plan was endorsed for Board approval

2018-2022 Strategic Plan

Motion: Moved by J. Murray, seconded by S. Kaarlela.

“THAT the Board of Directors accepts the recommendation of the Community Engagement & Communication Committee to approve the 2018-2022 Strategic Plan as presented.”

All in favour. Motion passed.

Dr. Ambreen left the meeting at this time.

8.0 FINANCIAL HEALTH

8.1 Report of Chair, Finance Committee

D. Knight advised the following:

- Financial Statements

Financial Statements as at March 31, 2018 were reviewed (budget to actual) which showed a deficit from Operations per HSAA of \$265,079 for the month of March and a year-to-date deficit of \$234,542. The goal is to achieve at least a balanced budget after depreciation and amortization.

The Following motions were endorsed by the Finance Committee for Board approval:

Hospital Service Accountability Agreement – Schedule D Declaration of Compliance for 2017/18

Motion: Moved by C. Butler, seconded by M.P. Lussier.

“That the Board of Directors accepts the recommendation of the Finance Committee to approve the Hospital Service Accountability Agreement – Schedule D Declaration of Compliance for 2017/18.”

All in favour. Motion passed.

Approved September 6, 2018

2017/18 – Year end Broader Public Sector Accountability Attestation

Motion: Moved by P. Edmonds, seconded by S. Cunningham.

“That the Board of Directors accepts the recommendation of the Finance Committee to approve the 2017/18 – Year end Broader Public Sector Accountability Attestation as presented.”

All in favour. Motion passed.

Multi-Sector Accountability Agreement – Schedule G Declaration of Compliance for 2017/18

Motion: Moved by J. Murray, seconded by S. Cunningham.

“That the Board of Directors accepts the recommendation of the Finance Committee to approve the Multi-Sector Accountability Agreement – Schedule G Declaration of Compliance for 2017/18.”

All in favour. Motion passed.

2017/18 Compliance Report – Compensation Arrangement

Motion: Moved by W. Fairley, seconded by C. Butler.

“That the Board of Directors accepts the recommendation of the Finance Committee to ratify the 2017/18 Compliance Report – Compensation Arrangement as signed by the CEO.”

All in favour. Motion passed.

The Committee reviewed the Board Scorecard Financial Health and determined that the indicators are not subject to negotiation as set in the HSAA.

Corporate Scorecard

Motion: Moved by D. Blendick, seconded by S. Kaarlela.

“That the Board of Directors accepts the recommendation of the Quality, Human Resources and Finance Committees to approve the 2018/19 indicators and targets on the Corporate Scorecard as presented.”

All in favour. Motion passed.

8.2 Report of Chair, Audit Committee

J. Murray advised the following;

- The Audit committee met jointly on May 24th with Finance. Met with the auditor and staff separately. The turnaround time of the audit was the only challenge.
- The committee decided to go to market RFP for the auditing services.
- Once the RFP is complete the Auditor will have to be appointed at a meeting open to the public.

2017/2018 Audited Financial Statements

Motion: Moved by D. Blendick, seconded by MP. Lussier.

“On the recommendation of the Audit and Finance Committees, the Board of Directors approves the draft audited financial statements as at March 31, 2018 showing a deficit of revenue over expenses for the year in the amount of \$187,422 as presented and direct the Board Chair and Board Treasurer to sign the financial statements as evidence of that approval.”

All in favour. Motion passed.

Approved September 6, 2018

9. GOVERNANCE

9.1 Report of Chair, Governance & Nominating Committee

J. Murray advised the following:

- Interviews for Board Directors and Advisory Members were held and nine excellent candidates were chosen.
- The Chair of the Stevenson Redevelopment Committee (SRC) will be Mike Martin.
- The Governance & Nominating Committee recommends the amendment to the terms of reference for the Board Quality Committee to increase to 3 advisory members.
- Paul Edmonds will remain on the SRC as a guest.

9.2 OHA Quality Materials

J. Murray advised the Board that the Governance and Nominating committee would like to endorse the purchase of the OHA's Quality and Patient Safety Governance Tool Kit for the total cost of \$50.85.

10. Report of Hospital Board Chair

M. Martin advised the following:

- Redevelopment phone call will continue to be held once every two weeks.
- AGM invites should be sent to Al Dresser, PROBUS, Honda, local Service Clubs.
- Annual Report is being drafted – Management Team should read it and help tell the story – Christopher is writing it.
- As this is his last meeting as Chair he'd like to thank the entire Board for their support and dedication to SMH. A special thank you to the people coming off the Board this year: Diane Munro, Paul Edmonds and Paul Heck.

Motion: Moved by J. Tweedy, seconded by D. Knight.

"That the Board of Directors receives all reports as presented"

All in favour. Motion passed.

11. In Camera Session

Motion: Moved J. Murray, seconded by P. Edmonds.

"That the Board moves to the in-camera session." All in favour. Motion passed.

Motion: Moved by W. Fairley, seconded by M.P. Lussier.

"That the Board move back into the open session." All in favour. Motion passed.

The Board Chair advised that the following motions arose from the in-camera session:

Approval of Medical Staff Appointments

Motion: Moved by J. Tweedy, seconded by C. Butler.

“That the Board accepts the recommendation of the Medical Advisory Committee to approve:

- *One (1) new application for medical staff; and*
- *Four (4) renewals of temporary privileges for members of the medical staff.”*

All in favour. Motion passed.

12. Next Meeting Date

The next Board meeting will be held on Thursday, September 6, 2018.

There being no further business, the meeting adjourned at 7:55 p.m.



Michael Martin, Board Chair

Recording Secretary: Sarah MacDougall