

**Perth and Smiths Falls District Hospital**

Board of Directors Meeting  
Tuesday, November 28, 2017  
SF Boardroom @ 7:30 a.m.

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PRESENT: C. Beckett\*, M. Bellows, G. Church, L. Drynan, J. Hewitt, Dr. W. Hollis, *D. Howard, Chair*,  
W. Johnson, R. Laing, B. McFarlane, B. Rigby, Dr. M. Roberts, Dr. K. Stolee

REGRETS: J. Fenik, Dr. A. Kuchinad, S. Pankow, M. Towaij

IN ATTENDANCE: B. Allen, VP, Finance & Support Services, N. Shaw, VP, Clinical Services, K. Kelly,  
Recording Secretary, O. McKenna, President, GWM Auxiliary

*\*via teleconference*

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**1. Call to Order – D. Howard**

D. Howard called the meeting to order at 7:34 a.m.

**2. Chair's Remarks – D. Howard**

D. Howard welcomed everyone to the meeting. She noted that it is a busy time of year and the board will require an additional meeting in December to review and consider items such as the HAPS, funding campaign initiative and HIS initiative. She noted that the HIS information from the SE LHIN has not yet been distributed in hard copy. K. Kelly will send out a poll for a date.

She noted that two board members attended the 2017 OHA Health Achieve and there was the HIS retreat. Work continues on accreditation recognition.

**3. Patient & Family Centred Care – B. McFarlane**

As part of best practice in terms of being a Patient & Family Centred Care ("PFCC") organization meetings begin with a PFCC story. The grateful patient/family letter included in the materials relates to care received on 3<sup>rd</sup> Floor, GWM Site.

**3.1 Patient Story – M. Bellows**

A patient story will be shared during the closed session portion of the meeting in relation to the HIS initiative.

**4. Approval of Agendas – D. Howard**

**4.1 Regular Meeting Agenda**

**4.2 Consent Agenda**

*RESOLUTION No. 99/17*

*MOVED by G. Church*

*SECONDED by J. Hewitt*

*THAT the November 28, 2017 PSFDH Board of Directors regular meeting agenda and consent agenda be approved as circulated.*

*CARRIED.*

## **5. Foundations & Auxiliaries – D. Howard**

D. Howard welcomed O. McKenna, President, GWM Auxiliary to the meeting. O. McKenna reported on behalf of the GWM Auxiliary. She reported the following items:

- total volunteer hours for October 2017 – 1,351 hrs;
- total of items purchased - \$32,939.13;
- very successful tourtiere and Christmas Fair fundraisers; and
- GWM Chapel revitalization project is underway.

D. Howard acknowledge that the auxiliary is a fundamental piece of the patient centre care philosophy and offered her thanks for support.

## **6. Declaration of Conflict of Interest – D. Howard**

No conflicts of interest were declared at this point. D. Howard reminded the members to declare whenever necessary.

## **7. Action Items**

### **7.1 President & CEO – B. McFarlane**

B. McFarlane will speak to the security issues in closed session. She highlighted the following items from her report:

- continuing high levels of ALC. She acknowledged Carleton Place & District Memorial Hospital for their support to take in-patients. She noted that the occupancy rate of 101% is unprecedented.
- M. Bellows submitted an abstract on Patient & Family Centred Care and it was accepted by the Nursing Leadership Network. M. Bellows will attend and present at the upcoming conference.
- Security Update – she and B. Allen met with local media (D. Devoy, EMC) regarding work place violence and safety issues. She noted that at the recent OCHU rally in Perth, members acknowledged the proactive efforts of PSFDH. There will be changes to the patient registration and ED areas to improve safety. Discussion ensued about the impact of changes and sense of a safer environment.

Dr. K. Stolee suggested that the “ALC with no designation” coding may also be impacting ALC numbers. The group discussed possible issues and challenges with home support coordination. M. Bellows and team are scheduled to meet with CCAC representatives.

Dr. Hollis inquired about cataract numbers and asked if there was a patient story on how patients are impacted by the wait time. B. McFarlane commented that it is a Ministry target and it may not be a key wait time issue (the focus being on hips/knees). M. Bellows suggested that wait times could be improved if a similar intake system to hips/knees was used (central intake approach.)

Discussion ensued regarding influenza vaccination rates and benchmarking information. M. Bellows suggested that the goal for PSFDH would be to have 100% vaccinated of those people who can be vaccinated. She added that public health does not set any targets. It continues to be an individual's choice to be vaccinated. The next CEO report will include 100% target and previous year levels.

*RESOLUTION No. 100/17*

*MOVED by Dr. W. Hollis*

*SECONDED by L. Drynan*

*THAT the PSFDH Board of Directors approves the President & CEO Report as presented.*

*CARRIED.*

### **7.2 Chief of Staff Report –Dr. K. Stolee**

The report was provided for information. Physician privileges will be discussed during closed session.

