

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

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

REGRETS: Dr. A. Kuchinad, J. Hewitt, M. Towaij

IN ATTENDANCE: B. Allen, VP, Finance & Support Services, K. Kelly, Recording Secretary, D. McEwen,  
Executive Director, 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 7:33 a.m.

She noted that some committee meetings were cancelled given the various vacation schedules. The Finance Committee meeting materials were shared in place of a formal meeting. C. Beckett to provide a finance update later in the meeting.

It was noted that Dr. K. Stolee and M. Bellows will be leaving the meeting at 8:30 a.m. to attend a conference in Toronto.

**2. Chair's Remarks – D. Howard**

D. Howard 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 Emergency Department, GWM Site.

**3.1 Patient Story – M. Bellows**

M. Bellows provided a recent patient/family journey that highlighted some of the issues with a husband and wife who were supported in hospital once it was determined that their needs were too great to remain at home. The wife was placed in a long term care facility in Perth and work began for spousal reunification. M. Bellows commented that spousal reunification can take time. The family physician (of the husband) is in Smiths Falls; the daughter lives in Carleton Place and the mother was placed in Perth.

Discussion took place with the family and physician and Perth family physician agreed to provide the husband's care. This approach supports the daughter with providing care and visiting her parents as she will now only need to travel to Perth and not Perth and Smiths Falls.

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

**4.1 Regular Meeting Agenda**

**4.2 Consent Agenda**

*RESOLUTION No. 25/18*

*MOVED by C. Beckett*

*SECONDED by L. Drynan*

*THAT the March 27, 2018 PSFDH Board of Directors regular meeting agenda and consent agenda be approved as circulated.*

*CARRIED.*

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

GWM Auxiliary Report – O. McKenna

O. McKenna provided a report on the fundraising efforts to date.

**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 there has been a decline in ALC numbers which has helped to improve the bed and capacity issues. The process for the accreditation recognition is underway. Lanark County Mental Health will be relocating their offices in mid-April. This move will not impact the services provided to the emergency departments.

*RESOLUTION No. 26/18*

*MOVED by Dr. W. Hollis*

*SECONDED by J. Fenik*

*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 and was brought forward for information.

**7.1.2 Lanark County Support Services – D. McEwen, Executive Director, LCSS**

At this point, D. Howard welcomed D. McEwen, Executive Director to the meeting. D. McEwen provided an update on the programs and the proposed budget. She outlined the three types of funding that LCSS programs and clients receive: ministry annualized funding, ministry fiscal funding and non-ministry funding.

She provided background on "passport" funding which is the allocation of funding to families and clients so that families have more control over the activities and supports for their children. The families can choose to work with any agency to arrange activities. D. McEwen noted that the Ministry has recently increased each passport funding by 15% for each client. She added that families are now becoming "employers" given the recent legislative changes.

At this point, the floor was open to questions about the LCSS budget. D. McEwen stated that in 36 years, LCSS has not had a deficit year.

B. Allen referred the members to the corrected spreadsheet (distributed at the meeting.) He noted that there is an increase this year resulting from fiscally funded clients. The projected budget is \$3.9 million leaving close to \$200,000 surplus.

D. McEwen commented that LCSS is very conscientious of funds and the budget. She respectfully requested that the board consider a letter to the Ministry acknowledging staff work and achievements (despite not receiving any increases in three years.) She noted that the ability to acknowledge and recognize staff efforts is through fundraising.

*RESOLUTION No. 27/18*

*MOVED by C. Beckett*

*SECONDED by Dr. W. Hollis*

*THAT the PSFDH Board of Directors hereby approves the 2018/19 budget for Lanark County Support Services.*

*CARRIED.*

On behalf of the PSFDH Board of Directors, D. Howard acknowledged the work of D. McEwen. B. McFarlane also acknowledged D. McEwen for her ongoing advocacy for the program clients and families.

D. Howard will take her request to send a letter to LCSS employees under advisement.

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

Dr. K. Stolee provided a verbal report. At the last meeting, Board Quality Committee requested that MAC look at influenza rates. This matter was discussed at Medical Quality Assurance Committee (MQA) and MAC. N. Shaw provided numbers and statistics for consideration. She noted that approximately 100 physicians and specialists at PSFDH and approximately 30% of physicians have been immunized. She added that MQA supports the Ministry position that the influenza vaccination is to protect the people.

A general discussion ensued regarding issues surrounding not receiving the vaccination.

Dr. Stolee reported that she connected with the Chiefs of Staff in the SE LHIN regarding physician immunization rates. She noted that it was considered at one time to make it mandatory but this led to a legal decision that this was not possible to enforce. She also spoke with Dr. P. Stewart, LLG Public Health and the area hospitals have an approximate immunization rate between 30-50%.

It was noted that Carleton Place Hospital has a 70% physician take up for immunization. Discussion ensued regarding how this number was achieved.

Dr. Stolee also reported that Queen's University has developed an opioid online module which has been supported by PSFDH. The online module link will be shared with PSFDH physicians.

*RESOLUTION No.28/18*

*MOVED by L. Drynan*

*SECONDED by G. Church*

*THAT the PSFDH Board of Directors approves the (verbal) Chief of Staff report as delivered.*

*CARRIED.*

### **7.3 Quality Improvement Plan 2018/19 – B. McFarlane/M. Bellows**

B. McFarlane and M. Bellows reviewed a presentation on the Quality Improvement Plan for 2018/19 (with hard copies circulated.) B. McFarlane outlined the process for preparing and approval of the QIP 2018/19. She noted that all items in the QIP along with other reporting indicators are monitored on the corporate scorecard.

