

Perth and Smiths Falls District Hospital
Board of Directors Meeting
Tuesday, January 23, 2018
GWM Boardroom @ 7:30 a.m.

PRESENT

IN ROOM: C. Beckett, G. Church, J. Fenik, Dr. W. Hollis, *W. Johnson, Chair*, Dr. M. Roberts

VIA TELECONFERENCE: M. Bellows, L. Drynan, J. Hewitt, Dr. A. Kuchinad, B. McFarlane, B. Rigby,
Dr. K. Stolee, M. Towajj

REGRETS: J. Fenik, D. Howard, R. Laing, S. Pankow

IN ATTENDANCE: B. Allen*, VP, Finance & Support Services, N. Shaw, VP, Clinical Services, K. Kelly*,
Recording Secretary

**via teleconference*

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

W. Johnson called the meeting to order at 7:32 a.m.

He called for attendance as the meeting had participants joining by conference call.

2. Chair's Remarks – W. Johnson for D. Howard

W. Johnson welcomed everyone to the meeting.

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 reported on a recent patient journey that related to the surge in the ER department whereby a patient fell at his retirement home and arrived at ER. He was assessed and there were no broken bones however, he remained in the ER until Monday. She went to help with patient flow and the gentleman was admitted to the hospital as the hospital has prepared the long term care papers. She spoke with the patient flow coordinator and arranged for physiotherapy to meet with the patient in an effort to discharge. The patient continued in the ER on Tuesday but he was able to mobilize with a walker. She spoke with the physician and suggested that if the patient should have long term care, his baseline indicated that he could return to his (retirement) home and work with home care for a long term care bed.

The journey highlighted admissions for failure to cope and thrive which is a challenge for ER. If the patient was admitted, there is a concern that he would have a lengthy in-hospital wait for appropriate long-term care accommodations.

Work is needed on the front end to develop tools to work with patients in ER so as to minimize admissions in similar situations.

General discussion ensued regarding retirement homes shifting patients to hospital in an effort to help their accommodation issues and resource limit. Dr. Stolee noted that the Community & Primary Health Care (CPHC) have funds that are being utilized for restorative care in retirement homes and this money may not be fully taken advantage by retirement homes.

C. Beckett posed the question of whether a temporary bed could be set up in the ER to accommodate a patient who may or may not be admitted pending a physician assessment. M. Bellows commented that some hospitals have clinical decision unit beds that can be utilized and there is a small fund for this type of situation. The challenge at PSFDH is the physical layout and available space where 2-4 clinical decision beds could be placed. She added that this type of bed could save a patient being admitted.

Dr. Stolee commented that it may be a necessary culture change for ER to have the resources beyond business hours and into the evening hours to do assessments.

Dr. M. Roberts noted his experience in UK where the hospital had dedicated Occupational Therapy support that provided rapid assessments. He added that this worked well however, the challenge here is that there is no home care to support a similar ER assessment.

M. Bellows added that there are geographical challenges and there is value in having supports in the ERs.

Dr. A. Kuchinad referenced a situation from his recent ER shift involving the arrival of a number of ambulances and his concern with patient safety.

4. Approval of Agendas – W. Johnson for D. Howard

4.1 Regular Meeting Agenda

RESOLUTION No. 01/18

MOVED by G. Church

SECONDED by C. Beckett

THAT the January 23, 2018 PSFDH Board of Directors regular meeting agenda and consent agenda be approved as circulated.

CARRIED.

4.2 Consent Agenda

RESOLUTION No. 02/18

MOVED by C. Beckett

SECONDED by G. Church

THAT the Consent Agenda be approved as presented.

CARRIED.

5. Foundations & Auxiliaries – W. Johnson for D. Howard

No reports today.

6. Declaration of Conflict of Interest – W. Johnson for D. Howard

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 highlighted the following items from her report:

- January 17 SECHEP meeting and MRI initiative update. She noted that the matter is supported and the program would need to be funded through 2 days per week of private pay patients to support the OHIP patient volume. There was recent indication that P. Huras, CEO, SELHIN would sign the MRI proposal to be sent to the Ministry of Health & Long-Term Care. B. McFarlane commented that access to MRI services is more difficult for patients in our area of the SE LHIN as compared to others.
- Issues with surge and over census continue to be a major challenge for PSFDH and all SE LHIN organizations and ALC numbers are rising.
- She has prepared an initial Enterprise Risk Management (ERM) action plan. The ERM was a process undertaken prior to the accreditation survey. The action plan will be shared with the Board Quality Committee initially.

