

MIDDLESEX HOSPITAL ALLIANCE
BOARD OF DIRECTORS MEETING
Wednesday, January 29, 2014
SMGH BOARDROOM
1730 hours

Present: K. Williams (Chair)
D. Butler
R. Coe
F. Ellett
N. MacLean
R. McRae
B. Montgomery
C. Osborne (t/c)
B. Twyford
C. Waters
N. Vander Gulik
Ex-Officio
P. Ferner
P. Long
N. Maltby
T. Stepanuik

Regrets: N. Furtado

C. Swan, Recorder

1. CALL TO ORDER

The Chair called the meeting to order 5:30 pm. Special welcome was extended to new board member Ron McRae. Trish Deruiter, Director of Diagnostic Services was also welcomed to the meeting.

2. APPROVAL OF AGENDA

MOTION
BG: 37/13 A motion was made and seconded **BE IT RESOLVED THAT:**
The agenda be accepted as presented.

Carried

3. DECLARATION OF INTEREST

The Chair stated that each board member must declare a conflict of interest at the appropriate time on any item within the agenda that a member may have a vested interest.

4. PRESENTATION – Breast Assessment Program (BAP) Update – T. Deruiter, N. Maltby and P. Long

The Board heard an informative presentation about the BAP, including the benefits of developing the program at MHA, the stages to develop the program and the fundraising required by the Foundation as well as ongoing operating costs and strategic priorities for the hospital.

On behalf of the Board, the Chair thanked N. Maltby, T. Deruiter and P. Long for a very informative presentation.

5. OPENING REMARKS – K. Williams

- HUGO Go Live is scheduled for February 19, 2014.
- The Board Retreat previously scheduled for February 8, 2014, has been deferred, pending receipt of the Report from Dave Coulson, who is currently conducting consultations from staff, physicians, volunteers and the community about the future role of FCHS.

6. GENERATIVE DISCUSSION

The Board held a 15-minute Generative Discussion on “Branding”, considering the following questions:

- How do we choose among opportunities and how many do we select for development?
- How can we get better insight into MOH or LHIN strategic needs, do we have the right relationships to do so? And how do we do all this while keeping up top notch/efficient clinical operations?

7. **STORY TELLING – N. MacLean**

Recently a story was published in the College of Nurses of Ontario magazine “The Standard” about a registered nurse at SMGH, Laurie Gast. A family wrote this letter to acknowledge Laurie for going above and beyond the call of duty during the time their father was in hospital. During this time, Laurie would check in on the family every hour, take the time to stop and talk to the family, would always be cheerful and even brought us cookies and juice. Before leaving on vacation, Laurie wrote a letter to the family acknowledging the difficult times they were going through together as a family and that, in time they would find comfort. When writing to “The Standard”, this family asked that the nurse receive the recognition she deserved as her good work should not go unnoticed.

8. **CONSENT AGENDA**

Items listed under the Consent Agenda were included with the Board package.

MOTION

BG: 38/13

A motion was made and seconded, BE IT RESOLVED THAT:

All Consent Agenda items, motions and recommendations be accepted as presented.

Carried

9. **CEO REPORT – T. Stepanuik**

The MHA Board Agenda has been changed. The Consent Agenda section has been moved ahead of Strategic Issues/New Business in the event there is a request for discussion about topics covered in Committees. As well, the CEO Report has been removed from Consent in order to afford the opportunity for the CEO to speak to topics included in the CEO Report to the Board.

Highlights of the CEO report include:

Accreditation: MHA has received Accreditation with Exemplary Standing, the highest achievement a hospital can receive.

FCHS Future State Initiative: Dave Coulson has met with staff, physicians, Foundation members, Auxiliary members, volunteers and community members to discuss the future needs of FCHS and opportunities to meet those needs. The report received from Mr. Coulson will be used as a tool for visioning and molding the future state initiative for FCHS.

MHA Funding Applications: MHA and Listowel Wingham Hospitals submitted a joint proposal for one time funding related to HUGO. MHA’s portion of the total ask is \$701,854, which is in line with the Small, Rural and Northern Hospital Transformation Fund. A submission has also been made for \$80,000 in support of the SW LHIN Knowledge Transfer LEAN best practice initiative.

HUGO Go Live: MHA is scheduled to go live on February 19, 2014.

Home First: Home First is an initiative between Community Care Access Centre, hospital staff and family with the primary goal being to enable patients to live safely and comfortably at home for as long as possible.

Leadership Development: There is a defined need for leadership investment and building agile leaders. The Senior Leadership Council is committed to developing and grooming our leaders at MHA.

Community Based Clinics: The Ministry is proposing to move low-risk ambulatory services from hospitals to community-based clinics. Currently there are two committees looking at endoscopy and cataracts.

2013/14: MHA is on target to end the year in a balanced position. Currently MHA is not meeting targets for some wait time areas such as hernias, as these numbers are unpredictable. MHA has asked the SW LHIN to consider using volume \$ to transfer to other procedures.

2014/15: This will be a challenging year.

9.1 Business Development: Two potential projects to support business development were summarized in a briefing note to the Board.

10. STRATEGIC ISSUES

10.1 GIC Investments Maturing

A briefing note outlining the GIC Investments Maturing for Four-Counties Health Services was included in the Board Package. The Executive Committee authorized Four Counties Health Services to reinvest \$100,000 in a 5-year GIC and \$36,400 in the Canadian Tire Real Estate Trust prior to December 24, 2013 in accordance with policy number 3.8.

10.2 Architectural Assessment Update

A briefing note outlining the MHA Building Condition Assessment was included in the Board Package. The Planning Committee recommends that MHA proceed with the assessment prior to the end of March 2014.

MOTION

BG: 39/13

A motion was made and seconded, BE IT RESOLVED THAT:

The Board of Directors approves the recommendation of the Planning Committee of the Middlesex Hospital Alliance to proceed with the Building Condition Assessment for the Strathroy Middlesex General Hospital and Four Counties Health Services sites in the current fiscal year at a maximum cost of \$76,320. Nicholson Sheffield Architects was awarded the contract in 2011 in accordance with the Broader Public Sector Procurement Directives and will complete the review no later than mid March 2014.

Carried

10.3 Strategic Plan Update

A briefing note outlining the need to revisit MHA's current strategic plan and the benefits of conducting this review were presented to and discussed by the Planning Committee of the Board.

MOTION

BG: 40/13

A motion was made and seconded, BE IT RESOLVED THAT:

The Board of Directors approves the recommendation of the Planning Committee that the Board/organization authorize the President & CEO, in accordance with the Broader Public Sector Procurement Directive as well as MHA policy, to commence the process of invitational bids for the purposes of engaging a consultant/consulting firm to lead the Strategic Plan Renewal.

Carried

10.4 2014/15 Operating Plan

T. Stepanuik and P. Long presented an update to the Board on the 2014-15 Operating Plan process and HAPS timelines. Background was provided on both SMGH and FCHS Total Margins and Corporate Surplus/Deficiencies. The current status of HAPS and cost pressure areas were discussed for both sites as well as next steps in the budget process. More information will be provided as plans progress.

11. NEW BUSINESS

There was no new business.

12. CORRESPONDENCE AND ANNOUNCEMENTS

The following correspondence and announcements were distributed to the Board.

12.1 SW LHIN Board to Board Engagement Session November 2013

12.2 SW LHIN – FCHS Adult Day Program

12.3 TVHPP Resolution to Dissolve and Use of Funds

12.4 SMGH Auxiliary Newsletter

12.5 SMGH Foundation Newsletter

12.6 OHA President's Report October–December 2013

12.7 SMGH and SMGH Auxiliary 100th Anniversary – February 14, 2014

13. ADJOURNMENT

The meeting adjourned at 1935 hours.

14. INDEPENDENT DIRECTOR SESSION

All ex-officio directors and staff left the meeting. The elected directors held an independent director session following the regular meeting.



Kenneth Williams
Chair



Todd Stepanuik
CEO & Secretary

Cathy Swan
Recording Secretary

**MIDDLESEX HOSPITAL ALLIANCE
BOARD OF DIRECTORS MEETING
Wednesday, February 26, 2014
SEASON'S RETIREMENT
1730 hours**

Present:	K. Williams (Chair)	Regrets:	P. Ferner
	D. Butler		B. Montgomery
	R. Coe		
	F. Ellett		
	N. MacLean		
	R. McRae		
	C. Osborne		
	B. Twyford		
	N. Vander Gulik		
	C. Waters		
	<u>Ex-Officio</u>		
	J. Dreyer		
	N. Furtado		
	P. Long		
	N. Maltby		
	T. Stepanuik		
	C. Swan, Recorder		

1. CALL TO ORDER

The Chair called the meeting to order 5:35 pm.

2. APPROVAL OF AGENDA

MOTION
BG: 41/13

**A motion was made and seconded BE IT RESOLVED THAT:
The agenda be accepted as presented.**

Carried

3. DECLARATION OF INTEREST

The Chair stated that each board member must declare a conflict of interest at the appropriate time on any item within the agenda if a member may have a vested interest.

4. OPENING REMARKS – K. Williams

- The Board retreat has tentatively been rescheduled for May 3, 2014. Further details will be provided in the near future.
- SMGH and the SMGH Auxiliary held an internal celebration for staff, physicians and volunteers on Friday, February 14, 2014. Cake was served by members of the board to commemorate this milestone in the hospital and auxiliary history. A public celebration has been scheduled for June 16, 2014.

5. GENERATIVE DISCUSSION

The Board held a 15-minute Generative Discussion on “Capital Investments”, considering the following:

- Measuring benefits and costs of IT investments, IT transformation and ROI.
- Clinical equipment - Having not been on finance this may already have been discussed. My observation is that we have very expensive equipment that will have to be replaced in 5-10 years such as the CT scanner, operating rooms, etc. Not sure how we can get ahead of the curve on this one but strategically we will need to think about it. It will take the foundation 5 years to do BAP so what would be next and will the next thing be too many items.

- CAPITAL NEEDS
- ✓ Capacity for capital asset renewal
- ✓ Medical equipment replacement
- ✓ Aging buildings
- ✓ Facilities management and renewal

6. **STORY TELLING – N. MacLean**

Two stories from the FCHS site were shared at the Quality Committee Meeting.

The first was twofold; both a compliment and a complaint. A patient presented to the FCHS Emergency Department with abdominal pain. He was seen promptly by the physician, had x-rays and was referred to the SMGH site for a CT scan. Upon return to the FCHS ED, he learned that the physician on call in the emergency department was in his office seeing patients and he would have to wait for his results. The patient was highly complimentary about the quick service he received, however was concerned that it was acceptable practice for the physician to conduct office hours while on call in the Emergency. The patient had to leave before his follow up with the physician as he had to drive his son to an appointment in Chatham.

As a result of this complaint, all patients that leave the emergency departments at MHA are contacted to discuss their experiences and to afford them the opportunity to meet with the Patient Care Manager for the department and explain their reasons for leaving without being seen.

The second story was a thank you received from an elderly patient's family. Even though their loved one passed away, they were very happy with the care, kindness, laughter, love and compassion provided for their Mother while in hospital.

8. **CONSENT AGENDA**

Items listed under the Consent Agenda were included with the Board package.

MOTION
BG: 42/13

A motion was made and seconded, BE IT RESOLVED THAT:

All Consent Agenda items, motions and recommendations be accepted as presented.