Dr. Stolee highlighted the following areas of her report:

- She noted that some ER doctors are seeking to make PSFDH their home hospital and have requested a change to associate staff from courtesy level only.
- There continues to be interest for general internists. A meeting with internal group will be held to consider incentives and available budgets.
- The medical community is supportive of moving forward the HIS initiative. The physicians feel that it is a must for better patient care.

G. Church commented that the medical community support on the HIS initiative is key and it is important to have medical stories to support the “why”. He suggested the physician stories be coordinated through Dr. Stolee and B. McFarlane. D. Howard asked Dr. Stolee to identify individuals at MAC.

*RESOLUTION No.101/17*

*MOVED by Dr. W. Hollis  
SECONDED by J. Hewitt*

*THAT the PSFDH Board of Directors approves the Chief of Staff report as presented.*

*CARRIED.*

### **7.3 Governance Committee Items – W. Johnson**

W. Johnson reported on the work of the Governance Committee. He reported that the group reviewed a few policies that can be archived and replaced with the policy presented today. The policy was based on the OHA Guide to Good Governance template.

The group reviewed the proposed policy and it was suggested that the term, “consumer” be changed to “patient and family”.

#### **7.3.1 GP Policy No. 2.0, “Statement of Roles & Responsibilities”**

*RESOLUTION No.102/17*

*MOVED by W. Johnson  
SECONDED by G. Church*

*THAT the PSFDH Board of Directors accepts the recommendation of the Governance Committee and approves the new Governance Process Policy No. 2.0, “Statement of Roles & Responsibilities of Board Members” with the suggested change of “consumer” to “patient and family”;*

*FURTHER that with this new policy, the following Governance Process Policies will be archived:*

- *2.0 Authority for Governance;*
- *2.1 Governance Commitment; and*
- *2.2 Governance Style.*

*CARRIED.*

#### **7.3.2 GP Policy No. 2.18, “Board Member Recruitment”**

W. Johnson reported that there was some confusion in the previous statement regarding the rostering process. The policy was revised and should now set out a clearer process.

*RESOLUTION No.103/17*

*MOVED by W. Johnson  
SECONDED by L. Drynan*

*THAT the PSFDH Board of Directors accepts the recommendation of the Governance Committee and approves the revised Governance Process Policy No. 2.18, "Board Member Recruitment" as presented.*

*CARRIED.*

#### **7.4 Strategic Plan 2018-21 – D. Howard**

D. Howard referred the members to the strategic plan document included in the materials. If all is in order, it would be approved as presented and made public. A media release has also been prepared.

G. Church suggested the phrase "Every Patient Every Time" be used more broadly. B. McFarlane noted that this phrase will be key on the strategic plan plaques that will be posted throughout the hospital. R. Laing commented that the previous plan seemed more robust. B. McFarlane answered that this is the framework and once approved, the senior team will take and build a supporting operational plan.

*RESOLUTION No. 104/17*

*MOVED by G. Church*

*SECONDED by W. Johnson*

*THAT the PSFDH Board of Directors approves the Perth and Smiths Falls District Hospital Strategic Plan 2018-21, "Motivated, Engaged, Inspired" as presented.*

*CARRIED.*

#### **7.5 Finance Committee Items – C. Beckett**

C. Beckett reported that the Finance Committee members reviewed the HAPS information and noted that information presented today is not the final version. The draft version will be submitted today and the final version will be submitted in January 2018. She reported that various options were considered by the Finance Committee.

B. Allen added that the summary presentation was included in today's package and there are a number of forms and lengthy narrative to submit. The final submission will be posted on the portal in January.

Discussion ensued regarding impacts of Bill 148 (changes to minimum wage). B. Allen noted that there may be impacts with parental leave changes. N. Shaw added that the OHA will be providing guidance shortly on any possible impacts.

R. Laing suggested that with respect to "debt recovery", it should be noted that we are not actually gaining a surplus of \$500,000 but we are applying any "surplus" to debt repayment. This item will be deferred to the next Finance Committee meeting for further discussion. D. Howard reminded the group that all members are welcome to attend the Finance Committee.

C. Beckett commented that R. Laing makes a good point, but there are limitations and certain requirements on what is to be submitted to the Ministry. B. Allen added that the issues of debt repayment and working capital position are included in the narrative.

This will be a specific Finance Committee agenda item.

##### **7.5.1 HAPS 2018/19**

*RESOLUTION No.105/17*

*MOVED by C. Beckett*

*SECONDED by W. Johnson*

*THAT the PSFDH Board of Directors approves the proposed 2018/19 HAPS (budget) as presented and discussed;*

*AND that the President & CEO submit the HAPS 2018/19 to the South East Local Health Integration Network.*

CARRIED.

