

Perth and Smiths Falls District Hospital
Board of Directors Meeting
Tuesday, February 27, 2018
SF Boardroom @ 7:30 a.m.

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

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

IN ATTENDANCE: B. Allen, VP, Finance & Support Services, K. Kelly, Recording Secretary, D. McDonnell,
Executive Director, Lanark County Mental Health, M. Hallam, Executive Director, GWM
Foundation, O. McKenna, President, GWM Auxiliary

**via teleconference*

1. Call to Order – D. Howard

D. Howard called the meeting to order at 7:35 a.m.

2. Chair's Remarks – D. Howard

D. Howard welcomed everyone to the meeting. She reported on the recent events that have taken place.

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 In-Patient Unit, GWM Site.

3.1 Patient Story – M. Bellows

M. Bellows provided a recent patient/family journey that highlighted some of the issues with end of life care. It involved a 54 year old female who had a cancer diagnosis and was ending her palliative journey. The patient wanted to return home before she passed away and a plan was created for the patient. Unfortunately, the necessary homecare could not be arranged. Home care offered only 14 hours and the patient required overnight care.

She advised that unfortunately the patient did not get home. This story showed the challenges within our LHIN regarding access to community supports and home care. The concerns have been escalated to Carol Ravnaas so that we can discuss what is or is not available for patients and families. It is essential that patients and families are given the right information.

Discussion ensued and it was noted that personal support workers (PSWs) provide a lot of home and community support for patients and are a "rare commodity". G. Church requested an update once discussions have concluded with Carol Ravnaas.

4. Approval of Agendas – D. Howard

4.1 Regular Meeting Agenda

4.2 Consent Agenda

RESOLUTION No. 14/18

MOVED by L. Drynan

SECONDED by Dr. W. Hollis

THAT the February 27, 2018 PSFDH Board of Directors regular meeting agenda and consent agenda be approved as circulated with one item being removed from the Consent Agenda – “Inter-professional Primary Care Teams Letter of Support”

CARRIED.

5. Foundations & Auxiliaries – D. Howard

GWM Auxiliary Report – O. McKenna

O. McKenna provided a report on the fundraising efforts to date and the work on the GWM chapel space.

GWM Foundation – M. Hallam

M. Hallam reported that the GWM Foundation has purchased \$575,000 of capital equipment list items. The GWM Foundation will be working on updating its by-laws in light of the updated legislation. The AGM is planned for June 21. Further, the Black Tie Bingo is sold out.

Dr. K. Stolee thanked the GWM Foundation on behalf of the physicians for the capital equipment that has been purchased. She acknowledged the Foundation and the community that continues to give.

SFCH Foundation – a written report was circulated for member's information.

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 highlighted that the hospital has worked to strengthen the linkages with the Smiths Falls Police Service and mental health clients. The use of a computerized real time assessment tool will assist the police and health care worker to respond appropriately to mental health client needs.

A general discussion ensued at this point regarding the letter of support provided on behalf of Dr. P. Cunniffe's application for special funding. Dr. Hollis requested a copy of the proposal as he was interested in what the hospital endorsed with the letter. B. McFarlane and D. Howard noted that the available funding would not have anything to do with the hospital directly but the hospital (board) endorsed the concept.

RESOLUTION No. 15/18

MOVED by G. Church

SECONDED by C. Beckett

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

CARRIED.

7.1.1 Lanark County Mental Health Executive Director Report

The Executive Directors' report was included in the materials. B. McFarlane highlighted that the 3rd quarter scorecard was well done. It was noted that there has been an increase in counselling numbers. W. Johnson reported on the Lanark County Mental Health Community Advisory Board meeting held the previous evening. He reported that two managers provided a presentation on current programs. There will be an effort to have this type of education going forward. He added that the funding does not meet

the demands of the program. He acknowledged D. McDonnell for her effort to balance the staffing given the sick and long term leaves. D. Howard also acknowledged the program.

It was noted that the Smiths Falls office relocation will take place April 21, 2018.

7.1.2 Lanark County Support Services

No formal report was provided. B. McFarlane reported that LCSS is planning a Disney trip for later this year and to date, they have raised \$43,000. She added that the Carleton Place house that was purchased and renovated for two individuals to live more independently will now be modified to accommodate an apartment (in the garage space).

7.2 Chief of Staff Report –Dr. K. Stolee

The report was provided for information. Dr. Stolee highlighted the following areas of her report such as the requests for privileges will be brought forward during closed session and work continues on overcapacity management.