Carried

9. **CEO REPORT – T. Stepanuik**

The following items in the CEO Report were highlighted:

- HUGO Go Live: MHA went live with HUGO on February 19, 2014 at 0700. The on boarding has gone fairly smoothly with only a few minor issues being reported. Sincere appreciation and thanks were extended to Becky Simpson, Gina Taylor and the many subject matter experts, as well as the entire team, who worked endlessly to ensure a smooth transition to HUGO Go Live.
- Emergency Department Knowledge Transfer Project: SMGH has been working in collaboration with the SW LHIN and St. Thomas Elgin General Hospital through a knowledge transfer project to share knowledge of how LEAN process improvements can improve patient flow through the emergency department. As a result of this review process, SMART GOALS have been developed for implementation in the emergency department over the next year to aid in process improvements. SW LHIN has funded SMGH \$80,000 in one time funds for this project.
- 100th Anniversary celebration for SMGH and SMGH Auxiliary: As mentioned by the Board Chair, cake was served by members of the board to staff, physicians and volunteers to commemorate SMGH and SMGH Auxiliary's 100th anniversary.
- 3rd Internist at MHA: SMGH has been negotiating an agreement to bring a third internist to MHA. This internist would work mainly at the SMGH site however would also provide consultations on a weekly basis at the FCHS site.
- Long Service Awards: Staff and physicians will be recognized at an event scheduled for March 24, 2014. All Directors are invited to attend this event.

MOTION

BG: 43/13

**A motion was made and seconded, BE IT RESOLVED THAT:
The Report of the President and Chief Executive Officer be accepted as presented.**

Carried

10. STRATEGIC ISSUES

10.1 Quality Improvement Plan 2014-15 – N. MacLean

The Excellent Care for All Act legislated in June 2010 prescribed numerous requirements for health care providers to improve care and standardize in nine quality dimensions. One requirement includes the completion of an annual Quality Improvement Plan. The MOHLTC – Health Quality Ontario (HQP) is turning its focus to transformational priorities, where performance can be improved through collaboration with other sectors. The list of recommended measures has been condensed to seven “priority indicators” across five quality dimensions: Safety, Effectiveness, Access, Patient-centred and Integration. As such, the MHA Priority Indicators for 2014/15 are: C.difficile infection, medication reconciliation on admission, total margin, ED wait times, ALC, readmissions and patient satisfaction.

Following presentation and discussion of the QIP 2014-15 for SMGH and FCHS, the following motion was brought forth to the Board.

MOTION

BG: 44/13

**A motion was made and seconded, BE IT RESOLVED THAT:
The Board of Directors approves the recommendation of the Quality Committee to approve the Quality Improvement Plans for 2014-15 for Strathroy Middlesex General Hospital and Four Counties Health Services.**

Carried

The Committee will be looking to determine what it is that our patients want. To help address this, a Patient Advisory committee will be formed.

10.2 QIP 3rd Quarter Results – N. MacLean

The results of the 3rd quarter Big Dot were presented and discussed. Timely access to care is showing overall improvement. CT Wait times were improved. Targets for ED wait time for admitted patients and low acuity non-admitted patients were not met. Quality benchmark targets met with the exception of Alternate Level of Care Days and ED Satisfaction scores (Would you recommend?). The metric for investment in our people not met as a result of overtime hours, full time turnover and sick stats. These indicators will be reviewed in the next fiscal year with possible changes forthcoming. Safe environment and fiscal responsibility indicators reflect 100% compliance.

10.3 Chief of Staff Succession Plan – T. Stepanuik

In accordance with the MHA Medical Staff Bylaws, Dr. Paul Ferner will be retiring his position as MHA Chief of Staff on June 30 of this year given the fact that his term expires. The Chief of Staff and the President & CEO have been proactively exploring the pursuit of an internal candidate to assume the role of Chief of Staff.

The Executive Committee passed a motion to establish a Chief of Staff Selection Committee in accordance with the Medical Staff Bylaws. Frances Ellett has been appointed as the Board representative and will act as Chair. Dawn Butler will be the alternate in the event Ms. Ellett is unable to fulfill the duties. In addition, a written request will be forwarded to the MAC requesting two representatives from MAC be appointed to the Selection Committee.

Dr. Ferner was thanked for his excellent leadership, selfless service and dedication to patient care and this community as Chief of Staff since 2007.

10.4 2014/15 HAPS – F. Ellett

A briefing note was presented outlining the process for the 2014/15 HAPS submission and the current state. The Committee reviewed options and strategies for submission of the HAPS by the February 14, 2014 due date. It was agreed that the President & CEO would submit a deficit HAPS by the February 14 due date, which was carried out. The President & CEO subsequently initiated contact with the SW LHIN to inform them that the HAPS submitted is unapproved as it had not been finalized by the Finance Committee or the Board and would not be until the latter part of March.

The Finance Committee will be presented with a budget/HAPS presentation at its March 13, 2014 meeting. It is anticipated that, following the Finance Committee meeting, the Committee will be in a position to bring forth recommendations to the Board at the March 26, 2014 Board meeting.

10.5 2014/15 Capital Budget – F. Ellett

The 2014/15 Capital Budget was presented by the President & CEO and the Chief Financial Officer at the February 10, 2014 Finance Committee Meeting. The presentation highlighted a number of key points, including:

- Demand for capital exceeds funding sources,
- Strong reliance on Foundations,
- Our need for capital is accelerating,
- Capital prioritization process/framework adopted internally included: mission critical, obsolescence, patient safety.

Over the past three years, MHA investment in capital has been very annually consistent (FCHS - \$786,800 and SMGH \$1,536,600). MHA has now adopted a multi-year approach to capital budgeting. Over a three year span (2014/15 -2016/17), identified capital, yet to be prioritized equates to \$12,336,139. The total prioritized list for 2014/15 for SMGH equates to \$1,026,686 and FCHS proposed Capital equates to \$1,012,100. The Finance Committee reviewed various funding sources (SMGH Foundation, SW LHIN, FCHS Reserves, and FCHS Foundation) as well as borrowing through a financial institution. The Committee also discussed IT redundancy. Further discussion is scheduled for the March 13 meeting.

Following the presentation of the overview of the 2014/15 Capital Budget for SMGH and FCHS, the Chair of the Finance Committee brought forth a motion to the Board of Directors for approval.

MOTION

BG: 45/13

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors hereby endorses the recommendation of the Finance Committee as follows:

Whereas the MHA (SMGH and FCHS) is committed to continuing to support capital investment;

BE IT RESOLVED THAT:

The Board endorse the recommendation of the Finance Committee that the 2014/15 Capital Budget be established for the SMGH site in the amount not to exceed \$677,426 (based on funding sources as identified in the 2014/15 capital budget presentation);

AND THAT:

The Board endorses the recommendation of the Finance Committee that the 2014/15 Capital Budget be established for the FCHS site for the amount not to exceed \$1,088,100 (based on funding sources identified in the 2014/15 Capital Budget presentation and pending approval by the FCHS Foundation to support the \$647,000 digital radiology room).

Should the FCHS Foundation not be in a position to support such, the FCHS 2014/15 Capital Budget be established at \$441,100.

Carried

11. **NEW BUSINESS**

11.1 **Advocacy – Letter to Deputy Minister Helen Angus – T. Stepanuik**

A copy of correspondence sent to the Deputy Minister of Health & Long Term Care, Helen Angus, outlining Health System Funding Reform (HSFR) Financial Pressures was provided to the Board for reference.

12. **CORRESPONDENCE AND ANNOUNCEMENTS**

The following correspondence and announcements were distributed to the Board.

12.1 OHA – Northern and Rural Health Care Conference: Board members interested in attending are to contact C. Swan.

12.2 FCHS Visioning documentation

12.3 Correspondence to SMGH Auxiliary President

12.4 Draft Correspondence to LHSC, SJHC and CCAC Board Chairs

12.5 SW LHIN – Small Hospital 1% Base Budget Increase Correspondence

12.6 Media Releases – Accreditation, Nurse call System and HUGO

13. **IN CAMERA**

MOTION

BG: 46/13

A motion was made and seconded, **BE IT RESOLVED THAT:**

The Board of Directors convene to an in camera session to discuss physician credentials.

Carried

MOTION

BG: 47/13

A motion was made and seconded, **BE IT RESOLVED THAT:**

The Board of Directors rise out of camera and report.

Carried

MOTION

BG: 48/13

A motion was made and seconded, **BE IT RESOLVED THAT:**

Upon the recommendation of Dr. Jonathan Dreyer, MHA Deputy Chief of Staff on behalf of the Medical Advisory Committee, the report provided in camera be accepted as presented.

Carried

14. **ADJOURNMENT**

The meeting adjourned at 1940 hours.

15. **INDEPENDENT DIRECTOR SESSION**

All ex-officio directors and staff left the meeting. The elected directors held an independent director session following the regular meeting.



Kenneth Williams
Chair



Todd Stepanuik
CEO & Secretary

Cathy Swan
Recording Secretary

**MIDDLESEX HOSPITAL ALLIANCE
BOARD OF DIRECTORS MEETING
Thursday, March 27, 2014
1730 hours**

Present: K. Williams (Chair)
D. Butler
R. Coe
F. Ellett
R. McRae
B. Montgomery
C. Osborne
B. Twyford
N. Vander Gulik
C. Waters
Ex-Officio
J. Dreyer
P. Ferner
N. Furtado
P. Long
N. Maltby
T. Stepanuik

Regrets: N. MacLean

Guests: S. McLean
J. Timmermans

C. Swan, Recorder

1. CALL TO ORDER

The Chair called the meeting to order 17:35 hours.

2. APPROVAL OF AGENDA

MOTION
BG: 49/13

**A motion was made and seconded BE IT RESOLVED THAT:
The agenda be accepted as presented.**

Carried

3. DECLARATION OF INTEREST

The Chair stated that each board member must declare a conflict of interest at the appropriate time on any item within the agenda if a member may have a vested interest.

4. PRESENTATION – S. McLean and J. Timmermans

- SMGH Foundation is currently selling raffle tickets for a chance to win a trip for two to the 2015 Masters in August, Georgia, or the 2015 Super Bowl in Phoenix, Arizona. Tickets are \$50 each or 3 for \$100.
An update was provided on the Breast Assessment Program. Campaign fund results-to-date are as follows: cash \$145,277, endowment \$35,000 and pledges \$150,406. The expected value of solicitation in process is \$1,880,750.
- Funding commitments for 2014/15 total \$950,322.
- Social Enterprise: The goal is to transfer 100% of donor gifts to the hospital. Currently 69% of the Foundation's operational costs are covered by Social Enterprise revenues. New projects in process include: solar energy, vacant lot development, patient television, telephone and movie and internet availability at bedside.
- Upcoming Events: Speakeasy May 21, 2014, Strathroy-Caradoc Cancer Golf Tournament June 14, 2014, SMGH Run for Health, Sunday, June 15, 2014 and SMGH Auxiliary Tea and Strawberry Social.

The Board Chair thanked the Foundation for the update and the ongoing support provided to the hospital.

5. **OPENING REMARKS – K. Williams**

- QBP volumes have been met. MHA received an additional 51 cataracts and 32 total knee joint replacements for fiscal 2013/14.
- Thank you to Cheryl Waters for attending the Long Service Awards on my behalf. Staff and physicians were recognized for their ongoing commitment to MHA, with an impressive 1 million hours worked and 640+ years of combined service at the organizations.
- The Board Retreat will be scheduled for the latter part of May. A survey monkey for possible dates will be sent to members within the next week.

6. **GENERATIVE DISCUSSION**

The Board held a 15-minute Generative Discussion on the “Physical Plants” for FCHS and SMGH based on the following question: “What's the condition of our facilities and what are we going to do about it?”

Following discussion, it was agreed that the process for assessing the physical plants for FCHS and SMGH had started and that it is anticipated that the MHA Building Condition Assessment Report would answer many questions posed by members of the Board.

7. **STORY TELLING – N. Maltby**

Several thank you notes of appreciation to physicians and staff and the Foundations with accompanying donations were shared with the Board.

8. **CONSENT AGENDA**

Items listed under the Consent Agenda were included with the Board package.

MOTION

BG: 50/13

A motion was made and seconded, BE IT RESOLVED THAT:

All Consent Agenda items, motions and recommendations be accepted as presented.

