

BOARD OF DIRECTORS MEETING

Thursday, March 3, 2016 – 5:40 p.m. – 6:50 p.m.

Location: CMH Board Room

PRESENT – Tim Chennette (Chair), Jan Raine, Kevin Huestis, Rosemarie Peikes, Gord Park, Bruce Thompson, Nancy French, Craig Hitchman, Valerie Przybilla, Ann Anderson, Derek Nice, Susan Armstrong, Alex Davidson, Brad Hilker, Dr. Neil Pritchard, Dr. Celeste Collins.

BOARD REGRETS – David Pollack, Karen MacGinnis.

STAFF AND PRESS PRESENT – Lisa Curle, CMH Finance Manager, Sue Robinson, ER Manager, Lynda Tinney, Executive Assistant/Recorder and Sue Dickens, Press.

AGENDA ITEMS and DISCUSSION	DECISION POINTS
EDUCATION	
<p>Sue Robinson gave a presentation about the Emergency Department and provided information on the triage process and statistics on ER visits and ambulance transfers. Sue also talked about staff safety and the current patient and staffing profile in the ER as well as recruitment and retention.</p> <p>The goals and objectives of the ER department are to:</p> <ul style="list-style-type: none"> • increase patient satisfaction; • implement best practices and invest in staff development; and • enhance quality and safety improvement initiatives ensuring they align with Ontario’s Senior Friendly Hospital Strategy. <p>Moving forward the ER will:</p> <ul style="list-style-type: none"> • continue to improve patient experience; • continue to strive to meet our quality performance indicators; • continue to focus on staff professional development; • continue succession planning; and • continue to work closely with our community partners. 	For educational purposes.
1. CALL TO ORDER	Tim Chennette called the meeting to order at 5:35 p.m.
1.1 Quorum	Tim Chennette confirmed a quorum.
1.2 Approval of Agenda	MOVED by Valerie Przybilla; SECONDED by Rosemarie Peikes and CARRIED that the agenda be approved.
1.3 Declaration of Conflicts	None declared.
2. APPROVAL OF PREVIOUS MEETING MINUTES	MOVED by Gord Park; SECONDED by Ann Anderson and CARRIED that the minutes of the Board of Directors meeting held on February 4, 2016 be approved.
3. BUSINESS ARISING FROM MINUTES <i>(not otherwise covered on agenda)</i>	There was no business arising.
4. STRATEGIC MATTERS	

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<p>4.1 President & CEO Report</p> <p>Brad Hilker highlighted his report that was circulated in advance.</p> <p>Our hospital is working with the TH FHT on the health links program to identify patients who use the ER department on a frequent basis that do not have a family physician. They are trying to get these patients on a roster and in the meantime develop a comprehensive care plan. This will be trialled for the next two months to see how it goes. Brad acknowledged and thanked the TH FHT for being so supportive.</p> <p>Our GAIN continues to be an impressive clinic operating in the Health Centre. They are now working collaboratively with our IT vendor to build an electronic health record to do their assessments. The project is being looked at by other GAIN teams and the CE LHIN and it is hoped that this could grow on our system and become successful regional documentation system.</p> <p>Brad announced a new fitness challenge he is committing to demonstrate the importance of maintaining good fitness and health. Brad will be participating in the 2nd annual Bike Up Northumberland event this September. He has set a goal of 2,000 kms and will be working with the CMH Foundation and partnering with the NHH on a healthy competition to raise more money for the hospitals.</p>	<p>For information purposes.</p> <p>Brad will share the Board’s commendations with Kerry Shudall and her team for their excellent work with the GAIN clinic.</p>
<p>4.2 Chief Nursing Officer Report</p> <p>Jan Raine circulated and presented her report.</p> <p>Jan is participating in a new physician-driven Quality Management Partnership. The two clinical areas that will affect CMH are colonoscopy and mammography. These programs will be looking at providing continuous quality improvement and will include standards, guidelines and best practices from a physician perspective.</p> <p>Another new CE LHIN-wide initiative that Jan is participating in is to examine strategies to improve ALC rates, which is a challenge for all hospitals. Our hospital is submitting data to this group on a weekly basis.</p> <p>Jan shared a patient story with the Board. Last Christmas all hospitals were commenting on how their Christmas season was relatively calm. In early February, our hospital experienced a high volume of patient admissions which necessitated having to open the day care surgery unit. Extra staff was brought in and there were multiple isolations. Jan acknowledged the staff did a great job and wanted to share this story to show how the situation with patient volumes can change significantly.</p>	<p>For information purposes.</p> <p>Jan Raine will share the ALC Strategy final report with the Board when it is completed.</p>
<p>4.3 Strategic Plan Annual Review</p> <p>Last week the Governance Committee commenced a discussion regarding the strategic plan. In 2014 there were certain context set of facts when the strategic plan was developed. One year and a half later the question needs to be asked if the factual situation has changed so</p>	<p>The Governance Committee will conduct an environmental assessment of the strategic plan and report the results back to the Board and make any recommendations or changes to the plan for Board approval.</p>