She reported that overcapacity statistics are gathered and shared during a daily regional call. While the call and information is informative and helps hospitals work together, it is time consuming to prepare and submit data.

The South East LHIN is developing a surge management tool (it is awaiting Ministry approval) that will extract data from the SHIIP (South East Health Integrated Information Portal) tool. The data can then be submitted to the Ministry. There will be a demonstration at the next SCHF meeting.

She and M. Bellows will be attending a conference at the end of March on patient flow issues and how to manage and improve situations. She acknowledged that PSFDH continues to provide quality care despite funding and bed limitations.

RESOLUTION No. 16/18

*MOVED by Dr. W. Hollis
SECONDED by C. Beckett*

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

CARRIED.

7.3 Hospital Services Accountability Agreement (HSAA) – C. Beckett

C. Beckett reported that the HSAA was presented at the recent Finance Committee meeting. She noted that the version presented is the new agreement for 2018-2020. She noted the following changes:

- board annual attestation to be completed;
- there will be additional reporting requirements for French language requirements;
- there is LHIN flexibility to move funds within the LHIN;
- there will be some revisions to existing policies along with a few new policies; and
- all hospital information is to include an acknowledge of the LHIN's support.

She advised that HAPS (budget) information is used to populate the HSAA.

RESOLUTION No. 17/18

*MOVED by C. Beckett
SECONDED by G. Church*

THAT the Perth and Smiths Falls District Hospital Board of Directors hereby accepts the recommendation of the Finance Committee to approve the 2018-2020 Hospital Service Accountability Agreement (HSAA) with the South East Local Health Integration Network;

FURTHER that the HSAA be effective April 1, 2018;

AND THAT the Board Chair and the President & CEO be authorized to sign the HSAA as representatives of the hospital.

CARRIED.

7.4 Lanark County Mental Health Multi-Sector Services Accountability Agreement (MSAA) – B. McFarlane

B. McFarlane reported that the agreement is similar to the HSAA. It has been reviewed by B. Allen and D. McDonnell. D. McDonnell commented that the information populated into the MSAA is based on regional standards. She noted that LCMH has the same obligations despite not yet being part of the mental health and addictions redesign.

RESOLUTION No. 18/18

*MOVED by W. Johnson
SECONDED by C. Beckett*

THAT the Perth and Smiths Falls District Hospital Board of Directors hereby accepts the recommendation of the Finance Committee to approve the 2018-2019 Multi-Sector Service Accountability Agreement (MSAA) with the South East Local Health Integration Network;

FURTHER that the MSAA be effective April 1, 2018;

AND THAT the Board Chair and the President & CEO be authorized to sign the MSAA as representatives of the hospital.

CARRIED.

7.5 Liaison Committee – G. Church

G. Church reported that he has two Liaison Committee items requiring resolutions. He reported that the group is working on populating a patient distribution map which has a cost attached.

7.5.1 Service Area Map – Costing

RESOLUTION No.19/18

*MOVED by G. Church
SECONDED by B. Rigby*

THAT the Perth and Smiths Falls District Hospital Board of Directors accepts the recommendation of the Liaison Committee to approve an amount not to exceed \$1000 for the creation of the hospital utilization layer on the Lanark County GIS mapping system

CARRIED.

7.5.2 Draft Quarterly Report

G. Church continued that R. Laing has developed a draft quarterly report for distribution. He is seeking the approval in principle of the concept and outline. The final version is subject to the approval of the CEO.

RESOLUTION No.20/18

*MOVED by G. Church
SECONDED by C. Beckett*

THAT the Perth and Smiths Falls District Hospital Board of Directors accepts the recommendation of the Liaison Committee to approve in principle the draft Quarterly Report and presented; and

THAT the final version will be subject to approval by the President & CEO.

CARRIED.

It was noted that this report should include an acknowledgement of the LHIN. D. Howard commented that it was a good exercise for R. Laing as a new member and acknowledged the work put into developing the document.

R. Laing added that it is an opportunity for quarterly messaging from the Board and it will focus on core capital and capital alliance matters.

8. Closed Session

RESOLUTION No.21/18

MOVED by C. Beckett

SECONDED by L. Drynan

THAT the PSFDH Board of Directors meeting move to a closed session at 8:09 a.m.

CARRIED.

RESOLUTION No. 22/18

MOVED by R. Laing

SECONDED by B. Rigby

THAT The PSFDH Board of Directors meeting move out of the closed session at 8:39 a.m.

CARRIED.