Carried

9. **CEO REPORT – T. Stepanuik**

The following items were highlighted:

- Jim Wilson, CIO of MHA, has been named joint CIO for MHA and St. Thomas Elgin General Hospital (STEGH). Jim's role will focus to strategically position both MHA and STEGH regionally on future IT strategies.
- Opportunities are currently being explored to optimize the space on the 4th floor. A meeting was recently held with a physician about an opportunity to introduce a program. Discussions are in the preliminary stages. Further information will be provided as available.
- Dr. Paul Ferner's term as Chief of Staff expires in June. Correspondence has been sent to all physicians requesting that those who may be interested in the position submit a letter of interest. Frances Ellett is the Chair of the Selection Committee with Dawn Butler as alternate. Drs. Dreyer and Furtado are the physician representatives on this Committee together with the CEO and COO.
- The FCHS Foundation has agreed to embrace a major fundraising campaign for a new DI Suite in the amount of \$647,000.
- A meeting was recently held with Monte McNaughton, MPP. The MPP spoke in the house yesterday about the level of pride he has for MHA, highlighting some of our accomplishments as well as pressures relating to the operating and capital plan.
- A Leadership Charter, which all managers must sign, has been introduced to elevate expectations for managers.

- MHA is currently undergoing an Organizational Structure Review. This is an opportunity to review the appropriateness of the overall structure and look at opportunities for any possible realignment or reengineering which would positively affect and support MHA.

MOTION

BG: 51/13

A motion was made and seconded, BE IT RESOLVED THAT:

The Report of the President and Chief Executive Officer be accepted as presented.

Carried

10. STRATEGIC ISSUES

10.1 2014/15 Operating Plan Presentation – P. Long, T. Stepanuik

An update was provided to the 2014/15 Operating Plan subsequent to the January presentation to the Board.

- Key points for consideration when developing the 2014/15 Operating Plan were presented and discussed.
- Incremental cost drivers contributing to the current shortfall showing no new revenue and some decreases in current revenue were outlined.
- Version 5 of the HAPS was presented.
- 2014/15 Proposed Strategies based on the “step-ladder guide to operating efficiencies” whereby focus for improved efficiency is the bottom rungs of the ladder were shared.
- A memo was sent to staff providing them an opportunity to submit their suggestions for efficiencies. To date 112 suggestions have been received from all departments with the exception of two. The caliber and depth of the suggestions were amazing and are currently being reviewed by managers. Some suggestions could result in significant savings. A personal thank you was sent to each staff member who submitted a suggestion. We are currently working out details for a draw for staff who have contributed suggestions.

FCHS

- Balanced budget anticipated.
- Operating efficiencies and total margin and corporate surplus/deficiency charts were presented and discussed.

SMGH

- Operating efficiencies were identified and past financial performance were outlined.
- Total projected conservable days have been identified based on ALC days, outlier days, and annual occupancy rate were discussed.
- Scenarios for program efficiencies and patient care and physician impact were also presented.

Possible future corporate strategies were discussed including: ongoing business development, preventative maintenance risk assessment, continuous benchmarking and networking and QbP best practice, to name a few.

The Board of Directors were requested to endorse in principle the options and scenarios presented to achieve a balanced operating budget at FCFS and SMGH. Regular updates will be provided to the Board.

MOTION

BG: 52/13

A motion was made and seconded, BE IT RESOLVED THAT:

The Board of Directors approves the recommendation of the Finance Committee to endorse in principle the proposed options and scenarios presented to achieve a balanced operating budget at both hospital sites. The President & CEO is requested to report back at future meetings the outcome and recommendations of the benchmarking and optimization reviews.

Carried

10.2 QIP Performance-Based Executive Compensation – Frances Ellett

Payout for the 2013/14 QIP Performance-Based Executive Compensation is contingent upon the achievement of 80% of the quality dimensions. The fiscal year has not yet concluded however the Senior Leadership Council (SLC) has successfully achieved 85% of the performance goals linked to compensation for 2013/14. As a result, it is appropriate for the Board to approve the payout of the 2% claw back for each member of the SLC.

MOTION

BG: 53/13

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors hereby endorses the recommendation of the Finance Committee and approves the payout of the 2% claw back for the President & CEO, CFO and COO as the targets (performance goals) were achieved for the various quality dimensions.

Carried

10.3 M-SAA Accountability Agreement – Frances Ellett

The 2014-2017 M-SAA Agreement is similar to the previous agreement with some areas updated and/or expanded. The Declaration of Compliance currently requested semi-annually, will be changed to an annual attestation. The funding schedule reflects the CAPS assumption that there is no SW LHIN funding increase over the three year term of the agreement.

The Agreement was reviewed in detail by the Finance Committee with the recommendation to the Board that the Agreement be executed.

MOTION

BG: 54/13

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors hereby endorses the recommendation of the Finance Committee that the Board Chair and President & CEO be authorized to executive the Four Counties Health Services and South West Local Health Integration Network's Multi-Sector Accountability Agreement April 1, 2014 – March 31, 2017.

Carried

10.4 MHA Physician Privileges Extension to June Annually – Dr. P. Ferner

All hospitals within the TVHPP with the exception of MHA have their privilege reapplication cycle from July 1 to June 30th. MHA's current reapplication cycle runs from June 1 to May 31st. This leads to some issues with the Schulich on-line electronic reapplication system that is used by the hospitals of the TVHPP. To alleviate the difficulties previously experienced, it would be beneficial for MHA to amend the annual reapplication cycle to match the other hospitals within the TVHPP. This has been reviewed by MAC and has gone to the General Medical Staff with a recommendation that the privilege cycle for MHA be amended.

MOTION

BG: 55/13

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors hereby endorses the recommendation of the Medical Advisory Committee and Chief of Staff to change the privilege reappointment cycle for the Professional Staff to July 1 to June 30 annually to align with the cycles at other regional hospitals. The Professional Staff has been consulted to identify any issues of concern and none were raised. In an upcoming meeting, the Board will consider the extension of privileges for members of the Professional Staff to ensure there are no gaps in the transition year.

Carried

10.5 Capital Funding Sources and Net Non Cash Equipment Depreciation – P. Long

The CFO reviewed the net non cash equipment and amortization approach of MHA with R. McRae, J. Sawyer BDO and three CFO's from Community Hospitals. The CFO's confirmed that

in the past when the hospitals experienced strong surpluses and good working capital, net non cash equipment amortization had been used as a funding source. As SMGH is currently projecting an operating deficit for 2014/15 and is experiencing a weak cash position, the net non cash equipment depreciation is not an appropriate funding source for 2014/15 Capital Budget. FCHS presentation is appropriate as reserves were noted and necessary.

10.6 2014-15 QIP Narrative – N. Maltby

The narrative for the 2014/15 Quality Improvement Plan has been completed. Senior Leadership is currently reviewing the indicators and will bring forth a recommendation of indicators to be used to measure Performance-Based Executive compensation for 2014-15.

11. NEW BUSINESS

11.1 Board Connectivity – T. Stepanuk

Deferred.

11.2 CEO Evaluation – K. Williams

Documentation is currently being drafted for the Annual CEO Evaluation. The evaluation will be a 360° approach. A cover letter and questionnaire will be forwarded to the Board of Directors as well as staff and managers who report to the CEO and representatives from the Medical Staff, Auxiliaries and the Foundations. Results of the survey will be reviewed by the Governance Committee for presentation to the Board.

11.3 Energy Performance Infrastructure Renewal Partnership – P. Long

Approval is required for MHA to proceed with the energy performance and infrastructure renewal project. Following completion of an RFP, Trane Canada Inc. was the successful vendor to complete this process. The scope of the project has two phases: Phase one is a preliminary project analysis which will provide a mutual understanding of possible improvements, investment and benefit in savings. This phase would take approximately four weeks. MHA has the ability to opt out after this phase with no penalty. Phase two is the detailed energy study which evaluated a range of improvement alternatives based on key technical and financial criteria.

The Finance Committee is recommending execution of the Letter of Commitment with Trane, thereby authorizing completion of phase one of the project.

MOTION

BG: 56/13

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors hereby endorses the recommendation of the Finance Committee that the President & CEO be authorized to execute the Energy Performance and Infrastructure Renewal Partnership Letter of commitment with Trane Canada ULC. This allows for the completion of Phase One only.

Carried

12. CORRESPONDENCE AND ANNOUNCEMENTS

The following correspondence and announcements were distributed to the Board.

12.1 2013 Public Sector Salary Disclosure

12.2 LHSC CEO Retirement

12.3 OHA Rural and Northern Health Care Governance Workshop – May 7, 2014

12.4 OHA Rural and Northern Health Care Conference – May 7-9, 2014

12.5 OHA Financial Literacy for Directors

12.6 OHA President's Report February 2014

12.7 SMGH Foundation SuperBowl Masters Raffle

12.8 SW LHIN February 18, 2014 Board Meeting

12.9 Health Achieve is celebrating its 90th anniversary. As such, registration for the 2014 3-day event is \$350.

13. IN CAMERA

MOTION

BG: 57/13

A motion was made and seconded, BE IT RESOLVED THAT:
The Board of Directors convene to an in camera session to discuss physician matters.

Carried

MOTION

BG: 58/13

A motion was made and seconded, BE IT RESOLVED THAT:
The Board of Directors rise out of camera and report.

Carried

MOTION

BG: 59/13

A motion was made and seconded, BE IT RESOLVED THAT:
Upon the recommendation of Dr. Paul Ferner, Chief of Staff on behalf of the Medical Advisory Committee, the report provided in camera be accepted as presented.

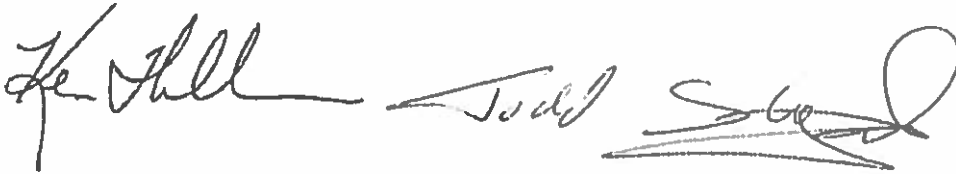
Carried

14. ADJOURNMENT

The meeting adjourned at 1955 hours.

15. INDEPENDENT DIRECTOR SESSION

All ex-officio directors and staff left the meeting. The elected directors held an independent director session following the regular meeting.



Kenneth Williams
Chair

Todd Stepanuk
CEO & Secretary

Cathy Swan
Recording Secretary

**MIDDLESEX HOSPITAL ALLIANCE
BOARD OF DIRECTORS MEETING
Wednesday, April 30, 2014
1730 hours**

Present: F. Ellett (Acting Chair)
D. Butler
R. Coe
R. McRae
N. McLean
B. Montgomery
C. Osborne
B. Twyford
N. Vander Gulik
C. Waters
Ex-Officio
J. Dreyer
N. Furtado (t/c)
P. Long
N. Maltby
T. Stepanuik

Regrets: P. Ferner
K. Williams

Guests: G. Taylor
D. Munn
B. Simpson

C. Swan, Recorder

1. CALL TO ORDER

The Chair called the meeting to order 17:30 hours.

2. APPROVAL OF AGENDA

MOTION A motion was made and seconded **BE IT RESOLVED THAT:**
BG: 01/14 The agenda be accepted as presented.

Carried

3. DECLARATION OF INTEREST

The Chair stated that each board member must declare a conflict of interest at the appropriate time on any item within the agenda if a member may have a vested interest.

4. PRESENTATIONS

4.1 FCHS Foundation - D. Munn, Development Officer

The following update was provided on behalf of the FCHS Foundation:

- FCHS Foundation ultrasound campaign is completed and the machine has arrived.
- Planning for the \$637,000 DI Suite Campaign is underway.
- The Foundation publishes two newsletters annually; one in the Spring and one in the Fall. The Spring edition will be released soon. The Spring appeal letter will be received by over 7,000 homes. The focus of the letter will be the DI Suite Campaign.
- The FCHS Foundation Annual Golf Tournament is scheduled for July 18 at Wardsville Golf Course. The cost for 18 holes of golf and dinner is \$80, with an income tax receipt issued for a portion of the registration. A silent and live auction is also planned for this day.
- Other fundraising events include a walkathon/runathon entitled "Xmas Run for X-ray" scheduled for Sunday, November 23. Details will be finalized soon for a 10 K, 5K and 3K run.
- Parrish and Heimbecker Grain & Seed are sponsoring a grain pledge program.
- Contacts are being made with local businesses to implement payroll deduction donations.
- Plans are under way to install a new donor wall with a new look.