The QIP consists of three parts: QIP 17/18 progress report, work plan and narrative. B. McFarlane provided an update on the progress and results of the QIP 17/18.

B. McFarlane stated that a mandatory aim is related to "Workplace Violence".

B. McFarlane spoke to the alignment of the aims and how they will be captured, reported and monitored. She also reviewed the next steps such as board approval and then submission to the South East LHIN and Health Quality Ontario.

A staff meeting will be arranged to roll out the QIP education and awareness.

A general discussion ensued regarding the "workplace violence" matter. J. Fenik suggested that perhaps the wording should read, "an increase in accuracy of reporting" rather than "an increase in reporting." B. McFarlane noted that while we do not want an increased number of incidents, the organization would like to see more reporting so that vulnerable areas can be mitigated.

K. Kelly to speak with C. Robinson regarding this nuance with reporting clarity and have it incorporated into the version submitted to the SE LHIN and Health Quality Ontario.

*RESOLUTION No. 29/18*

*MOVED by L. Drynan  
SECONDED by B. Rigby*

*The Board of Directors of the Perth and Smiths Falls District Hospital hereby accepts the recommendation of the Board Quality Committee to approve the Quality Improvement Plan for 2018/2019; and*

*FURTHER, the Board of Directors authorizes Donna Howard, Chair, John Hewitt, Board Quality Committee Chair and Beverley McFarlane, President & CEO to sign the document and submit to the South East LHIN for review prior to final submission to the Health Quality Ontario by April 1, 2018.*

*CARRIED.*

*Dr. K. Stolee and M. Bellows left the meeting at 8:30 a.m.*

#### **7.4 Lanark County Support Services – C. Beckett/B. Allen**

This item was discussed and resolved earlier in the meeting.

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

*RESOLUTION No. 30/18*

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

*THAT the PSFDH Board of Directors meeting move to a closed session at 8:31 a.m.*

*CARRIED.*

*RESOLUTION No. 31/18*

*MOVED by S. Pankow  
SECONDED by L. Drynan*

*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. 32/18

MOVED by C. Beckett

SECONDED by W. Johnson

*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 Dr. Maria Khami requesting courtesy privileges in Emergency Medicine with admitting privileges.*

CARRIED.

**Approval Minutes**

RESOLUTION No. 33/18

MOVED by G. Church

SECONDED by J. Fenik

*THAT the PSFDH Board of Directors hereby approves the closed session minutes of the January 23, 2018 and February 27, 2018 meetings.*

CARRIED.

**9. New Business**

Nil.

**10. Business Arising from Minutes**

**10.1 South East LHIN**

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

There is nothing to report at this time.

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

D. Howard reported that the new SE LHIN Board Chair will be introduced to the Chairs/Vice Chairs group tomorrow. She noted also that J. Billing will provide the Home Care update. The group will discuss the HIS Renewal initiative. She asked members to advise her of any topics or matters for the group to discuss at future meetings.

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

This matter was discussed earlier in meeting.

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

The reports were included in the package.

**10.1.5 ER Provincial Summary – M. Bellows**

This report was included in the package for information.

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

Nothing to report at this time. The next meeting is planned for April 20, 2018

**11. Board Committee Reports**

**11.1 Board Quality Committee – March 9, 2018 – J. Hewitt**

The Quality Improvement Plan was the focus of the last Board Quality Committee meeting and was discussed earlier in today's meeting.

**11.2 Finance Committee – C. Beckett**

**11.2.1 Financial Summary – February 2018**

C. Beckett reported that there was no formal meeting this month and noted that PSFDH remains on track to realize a surplus. B. Allen provided an update on the provincial budget funding announcement and how PSFDH will be impacted. He noted that he has only received some information and not the specific details for PSFDH. It is anticipated that the hospital will receive 3.2% which is approximately \$1 million more than planned and included in the HAPS.

He reported that the Ontario Hospital Association sought an increase of 4.6% and the Ministry gave 4.5%. There will be a teleconference later this week to learn of the details.

B. McFarlane added that this is for board awareness and cautioned that we do not have anything yet in writing to support the budget announcement.

B. Allen reported that the lighting program and upgrades continues at the GWM Sitej.

**11.4 Executive Committee – March 27, 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 provided. The document is self-explanatory.

**12.2 Physician Recruitment – B. McFarlane/Dr. K. Stolee**

Nothing new to report at this time.

**13. Other Business**

Nil.

**14. Board Education**

**14.1 GCE Educational Offerings – D. Howard**

- Provided for information.

**14.2 “Understanding Your Legal Responsibilities” Webinar – D. Howard**

D. Howard advised that there is a webinar in early May regarding legal responsibilities. If there is any interest, K. Kelly will register the group and organize meeting space at the Smiths Falls Site. C. Beckett offered to participate in the webinar and provide a summary report at the subsequent Board meeting.

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

7:30 a.m., Tuesday, April 24, 2018, SF Site.

**16. Adjournment – D. Howard**

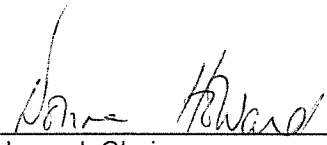
*RESOLUTION No. 34/18*

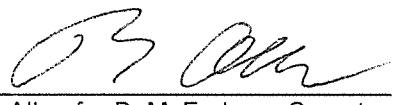
*MOVED by G. Church*

*SECONDED by J. Fenik*

*THAT the March 27, 2018 Perth and Smiths Falls District Hospital Board of Directors' meeting be adjourned at 8:57 a.m.*

*CARRIED.*

  
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D. Howard, Chair

  
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B. Allen for B. McFarlane, Secretary