Resolutions from Closed Session:

Physician Privileges – Dr. K. Stolee

RESOLUTION No. 23/18

MOVED by L. Drynan

SECONDED by C. Beckett

THAT the Perth and Smiths Falls District Hospital Board of Directors accepts the recommendation of the Chief of Staff to approve the requests for privileges for the following physicians:

- Dr. Jennifer Brooks requesting courtesy privileges in Internal Medicine – Transfusion;*
- Dr. A.M. Iyengar requesting courtesy privileges in Internal Medicine – Transfusion;*
- Dr. Kevin Mooney requesting courtesy privileges in Internal Medicine – Transfusion;*
- Dr. Sabra Gibbens requesting courtesy privileges in Internal Medicine – Transfusion;*
- Dr. C. Cunningham requesting courtesy privileges in Diagnostic Imaging;*
- Dr. Courtney Thompson requesting courtesy privileges in Emergency Medicine with admitting privileges; and*
- Dr. Taylor Ferrier requesting associate privileges in Family Medicine and Emergency Medicine with admitting privileges.*

CARRIED.

Dr. K. Stolee noted that Dr. T. Ferrier is a new GP joining the Perth Medical Centre.

9. New Business

No new business was presented.

10. Business Arising from Minutes

10.1 South East LHIN

Nothing further to report.

10.1.1 Addictions & Mental Health Redesign Update – W. Johnson

Nothing to report at this time.

10.1.2 Chairs/Vice Chairs Forum – W. Johnson for D. Howard

The next meeting will be March 28. G. Church added that there will be a sub-region meeting on June 1. More details to follow. This meeting will be added to the agenda's "Dates to Remember".

10.1.3 Health Care Tomorrow Update – B. McFarlane

Issues continue with surge capacity. B. McFarlane noted that it is a pressure for every LHIN. Quinte experienced a "Code Orange" due to patient overload.

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

The reports were included in the package. M. Bellows commented that the data supports that we are not alone in challenges. The ALC rate for Perth was 48%. She noted that the hospital was at 101% occupancy last month however, there is some movement this month. She clarified that ALC is less prevalent at the SF Site as there are more surgical cases at SF Site.

M. Bellows commented that based on the information and projections prepared by The Hay Group, if hospitals continue in this manner, it will be difficult to catch up. Dr. Stolee added that there has been recent notice of an additional 5,000 LTC beds in the province which may only address the patients currently designated ALC in hospitals. The members acknowledged that this is the first such move in many years.

A general discussion took place regarding whether ALC patients endure more HAI (healthcare associated acquired infections). M. Bellows commented that PSFDH had 12 patients with VRE and 12 who did not. A longer stay would provide more exposure to the VRE bug for a patient so it may influence.

Palliative Care/Hospice Update – M. Bellows

M. Bellows reported that the matter has been shifted to Rideau Community Health Services and PSFDH is no longer under obligation. PSFDH was offered as an interim solution if RCHS could not get the matter operational by the required date. Further, RCHS has suggested that it does not want the hospital to be an interim solution.

10.1.5 ER Quarterly Summary

This item was provided for information.

10.2 Rideau Tay Health Link – N. Shaw

Nothing to report at this time.

11. Board Committee Reports

11.1 Liaison Committee – February 23, 2018 – G. Church

G. Church confirmed that a member of the Patient & Family Advisory Committee will be joining the Liaison Committee. H. Gribben will attend the next Liaison Committee meeting in April.

11.2 Board Quality Committee – February 8, 2018 – L. Drynan for J. Hewitt

L. Drynan reported The Committee reviewed work done to date concerning and eventually leading to a proposed Board Policy on Enterprise Risk Management. Our next Committee meeting will review some further elements, with the draft policy thereafter to be presented to the Governance Committee and Board.

At the request of the Governance Committee the Committee reviewed its Terms of Reference in consideration of the Sample Quality Terms of Reference put forth by the Ontario Hospital Association. We also reviewed the legislative requirements of the "Excellent Care for All" Act, and as well the Ministry of Health statement on requirements of Quality Committees. After consideration discussion, a proposed new Terms of Reference will now be forwarded to the Governance Committee, then the Board. In short, the Committee agreed with the Sample Terms with slight modification.

The Committee reviewed progress to date on draft Quality Improvement Plan for 2018/19. With a target date of completion of April 1, the Committee will further review the QIP leading to a March 9 teleconference, at which time the draft should be approved for submission, then, to the Board.