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<p>much that the Board should actually revise the plan. The committee had a discussion and identified some factor things that impact the hospital.</p> <p>Gord asked the Board if they could suggest any additional things that are important and are of nature that could actually change the context of the current strategic plan, or can the current plan accommodate those things.</p> <p>Some factors identified as having the potential of changing the plan are:</p> <ol style="list-style-type: none"> 1) the master plan for a new hospital; 2) the new hospitalist model within the hospital; 3) the emphasis of the LHINs in Ontario to put money into home care and what exactly, if anything, is our role in that; and 4) the transition in surgery and some issues around surgical volumes. <p>The strategic plan is about our mission, vision and values. What should be done is an environmental review and how implementation of the CE LHIN`s new HISP will impact us and our organization. Brad suggested the following:</p> <ul style="list-style-type: none"> • do a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of our organization and list the opportunities and strengths we have as an organization; and • determine what our corporate goals are in our organization and provide that summary of where we are progressing and what our plans are going forward. <p>The 5 strategic directions in our current plan are probably true. The Board needs to examine the directions in that context and see if an emphasis needs to be changed.</p>	
<p>4.4 Accreditation – Governance Timelines</p> <p>A package of governance timelines the Governance Committee will take on reviewing to make sure that our By-Laws and policies and procedures are aligned with the governance accreditation standards was circulated.</p>	<p>The Governance Committee will begin the review of the governance standards at their next meeting.</p>
<p>5. BUSINESS/COMMITTEE MATTERS</p>	
<p>5.1 Q3 Quality Care & HSAA Indicator Report</p> <p>Jan Raine highlighted the results of the Q3 Quality Care & HSAA Indicator report that was precirculated.</p> <ul style="list-style-type: none"> • ED Wait Time for Admitted Patients – ED wait time for admitted patients is measured from the time the patient is triaged to when the patient gets into a bed and is a target that is negotiated with the CE LHIN. Third quarter results were in the red at 20.20 hours compared to the target set at 15.0 hours. Since the Q2 results of 12.90 hours, nocospraying in isolation rooms is a new procedure that has started. It is an easy to use compact portable disinfection spray system that prevents the spread of disease and kills all germs. The cleaning and spraying takes approximately 	