The Acting Chair thanked Debbie Munn for the FCHS Foundation update and congratulated the Foundation on the many upcoming fundraisers planned.

4.2 HUGO – Becky Simpson and G. Taylor

The following HUGO Update was provided by Becky Simpson, HUGO Clinical Lead and Gina Taylor, HUGO Project Lead.

- HUGO (Healthcare UnderGoing Optimization) - transformative work to enhance patient safety and quality of care.
- Ten regional sites on the same Cerner platform are participating in HUGO.
- History:
 - 2006 – Introduction of electronic patient record (EPR) at MHA through Cerner.
 - 2012 – HUGO kick-off in March 2012. Over the next year MHA is participating in assessing current state workflow, multiple production demonstrations, system design and build and system testing.
 - 2013 – Alexandra was the first hospital in the region to “go live”.
 - 2014 – February 19 both sites of MHA “go live”. MHA has now been live for 71 days. There were centres set up during go live supported by HUGO leads, Cerner, the Steering Team, and Subject Matter experts.
- All sites are starting to gather data from 3 main metrics to measure use of the system; medications administered with a positive patient scan, medications administered with a positive medication scan and order entered through computerized provider order entry.
- This has been a process change for staff and initially proved to be slower however initial stats exceeded targets at both sites.
- Physicians have experienced some frustrations with go live. As glitches are identified by the physicians, they are being escalated to Cerner and Regional support to address. A printing problem, however, has been addressed by the internal IT staff at MHA. Currently the “fix” is in the test stage and hopefully will be rolled out by the end of the week.
- Unit clerk role is changing and is currently under review to look at opportunities for these positions to provide support.
- HUGO has many benefits including:
 - Improved access through decreased turn around time
 - Improved patient outcomes through standardized evidence-based care
 - Improved compliance with medication reconciliation
 - Improved antibiotic therapy
 - Reduced HSMR
 - Improved trending and reporting of quality indicators
 - Improved communication
 - Reduction in duplicate orders
 - Meet ROP Accreditation Standards
 - Decreased medication errors.

The vast majority of challenges experienced with HUGO are outside of our domain of control. The HUGO Steering Committee has been advocating, elevating and escalating these challenges to the regional committee to address.

Glenn Kearns, Dr. Walker and Dr. Janssen, corporate sponsor and physician leads for the project attended a medical staff meeting at MHA to afford the medical staff the opportunity to share specific concerns they have experienced with day to day use of HUGO. Ultimately, the system needs to be simpler and faster.

In the region, there were collective decisions made, however it has been recognized that the system needs to be tailored to meet the needs of the providers. Some “quick fixes” are achievable. MHA is currently addressing the needs of the physicians at MHA through an innovative approach and is working through identified problems with the system. It appears that the major frustration falls with physicians who provide in patient care as there are a high number of orphaned patients and turnover which requires time for assessment and order entry.

Physicians in the outpatient/ambulatory care, ED/OR departments state that they are not experiencing the frustrations experienced by the physicians on the inpatient unit.

The Acting Chair, on behalf of the Board, thanked Becky Simpson and Gina Taylor as well as Drs. Ferner, Dreyer and Furtado for leading MHA through HUGO Go Live and their continued support and dedication to improve the system.

5. **OPENING REMARKS – F. Ellett**

K. Williams, the Board Chair, sends his regrets for the evening, due to work commitments.

6. **GENERATIVE DISCUSSION**

The Board held a 15-minute Generative Discussion on the “Risk” for FCHS and SMGH based on the following questions:

1. One area that touches all others is the area of *risk tolerance*. How we address our challenges or respond to opportunities will always rely, in part, on how we assess risk and how much risk we choose to tolerate when we make choices. Our recent decision regarding obstetrics is an example of how we (finally) chose to make a go of it as opposed to giving up the service.
2. How do we know we are in the right service lines in light of funding changes?
3. Aging population of patients that will put increasing strain on healthcare resources.

The Board discussed the following risks:

- HUGO,
- Orphan Patients and Hospitalist resources to assume care for these patients,
- No effective regional planning in healthcare.

7. **STORY TELLING – N. Maltby**

A lady contacted the COO about her late husband, who was a patient at SMGH 2.5 years ago. During his stay, “things weren’t up to standard”, in her opinion. It was her perception that her husband wasn’t fed or cared for properly. This lady was not angry but very forthright and wanted to tell her story so that other patients didn’t have the same experience. Having someone listen to her story and the concerns she had been carrying around since the death of her husband helped this lady to find closure. She was happy to have someone listen to her concerns and answer her questions. This story is an example of the impact that patient care has on family members as well as the patient.

8. **CONSENT AGENDA**

Items listed under the Consent Agenda were included with the Board package.

M-SAA Declaration of Compliance

In addition to the signed M-SAA Agreement, every six months in April and October, MHA must submit a Declaration of Compliance to the SW LHIN, acknowledging compliance of its obligations under the service accountability agreement for the applicable period.

MOTION

BG: 02/14

A motion was made and seconded, BE IT RESOLVED THAT:

The Board of Directors approves the recommendation of the Finance Committee of the Middlesex Hospital Alliance that the Multi-Sector Accountability Agreement Declaration of Compliance for the period October 1, 2013, to March 31, 2014, be accepted and executed by the Chair, MHA Board of Directors.

Carried

MOTION

BG: 03/14 A motion was made and seconded, **BE IT RESOLVED THAT:**
All Consent Agenda items, motions and recommendations be accepted as presented.

Carried

9. CEO REPORT – T. Stepanuik

The following items were highlighted in addition to the report submitted.

- In October 2013, Sue Denomy, President & CEO Bluewater Health was contacted about the possibility of Form 1 Patients from MHA accessing acute psychiatric inpatient services at Bluewater Health when no beds were available in London. Dr. O’Flanagan accompanied the CEO to a subsequent meeting with Bluewater Health to discuss details. N. Maltby together with L. Robinson, a colleague at Bluewater will develop a protocol agreement with Bluewater Health for access to inpatient psychiatric services when London has no availability. This is a great resource for MHA to have. Currently Dr. Dreyer participates on a regional committee that is looking at availability of psychiatric resources for Form 1 patients.

MOTION

BG: 04/14 A motion was made and seconded, **BE IT RESOLVED THAT:**

The Report of the President and Chief Executive Officer be accepted as presented.

Carried

10. STRATEGIC ISSUES

10.1 QIP Pay at Risk – T. Stepanuik and N. Maltby

The Board of Directors has the discretion to modify the amount of the performance-based compensation (subject to the 2% maximum) following assessment of the MHA’s performance related to QIP. In the past, indicators for executive compensation have been selected by the MOHLTC. This coming fiscal year, the Board has the discretion to choose any or all indicators with which to link senior executive compensation. The Chief of Staff will be added to the senior executive when a successor to Dr. Ferner has been named.

Members of the Senior Leadership team has put forth a recommendation that performance-based executive compensation for 2014-15 be measured on two indicators with equal weightings; medication reconciliation under the patient safety dimension and sustaining organizational financial health under the effectiveness quality dimension.

MOTION

BG: 04/15 A motion was made and seconded, **BE IT RESOLVED THAT:**

The Board of Directors approves the recommendation that the Performance-Based Executive Compensation for 2014-15 presented by Nancy Maltby, on behalf of the Senior Leadership Team, be measured on two indicators with equal weighting:

1. medication reconciliation under the patient safety dimension, and,
2. sustaining organizational financial health under the effectiveness quality dimension.

These two indicators represent both clinical and corporate dimensions.

Carried

10.2 Chief of Staff Recruitment Update – Frances Ellett

No internal candidates expressed an interest in becoming Chief of Staff as at the April 18 closing date. Four family physicians that would all have been proficient in the role declined due to other commitments. MHA is now moving forward to recruit an external candidate to assume the position. Dr. Dreyer has agreed to

assume the role of Interim Chief of Staff to ensure that core responsibilities of the Chief of Staff continue to be carried out. Dr. Dreyer was thanked for assuming the role of Interim Chief of Staff and Dr. Ferner was thanked for extending his tenure as Chief of Staff beyond the normal committed time. The Chief of the departments will assume an increased role on an interim basis until a new Chief of Staff is named.

10.3 IT System Redundancy – Frances Ellett

MHA is highly dependent upon information systems technology throughout the organization in all departments. In recent years there has been a dramatic increase in the use of MHA's computer systems for clinical purposes. As use increases, the potential impact and risk of an extended "downtime" event has increased as well. The MHA has a good track record to date, due to the use of high quality equipment and leveraging external professional services in the development of the infrastructure. These increased clinical uses including Cerner/HUGO, Lab, DI and ancillary services make mitigating these risks critical. It is therefore recommended that MHA proceeds to building a redundant, resilient infrastructure that allows for failover by leveraging existing hardware and software along with a significant investment in new equipment. This would involve moving hardware between FCHS and SMGH and designing a system that would allow the most critical systems to fail over and be run from either site by either site. This would not mirror systems at both sites, rather is a cost effective alternative to keep critical services running in the event of a number of foreseeable circumstances.

The Finance Committee at its April 10, 2014 meeting reviewed the matter once again and agreed that it is essential to proceed with making provision in the 2014/15 Capital Plan for redundancy at a cost of approximately \$105,000 for SMGH to be financed through a five year capital loan from Four Counties Health Services with interest based on the current bank account arrangements of prime less 1.7%.

MOTION

BG: 05/14

A motion was made and seconded that the Board of Directors of the MHA endorse the recommendation of the Finance Committee as follows:

Whereas the MHA (SMGH and FCHS) is committed to continuing the support of capital investment and system redundancy;

BE IT RESOLVED THAT:

The Board endorse the recommendation of the Finance Committee that the February 26, 2014 Board of Directors SMGH Capital Plan approved amount of \$677,426 be amended to include an additional \$105,000 for IT Systems Redundancy, thereby resulting in a revised SMGH Capital Plan total of \$782,426.

The Board also authorizes the President & CEO to finance the SMGH financial commitment of \$105,000 thru a five year capital loan from Four Counties Health Services. Full repayment would not be required until the end of the term and interest would be based on the current bank account arrangements of prime less 1.7%.

Carried

10.4 Recruitment of Board and LAC Members – C. Waters

Catherine Osborne has resigned from the MHA Board of Directors due to business commitments. The Board Chair, on behalf of the Board of Directors, regretfully accepted

the resignation and wished Ms. Osborne well in her business ventures. Ms. Osborne will maintain the position of Chair of the Local Advisory Committee (LAC). There will be another Board member appointed to sit on the LAC in order to be compliant with the Terms of Reference of the Committee. MHA will advertise in local newspapers for board members focusing on three specific areas: legal, field of education and spiritual. The ad will also be posted to the external website.

There have been two applications received for membership on the LAC. A meeting will be set up with the candidates to speak to members of the Governance Committee, who will then make a recommendation for membership to the Board.

10.5 Building Condition Assessment Report – D. Butler

A presentation was made to members of the Planning Committee prepared by Nicholson Sheffield outlining key findings identified in the recent Building Condition Assessment Report for MHA. The recommendations will be prioritized for review at the May meeting. Currently, there are no recommendations to be brought forth to the Board.

10.6 Strategic Planning Process Update – D. Butler

Five consultants submitted proposals to assist MHA with the Strategic Planning Process. The President & CEO reviewed and analyzed all proposals based on ten criteria. All proposals were reviewed and discussed. It was agreed that due to the fact that all proposals scored relatively equally, all consultants would be interviewed by a Sub-Committee of the Planning Committee together with the President & CEO. A recommendation for next steps will be forthcoming to the Board by the Planning Committee at the May Board meeting.

11. NEW BUSINESS

11.1 CEO Evaluation – T. Stepaniuk for K. Williams

The CEO Evaluation has been sent out to the Board of Directors for completion. The deadline to submit the evaluation is May 7. The completed surveys will be summarized for review by the Board Chair prior to discussion with the Board and the President & CEO.

