

**PERTH AND SMITHS FALLS DISTRICT HOSPITAL**  
**“YOUR PROVIDER, LEADER AND PARTNER IN HEALTHCARE”**

*Board of Directors Special Meeting*

Friday, October 1, 2010  
Main Boardroom, GWM Site  
@ 07:30 hours

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Present: C. Beckett, J. Brown, L. Evans, L. Hendriks, M. Ross, R. Schooley,  
L. Sparks, Chair, D. Staples, T. Stepanuik, B. Strachan

Absent: Dr. C. Ehrat, Dr. S. Muldowney, Dr. P. Roney

Absent w/Notice: K. Van Der Meer

In Attendance: B. Allen, VP, Finance & Support Services, K. Kelly,  
Executive Assistant, B. Quinn & L. Moore, TNG Consultants

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**1. Call To Order**

The meeting was called to order at 07:35 hours by the L. Sparks, Chair.

L. Sparks advised that was no business to discuss prior to the main premise for the meeting, that being the discussion of the draft strategic plan.

L. Sparks then moved the meeting forward with the discussion of the draft strategic plan as presented by TNG. L. Moore, TNG, thanked the Board of Directors and recalled her initial conversation with T. Stepanuik. She noted that the hospital makes every effort to keep the community and patient care as the centre and focus of the strategic plan.

B. Quinn noted that he anticipated that of the members have reviewed the plan and suggested that they move around the table to discuss the plan. He added that using the decision criteria, TNG would like to hear from everyone.

L. Hendriks liked the long term priorities and short term goals with timeframes. She found the document an easy read. The document showed direction without making it too involved.

L. Evans liked how the document reaches out but with constraints.

J. Brown liked the brevity of the document. She would like to look at the action plan next. She added that the plan is very inclusive and acknowledged

that the hospital is not in this on its own. She felt that the priorities are actionable.

B. Strachan liked the format and the one page version of the whole plan (to be used for quick reference).

C. Beckett liked how the document is unique to Perth and Smiths Falls District Hospital and how the community comments have been incorporated into the document.

D. Staples liked how the document is concise and important for the board as a blueprint; and noted that some statements will drive other initiatives. This will help focus the agenda.

L. Sparks added that the hospital (board) needs to ensure that the stakeholders can hear the direction of the hospital.

M. Ross liked the inclusiveness when dealing with other hospitals and community partners. He commented that when community partners see the plan, it will encourage them to share and integrate.

L. Moore and B. Quinn noted that they have heard from other hospitals during the process of opening communication and setting goals with hospital that they (other hospitals) would like to be kept as part of the conversation based on the strategic plan.

B. Allen liked the one page synopsis of the hospital direction and the snapshot of the area.

L. Hendriks noted that the document contains a lot of what was discussed initially.

L. Moore recognized that the hospital wants to be a collaborator but does not want to wait. B. Quinn felt that there is a balance in the strategic plan, but the balance may be more difficult to keep when the plan is being actioned.

T. Stepanuik noted that the document did not fail to deliver and there are clear and actionable goals from the operational perspective. The plan is succinct and actionable.

L. Moore wanted to ensure to have criteria to support the goals and directions for T. Stepanuik and his team. The hospital is encouraged to continue to do the work as a board – governance to governance.

B. Quinn thanked everyone for the feedback and added that he is glad they (TNG) have accommodated the hospital.

Discussion ensued regarding the “what” document as opposed to it being a “how” document. The board will need to work with T. Stepanuik to determine the “how”.

The Board needs a dashboard to monitor short and long term priorities. The Board will need to discuss dates to review the plan. TNG noted that there will be small adjustments required due to the completion of short term priorities. Discussion ensued regarding when the board will revisit.

The members discussed three years for the next review (2013). TNG commented that strategic planning is a process and not an event. Reporting milestones to the community is integral to the overall success of the plan. There is a need to communicate to the community that the goals are being met.

The members discussed options for reporting out to the community. The consensus was approximately every six months.

At this point, the members reviewed with TNG the strategic plan document page by page for editorial comments.

K. Kelly will provide current list of board members to B. Quinn for inclusion in the strategic plan.

*RESOLUTION No. 99/10*

*MOVED by D. Staples*  
*SECONDED by M. Ross*

*THAT the Board of Directors of the Perth and Smiths Falls District Hospital hereby accepts the Strategic Plan as presented today by TNG with the discussed changes.*

*CARRIED.*

Discussion ensued regarding the communication plan. The responsibility of the board is to create a board work plan. The Board will need to consider a dashboard (to keep focussed). TNG will work with the board to help develop this plan.

T. Stepanuik will work on the operational end and the board will need to work on the governance.

B. Quinn, added that once the plan has been approved and communicated, the first board meeting following should focus on the work plan. This can be

positively communicated to stakeholders and it will allow for time to develop operational priorities. L. Sparks suggested that the board consider doing this in November.

It was noted that this will require a longer board meeting of possibly 3-4 hours to develop a dashboard and to create a stakeholder relationship plan.

L. Sparks also suggested that the board look to get our “how” plan completed by November and implement “how” or communication plan by January 2011. This will keep up enthusiasm and momentum. He added that it would be helpful for TNG to facilitate sessions and noted that it would be money well spent to continue with this.

The Board requested a proposal from TNG to consider and to schedule a special meeting (via conference call) to discuss/approve. TNG will provide a proposal. L. Sparks commented that the Board needs to make a decision sooner rather than later.

B. Quinn proposed options for communicating the new plan and asked the members to consider who should be involved and how. The information should be communicated with our counterparts for their information (with a cover letter from L. Sparks). The actual plan should also be shared with the hospital staff and then a communication to the local media only after the contributors and internal stakeholders have been made privy to document.

*TNG left the meeting at 08:47 hours.*

## **2. Other Business**

At this point, L. Sparks noted that there was an additional meeting item regarding the project managers of the Smiths Falls Site redevelopment.

T. Stepanuik apologized for the lack of briefing note. He reported that the project manager is Jones Lang Lasalle and has been since the commencement of the project. The project managers have been engaged since February 18, 2005. The contract for project management services is now expired. A proposal to continue with Jones Lang Lasalle has been received (September 30, 2010). Jones Lang Lasalle proposing a monthly flat fee of \$14,216 for services. The onsite project managers would continue to be J. Carlone and B. Tough until the completion of the project.

The members discussed the following:

- budget concerns;
- importance of having project management services.
- How the proposed amount compares with the current amount paid (to date)

- B. Allen advised that the hospital has paid approximately \$600,000 to date with travel expenses to JLL for project management services.
- Should the project need to be extended, would this expense be covered by our allowance from the Ministry of Health & Long-Term Care?
  - B. Allen stated it would be similar to a change order and also added that there was no clear answer.
  - B. Allen noted that when the hospital submitted a Final Estimate of Costs, 3% was submitted, however, the hospital has not utilized the full 3% yet.

T. Stepanuik will prepare a briefing note for the board and have a quick conference call next week to decide. He noted that JLL submitted a flat fee in 2005 with no escalator.

### **3. Adjournment**

*RESOLUTION No. 100/10*

*MOVED by T. Stepanuik*

*SECONDED by L. Hendriks*

*THAT the meeting of Board of Directors of the Perth and Smiths Falls District Hospital hereby adjourns at 08:50 hours.*

*CARRIED.*

*"Larry Sparks"*

*"Todd Stepanuik"*

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Larry Sparks, Chair

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Todd Stepanuik, Secretary