

Perth and Smiths Falls District Hospital

Board of Directors Meeting
Tuesday, October 24, 2017
GWM Boardroom @ 7:30 a.m.

PRESENT: C. Beckett, M. Bellows, G. Church, L. Drynan, J. Hewitt, Dr. W. Hollis, *W. Johnson, Chair*,
Dr. A. Kuchinad, R. Laing, B. McFarlane, B. Rigby, Dr. M. Roberts, S. Pankow, M. Towaij

REGRETS: J. Fenik, D. Howard, Dr. K. Stolee

IN ATTENDANCE: B. Allen, VP, Finance & Support Services, N. Shaw, VP, Clinical Services, K. Kelly,
Recording Secretary, M. Hallam, ED, GWM Foundation

1. Call to Order – W. Johnson for D. Howard

W. Johnson called the meeting to order at 7:29 a.m.

2. Chair's Remarks – W. Johnson

W. Johnson welcomed everyone to the meeting. He recognized the senior leadership team and staff for the accreditation survey results. The group will be considering ideas to properly recognize this achievement. W. Johnson thanked the board members for attending sessions.

He also welcomed S. Pankow, Mayor, Town of Smiths Falls to the meeting today as the municipal representative.

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.

3.1 Patient Story – M. Bellows

M. Bellows provided a patient journey story involving an elderly long stay ALC patient. She highlighted that the patient arrived with failure to thrive and over the course of weeks there were no active treatments. After the first three weeks and a family meeting, the patient was designated ALC. Since that point, the patient has improved and she has now been able to return home. This journey speaks to the fact that what seems pre-determined upon arrival can always change for the positive.

4. Approval of Agendas – W. Johnson

4.1 Regular Meeting Agenda

4.2 Consent Agenda

RESOLUTION No. 91/17

MOVED by M. Towaij

SECONDED by J. Hewitt

THAT the October 24, 2017 PSFDH Board of Directors regular meeting agenda and consent agenda be approved as circulated.

CARRIED.

5. Foundations & Auxiliaries – W. Johnson

W. Johnson welcomed M. Hallam, ED, GWM Foundation to the meeting. M. Hallam reported on behalf of the GWM Foundation Board. She acknowledged the staff for the recent accreditation achievement. She reported the following items:

- GWM Foundation received \$7100 from the recent "Hike for Hospice" walk. This money supports palliative care. The SFCH Foundation will receive the same amount.
- the 2017 sip and social night is sold-out again.
- Work is underway on the annual campaign with letters to be distributed in early November. The foundation is working with hospital team to coordinate the message.

She commented that the annual mail campaign is the strongest campaign as it reaches everyone in the foundation database. The Foundation is considering a monthly giving option to help make giving easier.

6. Declaration of Conflict of Interest – W. Johnson

No conflicts of interest were declared at this point. W. Johnson 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:

- ALC bed issues over the last two weeks has been critical. She noted that when ALC numbers increase over 25, there are bed availability issues; and
- Flu season is upon us and there may be a slight mismatch with this year's vaccine. She noted that this strain will be harder on the elderly population. There have been some early cases determined in Ottawa. Board members are invited to receive flu shot. The schedule was included in the materials.

She spoke to the items noted during the accreditation debriefing such as the board annual report and receiving patient stories directly from the patient at board meetings. She noted that while the results are unofficial until approved by Accreditation Canada board, we consider the recent achievement to be accredited with exemplary status. All agreed that the results will likely raise PSFDH's provincial profile.

Discussion ensued regarding the integration of the patient story with a board meeting. M. Bellows commented that if the hospital staff work with the patient and set guidelines and expectations, the patient story will be invaluable.

Further, the organization will be formalizing its client abuse prevention strategy.

RESOLUTION No. 92/17

MOVED by L. Drynan

SECONDED by Dr. W. Hollis

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

CARRIED.

Lanark County Mental Health – Community Advisory Board – W. Johnson

W. Johnson noted that the Lanark County Mental Health Executive Director report was included in the materials. There was a Community Advisory Board meeting last evening. The group continues to work on getting peer support dollars. They are hopeful that they can be included under the Leeds, Grenville & Lanark Addictions & Mental Health group funding umbrella. W. Johnson noted that other similar programs receive funding.