11.2 Board Retreat – T. Stepaniuk for K. Williams

The MHA Board Retreat will be held on May 31, 2014 at the Strathroy-Caradoc Town Hall. This retreat is intended only for Board members; a draft agenda has been completed and will be distributed to the Board once finalized.

12. New Business

12.1 Board Connectivity

Two options for board connectivity are currently being researched. One is to implement a secure section of the MHA external website for the Board. Alternatively, hosted third party sites may provide similar functionality at a cost competitive price. Both options will be costed and compared for build and maintenance costs. These sites would allow access through the Internet enabled device of choice by Board members without the same restrictions regarding password changes, printing, and saving of documents that currently exist. It is further proposed that the IST department prepare a standardized list of acceptable devices and software for board use and members receive a device and/or required software at the MHA's expense. It is further recommended that a "bring your own device type system to work" be put into place to allow these systems to connect to the MHA Wi-Fi without compromising MHA security.

A final recommendation will be forthcoming once all avenues have been explored.

13. CORRESPONDENCE AND ANNOUNCEMENTS

The following correspondence and announcements were distributed to the Board.

- 13.1 SW LHIN Board Highlights April 15, 2014
- 13.2 FCHS HIRF Funding
- 13.3 SMGH HIRF Funding
- 13.4 Thank You C. Waters
- 13.5 SW LHIN Survey

14. ADJOURNMENT

The meeting adjourned at 2000 hours.

15. INDEPENDENT DIRECTOR SESSION

All ex-officio directors and staff left the meeting. The elected directors held an independent director session following the regular meeting.



Kenneth Williams
Chair



Todd Stepanuk
CEO & Secretary

Cathy Swan
Recording Secretary

**MIDDLESEX HOSPITAL ALLIANCE
BOARD OF DIRECTORS MEETING
Tuesday, June 10, 2014– 1805h
SMGH AUDITORIUM**

Present: K. Williams, Chair
F. Ellett, Vice Chair
D. Butler
R. Coe
N: MacLean
B. Montgomery
B. Twyford
N. Vander Gulik
C. Waters
Ex-Officio
P. Ferner
P. Long
T. Stepanuik
C. Swan(recorder)

Regrets J. Dreyer
N. Furtado
R. McRae
N. Maltby
C. Osborne

1. CALL TO ORDER

Chair K. Williams called the meeting to order at 1805 h.

2. APPROVAL OF AGENDA

MOTION

BG: 14/14

It was moved and seconded, be it resolved that:

The agenda be approved as presented.

Carried

3. DECLARATION OF INTEREST

The Chair stated that each board member must declare a conflict of interest at the appropriate time on any item within the agenda that a member may have a pecuniary interest.

4. NEW BUSINESS

4.1 2014/15 Election of Officers

MOTION

BG: 15/14

It was moved and seconded, be it resolved that:

The Executive of the Board for 2014/15 be as follows:

Chair	Mr. Ken Williams
Vice Chair:	Ms. Frances Ellett
Director at Large:	Ms. Dawn Butler
Chief of Staff:	Dr. Gary Perkin
Deputy Chief of Staff:	Dr. Jonathan Dreyer
CEO:	Mr. Todd Stepanuik

Carried

4.2 2014/15 Appointment of Committees

The Committee membership will be finalized and forwarded to the Board over the summer.

4.3 Executive Committee to Deal with Issues over the Summer

MOTION

It was moved and seconded, be it resolved that:

BG: 16/14

In accordance with the MHA Bylaws and the Executive Committee Terms of Reference, the Board of Directors agree that the Executive Committee handle any issues that may arise over the summer months.

Carried

5. Adjournment

Meeting adjourned at 1815 hours.



Ken Williams
Chair



Todd Stepanuik
Secretary

Cathy Swan
Recording Secretary

**MIDDLESEX HOSPITAL ALLIANCE
BOARD OF DIRECTORS MEETING**

Wednesday, July 16, 2014

SMGH Boardroom

Present:	K. Williams, Chair	Regrets:	D. Butler
	F. Ellett, Vice Chair		R. Coe
	N. MacLean		V. Dalal
	R. McRae (t/c)		J. Dreyer
	B. Montgomery		
	B. Twyford		
	N. Vander Gulik		
	C. Waters		
	<u>Ex-Officio</u>		
	G. Perkin		
	P. Long		
	N. Maltby		
	T. Stepanuik		
	C. Swan(recorder)		

1. CALL TO ORDER

Chair K. Williams called the meeting to order at 1730 h. Dr. Perkin, newly appointed Chief of Staff of MHA was welcomed to the MHA Board.

2. APPROVAL OF AGENDA

There is one agenda item for this evening's meeting; South Huron Hospital Association (SHHA).

3. DECLARATION OF INTEREST

The Chair stated that each board member must declare a conflict of interest at the appropriate time on any item whereby a member may have a pecuniary interest. T. Stepanuik declared a conflict.

4. NEW BUSINESS

4.1 South Huron Hospital Association (SHHA) Opportunities

The Chair reviewed the Briefing Note provided to the Board of Directors outlining the background information about options being explored by SHHA to purchase CEO Services from another organization following the retirement of their CEO. The initial contact made by the SHHA Board Chair to MHA Board Chair, potential benefits for MHA to pursue this opportunity, the discussions to date with the SHHA Board Chair and the resultant recommendation to set a third meeting with the Board Chair of SHHA to obtain more information in order for the Board of Directors to be able to make an informed decision whether or not to proceed, were all outlined.

As previously stated, the Board of Directors of SHHA approached MHA to explore the possibility of purchasing the services of MHA's CEO. The premise for the meeting this evening is to obtain the support of the board to schedule a third meeting with the Board Leadership at SHHA to continue these discussions.

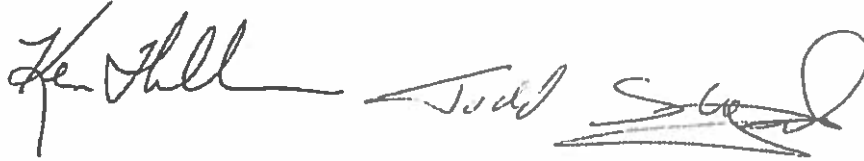
The Board of Directors shared comments and concerns and asked many questions of the Board Chair and CEO about the request from SHHA.

The elected Board of Directors convened to a closed session at 1830 hours. All Staff left the meeting.

No report was submitted.

5. Adjournment

Meeting adjourned at 1905 hours.

The image shows three handwritten signatures in black ink. The first signature on the left is 'Ken Williams', the middle one is 'Todd Stepanuik', and the one on the right is 'Cathy Swan'. Each signature is written in a cursive, flowing style.

Ken Williams
Chair

Todd Stepanuik
Secretary

Cathy Swan
Recording Secretary

**MIDDLESEX HOSPITAL ALLIANCE
BOARD OF DIRECTORS MEETING
Wednesday, 27, 2014
SMGH Boardroom**

Present:	K. Williams, Chair	Regrets	G. Perkin
	D. Butler		
	R. Coe	Absent	V. Dalal
	J. Dreyer		N. VanderGulik
	F. Ellett		
	N. MacLean		
	R. McRae		
	B. Montgomery		
	B. Twyford		
	C. Waters		
	<u>Ex-Officio</u>		
	P. Long		
	N. Maltby		
	T. Stepanuik		

1. CALL TO ORDER

Chair K. Williams called the meeting to order at 1800 h.

2. APPROVAL OF AGENDA

There is one agenda item for this evening's meeting: South Huron Hospital Association (SHHA) Update.

3. DECLARATION OF INTEREST

The Chair requested that board members declare a conflict of interest at the appropriate time whereby a member may have a pecuniary interest.

4. BUSINESS ARISING

4.1 MHA Board Meeting July 16, 2014

K. Williams summarized the discussion at the MHA Board Meeting on July 16, 2014, and the questions posed as a result of discussions.

4.2 Executive Committee Meeting July 21, 2014

K. Williams summarized the discussion of the Executive Committee with Mr. Jim Whaley, Whaley & Company, about MHA pursuing the opportunity with SHHA.

4.3 Questions sent to SHHA and Responses

K. Williams reviewed the list of questions prepared by MHA Board of Directors to SHHA and the subsequent responses received from Board Leadership at SHHA to these questions.

4.4 Meeting with SHHA August 18, 2014

K. Williams, D. Butler, C. Waters and T. Stepanuik attended a meeting with Board Leadership at SHHA on August 18, 2014. Mr. Williams provided the Board with an overview of the discussion at this meeting.

5. NEW BUSINESS

5.1 SHHA MANAGEMENT SERVICES CONTRACT

K. Williams stated that the premise for this evening's board meeting was to discuss and hopefully render a decision about MHA's interest to pursue a Management Services Contract for the CEO with SHHA.

K. Williams requested D. Butler and C. Waters to share their thoughts from the August 18, 2014 meeting with SHHA leadership. D. Butler stated that there is a cultural fit, they are like minded. There was no politics in the room. C. Waters added that SHHA recognized and appreciated the concerns and needs of the MHA board and that at no time was there any tension or pressure for MHA to pursue this venture.

A lengthy discussion ensued until 1850 hours.

MOTION
BG: 18/14

It was moved and seconded, be it resolved that:
The Board of Directors convene to an in camera session. All staff was excused from the meeting. Dr. J. Dreyer, Deputy COS was invited to participate in the closed session discussion.

Carried

At 1920, the following motion was made:

MOTION
BG: 19/14

It was moved and seconded, be it resolved that:
The Board of Directors rise out of camera and report.

Carried

MOTION
BG:20/14

It was moved and seconded, be it resolved that:
The MHA Board of Directors authorize the negotiating committee to enter into contract negotiations with SHHA for CEO services for an initial one year period. Further, that the final draft contract be presented to the full MHA Board for final ratification.

The MHA Board Chair requested a recorded vote on the motion.

The elected Board members present were polled.
Results: 8 in favour, 1 against

The Board Chair declared the motion carried.

Carried

6. Adjournment

Meeting adjourned at 1930 hours.



Ken Williams
Chair



Todd Stepanuik
Secretary
Page 2 of 2

**MIDDLESEX HOSPITAL ALLIANCE
BOARD OF DIRECTORS MEETING
Wednesday, September 24, 2014
1730 hours**

Present: K. Williams (Chair)
J. Barnett
D. Butler
R. Coe
F. Ellett
N. MacLean
B. Twyford
N. Vander Gulik
C. Waters
Ex-Officio
P. Long
N. Maltby
G. Perkin
T. Stepanuik
C. Swan, Recorder

Regrets: V. Dalal
J. Dreyer
R. McRae
B. Montgomery

1. CALL TO ORDER

The Chair called the meeting to order 17:30 hours.

2. APPROVAL OF AGENDA

The Chair requested that Agenda Item 10, Board of Director Recruitment and Succession Planning be moved to the beginning of the Agenda.

7.7 COS Report – defer credentials to In Camera 14.1.

MOTION

BG: 014/14

A motion was made and seconded BE IT RESOLVED THAT:

The agenda be accepted as amended.

Carried

3. DECLARATION OF INTEREST

The Chair stated that each board member must declare a conflict of interest at the appropriate time on any item within the agenda if a member may have a vested interest.

4. BUSINESS ARISING:

10.1 Board of Director Recruitment and Succession Planning

The Chair of the Governance Committee stated that there was an unfilled vacancy on the MHA Board of Directors. Mr. Jonathon Barnett, a lawyer at Quinlan & Somerville, practicing in Strathroy, expressed interest in joining the Board. Mr. Barnett's legal expertise and volunteer experience would be a welcome addition to the MHA knowledge-based board.

The Governance Committee recommended to the Board of Directors that Mr. Barnett be appointed as a Director on the MHA Board of Directors. Directors were requested to approve this appointment via an electronic survey vote. The following motion was approved by a majority of the Board of Directors.

