

**Minutes of the Meeting of the MICs Board of Directors**  
**Wednesday, May 24<sup>th</sup>, 2017 – 1730 Hours**  
**Face-to-Face @ SCM Common Room (AGH Lead Site) including dinner**

<b>ANSON GENERAL HOSPITAL</b>	
x	Johanne Edwards – Chair
x	Patrick Britton – Vice-Chair
x	Lee-Ann Boucher – Treasurer
x	Stéphanie Giguère – Municipal Representative
<b>BINGHAM MEMORIAL HOSPITAL</b>	
x	Bob Dennis – Chair
x	Paul Michaud – Vice-Chair
x	Irma Clarke – Treasurer
x	Doug Bender – Municipal Representative
<b>LADY MINTO HOSPITAL</b>	
x	Patricia Dorff – Chair
x	Gilles Chartrand – Vice-Chair
x	Jack Solomon – Treasurer
regrets	Renelle Belisle – Municipal Representative
<b>MICs GROUP OF HEALTH SERVICES</b>	
x	Paul Chatelain – MICs Chief Executive Officer
x	Karen Hill – MICs Chief Nursing Officer / Executive Leader of Clinical Services
x	Dr. Stephen Chiang – MICs Chief of Staff
regrets	Dr. Joey Tremblay – MICs President of Medical Staff
<b>GUESTS</b>	
x	Suzanne Gadoury – MICs Executive Assistant ( <i>Recording Secretary</i> )
x	Gail Waghorn – MICs Chief Financial Officer / Executive Leader of Corporate Services
x	Isabelle Boucher – MICs Director of Quality, Risk and Patient Safety

**1.0 Call to Order & Chairs Remarks (J. Edwards)**

1.1 J. Edwards opened the meeting with a welcome and asked Board Members if there were any declarations of conflict.

**2.0 Approval of Agenda (J. Edwards)**

The agenda was reviewed.

Motion:

Moved by: P. Dorff

Seconded by: I. Clarke

Be it resolved,

**THAT** the MICs Board of Directors approve the board agenda as presented.

Carried.

### 3.0 Trustee Education/Presentations

#### 3.1 QCIPA and Implications for Governance – K. Hill

- The CNO told the story of a patient who was misdiagnosed with breast cancer due to an issue with the diagnostic imaging hormone testing and how the hospital board and administration dealt with the outcome as many more patients were also misdiagnosed
- The board's decision to wait before communicating the issue caused a break in trust within the community.
- Board members were invited to ask questions.
- There was some discussion on how this story relates to our communities and how our board would deal with a similar situation.

#### 3.2 Accreditation Update – I. Boucher

- Isabelle presented the Accreditation presentation and explained what we are doing to prepare for Accreditation and what to expect during the physical accreditation survey which will take place sometime in February 2018.

### 4.0 Approval of Minutes (J. Edwards)

#### 4.1 Minutes of the MICs Board of Directors meeting held April 26<sup>th</sup>, 2017 were provided for information.

Motion:

Moved by: B. Dennis

Seconded by: S. Giguère

Be it resolved,

**THAT** the MICs Board of Directors approve the minutes of the meeting held April 26<sup>th</sup>, 2017 as presented.

Carried.

### 5.0 Follow-Up Items

#### 5.1 Review of May Board Work Plan

- The Board Work Plan was reviewed.
- Chief of Staff and CEO appraisals are being done this month.

### 6.0 MICs Finance

#### 6.1 March 2017 Financial Statements – G. Waghorn

- Chief Financial Officer gave a broad overview of the financial statements for all sites
- Audit for fiscal year 2016-2017 is nearly completed; the auditor will be providing the audited financial statements in June; surplus is slightly higher than expected due to the 2% base funding increase
- **BMH:** ending the year with a surplus of \$698,000; received extra hospice funding
- **AGH:** ended year with a \$288,000 operating surplus due to hospice funding; we were able to offset some operational costs from deferred dollars from past surpluses
- **SCM:** is in a breakeven position; building amortization caused a lost; ended with a \$22,000 deficit
- **LMH:** ended the year with a \$515,000 surplus; \$145,000 funding letter from the LHIN for the 4 beds was misleading as this amount was not additional funding

- **V.M.:** \$176,000 deficit at year-end; working on LTC budget; CFO will be bringing forward some financial planning; goal is to balance the budget
- These numbers should be the same in the audited financial statements

