

BOARD OF DIRECTORS MEETING

Thursday, March 5, 2015 – 5:10 p.m. – 5:40 p.m.

Location: CMH Board Room

PRESENT – Tim Chennette (Chair), Norah McGowan, Pat Sheridan, Gord Park, David Pollack, Jill Stewart, Karen MacGinnis, Brad Hilker (non-voting), Jan Raine (non-voting), Dr. Bob Henderson (non-voting), Dr. Joe Barbero (non-voting), David Carlaw, Bruce Thompson, Derek Nice.

REGRETS – Rosemarie Peikes, Ann Anderson, Alex Davidson, Valerie Przybilla.

GUEST – Bruce Pye, Region CIO (for education session).

RECORDER – Lynda Tinney, Executive Assistant.

THE PRESS WAS PRESENT

AGENDA ITEMS and DISCUSSION	DECISION POINTS
1. INTRODUCTION & EDUCATION – Enterprise Risk Management Plan Brad Hilker introduced Regional Chief Information Officer Bruce Pye who provides strategic information technology support services to CMH, Haliburton Highlands Health Services, Ross Memorial Hospital and Northumberland Hills Hospital. Bruce, who also has experience in risk management projects in a consulting role, walked the Board through a comprehensive Enterprise Risk Management Plan (ERM) and provided education and an overview of the described actions taken to date and the plans going forward.	For information purposes.
2. CALL TO ORDER	Tim Chennette called the meeting to order at 5:10 p.m.
3. APPROVAL OF AGENDA	MOVED by David Pollack; SECONDED by Derek Nice and CARRIED that the Board of Directors approve the March 5, 2015 agenda as circulated.
4. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING	MOVED by Karen MacGinnis; SECONDED by Gord Park and CARRIED that the minutes of the Board of Directors meeting held on February 12, 2015 be approved.
5. BUSINESS ARISING FROM PREVIOUS BOARD MEETING	There was no business arising.
6. STRATEGIC MATTERS FOR DISCUSSION/DECISION	
6.1 President & Chief Executive Officer Report Brad Hilker referenced his report which was pre-circulated. On March 6, 2015 there will be an announcement regarding the Rural GAIN (Geriatric Assessment Intervention Network) and Board members were invited to attend. The CE LHIN Board of Directors endorsed a Pre-Capital Submission by CMH at its February 25 meeting. The next step will be to submit the plan to the Ontario Ministry of Health and Long-Term Care for their review and this is the first step in the capital planning process that	For information purposes.

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includes 5 stages after the pre-capital submission.	
<p>6.2 Chief Nursing Officer Report</p> <p>Jan Raine gave her report which was pre-circulated.</p> <p>A “Patient Experience Advisor” model has been developed by the hospital and will be in place by April 1. This model has been talked about previously by the Board. The advisor will provide good concrete advice and will be valuable and beneficial in many areas in the hospital such as Senior Friendly walkabouts and patient complaints in the Emergency department and 1st floor.</p> <p>The last three quarters of falls incidents was received and the numbers remain fairly consistent. Joan Dorland, whose background is strong in risk management, will be looking at the last 2 years of falls and providing a report with recommendations for improvement. CMH received funding approval for the Late Career Nurse Initiative. Three RNs in the Emergency department will be working on a pilot project to be in place on April 1 with the idea to train 2 volunteers to liaison in the ER waiting room and department to improve patient satisfaction and provide communication to patients and families waiting.</p>	For information purposes.
7. BUSINESS/COMMITTEE MATTERS FOR DISCUSSION/DECISION	
<p>7.1 Q3 Quality Care & H-SAA Indicator Report</p> <p>Jan Raine presented the Q3 Quality Performance and Patient Safety indicator report that was pre-circulated. The high patient volumes in the Emergency department had an effect on 3 indicators – ED wait times, financial margin and patient satisfaction.</p>	For information purposes.
<p>7.2 Quality Improvement Plan 2015/16</p> <p>Jan Raine presented the Quality Improvement Plan that was circulated in advance. For 2015/16, CMH aims to focus on the following areas as part of its Quality Improvement Plan.</p> <p>The 9 Quality Performance & Patient Safety indicators selected by CMH:</p> <ol style="list-style-type: none"> 1) Ed Wait Time for Admitted Patients – target/benchmarks 15.00 hours 2) Total Financial Margin – target/benchmarks 0.00 3) % Alternate Level of Care Days – target/benchmarks 13.60% 4) Readmission Within 30 days for Selected CMG’s (Case Mix Groupings) – target/benchmarks 12.50% 5) Patient Satisfaction – <i>Would you recommend?</i> – target/benchmarks 93% 6) Patient Satisfaction – <i>Overall Rating?</i>- target/benchmarks 94% 7) ED Patient Satisfaction – <i>Would you recommend?</i>- target/benchmark 93% 8) ED Patient Satisfaction – <i>Overall Rating?</i>- target/benchmark 94% 9) CDI Rate – target/benchmark 0.00 <p>The 5 additional Quality Performance & Patient Safety indicators developed by CMH:</p> <ol style="list-style-type: none"> 10) Nursing Sensitive Adverse Events – target/benchmarks 0.00 	MOVED by David Pollack; SECONDED by Derek Nice and CARRIED that the Board of Directors supports and approves the Quality Improvement Plan (QIP) for 2015/16 as presented.

