

BOARD OF DIRECTORS MEETING

Thursday, September 10, 2015 – 4:08 p.m. – 5:10 p.m.

Location: CMH Board Room

PRESENT – Tim Chennette (Chair), Jan Raine, David Pollack, Ann Anderson, Rosemarie Peikes, Karen MacGinnis, Gord Park, Kevin Huestis, Derek Nice, Nancy French, Bruce Thompson, Susan Armstrong, Alex Davidson, Valerie Przybilla, Brad Hilker, Dr. Joe Barbero.

GUESTS – Lisa Curle, CMH Finance Manager and Jennifer Pacheco, Executive Assistant.

THE PRESS WAS PRESENT

REGRETS – Craig Hitchman, Dr. Bob Henderson.

RECORDER – Lynda Tinney, Executive Assistant.

AGENDA ITEMS and DISCUSSION	DECISION POINTS
1. CALL TO ORDER	Tim Chennette called the meeting to order at 4:08 p.m.
2. APPROVAL OF AGENDA	MOVED by David Pollack; SECONDED by Valerie Przybilla and CARRIED that the Board of Directors approve the September 10, 2015 agenda as circulated.
3. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING	MOVED by Alex Davidson; SECONDED by Karen MacGinnis and CARRIED that the minutes of the Board of Directors meeting held on June 4, 2015 and the Special Board of Directors meeting held on June 18, 2015 be approved.
4. BUSINESS ARISING FROM PREVIOUS BOARD MEETING	There was no business arising.
5. STRATEGIC MATTERS FOR DISCUSSION/DECISION	
5.1 Strategic Plan Implementation Update Brad Hilker provided a strategic plan implementation update on each of the five strategic objectives and talked about the accomplishments achieved in meeting some of the strategic directions. <ul style="list-style-type: none"> 1) Sustainability CMH has incurred a small surplus before net building depreciation expense. 2) Quality Care & Service Excellence <ul style="list-style-type: none"> - CMH Volunteers provide compassionate and appropriate support to patients and their family members while in the Emergency Department waiting health care attention. It is being received very well. It's an opportunity to positively impact the patient and visitor experience. - CMH has recruited a patient experience advisor who attended a meeting last spring. The individual has some health care background. - CMH now provides ultrasound and echo services locally. 	For information purposes.

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<p>3) Recruit & Retain Staff Effective October 1, 2015, part time employees will have access to a retirement plan and can join the pension plan right away. It used to be they could join after working a certain number of hours.</p> <p>4) CMH Story CMH continues to be very active with media releases, open forums, the Community Press Q&A and the Monday Report.</p> <p>5) Equipment & Infrastructure The pre-capital plan is being reviewed by the MoHLTC.</p>	
<p>5.2 President & Chief Executive Officer Report Brad Hilker referenced his report that was included in the package and talked about the partnerships with Community Living Campbellford/Brighton (CLC/B) and Community Care Northumberland (CNN).</p> <p>1) CMH has been collaborating with CLC/B to create a centralized hub that will provide supports to aging individuals with developmental disabilities in the surrounding rural areas to support their continued independent living. Last month CLC/B received funding for this program trying to make sure these clients can stay in their homes. Our role is to provide detailed comprehensive health care plan to deal with their clients issues. CLC/B agrees their clients could benefit with assessments done in the GAIN clinic.</p> <p>2) CNN (Community Care Northumberland) and CMH have been reviewing the current state of services provided between our agencies and developing plans for the future for these shared services.</p>	For information purposes.
<p>5.3 Chief Nursing Officer Report Jan Raine presented her report that was included in the package. CMH now has access to a new electronic repository for patients that need to be referred to either rehab or continuing complex care. This access is exciting and will make it better for CMH's patients. Dr. Joe Ricci, Vascular Health Physician Lead at the CE LHIN came to CMH with Minister of Health Dr. Eric Hoskins when the Minister announced a 6-month program for people with vascular disease. This program includes education, self-management training and exercise for people with this disease and the program site for CMH is at the Hastings Field House. Jan also noted that a new surgeon will be joining the medical staff at CMH and recruitment efforts are underway for a full time pharmacist. The GAIN program continues to grow and the clinic held its official opening in June.</p>	For information purposes. Brad Hilker will find out what the capacity of the GAIN clinic is and report back to the Board.
<p>6. BUSINESS/COMMITTEE MATTERS FOR DISCUSSION/DECISION</p>	
<p>6.1 Board Work Plan 2015-16</p>	MOVED by Gord Park; SECONDED by David Pollack and CARRIED