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<p>1 ½ hours and the patients have to wait for that procedure to be completed before being admitting to the 1st floor.</p> <ul style="list-style-type: none"> • % Alternate Level of Care Days - Q3 results were 11.80 days which is an improvement since Q2 results which were 27.70 days. Target is 13.60%. This is mainly due to increased discharges over the third quarter. • Patient Satisfaction – There were good results in all 4 indicators. 	
<p>5.2 Quality Improvement Plan 2016-17 Jan Raine presented the Quality Improvement Plan for 2016-17 that was circulated in advance. This QIP includes the targets and current performance that was not available at the time of the Quality Committee meeting on February 23. Twenty-one (21) indicators were identified by Health Quality Ontario (HQO) of which 10 were selected by CMH. Two additional indicators have been developed by CMH:</p> <ol style="list-style-type: none"> 1. Home Support for Palliative Patients: Target: 98.00 Current Performance: 96.30 2. Readmission Rates for Patient with CHF: Target: 14.17 Current Performance: 15.74 – there were 12 discharges in Q3 and none of them came back within 30 days. 3. Readmission Rates for Patient with COPD – Target: 24.49 Current Performance: 27.21 – dependant on clinical pathways and order sets. 4. Total Number of ALC Inpatient Days – Target: 23.47 Current Performance: 24.70 5. ED Patient Satisfaction – Overall Rating – Target: 97.50 Current Performance: 96.50 6. In-Patient Satisfaction – Overall Rating – Target: 97.50 Current Performance 95.40 7. ED Patient Satisfaction – Would You Recommend – Target: 96.50 Current Performance 95.50 8. In-Patient Satisfaction – Would You Recommend – Target: 96.50 Current Performance 96.00 9. CDI Rate – Target 0.00 Current Performance 0.50 10. ED Wait Time for Admitting Patients – Target 15.00 Current Performance 21.20 <p>Additional Indicators developed by CMH:</p> <ol style="list-style-type: none"> 11. Complex Patients With No Family Doctor – Target 50.00 12. Collaboration Between Health Service Providers – Target 70.00 	<p>MOVED by Valerie Przybilla; SECONDED by Alex Davidson and CARRIED that the Board of Directors approves the 2016-17 Quality Improvement Plan as presented.</p>
<p>5.3 Board Policies 5.3.1 Valerie Przybilla advised the Board’s policy on <i>Customer Relations – Complaints</i> (5-040) included both the policy statement and the procedure. The Quality Committee discussed the policy and decided to remove the procedure section and add a sentence to the policy statement. 5.3.2 The Quality Committee also reviewed the <i>Patient Declaration of Values</i> (1-170) Board policy and felt that it was adequate the way it was written and there were no changes made</p>	<p>MOVED by Valerie Przybilla; SECONDED by Bruce Thompson and CARRIED that the Board policy on Customer Relations – Complaints (5-040) be amended as recommended by the Quality Committee. MOVED by Valerie Przybilla; SECONDED by Derek Nice and CARRIED that the Patient Declaration of Values (1-170) Board policy be re-confirmed with no changes as recommended by the</p>

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to it.	Quality Committee.
<p>5.4 Audit Plan Tim Chennette advised that Jeff Lay from Wilkinson and Company was in attendance at the February 25th Finance/Audit Committee meeting to present the draft audit plan for the year ended March 31, 2016. The Finance/Audit Committee reviewed and approved the plan.</p>	<p>MOVED by Valerie Przybilla; SECONDED by Craig Hitchman and CARRIED that the Board of Directors approve the Audit Plan for the year ended March 31, 2016 as recommended by Wilkinson & Company.</p>
<p>5.5 Chief of Staff Report Dr. Celeste Collins presented the Chief of Staff report. Drs. Bob Henderson and Neil Pritchard have agreed to share the Chief of Staff position and Dr. Nana Hou has agreed to take on the position of President of the Medical Staff. Dr. Neil Pritchard presented the Medical Advisory Committee’s recommendations for approval of physician reapplications and one new application for privileges. All reapplications and the new application are in order and the MAC recommends their approval to the Board. Dr. Pritchard read the names of all the physicians and dentists on the attached Schedule A.</p>	<p>MOVED by Bruce Thompson; SECONDED by Rosemarie Peikes and CARRIED that the Board of Directors approve the sharing of the Chief of Staff role by Drs. Bob Henderson and Neil Pritchard as recommended by the MAC. MOVED by Gord Park; SECONDED by Bruce Thompson that the Board of Directors approve the reapplications and application for physician and dentist privileges at Campbellford Memorial Hospital as listed and categorized on the attached Schedule A and recommended by the MAC.</p>
<p>6. THE MATERIALS <i>(any Board member may request that any of “The Materials” be moved to the Board meeting agenda)</i></p>	
<p>6.1 CMH Foundation 6.2 CM Multicare Lodge 6.3 Auxiliary to CMH 6.4 Recruitment & Retention 6.5 Laboratory Quality Management System Annual Report</p>	<p>There were no requests to remove any of the Materials listed to the Board meeting agenda.</p>
<p>7. TERMINATION</p>	<p>MOVED by Derek Nice; SECONDED by Valerie Przybilla and CARRIED to terminate the meeting at 6:50 p.m.</p>
<p>8. IN CAMERA SESSION – Separate Agenda. Minutes taken.</p>	

 Tim Chennette,
 Chair, Board of Directors

 Brad Hilker,
 Secretary, Board of Directors