### **7.5.2 LCMH CAPS 2018/19**

C. Beckett reported that similar to the hospital budget, the balanced budget for Lanark County Mental Health is to be approved and submitted.

*RESOLUTION No. 106/17*

*MOVED by C. Beckett*

*SECONDED by W. Johnson*

*THAT the PSFDH Board of Directors accepts the recommendation of the Finance Committee to approve the 2018/19 Budget for Lanark County Mental Health as presented.*

CARRIED.

### **7.5.3 Bank Loan**

C. Beckett reported that this matter relates to one of our operating loans. There are two operating loans that mature in December and in June. The matter was discussed at the recent Finance Committee.

*RESOLUTION No. 107/17*

*MOVED by C. Beckett*

*SECONDED by Dr. W. Hollis*

*THAT the PSFDH Board of Directors accepts the recommendation of the Finance Committee to authorize the Board Chair and the President & CEO to proceed with the renewing the operating loan (which matures on December 1, 2017) in the amount of \$2 million to be placed in a fixed rate loan for one year.*

CARRIED.

### **7.6 Accreditation Recognition**

Following the successful accreditation, senior leadership was asked by the board to consider options to recognize the group. B. McFarlane referred the members to the briefing note included in the materials regarding how to approach appropriately recognize and celebrate the accreditation achievement. D. Howard suggested that \$10 was not enough but suggested a greater amount given the work involved by the hospital team. Discussion ensued. B. Rigby asked and it was confirmed that a charitable tax receipt be issued to a business/person who would donate the whole amount or even a percentage of discount.

Discussion ensued. G. Church felt that \$25/pp was not enough and that the amount may be irrelevant and the amount should be found in the Board of Directors' budget. He suggested the amount of \$50/pp. C. Beckett commented that some of the board budget was to be tagged for the capital campaign initiative and \$50 may be a bit high. She offered her concern for optics of such a large amount.

B. McFarlane sought feedback on the amount and the proposed logo. The members were satisfied to have the amount come from the board budget.

D. Howard asked each member for their position and many left it to B. McFarlane' and the staff's discretion on an appropriate level not to exceed \$50/pp.

The group discussed where the money will be found for both the accreditation and recognition and campaign start-up money given the amount of the board budget.

W. Johnson commented that it is not a material difference and staff may not see the difference in levels given what they have experienced in terms of previous recognition.

B. McFarlane noted the \$25/pp would be easier logistically. Dr. K. Stolee offered that \$25 for each staff would be welcomed as the hospital currently gives five free coffees and muffins/year for perfect attendance.

*RESOLUTION No. 108/17*

*MOVED by G. Church*

*SECONDED by Dr. W. Hollis*

*THAT the PSFDH Board of Directors authorizes the President & CEO to proceed with the accreditation recognition (as set out in B. McFarlane's briefing note, "Accreditation Success – Recognition") for staff and physicians at a cost not to exceed \$50.*

*CARRIED.*

B. McFarlane will take back this recommendation to the staff focus group for their consideration.

#### **8. Closed Session**

*RESOLUTION No. 109/17*

*MOVED by J. Hewitt*

*SECONDED by B. Rigby*

*THAT the PSFDH Board of Directors meeting move to a closed session at 8:40 a.m.*

*CARRIED.*

*RESOLUTION No. 110/17*

*MOVED by L. Drynan*

*SECONDED by W. Johnson*

*THAT The PSFDH Board of Directors meeting move out of the closed session at 9:47 a.m.*

*CARRIED.*

#### **Physician Privileges**

*RESOLUTION No. 111/17*

*MOVED by J. Hewitt*

*SECONDED by G. Church*

*THAT the PSFDH Board of Directors accepts the recommendation of the Medical Advisory Committee and approves the following requests for re-application of privileges and addition of privileges:*

#### **2017 Physician Re-applications**

- *Dr. L. Gil – Re-application for Courtesy Privileges in Anaesthesia*

- *Dr. R. Conway – Re-application for Active Privileges in Family Medicine*
- *Dr. A. Shastry – Re-application for Courtesy Privileges in Diagnostic Imaging*

**New applications**

- *Dr. V. Venkalesh requesting courtesy privileges in Diagnostic Imaging*
- *Dr. M. Abdel-Malek requesting courtesy privileges in Transfusion*
- *Dr. J. Marbach requesting courtesy privileges in Internal Medicine*
- *Dr. A. Miller requesting courtesy privileges in Emergency Medicine*
- *Dr. C. King requesting courtesy privileges in Emergency Medicine*
- *Dr. C. Mireault requesting courtesy privileges in Emergency Medicine*
- *Dr. J. Xie requesting courtesy privileges in Family and Emergency Medicine*
- *Dr. A. Stewart requesting courtesy privileges in Surgery Department – OR Assist*

**Change in Privileges:**

- *Dr. A. Selim requesting change in Emergency Medicine Courtesy privileges to Associate*
- *Dr. T. Hosseini requesting change in Family and Emergency Medicine Courtesy privileges to Associate.*

CARRIED.