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<p>11) FHT (Family Health Team) Patients – Follow Up Appointments – target/benchmarks - Collecting Baseline</p> <p>12) CCAC Consult Documentation – target/benchmarks - Collecting Baseline</p> <p>13) CAM Assessment – target/benchmarks 100.00%</p> <p>14) Barthel Assessment – target/benchmarks 100.00%</p> <p>H-SAA Indicators:</p> <p>15) ED LoS for Non-Admitted Complex Patients – target/benchmarks 6.20 hours</p> <p>16) Repeat Unplanned Emergency Visits within 30 days for Mental Health Conditions – target/benchmarks 13.00%</p> <p>17) Repeat Unplanned Emergency Visits Within 30 Days for Substance Abuse Conditions – target/benchmarks 10.00%</p> <p>18) Hospital Acquired Cases of VRE (Bacteremia) – target/benchmarks 0.00</p> <p>19) Hospital Acquired Cases of MRSA (Bacteremia) – target/benchmarks 0.00</p> <p>Targets and benchmarks are negotiated with the CE LHIN; however, some indicators do not have targets. For example, as suggested by the HQO, indicators #11 and #12 were developed by CMH to demonstrate some integration and relationship/partnership building in our QIP.</p> <p>Indicator #14 is the Barthel Assessment. Although this indicator is not yet mandatory, it was decided to include it in this year's QIP.</p>	
<p>7.3 Board Policy – Individual Board Member Self Reflection Tool (1-070)</p> <p>Gord Park advised the Governance Committee recommends to the Board that it approve this slightly revised policy 1-070. There have been no changes made to the actual questionnaire, but only some minor changes to the policy.</p>	<p>MOVED by Gord Park; SECONDED by Bruce Thompson and CARRIED that the Board of Directors approves the Individual Board Member Self Reflection Tool policy 1-070 as revised and recommended by the Governance Committee.</p> <p>In April, Board members will be asked to complete the Self Reflection tool.</p>
<p>7.4 Chief of Staff Report</p> <p>Dr. Henderson referenced the Chief of Staff report authored by Dr. Celeste Collins. In addition, Dr. Henderson's message to the Board was an extension of what Jan Raine had reported earlier in regard to high patient volumes and acuity levels experienced over the past several months. February was an incredibly busy month as well. Fortunate in CMH, we have really good relationships between the entire team of nurses and medical staff, and given the stresses inevitable in the environment, CMH does very well and the quality of care is excellent.</p> <p>Circulated to the Board was a list of names of all the professional staff reapplications in groups in which they belong, plus one new application, that are being recommended to the</p>	<p>MOVED by David Carlaw; SECONDED by Bruce Thompson and CARRIED that the Board of Directors approves the attached list of physician re-applications as recommended by the Medical Advisory Committee.</p> <p>MOVED by Karen MacGinnis; SECONDED by Bruce Thompson and CARRIED that Dr. Eli Miller be granted Term privileges as recommended by the Medical Advisory Committee.</p>

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Board for approval. All of the professional staff reapplications and application were reviewed and approved by the Credentials Committee. The MAC subsequently approved the list and now recommends final approval to the Board.		
8. THE MATERIALS		
8.1 Auxiliary to CMH Report 8.3 CMH Foundation 8.4 Trent Hills Recruitment & Retention Committee 8.5 Q3 Health & Safety Indicator Report		There were no requests to remove any of the Materials listed to the Board meeting agenda.
9.0 TERMINATION OF BOARD MEETING		MOVED by Gord Park; SECONDED by Jill Stewart and CARRIED to terminate the meeting at 5:40 p.m.
10.0 IN CAMERA MEETING – Minutes recorded.		
11.0 IN CAMERA MEETING WITH CEO (EXCLUDING STAFF) – No minutes recorded.		
12.0 IN CAMERA MEETING (EXCLUDING STAFF & CEO) – No minutes recorded.		

Tim Chennette,
Chair, Board of Directors

Brad Hilker,
Secretary, Board of Directors