7.2 Chief of Staff Report – Dr. M. Roberts on behalf of Dr. K. Stolee

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

8. Closed Session

RESOLUTION No.93/17

MOVED by M. Towajj
SECONDED by C. Beckett

THAT the PSFDH Board of Directors meeting move to a closed session at 7:47 a.m.

CARRIED.

RESOLUTION No. 94/17

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

THAT The PSFDH Board of Directors meeting move out of the closed session at 8:10 a.m.

CARRIED.

Physician Privileges

RESOLUTION No.96/17

MOVED by L. Drynan
SECONDED by B. Rigby

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:

- Dr. Siyih reapplication for privileges for approval 2017 in Emergency Medicine and Family Medicine;
- Dr. H. Yu reapplication for privileges for approval 2017 in Emergency Medicine;
- Dr. T. Hosseini additional privileges for 2017 re-application in Family Medicine; and
- Dr. G. Hendry additional privileges for 2017 re-application in Emergency Medicine.

CARRIED.

Chief of Staff Report

RESOLUTION No. 97/17

MOVED by B. Rigby
SECONDED by L. Drynan

THAT the PSFDH Board of Directors accept the Chief of Staff Report as presented.

CARRIED.

9. New Business

9.1 Accreditation Survey 2017 – B. McFarlane

B. McFarlane acknowledged that the survey outcome is everyone's success.

10. Business Arising from Minutes

10.1 South East LHIN

10.1.1 Addictions & Mental Health Redesign Update – W. Johnson

W. Johnson indicated that there are no changes. It is anticipated that LCMH will see changes by the end of calendar 2018.

10.1.2 Chairs Forum – W. Johnson for D. Howard

W. Johnson indicated that there was nothing new to report. The full board to board session (re: HIS) is planned for Tuesday, November 21, 2017. The session will be to review the HIS/IT systems. B. McFarlane will speak with T. Jones to work through the session plan. K. Kelly will gather background information to share with the board and post to the portal. B. McFarlane stated that the presentation shared at the last board meeting was strictly confidential.

10.1.3 Health Care Tomorrow Update – B. McFarlane

M. Bellows reported that work continues on the hip fractures initiative and the hip fracture discharge care plans. This item was created by a sub-team. The teams have worked on the Central Intake Assessment Centre process and agreement related to rehab services. Internal work with physicians will take place with mentoring to begin with assessment intake coordinator beginning January 2018.

Dr. M. Roberts spoke to the impact of CIAC. He noted that this project has been running as a pilot project since earlier this year. The assessment clinic process will improve patient care and wait times. The assessment may not lead directly to surgery but to other options. If surgery is the option, the patient will have the option of the next available opportunity; their preferred hospital; and/or preferred surgeon. It will be patient choice.

Dr. Roberts added that the number of procedures we are allotted is determined by a person at the LHIN based on demographics. PSFDH may see more but this number has not been determined.

10.1.4 ALC Data (SE LHIN, Provincial) – M. Bellows

M. Bellows referred the members to the information provided in the package. She noted that all hospitals are in similar situations as PSFDH. She noted that with the "Home First" refresh, there has been an increase in ALC patients. This could be improved with more supportive education with physicians.

She noted that an internal meeting is planned for tomorrow with patient flow coordinators, manager of the inpatient unit and herself. The group will review each of the 30 ALC patients and look at ways to support the patient and move them to the most appropriate setting.

Discussion ensued regarding the better performers in terms of ALC rates such as Winchester. M. Bellows stated that Winchester has a transitional unit so that ALC numbers are reflected differently. J. Hewitt commented that the Ontario government announced plans to fund more hospital beds. B. McFarlane noted that to increase PSFDH beds by four would be helpful as the staffing model would be increased appropriately.

10.2 Physician Recruitment Update – B. McFarlane

B. McFarlane reported that there is continued interest from internal medicine specialists. There will be a visit in November. Dr. Delgrande has indicated that the hospital could use two internists to support the work. The hospital will look at a Lanark County approach with broader clinics with Carleton Place and/or Almonte, as they are in similar situations.