**9. New Business**

**9.1 Chief of Staff Evaluation Process – W. Johnson**

W. Johnson informed the group that there is an annual 360° evaluation completed for the Chief of Staff. He meets with select board members, physicians and staff members who have regular interaction with the Chief of Staff. Based on the responses, he prepares a report and suggest steps. This report is shared with the Chief of Staff. The last review was with Dr. Roney.

**10. Business Arising from Minutes**

**10.1 South East LHIN**

**10.1.1 Addictions & Mental Health Redesign Update – W. Johnson**

Nothing new to report.

**10.1.2 Chairs/Vice Chairs Forum – D. Howard**

A meeting is planned for December 7, 2017. No agenda has been circulated yet.

**10.1.3 Health Care Tomorrow Update – B. McFarlane**

This item was discussed during the closed session.

**10.1.4 HIS Retreat – November 21, 2017 – D. Howard**

This item was discussed during the closed session.

**10.1.5 ALC Data (South East LHIN, Provincial) – M. Bellow**

The reports were included in the package.

**10.2 Physician Recruitment Update – B. McFarlane**

This item was discussed earlier in the meeting.

**10.3 Rideau Tay Health Link – N. Shaw**

This item was deferred.

## **11. Board Committee Reports**

### **11.1 Board Quality Committee – November 9, 2017 – J. Hewitt**

J. Hewitt reported the following items:

- Board Quality Committee welcomed new member, J. Lord. She is a member of the Patient & Family Advisory Council;
- the committee work plan was approved and will be shared with the Governance Committee;
- the committee discussed patient satisfaction results; and
- there will be an education session open to all board members, Thursday, December 7, 2017. The topic will be related to hearing patient stories at the board table.

J. Hewitt thanked M. Bellows for sharing her personal patient journey with the group.

### **11.2 Governance Committee – November 21, 2017 – W. Johnson**

#### **11.2.1 Individual Director Self-Assessment**

This item was deferred to next meeting.

### **11.3 LCMH Community Advisory Board – November 27, 2017 – W. Johnson**

W. Johnson reported that the group met last evening and welcomed four new members. The group reviewed performance targets and considered a proposal from Brockville General Hospital (mental health unit) regarding Form 1 patients. He noted that Form 1 patients cannot be transferred to BGH between midnight and 6 a.m. The group will work to schedule time with BGH Chief of Staff, Dr. Malone (Psychiatrist) to discuss possibilities of creating flexibility within the policy.

M. Bellows added that a hospital group has met with Dr. Malone and there is some latitude. Some discussion has also taken place with EMS with to Form 1 patients and the option to by-pass to a Schedule 1 facility. She noted that the process is better now than when a formal policy did not exist.

### **11.4 Finance Committee – November 23, 2017 – C. Beckett**

D. Howard referred the members to the financial summary included in the materials. Please direct any questions to B. Allen.

### **11.5 Liaison Committee – November 24, 2017 – G. Church**

G. Church reported that the community consultation program has been slowed to allow for the capital alliance to catch up. B. Rigby is working on linking the community and overall campaign initiative. R. Laing will prepare quarterly/annual reports with B. Allen and B. McFarlane.

### **11.6 Executive Committee – November 28, 2017 – D. Howard**

D. Howard advised that all items discussed by the Executive Committee were covered during today's meeting discussion.

## **12. Standing Items**

### **12.1 Strategic Plan – B. McFarlane**

The media release is ready to issue.

#### **12.1.1 Operational Plan 2017**

An operational plan will be developed.

#### **12.1.2 Strategic Planning – D. Howard**

Nothing further to report.



**13. Other Business**

Nil.

**14. Board Education**

**14.1 OHA Health Achieve 2017 Highlights – M. Towaij, J. Hewitt**

This item was deferred.

**15. Next Regular Meeting Date – D. Howard**

A Doodle poll for a December meeting date will be circulated.

7:30 a.m., Tuesday, January 23, 2018, GWM Site.

**16. Adjournment – D. Howard**

*RESOLUTION No. 112/17*

*MOVED by W. Johnson*

*SECONDED by L. Drynan*

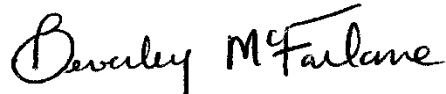
*THAT the November 28, 2017 Perth and Smiths Falls District Hospital Board of Directors' meeting be adjourned at 10:05 a.m.*

*CARRIED.*



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D. Howard, Chair



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B. McFarlane, Secretary