She reported that the SCHF members reviewed the HAPS and noted that three organizations are not able to submit their respective HAPS document. She commented that if hospitals do not submit their "HAPS" an investigator could be appointed. G. Church suggested SCHF look at the strategies of what works (or not) when a hospital does not submit the HAPS to the Ministry. Discussion ensued. Members suggested that it would be helpful to know which leverage techniques work.

Discussion ensued regarding internal influenza vaccination rates for staff and physicians compared with other organizations and provincial rates.

Dr. W. Hollis suggested looking for a baseline in order to learn now if we are improving. B. McFarlane commented that until influenza vaccination for healthcare workers has a stronger mandate from the MOHLTC, it remains a personal choice.

Dr. K. Stolee added that it remains voluntary and if you choose not to be vaccinated and there is an outbreak it could impact your work with having to use personal protective equipment or loss of shifts.

J. Hewitt suggested that the matter be looked at strategically and see what is working well with other organizations.

W. Johnson suggested having the Board Quality Committee review the issue to inform why the immunization rate is at 44%.

A brief discussion took place regarding the recent appointment of Ms. Hersh Sehdev as Chair of the South East LHIN Board of Directors.

RESOLUTION No. 03/18

MOVED by C. Beckett

SECONDED by G. Church

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

CARRIED.

7.1.1 LCMH ED Report

W. Johnson noted a key issue with LCMH which is the increasing work load primarily from the Champlain LHIN organizations. He added that the Champlain LHIN does not provide any funding to support these services.

B. McFarlane provided an update a project with a research element. The matter has been considered by the internal Ethics Committee where the group reviewed the project application. Additional information

was requested by the Ethics Committee so T. Derkzen, LCMH attended and spoke to the matter. The matter will come to the Board for approval once the Ethics Committee has vetted the same.

7.1.2 LCSS

No report provided. B. McFarlane stated that there are plans underway to modify the Carleton Place house to support an additional person. The plans involved the conversion of the garage. D. McEwen is working to secure funding.

B. McFarlane added that D. McEwen will be retiring in June 2018 and H. Bedor will assume the leadership position.

7.2 Chief of Staff Report –Dr. K. Stolee

The report was provided for information. Dr. Stolee highlighted the following areas of her report:

- Physician recruitment efforts continue. There will be additional visits from interested internal medicine candidates in March. It is suggested that one internist would begin in June, one in September and a third in 2019. Office space will be toured during the March visit. She noted that generous rental agreements are being offered.
- Medical Staff meeting – the physicians are very engaged and it is positive to see the general change to support learning.
- Digital health – the medical staff received a presentation on the e-referral pilot project availability in our LHIN.

RESOLUTION No.04/18

MOVED by G. Church

SECONDED by Dr. W. Hollis

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 were brought forward for the board's consideration and approval. The Governance Committee utilized the OHA Guide to Good Governance during its discussion.

7.3.1 GP Policy No. 2.5, "Board Committee Principles"

RESOLUTION No. 05/18

MOVED by C. Beckett

SECONDED by Dr. W. Hollis

THAT the PSFDH Board of Directors accepts the recommendation of the Governance Committee to accept and approve the following Governance Process Policies:

- *No. 2.5, Board Committee Principles with no changes;*
- *No. 2.7, Annual Board Planning Cycle with minor changes to be included on version to the Board;*
- *No. 2.9, Departure of Board Member – to be deleted; and*
- *No. 2.10, Orientation of Board Member Education with minor changes as presented.*

Further, that the new Governance Process Policy No. 2.22, Chain of Command and Communication Policy will be deferred to the Chief of Staff for review and comments.

CARRIED.

7.3.2 GP Policy No. 2.7, "Annual Board Planning Cycle"

7.3.3 Governance Process Policy No. 2.9, "Departure of Board Member"

7.3.4 Governance Process Policy No. 2.10, "Orientation & Board Member Education"

These items were discussed and approved by Resolution No. 5/18.