MOTION

BG: 15/14

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors endorses the recommendation of the Governance Committee to appoint Jonathon Barnett as a Director of the Middlesex Hospital Alliance Board of Directors effective immediately to fill the vacant board position for 2 years of a 3-year term. The appointment will be confirmed at the next Annual General Meeting of the Corporation scheduled for June 2015.

Mr. Jonathon Barnett joined the meeting and was welcomed to the MHA Board of Directors.

5. OPENING REMARKS – K. Williams

K. Williams, the Board Chair, welcomed everyone to the meeting following the summer break. The MHA Board realized many accomplishments last year and 2014/15 promises to be another exciting year. The following events and initiatives were discussed:

- Board Strategic Planning Session scheduled for September 30, 2015 at 5 pm at SMGH in the Boardroom.
- The Busting Out event sponsored by the SMGH Foundation is scheduled for the same evening as the MHA October Board meeting. The October Board meeting time and place will be confirmed.
- The draft contract for SHHA will be reviewed by the MHA team on Friday morning.

6. GENERATIVE DISCUSSION

The Board held a 15-minute Generative Discussion on “Funding/Budget” at FCHS and SMGH. Several initiatives that MHA could explore as well as challenges, including supply costs and legislation, were discussed.

7. STORY TELLING – N. McLean

The Cleve Couple were partners in life for 54 years. Both had been diagnosed with cancer and were subsequently admitted to SMGH. According to their son, they had done everything together since being married. When this couple was admitted to hospital it seemed only fitting that they remain together therefore staff moved them into the same room. Together forever; the couple died 11 hours apart. Staff and caregivers are to be commended for the care and compassion shown to this couple and their family.

8. CONSENT AGENDA

Items listed under the Consent Agenda were included with the Board package.

MOTION

BG: 16/14

A motion was made and seconded, BE IT RESOLVED THAT:

All Consent Agenda items, motions and recommendations be accepted as presented.

Carried

9. CEO REPORT – T. Stepanuik

The following items were highlighted in addition to the report submitted.

- Internist recruitment update.
- Breast Assessment Program: New ultrasound equipment has been acquired. The “Busting Out” event will provide information about this equipment.
- Catherine Kirk, the FCHS Site Director, has announced her retirement, for personal reasons.
- An update on an EMS base at SMGH in partnership with London Middlesex EMS will be provided to Finance and Planning in October.
- A block schematic and the estimated costs for a Professional Services Complex at SMGH should be received by the end of the week.
- “Busting Out”: This event has unfortunately been scheduled for the same date as the October board meeting. This has been discussed with the Foundation as it is very important for the Board to support these events.

MOTION

BG: 17/14

A motion was made and seconded, BE IT RESOLVED THAT:

The Report of the President and Chief Executive Officer be accepted as presented.

Carried

10. STRATEGIC ISSUES

10.1 SHHA – K. Williams

Deferred to closed session.

10.2 Strategic Planning Update – T. Stepanuik

Jim Whaley and Dave Coulson are cultivating a consultation strategy for developing a new Strategic Plan for MHA. This plan is very inclusive. They will be conducting a wide spectrum engagement of both internal and external partners and business leaders as well. An online survey will also be provided for public input. Planning sessions have been scheduled with the board of directors, managers, leadership (CFO/COO), and medical staff.

10.3 2014/15 SMGH Operating Budget – August Surgical Services – P. Long, N. Maltby

The 2014/15 SMGH Operating Budget included many operational strategies on the Ministry's step-ladder guide to operating efficiencies in an effort to balance the budget. The temporary two week closure of surgical services was identified as a "program efficiency" step at SMGH. The closure occurred between August 2 and August 10. During the 9 days of closure, 11 patients were transferred to other facilities. There were no obstetrical cases to report. Second floor temporarily closed 8 beds, ambulatory care remain closed. Patient safety was maintained through application of a well established triage and transfer process. Initially estimated savings for the slowdown/closure was \$55,000, however actual savings totaled approximately \$95,000 as other departments affected realized savings as well.

The August 2014 Surgical Services and Ambulatory Care Clinic closure will be reviewed by the Chief of Staff and Perioperative Governance team for recommendations for future planned slowdowns/closures including Christmas 2014. The Perioperative team has recommended, moving forward, that emergent patients be accommodated in the OR and that ambulatory care clinics be held 1 or 2 half days during the slowdown. Spring slowdown/closure in March 2015 is dependent upon the hospital's financial situation and would be discussed with the Department of Surgery and Perioperative Governance in advance.

From a public relations point of view, it was suggested that patients referred to other facilities during the shutdown be contacted and asked about their experiences.

10.4 FCHS Visioning Briefing Note – T. Stepanuik

A report authored by Coulson & Associates to assist MHA to define a compelling future state for FCHS was presented to the Board of Directors at a Board Retreat in May 2014. The ten recommendations were shared with the Board of Directors and subsequently with the Local Advisory Committee and Staff at recent meetings.

The organization has been dedicating a great deal of time and energy since receiving the report to the development of an operational plan with specific short, medium and long-term objectives and determining how they will be accomplished.

The Board of Directors has not officially endorsed the FCHS Visioning Document as prepared by Coulson & Associates dated May 17, 2014. The following motion was brought forth for approval.

MOTION

BG: 18/14

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors endorses the FCHS Visioning document as prepared by Coulson & Associates dated May 17, 2014.

Carried

10.5 Board Connectivity Briefing Note – T. Stepanuik & C. Swan

A request was made to the Information Systems department to provide a recommendation for an alternate medium for access for the Board of Directors to a secure site for their use. A Microsoft SharePoint site was built on the MHA Intranet (Insider) however there has been dissatisfaction expressed with the SharePoint / Remote Access solution for various reasons. Other secure options were identified however were rejected due to extremely high operating costs.

The MHA maintains an external website (www.mhalliance.on.ca) on a server that is hosted outside of the hospital environment. It is the intention to build a secure board portal on this site exclusively for use by the Board of Directors. The site would be password protected for Board members, and set up so that passwords do not expire. There would however, be an option available for members to change their passwords, if they so desire. This portal on the MHA website could be developed for go live in a relatively short period of time. Following review of other options for board access, the Board Portal on the external website is the recommended means to provide board access.

MOTION

BG: 19/14

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors endorses the recommendation of the President & CEO and the EA to proceed with building a Board Portal on the MHA External Website and provide devices and/or software for Board access.

Carried

10.6 Executive Committee Membership – C. Waters

C. Waters, Chair of Governance, declared a conflict of interest. B. Twyford, Vice Chair of Governance reviewed the Briefing Note included in the Board package about Executive Committee Membership. The Board Chair requested that the Governance Committee consider expanding the membership on the Executive Committee to include the immediate past Board Chair as this would greatly expand the knowledge of this committee to better serve the Board.

MOTION

BG: 20/14

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors endorses the recommendation of the Governance Committee to expand the membership of the Executive Committee to include the immediate past Board Chair.

Carried

10.7 Executive Committee 2014/15 – C. Waters & K. Williams

A Briefing Note outlining the 2014/15 Executive Committee Membership was reviewed. Regretfully, the Vice Chair, Ms. Frances Ellett, has advised the Board Chair that she is unable to complete her term as Vice Chair. The Board Chair, on behalf of the Board, expressed appreciation and gratitude to Ms. Ellett for her dedication and hard work as Vice Chair. Ms. Ellett will remain as Chair of the Finance Committee and member of the MHA Board.

The Board Chair contacted Ms. Dawn Butler and Mr. Neil MacLean and asked them to consider the positions of Vice Chair and Director at Large respectively. Following consideration, both Board members accepted these positions.

Ms. Dawn Butler and Mr. Neil MacLean, nominees for the board executive positions both declared a conflict of interest.

MOTION

BG: 21/14

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors endorses the recommendation of the Governance Committee to appoint Ms. Dawn Butler, Vice Chair and Mr. Neil MacLean, Director at Large of the Middlesex Hospital Alliance effective immediately.

Carried

10.8 Smoke Free Briefing Note – T. Stepanuik for C. Waters

The current policy of the Middlesex Hospital Alliance restricts smoking to designated areas outside of the hospital only. The Alliance has had a smoking policy in place for a great many years whereby smoking is banned within nine metres of any hospital entrance or exit. It has been proposed that MHA take the extra step of going smoke-free everywhere. The intent is to have our facilities and properties become smoke-free whereby smoking would no longer be permitted anywhere on the hospital's property – inside or out – for all staff, patients and visitors effective January 1, 2015 (or some time later).

While this would be an extremely positive move it will certainly not be without its challenges. Significant efforts are required to ensure this transition to a completely smoke-free environment respects the unique and varied needs of all affected. Without question, probably the biggest challenge will be associated with the enforcement of the policy. The proposal has been endorsed by the Senior Leadership Committee, Dr. Gary Perkin, Chief of Staff, FCHS Local Advisory Committee, MHA Management Team and the Governance Committee. The Governance committee brings forth this recommendation for endorsement by the Board of Directors

MOTION

BG: 22/14

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors endorses the recommendation of the Governance Committee to have the MHA become a smoke free environment including the property/premises (aimed at further providing a safe and healthy environment for all staff, physicians, volunteers, patients and visitors). Further, that the President & CEO establish a smoke free task force (operational in nature) to oversee the transition.

Carried

10.9 Hospitalists Briefing Note – F. Ellett

MHA is currently facing challenges with providing care for unattached/orphan hospital inpatients. Appropriate solutions must be found to ensure continuity of patient care. There is no doubt that with the evolution of community-based family practice and the changing roles of family physicians, it has become increasingly challenging for family physicians to care for unattached patients.

SMGH has experienced a steady increase in the number of GP's relinquishing their hospital unattached role. Many Ontario hospitals have faced the same challenge and have determined the solution to be the introduction of a Hospitalist program. The local GP's who continue to provide services to unattached patients are becoming increasingly stretched as they continue to perform yeoman services to meet the demands of this work.

Recently MHA trialed a Hospitalist model at SMGH whereby a locum physician was brought in to oversee any and all unattached/orphan patients. This model worked well and provided much needed relief to the local group who provide coverage.

MHA needs to introduce a new Hospitalist program at the SMGH site in order to address challenges in declining GP coverage for unattached patients. This would involve the recruitment of dedicated physicians whose primary responsibility would be to attend to this patient population. With the funding envelopes available for physician fees, the financial impact should be minimal.

MOTION

BG: 23/14

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors endorses the recommendation of the Finance Committee to introduce a Hospitalist model at the SMGH site in response to ongoing struggles for General Practitioner's (GP's) to act as Most Responsible Physician (MRP). Recognizing that this may very well be an ongoing expense in future years it is expected the costs associated with the program will be included in future budget planning. Furthermore, the President & CEO and Chief of Staff will follow up with the Finance Committee once the projected impact of the financial model is finalized.

Carried

10.10 2008-2015 H-SAA Amending Agreement – F. Ellett

For the first quarter of 2014-15 ending June 30, 2014, the SW LHIN and the hospitals executed an extension of last year's H-SAA in order for the ministry to flow the semi-monthly funding. A second H-SAA Amending Agreement Extension with schedules was provided in late June for review and signature. The SW LHIN recognized the difficult logistics of having a Board approved agreement during the summer. Consequently, if a hospital was unable to return a signed agreement, the hospital was asked to confirm their intention to sign the agreement and the date when it would be returned to the SW LHIN.

The 2008-15 H-SAA Amending Agreements were found to be in order and signed by the Board Chair and President & CEO on September 3, 2014. The CFO submitted a letter to the SW LHIN with the Agreements stating that it was assumed the Board of Directors would endorse the execution of the 2014-15 Amending Agreements at the September 25, 2014 board meeting.

MOTION

BG: 24/14

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors endorses the Board Chair and President & CEO to execute Four Counties Health Services and Strathroy Middlesex General Hospital 2008-15 H-SAA Amending Agreement with the South West Local Health Integration Network.