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<p>Gord Park advised the Governance Committee looked at the Board's work plan and made a few tweaks as highlighted in the draft that was included in the package. The committee recommends to the Board approval of the work plan as amended.</p>	<p>that the Board work plan for 2015-16 be approved as amended.</p>
<p>6.2 Quality Framework</p> <p>Valerie Przybilla reported the Quality Committee reviewed the quality framework at their last meeting and felt it was adequate and recommends to the Board that it be reconfirmed with no changes.</p> <p>Jan Raine added that Health Quality Ontario (HQO) uses the same quality framework.</p>	<p>MOVED by Valerie Przybilla; SECONDED by Alex Davidson and CARRIED that the quality framework be reconfirmed with no changes.</p>
<p>6.3 Q1 Quality Care & H-SAA Indicator Report</p> <p>Jan Raine highlighted the Quality Care and H-SAA Indicator Q1 results that were included in the package. The definition page of the report explains how decisions are made if we are 1) meeting the target 2) close to the target or 3) not yet meeting the target.</p> <ol style="list-style-type: none"> 1) ED Wait Time for Admitted Patients Q1 results were 18.20 hours and the target is 15.0 hours. This target is negotiated with the CE LHIN. A 15 hour wait time in ED for admitted patients is an ambitious target for patients waiting to be admitted to 1st floor. It makes sense to hold patients in the ED to wait for diagnostic testing results before making the decision to admit the patient. ED physicians will continue to make decisions in the best interest of the patients. 2) Patient Satisfaction results continue to be good in all 4 indicators. 3) CDI Rate – hospital had 1 C. difficile patient in the first quarter. One patient can make the numbers look very high. 4) Collaboration between CMH and the TH FHT – This target is being met. It is the number of Family Health Team (FHT) patients from CMH who received notification of follow up appointment with the FHT within 7 days of discharge. 	<p>For information purposes.</p> <p>Follow up: Jan Raine will bring to the next Quality Committee meeting in November a report on wait times with the 5 nursing homes in the community most often chosen.</p>
<p>6.4 Board Policies</p> <p>6.4.1 Finance/Audit Committee Terms of Reference – Dave Pollack reported the committee reviewed their Terms of Reference (policy 4-020) and felt it could be further improved with some additions. David explained the additions as highlighted in the draft that was included in the package. During the discussion the policy was amended with the insertion of “cyber risk” to paragraph 1 b.</p> <p>6.4.2 Board Meeting Evaluation – Gord Park reported the Governance Committee reviewed the Board Meeting Evaluation form (policy 1-105) and made some changes. The committee recommends to the Board that the evaluation form be adopted as amended and that it be circulated at the December and May board meetings each year as reflected in the board work plan.</p>	<p>MOVED by David Pollack; SECONDED by Valerie Przybilla and CARRIED that the Finance/Audit Committee Terms of Reference (policy 4-020) be approved with the addition of “cyber risk” to paragraph 1 b.</p> <p>MOVED by Gord Park; SECONDED by Ann Anderson and CARRIED that the Board of Director adopt the Board Meeting Evaluation form (policy 1-105) as amended and circulate it at the December and May board meetings each year.</p>
<p>6.5 Q1 Financial & H-SAA Indicators</p>	

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<p>Brad Hilker presented the Q1 results for the ten financial and H-SAA indicators.</p> <ol style="list-style-type: none"> 1) Weighted Cases – In Patients – this indicator looks at the acuity of the patients on the 1st floor as well as the volumes. The volumes were lower in the first quarter but it is expected to see the target achieved by the end of the year. 2) Weighted Cases in the Emergency and Emergency Visits – these indicators are the same concept as the In Patient but in the ER department. CMH has seen more volumes in the first quarter and expects to exceed the performance target by the end of the year. 3) Wait Time – General Surgery – the hospital continues to work towards meeting the performance target. Volumes have been low for two years. 4) Current Ratio – the hospital is slightly below target but expects to see improvement when some of the cash and funding is received later in the year. <p>Questions were asked around what the capacity was with CT, and what derived the capacity and how staff was managing with the increased ER visits.</p> <p>Brad Hilker explained that funding and volumes are needed to be able to run CT in an efficient manner. Measurement is hours of service. A technician is called in to do CT in an emergency situation.</p> <p>Jan Raine explained staff morale is much better because ER staff know the hospital is prepared. They are tracking data to determine the busiest times in the ER. Ward Clerk hours have been extended. The hospital is also being funded for a Nurse Practitioner 6 days per week to look after less acute patients.</p>	
<p>6.6 Operating Statements to June 30, 2015</p> <p>Lisa Curle presented the operating statements to June 30, 2015 that was included in the package.</p> <p>The hospital did meet its target with a surplus of \$8,505 at the end of the first quarter.</p> <p>There have been salary costs and wage challenges as the hospital has had to bring in extra nursing staff to provide one-on-one nursing for patients with aggressive behaviours.</p>	<p>MOVED by David Pollack; SECONDED by Valerie Przybilla and CARRIED that the Operating Statements to June 30, 2015 be approved as presented.</p>
<p>6.7 Chief of Staff Report</p> <p>Dr. Joe Barbero read the Chief of Staff report authored by Dr. Bob Henderson.</p> <p>The hospitalist program is set to start next week.</p> <p>A new surgeon has been successfully recruited and will be starting at CMH in January, 2016 when Dr. Jerry Sue-Chue-Lam will retire.</p>	<p>MOVED by Valerie Przybilla; SECONDED by Karen MacGinnis and CARRIED that the Board of Directors approve:</p> <ul style="list-style-type: none"> - the reapplication of Dr. Thomas Enright for Consulting Privileges in the Radiology Department; - the applications of Drs. Remon Elyas, Kebby King and Edmund Ng for Consulting Privileges in the Radiology Department; and - the applications of Drs. Bhavin Patel, Ravi Rughani and David Shergold for Term Privileges.
<p>7. THE MATERIALS</p>	

AGENDA ITEMS and DISCUSSION		DECISION POINTS
7.1 Q1 Employee Health & Safety Report 7.2 CE LHIN QIP Review 7.3 Quarterly Compliance Certificate – April to June 2015 7.4 Auxiliary to CMH Report 7.5 CMH Foundation Report 7.6 Campbellford Memorial Multicare Lodge Report		There were no requests to remove any of the Materials listed to the Board meeting agenda.
8.0 TERMINATION OF BOARD MEETING		MOVED by Valerie Przybilla; SECONDED by Gord Park and CARRIED to terminate the meeting at 5:10 p.m.
9.0 IN CAMERA MEETING – Minutes recorded.		
10.0 IN CAMERA MEETING WITH CEO (EXCLUDING STAFF) – No minutes recorded.		
11.0 IN CAMERA MEETING (EXCLUDING STAFF & CEO) – No minutes recorded.		

Tim Chennette,
Chair, Board of Directors

Brad Hilker,
Secretary, Board of Directors