7.3.5 Committee Work Plans 2017/18

G. Church commented that the Liaison Committee work plan is will be brought forward next month.

RESOLUTION No. 06/18

MOVED by G. Church

SECONDED by C. Beckett

THAT the 2017/18 Committee Work Plans be approved as presented.

CARRIED.

7.4 Strategic Plan 2018-21 – Operational Plan – B. McFarlane

B. McFarlane referred the members to the proposed operational plan prepared for the remainder of the current board year (to June 2018.) The plan was developed in consultation with the senior leadership team. She spoke to the process in the development of this operational plan. A draft strategic plan was ready during accreditation; senior leadership team worked on larger goals and developed a breakdown of objectives; good foundation to move forward with the strategy determined by the board.

She reported that the senior team worked hard to select some objectives that we are currently in the process of doing that align with our strategy. The floor was open for discussion. B. McFarlane is seeking the approval of the plan to move forward and circulate throughout the organization. A dashboard for monitoring will be prepared.

B. McFarlane reported that this document will be linked to the Quality Improvement Plan. She noted that many of the items for the 2018/19 QIP are mandatory such as workplace violence and anti-microbial stewardship are embedded into the operational plan objectives. Further, the 2018/19 QIP is under development so effort is being made to align it with the operational as well.

With respect to the board-related items such as sustainability, the Liaison Committee, Finance committee and capital alliance group will consider these items. B. McFarlane noted that performance indicators for Strategic Aim No. 4 are needed with input from Liaison.

The members considered Strategic Aim No. 3 and reference to working with Smiths Falls Police Service and not the OPP (GWM). B. McFarlane reported that the SF police received special pilot program funding. She understands that are some initiatives in the works with OPP to align community mental health.

G. Church acknowledged the team for the realistic and achievable operational goals presented.

RESOLUTION No. 07/18

MOVED by Dr. W. Hollis

SECONDED by C. Beckett

THAT the PSFDH Board of Directors approves the Perth and Smiths Falls District Hospital Strategic Plan 2018-21, Operational Plan as presented.

CARRIED.

8. Closed Session

RESOLUTION No.08/18

MOVED by C. Beckett
SECONDED by G. Church

THAT the PSFDH Board of Directors meeting move to a closed session at 8:18 a.m.

CARRIED.

RESOLUTION No. 09/18

MOVED by C. Beckett
SECONDED by G. Church

THAT The PSFDH Board of Directors meeting move out of the closed session at 9:02 a.m.

CARRIED.

Resolutions from Closed Session:

RESOLUTION No. 10/18

MOVED by C. Beckett
SECONDED by B. Rigby

THAT the PSFDH Board of Directors approves the closed session notes from December 19, 2017.

CARRIED.

HIS Business Case

RESOLUTION No. 11/18

MOVED by C. Beckett
SECONDED by G. Church

WHEREAS the Hospital Boards of the South East LHIN have unanimously approved the Health Care Tomorrow Phase 1 motion recognizing the need to develop a regionally integrated health care system in order to address our shared commitment to quality and meet the needs of our patients and clinicians, in a manner that fits within the available regional resources and funding; and

WHEREAS the Hospital Boards of the South East LHIN have unanimously approved the Health Care Tomorrow Phase 2 motion to continue to work towards a regional system for Decision Support, Information Services, and Laboratory Services based on the June 2016 business proposals; and

WHEREAS the HIS business case was developed to provide the detail necessary for Hospital Boards to move towards a regional system for information services; and

WHEREAS the objectives of the business case presented at the November 21, 2017 HIS Retreat recognizes the desire of the Hospital Boards in the South East LHIN to improve and enhance the patient experience, the care team experience, population health, and value optimization;

THEREFORE BE IT RESPOLVED THAT Perth and Smiths Falls District Hospital will work with partner hospitals to participate in coming to an agreement regarding the management and governance structures that support the timely and efficient implementation and operation of the system.