Carried

10.11 QIP 4th Quarter and New Quality Metrics – N. MacLean/N. Maltby

The 4th Quarter Results for 2013/14 were presented, together with the year to date average. Overall results are very positive. Opportunities for improvement identified at the SMGH site include decreasing emergency department (ED) wait times as well as overall patient satisfaction in the ED. Surgical wait times for both hip and knee surgeries are above target. At the FCHS site, strategies are in place to improve the medication reconciliation on admission. ED satisfaction is also below target.

The new and improved scorecards for 2014/15 for SMGH and FCHS were reviewed. The dashboard has been streamlined to include only mandatory reporting indicators.

11. Business Arising

11.1 LAC Recruitment and Succession Planning

The FCHS Local Advisory Committee (LAC) recently recruited for additional members. Melanie Stanley, the principal at Glencoe District High School and Brian Lawson, a retired businessman both expressed interest in becoming LAC Committee members. Ms. Stanley has vast experience in the educational field and a genuine interest to serve on a committee or board. Mr. Lawson lives in the four counties area and is very interested in serving his community.

The Governance Committee recommended to the Board of Directors that Ms. Stanley and Mr. Lawson be appointed as Community Committee Members on the FCHS LAC. Directors were requested to approve this appointment via an electronic survey vote. The following motion was approved by a majority of the Board of Directors.

MOTION

BG:25/14

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors endorses the recommendation of the Governance Committee to appoint Melanie Stanley and Brian Lawson community committee members on the FCHS Local Advisory Committee effective immediately. The appointment will be confirmed at the next Annual General Meeting of the Corporation scheduled for June 2015.

Carried

12. New Business

There was no new business.

13. CORRESPONDENCE AND ANNOUNCEMENTS

The following correspondence and announcements were distributed to the Board.

12.1 Busting Out Fundraiser October 29, 2014 at Amy's

12.2 SW LHIN Performance Scorecard 2014/15 Q1

12.3 OHA President's Report August 2014

12.4 Thank you Card from Dr. P. Ferner

14. IN CAMERA

MOTION

BG: 26/14

A motion was made and seconded, BE IT RESOLVED THAT:

The Board convene to an incamera session to discuss physician credentials, the President & CEO Evaluation and other opportunities.

Carried

MOTION

BG: 27/14

A motion was made and seconded, BE IT RESOLVED THAT:

The Board rise out of camera and report.

Carried

The Chief of Staff on behalf of the Medical Advisory Committee recommended that the physician credentials presented in camera be accepted.

MOTION

BG: 28/14

A motion was made and seconded, BE IT RESOLVED THAT:

Upon the recommendation of the Chief of Staff on behalf of the Medical Advisory Committee, Applications for Privileges for Strathroy Middlesex General Hospital and Four Counties Health Services provided in camera be accepted as presented.

Carried

15. ADJOURNMENT

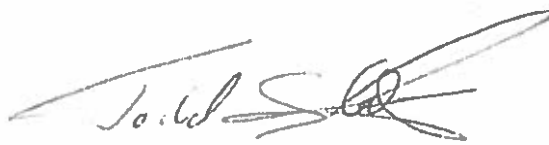
The meeting adjourned at 1940 hours.

16. INDEPENDENT DIRECTOR SESSION

All ex-officio directors and staff left the meeting. The elected directors held an independent director session following the regular meeting.



Kenneth Williams
Chair



Todd Stepanuk
CEO & Secretary

Cathy Swan
Recording Secretary

**MIDDLESEX HOSPITAL ALLIANCE
BOARD OF DIRECTORS MEETING
Wednesday, October 29, 2014
Amy's Restaurant
1730 hours**

Present: K. Williams (Chair)
J. Barnett
R. Coe
F. Ellett
N. MacLean
R. McRae
B. Montgomery
B. Twyford (t/c)
C. Waters
Ex-Officio
J. Dreyer
P. Long
N. Maltby
G. Perkin
T. Stepanuik
C. Swan, Recorder

Regrets: D. Butler
V. Dalal
N. VanderGulik

1. CALL TO ORDER

The Chair called the meeting to order 17:15 hours.

2. APPROVAL OF AGENDA

MOTION
BG: 29/14

A motion was made and seconded BE IT RESOLVED THAT:

The agenda be accepted as presented.

Carried

3. DECLARATION OF INTEREST

The Chair stated that each board member must declare a conflict of interest at the appropriate time on any item within the agenda if a member may have a vested interest.

4. OPENING REMARKS – K. Williams

K. Williams welcomed members of the Board to the meeting, which has been moved to Amy's Restaurant in order to afford the Board of Directors the opportunity to attend and support the Foundation Fundraising Event "Busting Out".

5. GENERATIVE DISCUSSION

Deferred.

6. STORY TELLING – N. McLean

Deferred.

7. CONSENT AGENDA

Items listed under the Consent Agenda were included with the Board package.

MOTION
BG: 30/14

A motion was made and seconded, BE IT RESOLVED THAT:

All Consent Agenda items, motions and recommendations be accepted as presented.

Carried

8. CEO REPORT – T. Stepanuik

The following items were highlighted from the CEO Report:

- Both FCHS and SMGH have benefitted from the government’s announcement to double the Health Infrastructure Renewal provincial funding to \$125.9M. This year FCHS will receive up to \$282,488 and SMGH \$1.6M. Further details will be provided under Agenda Item 9.7.
- We continue to explore opportunities to construct a Professional Services Building on the SMGH site. With the amount of time and energy required for such a project, it is logical that MHA contract the services of a developer to oversee the project on our behalf.
- Discussions are ongoing with London EMS about MHA providing space at SMGH for ambulance services.
- An offer has been made to a candidate for the Site Director position at FCHS site. More information will be provided when available.
- MHA has recruited a third internist, Dr. Sami Soliman, who will start December 1, 2014. Dr. Soliman has cardiology expertise which could result in new clinics as well as assist with certain QbPs such as congestive heart failure.

MOTION

BG: 31/14

A motion was made and seconded, BE IT RESOLVED THAT:

The Report of the President and Chief Executive Officer be accepted as presented.

Carried

9. STRATEGIC ISSUES

9.1 Energy Performance and Infrastructure Renewal Partnership – F. Ellett/P. Long

There are many factors and risks driving the Energy Performance and Infrastructure Renewal Partnership initiative including an aging infrastructure, the need to address the building environment, lack of capital to address infrastructure and environmental needs, prediction that energy costs will continue to rise for the next 20 years as well as the Ontario Government mandated increased energy accountability with the introduction of O.Reg. 397/11, “The Green Energy Act”.

There are many benefits to be realized with the implementation of this initiative. Financial benefits include Trane’s guarantee of energy savings using recognized protocols, with any shortfall to be made up by Trane within 90 days of anniversary date. Many other healthcare facilities have proceeded with similar initiatives, and have realized the benefits.

Detailed presentations were made to both the Planning and Finance Committees of the Board with both committees bringing forth recommendations to proceed with this project.

The Chair of Finance made the following motion for the Board of Director’s consideration.

MOTION

BG: 32/14

A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors endorses the recommendations of the MHA Finance Committee and Planning Committee that the Middlesex Hospital Alliance execute a Notice to Proceed with Trane Canada which will result in the creation of a Detailed

Energy Report (Phase 2) and the resulting commitments. If the detailed energy report shows less than 80% of the savings, and costs that are 20% higher than the figures in the Preliminary Assessment (Phase 1), the MHA may stop the project at no cost. If these targets are accomplished, the hospital moves forward with the guaranteed savings investment or reimburses Trane for their work.

In moving forward with the guaranteed savings investment, financing must be arranged and those recommendations will be considered by the Finance Committee at the appropriate time.

Carried

9.2 Strategic Planning Update – T. Stepanuik

Invitations have been sent to local healthcare providers, business and municipal leaders, service groups and physicians inviting them to participate in consultation sessions as MHA develops a new strategic plan.

The consultants plan to present an initial report to the Planning Committee and Board of Directors in January 2015, with a final draft completed for review in February and Board approval in March 2015.

9.3 Funding Corridors – 2014/15 Impact Analysis & 9.6 2014/15 HSFR – F. Ellett/P. Long

The recently released 2014/15 funding impact analysis is based on a mitigated HBAM funding corridor of 2% reduction and no maximum ceiling limit. The MHA President & CEO has been advocating for a widening of the corridors so as to recognize the efficiency of high performing hospitals like SMGH. We are pleased that the Government has opted to remove the upper corridor. QbP funding is not mitigated.

As a result the assumed funding increase (pending funding letter) for SMGH is \$1,660,222 for 2014/15. Ongoing review of SMGH 2014/15 funding impact analysis will continue to better understand the negative HBAM results and impact on 2015/16 operating plan.

FCHS is a small, rural hospital, therefore funding is determined under the Small, Rural and Northern hospital guidelines.

9.4 2015/16 Preliminary Funding Assumptions – F. Ellett/P. Long

Hospital management presented the first preliminary 2015/16 operating plan to the Finance Committee in October. The corporate assumptions will continue to be refined as a result of the managers' submissions in November, a review of the 2014/15 funding impact analysis and senior leadership review. A preliminary operating budget will be presented to the Finance Committee in January 2015 for planned approval in February 2015.

SMGH 2015/16 total margin, with mitigated HBAM funding, shows a surplus. If no mitigation is available, the total margin would be reflected as a deficit.

FCHS 2015/16 total margin shows a deficit. This budget deficit is inflated by under utilized current year budgets and will be addressed in future budget versions.

Ongoing analysis and review continues. Regular updates will be provided to the Finance Committee as MHA prepares the 2015/16 budgets.

9.5 Architectural Assessment Update – R. McRae

An update was provided on the progress of the review of the Building Condition Assessment Report prepared by Nicholson Sheffield Architects. The recommendations from the report have been divided into three categories; high, medium and low priority. The major areas of focus at this time are high priority items. Funding continues to be a challenge in expediting the required repairs but investigation of opportunities to address the identified deficiencies continues.

9.7 HIRF Funding Letters – P. Long

HIRF funding letters have been received from the Minister of Health, Dr. Eric Hoskins. Four Counties Health Services will receive up to \$282,488 for the 2014-15 funding year and up to \$141,244 for 2015-16. Strathroy Middlesex General Hospital will receive up to \$1,600,693 for 2014-15 and up to \$800,346 for 2015-16.

These are welcome announcements for MHA.

10. Business Arising

There was no business arising.

11. New Business

11.1 Confirmation of LAC Reappointment – C. Waters

The Governance committee recommends the following extension of membership for the Local Advisory Committee. Doug Reycraft has been a longstanding member of the FCHS Local Advisory Committee. His term has expired however, in light of the FCHS Visioning Project currently underway, and the knowledge and expertise that he brings to the LAC Committee Mr. Reycraft has been asked and has agreed to remain on this Committee for another year.

MOTION

BG:33/14 A motion was made and seconded, BE IT RESOLVED THAT:

The MHA Board of Directors endorses the recommendation of the Governance Committee to extend the term of Doug Reycraft as a community committee member on the FCHS Local Advisory Committee effective immediately. The extension of this appointment will be confirmed at the next Annual General Meeting of the Corporation scheduled for June 2015.

Carried

11.2 Ebola Preparedness – N. Maltby

N. Maltby made a very informative presentation about Ebola and the current outbreak in Africa. The Ebola virus was first discovered in 1976. There have been sporadic outbreaks since that time. Bats are thought to be the natural reservoir for the virus. Facts about Ebola including incubation, transmission, communicability, early symptoms, diagnosis and treatment were shared.

The SW LHIN has launched a steering team to lead the Ebola planning and preparedness in Southwestern Ontario. Directives from the Public Health Unit and MOHLTC Medical Officer of Health have been adopted at both sites. Personal Protective Equipment (PPE) has been acquired for staff, and an anteroom for doffing of PPE and storage of contaminated material together with a negative pressure isolation room, has been identified.

11.3 Orphan Patient Situation SMGH – G. Perkin/T. Stepanuik

Physicians acting as hospitalists continue to raise concerns about the time required to care for orphan patients. This issue is compounded by challenges and snags with the implementation of HUGO.