At its' last Board Meeting, the Board requested that the Quality Committee review the current approach and success with staff immunization rates. At our meeting, N. Shaw presented a power point presentation entitled "Influenza Review 2018" which provided background, current approaches, and hospital success in comparison to others. After considerable discussion, the Quality Committee agreed that the Medical Advisory Committee should and will be asked for its views. As well the Quality Committee is recommending that the hospital targets its' future rate to exceed the provincial average for hospitals, and use 85 percent as a stretch target. Dr. Stolee suggested that this matter be referred for review by the MQA and MAC.

Our next meeting date is March 9, dedicated to the Quality Improvement Plan. B. McFarlane added that the Patient & Family Advisory Council has been consulted on the development of the QIP.

11.3 Finance Committee – February 22, 2018 – C. Beckett

11.3.1 Financial Summary – January 2018

C. Beckett reported on the recent Finance Committee meeting. S. Fortin, Allan Chartered Accountants attended the recent meeting to discuss the elements of the upcoming year-end audit. S. Fortin confirmed that this year's audit process is similar to last year.

C. Beckett referred the members to the financial summary and reported that PSFDH has completed ten (10) months of fiscal 2017/18 and the hospital is reporting a surplus from operations of \$706,493 which is \$82,925 lower than the budget surplus of \$789,418 for this period of time.

It is projected that we will finish the 2017/18 fiscal year with a surplus of \$866,149 which would be \$28,765 less than the budgeted surplus from operations of \$894,914.

The month of January had a surplus from operations of \$21,204 which was \$45,314 lower than the budgeted surplus for the month of \$66,517.

11.4 Executive Committee – January 23, 2018 – D. Howard

D. Howard reported that the Executive Committee met earlier today and most items have been covered throughout today's Board meeting.

12. Standing Items

12.1 Strategic Plan – B. McFarlane

12.1.1 Operational Plan 2017

B. McFarlane referred the members to the information projected. She reviewed the updated operational plan which has been updated with colour and additional comments.

B. Allen left the meeting at 9:00 a.m.

D. Howard acknowledged the work. This is a good development tool and will be put on the next agenda to allow for more review and discussion.

12.2 Physician Recruitment – B. McFarlane

B. McFarlane reported that there will be return visits in March by interested internists.

Dr. K. Stolee added that there is a paediatrician available at the Perth Medical Centre who has been invited to the next medical staff meeting. He is offering clinic time but is not part of the hospital. His services include behavioural and mental health issues.

She confirmed that there have not been any issues with new physicians tending to their in-patients. She noted that some new physician contracts stipulate that they will see their patients.

13. Other Business

SE LHIN Boundary Meeting – B. McFarlane

B. McFarlane reported that the recent LHIN boundaries meeting was well attended with service provider representatives from the South East and Champlain LHINs. The joint meeting was held at the GWM Site. The joint meeting group discussed the availability of services and differences between the LHINs and the programs and pilot funding received but have different strategies and approaches.

An outcome of the joint meeting was to create a sub-committee to develop guiding principles and create a better understanding of what is in the community. The development of sub-regions groups has provided some opportunities. B. McFarlane noted that J. Jordan, North Lanark Community Health Centre and D. McDonnell, Lanark County Mental Health will participate on this working group, while Carol Ravnaas will speak to the home care piece.

14. Board Education

The education sessions information was provided for member consideration.

D. Howard reported that with the recent initiatives such as the strategic plan and capital alliance, she felt it would be timely to have a communications (former) colleague attend and speak with the group (board members, senior management, foundation members, etc.). The evening session would be held in April and it would provide an opportunity to discuss issues and risks that may be encountered with communication and engagement. D. Howard will get dates from colleague and coordinate with the group.

She also noted that the OHA Health Achieve convention has been cancelled this year.

OHA Advocacy – D. Howard/All

D. Howard reported that the OHA has suggested an engagement strategy involving meetings with local MPPs. A general discussion ensued regarding the issues related to this type of engagement. It was suggested that B. McFarlane will speak with her counterpart at Brockville General Hospital regarding their approach to the OHA suggestion.

G. Church commented that the influence on hospital issues should be directed to municipal leaders (wardens and mayors) given the geography and rural area as it may have more traction and impact. D. Howard suggested the angle for advocacy would be the capital alliance as board members not permitted to lobby.

15. Next Regular Meeting Date – D. Howard

7:30 a.m., Tuesday, March 27, 2018, GWM Site.

16. Adjournment – W. Johnson for D. Howard

RESOLUTION No. 24/18


*MOVED by Dr. W. Hollis
SECONDED by C. Beckett*

THAT the February 27, 2018 Perth and Smiths Falls District Hospital Board of Directors' meeting be adjourned at 9:17 a.m.

CARRIED.



D. Howard, Chair



B. McFarlane, Secretary