THEREFORE BE IT RESOLVED THAT Perth and Smiths Falls District Hospital approves a regional vendor model; a single HIS solution in the South East LHIN as outlined in the HIS business case which, does not preclude the South East LHIN HIS cluster linking with a provincial HIS HUB or Collaborative;

AND THAT Perth and Smiths Falls District Hospital approves issuing a Request for Proposal for a single HIS solution partnering with participating South East LHIN hospitals;

AND THAT Perth and Smiths Falls District Hospital agrees to participate and partner in a regional and financial initiative to optimize HIS affordability subject to each hospital receiving assurance that there will not be negative repercussions in any Ministry of Health and Long Term Care (MOHLTC) funding methodology including the Health Based Allocation Methodology (HBAM) formula and the Hospital Service Accountability Agreement (H-SAA).

CARRIED.

3SO Master Services Agreement – B. McFarlane

RESOLUTION No.12/18

MOVED by Dr. W. Hollis

SECONDED by C. Beckett

THAT the PSFDH Board of Directors accepts the recommendation of the President & CEO to move forward with a five year renewal with 3SO and the corporate partners and commence negotiations for a MSA and a new agreement for warehouse/logistics.

CARRIED.

The board supported B. McFarlane reporting confidentially to SELHIN colleagues of the PSFDH board outcome on the HIS motion. This will support the need for transparency among SE LHIN partners.

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

It is anticipated that the LCMH piece of the redesign will take place late 2018.

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

A meeting was held on December 7. There is nothing to report at this point.

10.1.3 Health Care Tomorrow Update – B. McFarlane

M. Bellows reported that the central intake assessment centre (CIAC) initiative is progressing. Letters to primary practitioners have been sent and the referral information will be posted on the hospital website this week. No additional hips/knees have been received at this point.

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

The reports were included in the package. M. Bellows commented that it is important for people to be aware of other hospital situations. At present, PSFDH has a total of 31 ALC patients (recently at 42 ALC patients.) A general discussion ensued regarding reduction of ALC numbers.

10.2 Rideau Tay Health Link – N. Shaw

N. Shaw reported that the next meeting will be February 2. Nothing to report at this time.

11. Board Committee Reports

11.1 Governance Committee – January 16, 2018 – W. Johnson

W. Johnson reported that to date, there have been 13 responses to the self-assessment (3 question online survey.) He encouraged the remaining members to complete the evaluation.

An educational request was received and considered by Dr. Hollis to attend yellow belt Lean training and it was approved. Dr. Hollis has committed to providing presentation to the board.

11.2 Finance Committee – January 18, 2018 – C. Beckett

11.2.1 Financial Summary – November/December 2017

C. Beckett reported on the recent Finance Committee meeting. She noted that the monitoring report was included in the materials and the organization continues on track. She added that the committee spent most of the meeting time discussing the capital funding strategy and how it will be presented to ensure alignment of messages. With respect to the HIS project and costs, all hardware, software and implementation costs will be seen as core capital. The Liaison Committee will prepare a presentation and the messaging.

11.3 Liaison Committee – January 19, 2018 – G. Church

G. Church reported that the discussion has been on preparing for the capital strategy launch. It is anticipated that there will be a municipal presentation in February with a further reach to municipalities in April/May. The committee considered the timing with respect to the upcoming elections.

11.4 Executive Committee – January 23, 2018 – W. Johnson

W. Johnson 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

This item was discussed earlier in the meeting. B. McFarlane noted that a staff/physician information session is planned for Wednesday, January 24. The new mission, vision and values plaque has been prepared.

12.2 Physician Recruitment – B. McFarlane

This item was discussed earlier in the meeting.

13. Other Business

Nil.

14. Board Education

Nil.

15. Next Regular Meeting Date – W. Johnson for D. Howard

7:30 a.m., Tuesday, February 27, 2018, SF Site.

W. Johnson thanked members who attended in person and those who called in and recognized that it can be difficult to participate in a lengthy meeting via conference call.

16. Adjournment – W. Johnson for D. Howard


RESOLUTION No. 13/18

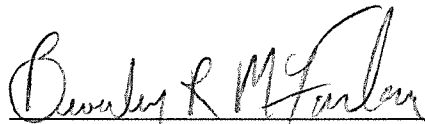
MOVED by C. Beckett

SECONDED by Dr. W. Hollis

THAT the January 23, 2018 Perth and Smiths Falls District Hospital Board of Directors' meeting be adjourned at 9:12 a.m.

CARRIED.


W. Johnson for D. Howard, Chair


B. McFarlane, Secretary