The workload for orphan patients should ease somewhat when Dr. Sami Soliman begins practice at MHA in December as he will assume these patients on an interim basis.

A search continues to recruit a FT Hospitalist for SMGH.

11.4 New Internist – G. Perkin

As previously announced, Dr. Samy Soliman has been recruited to MHA. Dr. Soliman brings a specialty in cardiology and has particular interest in setting up clinics for congestive heart failure and chest pain.

12. CORRESPONDENCE AND ANNOUNCEMENTS

There was no correspondence.

13. IN CAMERA

MOTION

BG: 34/14

A motion was made and seconded, BE IT RESOLVED THAT:

The Board convenes to an incamera session to discuss physician credentials.

Carried

Following discussion of physician credentials, all staff left the meeting.

MOTION

BG: 35/14

A motion was made and seconded, BE IT RESOLVED THAT:

The Board rise out of camera and report.

Carried

The Chief of Staff on behalf of the Medical Advisory Committee recommended that the physician credentials presented in camera be accepted.

MOTION

BG: 36/14

A motion was made and seconded, BE IT RESOLVED THAT:

Upon the recommendation of the Chief of Staff on behalf of the Medical Advisory Committee, Applications for Privileges for Strathroy Middlesex General Hospital and Four Counties Health Services provided in camera be accepted as presented.

Carried

14. ADJOURNMENT

The meeting adjourned at 1900 hours.

15. INDEPENDENT DIRECTOR SESSION
No independent director session was held.



Kenneth Williams
Chair



Todd Stepanuk
CEO & Secretary

Cathy Swan
Recording Secretary

MIDDLESEX HOSPITAL ALLIANCE
BOARD OF DIRECTORS MEETING
Wednesday, November 25, 2015
SMGH Boardroom
1730 hours

Present: D. Butler (Board Chair)
J. Barnett
R. Shea
B. Twyford
N. Vander Gulik
C. Waters
K. Williams

Ex-Officio

N. Maltby
A. Smith
J. Dreyer
G. Perkin
V. Rajgopal
T. Stepanuik
C. Swan, Recorder

Regrets: R. McRae
B. Montgomery
N. MacLean
S. Whittall

Guests: S. Ouellet
S. McLean
R. Tyler
E. Wheatley

1. CALL TO ORDER

The Chair called the meeting to order at 1735 hours. Guests Sue McLean, Ron Tyler and Ed Wheatley, SMGH Foundation and Steph Ouellet, MHA Director Strategic Partnerships/FCHS Site Director were all welcomed to the meeting.

2. APPROVAL OF AGENDA

MOTION A motion was made and seconded **BE IT RESOLVED THAT:**
BG: 58/15 The agenda be accepted as presented.

CARRIED

3. DECLARATION OF INTEREST

The Chair stated that each board member must declare a conflict of interest at the appropriate time on any item within the agenda if a member may have a vested interest.

4. PRESENTATIONS

4.1 SMGH FOUNDATION UPDATE – S. McLean, E. Wheatley and R. Tyler

The SMGH Foundation provided an informative update on the events held over the past year and the funds realized from these events. Fundraising goals and future opportunities were also shared.

The Board Chair, on behalf of the Board of Directors, thanked the SMGH Foundation for the informative presentation.

5. OPENING REMARKS – D. Butler, Chair

November has been a very busy month. An overview of the following events was shared:

- Health Achieve November 2 – 4, 2015.

- Strategic Plan Update: Roll out has taken place internally to Physicians, Foundations, Staff, and LAC. A media release announcing the new plan will be forwarded to the public. Meetings will be scheduled with external stakeholders to present details of the new plan.
- T. Stepanuik and N. MacLean attended an OHA Session on November 12, 2015 about contributing toward a high performing health care system.
- On November 17, 2015, T. Stepanuik, B. Twyford and D. Butler attended the SW LHIN Networking Event at Blue Water Rest Home in Zurich-Hensall. There were also members from the SHHA board in attendance.
- MHA and SHHA Boards enjoyed a joint education session on Friday, November 20, 2015. Anna Greenberg, VP Health System Performance, Health Quality Ontario provided a very interesting presentation on quality.
- The SMGH Auxiliary held its Annual General Meeting and potluck dinner on November 24. The Auxiliary presented the SMGH Foundation with a cheque for \$45,000.
- The Board gathered for a retreat on November 21 to begin Phase 2 of the Strategic Plan - Clinical Services Planning.
- To honour and acknowledge our physicians for all they do, a tree has been planted at FCHS and SMGH for the annual Physician Appreciation Day.

6. STORY TELLING – N. Maltby

A thank you note from a patient who had day surgery on November 24, 2015, at SMGH was shared with the Board. This patient had nothing but praise for everyone involved with his care from the time of admission to discharge.

7. CONSENT AGENDA

Items listed under the Consent Agenda were included with the Board package.

MOTION

BG: 59/15

A motion was made and seconded, BE IT RESOLVED THAT:

All Consent Agenda items, motions and recommendations be accepted as presented.

CARRIED

8. CEO REPORT – T. Stepanuik

The CEO report was included in the board package. The following information was also shared:

- The appendices attached to the CEO report were received at the OHA Session November 12, 2015. These papers discuss contributing to a high performing health system.
- Dr. Dreyer, N. Maltby and T. Stepanuik attended the LHIN CEO/CNE/CEO Retreat on November 27. From discussions at the meeting, future opportunities for MHA could include hospice/palliative care and DI. Reviews will be completed by MHA to determine if MHA has capacity to accommodate any of these potential opportunities.
- MHA received a Silver OHA Workplace Award which was accepted by T. Stepanuik at Health Achieve.
- CT Scanner Policy has been drafted which outlines the mechanism for FCHS and SHHA to send patients to SMGH for CT Scans. The referring physician remains the most responsible physician which provides for quicker access from outside agencies.
- Optimization of ePractice will be ongoing forever. The Board had a lengthy discussion as to how to improve the process and the advantages and disadvantages of Cerner.

MOTION

BG: 60/15

A motion was made and seconded, BE IT RESOLVED THAT:

The Report of the President and Chief Executive Officer be accepted as presented.

CARRIED

9. STRATEGIC ISSUES

9.1 MHA Strategic Plan Rollout Update – T. Stepanuik

A detailed Briefing Note included in the Board package, outlining the roll out strategy for the MHA Strategic Plan was presented.

9.2 Clinical Services Plan Update – D. Butler

The Board's Retreat on Saturday, November 21, 2015, was the initial planning session for Phase 2 of the Strategic Plan – Clinical Services Planning. Three board members, N. Vander Gulik, B. Twyford and K. Williams have volunteered to be part of the small steering committees which will focus on specific areas. D. Butler, R. McRae and N. MacLean are part of the Clinical Services Planning Committee. The Board will plan to hold another retreat in March. A monkey survey will be sent to the Board with suggested dates to meet for the retreat.

9.3 Trane – A. Smith

A. Smith provided an overview of the Trane Energy Performance program. MHA identified the need to pursue energy conservation measures aimed at reducing costs, reducing emissions and improving the hospital environment for staff, patients and families. The intent was to develop a "self funded" program whereby new technology and infrastructure would be paid by guaranteed savings and operational efficiencies. Details of Phase 1 and 2 were discussed as reported in the Briefing Note. The Base Year Savings analysis (April 2014 – March 2015) for SMGH were calculated at 118% and FCHS at 112%. The investments in energy consumption savings and infrastructure will be delivered to both sites over the next 16 months.

In addition to the core Trane project, there will be a separate project with the MHA's utilities company, Entegrus, to develop two, unique power feeds from distinct substations for the SMGH campus to ensure the redundancy of power flow. A new switchgear will be installed as the current equipment has been identified as "obsolete" and "at risk of imminent failure". This is the single point of electricity to the Hospital. Should it fail, the Hospital would be out of electricity for a period of months and require separate diesel generators to run continuously. The cost of the switchgear replacement is estimated at \$2.5 million and will be embedded into the Scotiabank financial instrument. The switchgear is eligible for HIRF funding therefore the 2016/17 allocation will be directed towards this equipment.

Investment costs for SMGH and FCHS were also discussed together with the key benefits for each site.

The Resources Committee recommended that the Board endorse MHA to move forward with the "Performance Agreement for Comfort by Trane" (PACT) contract and finalize the Scotiabank financing required to proceed with the project at the Committee meeting held November 18, 2015.

MOTION

BG: 60/15

A motion was made and seconded, BE IT RESOLVED THAT:

The Middlesex Hospital Alliance Board of Directors authorizes the signing of the PACT Contract with Trane and charge administration to finalize the Scotiabank financing for the Project.

CARRIED

L9.4 IHSP - T. Stepanuik

T. Stepanuik shared the SW LHIN Integrated Health Service Plan (2016-2019). The LHINs are legislated to submit an IHSP however the plan has not yet been approved. With anticipated changes to CCAC, more than likely there will be changes to the plan around home and community care

9.5 Board Member Resignation – B. Twyford

B. Montgomery submitted a Letter of Resignation to the Chair of the Board of Directors effective March 1, 2016, as he and his wife are relocating out of the area. Bill has made many contributions to the Board and is currently a member of the Resources Committee and the FCHS Foundation. Bill has offered to step down before March should a suitable candidate be found to fill this position. We wish Bill all the best and thank him for his contributions to the Board.

The Governance Committee is hoping to recruit potential board members with an educational or aboriginal background as well as candidates residing in the four counties area. Board members were invited to submit names for potential candidates.

9.6 CGE 2016 Education Listing – B. Twyford

The CGE Education offered for 2016 for Board members has been listed on a spreadsheet included in the package. The list includes: broadcasts/conferences/courses/in-person and live webcasts together with a course description. This spreadsheet will be distributed to Board members for reference.

10. Business Arising

There was no business arising.

11. New Business

11.1 Impacting System Improvement through SAA's: Shaping the South West's Future Direction" – T. Stepanuik

A memo from the SW LHIN following a number of engagement sessions held in September and October was included in the package. The focus of the engagements sessions was to modernize how the LHIN uses SAAs to advance shared accountability for improved outcomes, however during these sessions' participants identified a number of related or contextual issues that require follow-up. The feedback received from the SAA Engagement Session participants will help the LHIN to better shape future sessions and ensure alignment of intent, audience and material covered.

S. Ouellet left the meeting prior to the Board convening to the In Camera session.

12. IN CAMERA

MOTION

BG: 61/15

A motion was made and seconded, BE IT RESOLVED THAT:

The Board Convene to an incamera session to discuss physician credentials.

CARRIED

MOTION

BG: 62/15

A motion was made and seconded, BE IT RESOLVED THAT:
The Board rise out of camera and report.

CARRIED

MOTION

BG: 63/15

A motion was made and seconded, BE IT RESOLVED THAT:
Upon the recommendation of Dr. Gary Perkin, Chief of Staff on behalf of the Medical Advisory Committee, the physician applications for Courtesy without Admitting Privileges and Courtesy with Admitting privileges at SMGH provided in camera be accepted as presented.

CARRIED

MOTION

BG: 64/15

A motion was made and seconded, BE IT RESOLVED THAT:
Upon the recommendation of Dr. Gary Perkin, Chief of Staff on behalf of the Medical Advisory Committee, the physician application for Consultant Privileges at FCHS provided in camera be accepted as presented.

CARRIED

13. **CORRESPONDENCE AND ANNOUNCEMENTS**
 - 13.1 CGE Boards November 2015 Edition
 - 13.2 Minister Hoskins Remarks at Health Achieve
 - 13.3 Coleman Response to Minister Hoskins Remarks
 - 13.4 Attributes of High Performance
14. **COMING EVENTS**
 - 14.1 SMGH Foundation and MHA Christmas Social – December 10, 2015 – details to follow
15. **ADJOURNMENT**

The meeting adjourned at 1930 hours. All staff and ex-officio board members left the meeting.
16. **INDEPENDENT DIRECTOR SESSION**

The elected Directors held a 15-minute independent director session.



Dawn Butler
Chair



Todd Stepanuk
CEO & Secretary

Cathy Swan
Recording Secretary