A pediatrician visit is set for Perth. He will participate in an upcoming CHEO day at the hospital. B. McFarlane stated that the hospital will not provide paediatrics but will be helpful for families to have children be seen locally, if possible.

10.3 Rideau Tay Health Link – N. Shaw

The next meeting is planned for November 3. Nothing further to report at this time.

10.4 SE LHIN Sub-LHIN Meeting – G. Church

The next SE LHIN sub-lhin meeting will be December 1, 2018. Dr. Turnbull from Ottawa will provide a briefing at this event.

11. Board Committee Reports

11.1 Executive Committee – October 24, 2017 – W. Johnson for D. Howard

W. Johnson reported that the Committee met before today's board meeting and discussed meaningful ways to recognize staff regarding the recent accreditation survey success.

11.2 Finance Committee – October 19, 2017 – W. Johnson for C. Beckett

B. Allen provided a report from the recent Finance Committee meeting. He reported that the organization is now half way through fiscal 2017/18 and it is reporting a surplus from operations of \$491,557 which is \$21,943 higher than the budget surplus of \$469,614 for this period of time. The month of September had a surplus from operations of \$23,046 which was \$117,790 lower than the budgeted surplus for the month of \$140,835. He noted that September showed the first full month of security costs that were unbudgeted. This item has now been incorporated into the budget. There were also additional legal fees during the month of September.

The HAPS was discussed at the Finance Committee meeting as well. A draft HAPS will be brought forward for board approval at the November meeting. He noted that due to accreditation, the detailed budgeting meetings with managers have been delayed. There has been no indication from the LHIN regarding funding and a projection tool (similar to last year) has not yet been received. The effort will be to continue to pay down the debt. The organization has targeted to pay down \$500,000 each year.

The Finance Committee also reviewed the HBAM results which showed PSFDH as the most efficient hospital in the SE LHIN. He will put together information on this item for the next meeting.

B. McFarlane noted that work continues with the medium-sized hospital funding formula and this may impact planning and funding.

It was noted that any financial settlements from the legal matter will be applied to the existing HVAC repair costs. C. Beckett reminded the members that the board approved a loan increase to cover the costs for the repair.

12. Standing Items

12.1 Strategic Plan – B. McFarlane

B. McFarlane reported that the public has been asked for feedback on the draft strategic plan. She noted that the responses indicate that communication is key between patients/families and doctors and hospital.

She will collate the feedback received internally, externally and from the Patient & Family Advisory Council. This summary will be shared at the next board meeting. The management team will work on developing goals and objectives that will populate the dashboard. A more "final" draft will be brought to the November board meeting.

She added that the surveyors liked how PSFDH approached the strategic plan process and elements of engaging people and groups.

12.1.1 Operational Plan 2017

- See above

12.1.2 Strategic Planning – D. Howard

- See above

12.1.3 Draft Strategic Plan – D. Howard

- See above.

12.2 Accreditation Survey 2017 – D. Howard/B. McFarlane

This item was discussed earlier in the meeting.

13. Other Business

Nil.

14. Board Education

14.1 OHA Educational Offerings – Governance Sessions

This was provided for information. Members were encouraged to participate. W. Johnson stated that there was an opportunity to attend the upcoming OHA Health Achieve.

Liaison Committee – G. Church

G. Church advised that there will be a Liaison Committee meeting held on Friday, October 27, 2017 at 8 a.m. in the SF Boardroom.

15. Next Regular Meeting Date – W. Johnson

7:30 a.m., Tuesday, November 28, 2017, SF Site.

16. Adjournment – W. Johnson

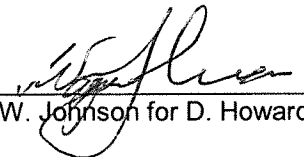
RESOLUTION No. 98/17

MOVED by J. Hewitt

SECONDED by G. Church

THAT the October 24, 2017 Perth and Smiths Falls District Hospital Board of Directors' meeting be adjourned at 8:39 a.m.

CARRIED.



W. Johnson for D. Howard, Chair



B. McFarlane, Secretary