## 7.0 Presentations/Reports (J. Edwards)

### 7.1 Chief Executive Officer Report: (P. Chatelain)

- The report was provided for information.
- The CEO provided the following overview:
  - Continuing work with architect on SCM drawings; redeveloping schematics to include assisted living complex
  - Paul is meeting with CDSSAB in Cochrane tomorrow to discuss the assisted living complex
  - Ministry of Health and LTC was very impressed with SCM's responses to the compliance orders that were issued; they will be going to Villa Minto next
  - Announced D. Stringer's upcoming retirement in June
  - AGH roof is nearly completed; nursing station is underway; flooring is completed
  - BMH nursing station and Rosedale shower room will be renovated
  - LMH transformer will be replaced this spring
  - HIRF funding for 2017-2018 was received
  - Submitted 7 individual exceptional circumstances business cases; resubmitted for the replacement of the AGH oil tanks
  - NELHIN confirmed a 2% increase in base funding for 2017-2018
  - Paul is requesting a 1.4% increase in salary for the non-union staff effective April 1<sup>st</sup>, 2017

Motion:

Moved by: G. Chartrand

Seconded by: I. Clarke

Be it resolved,

**THAT** the board approve a 1.4% increase in salary for non-unionized staff effective April 1<sup>st</sup>, 2017 as presented

Carried.

- The Annual General Meeting is scheduled for June 21<sup>st</sup> at the Black River-Matheson Family Lodge; Sharon vanValkenburg will be the guest speaker
- Board Members were invited to ask questions.

### 7.2 Chief Nursing Officer Report: (K. Hill)

- The CNO provided a report and overview of the information submitted
- This month's report focussed on:
  - MOHLTC compliance visits: seven written notices and three voluntary plans of correction were given during a compliance inspection at Rosedale from April 3-7; all three Directors of Care and the CNO meet regularly to review compliance
  - MICs CIHI LTC Quality indicators: all three sites have experienced an increase in worsened behavioural symptoms but have also seen some improvement; quality indicators for all LTC homes were provided; making some headway in the use of antipsychotics without having a diagnosis; the graphs track the residents who are showing symptoms of behavioural symptoms as well as the improvements

- Medical Pharmacies Quality Assurance Audits: 87% compliance with medication practice requirements at South Centennial Manor; 92% compliance at Villa Minto and 93% compliance at Rosedale Centre; the co-payment for LTC residents' medications was eliminated; Medical Pharmacies will be working with administration to make improvements
- LTC Improvement Update: development of integrated compliance summary to track orders, written notices and voluntary plans of corrections; standardizing admission packages; BSO/Senior Mental Health program focussing on behaviour awareness in acute and long-term care settings; NP is reviewing opportunity of having medical directives in long-term care; Directors of Care are focussing on fall prevention; purposeful rounding is now being used showing noted improvement
- Board Members were invited to ask questions.

### 7.3 Chief of Staff Report: (Dr. Chiang)

- The NOSM Timiskaming-Cochrane Local Education Group Spring Education Conference is being held at the Legion on May 26<sup>th</sup>.
- NOSM will be at the Legion at 5:00 p.m. on May 26, 2017; dinner will be provided; everyone is invited to meet the NOSM representatives.
- The MAID Protocol has been approved by the MICs MAC which means that patients from our three communities can now request MAID treatment. Death certificate will be signed by the attending physician because the Coroner will not have time to deal with all the MAID cases.
- OMA and MOHLTC negotiation update: both parties reached a tentative agreement on binding arbitration; this agreement will be voted on by OMA members from June 7 to June 17, 2017.
- There are a few changes to Bill 87 (Protecting Patient Act) because of OMA lobbying.
  - The interim suspension of a physician's licence must be based on: (a) a formal complaint and (b) a physician's actual conduct rather than his or her physical or mental health.
  - During the patient-physician encounter, the touching has to be "of a sexual nature". This excludes the appropriate clinical touching which does not constitute sexual abuse. This Act also gives a definition of a "patient" for the first time.
- Bill 129 (Freedom of Conscience in Health Care) was introduced into the Ontario Legislature with objectives to allow health care professionals to not participate in MAID due to their conscience objection. The AGH physicians have agreed to offer MAID. LMH physicians will have to decide this as a group. AGH will look after BMH since there aren't enough BMH physicians to offer the service. Physicians must decide for themselves and can't be forced to participate.
- There was a complaint against a physician from his previous hospital. An investigation was done by the CPSO and their ruling is posted on the CPSO website. A copy of the ruling was provided for information. He will need to take some specific remediation courses.

### 8.0 **LHIN / MOHLTC Business** (P. Chatelain)

- The NECCAC officially goes under the umbrella of the NE LHIN on May 31<sup>st</sup>

**9.0 MICs Quality Committee (I. Boucher)**

- N/A

**10.0 Site Business (J. Edwards)**10.1 Anson General Hospital:

- Rear Canopy Support Columns need to be replaced. This is over our capital budget for this year but this can't wait until next year.

Moved by: L. Boucher

Seconded by: P. Britton

Be it resolved,

**THAT** the AGH Board of Directors approve the replacement of the rear canopy support columns in the amount of \$35,000 as presented.

Carried.

10.2 Bingham Memorial Hospital:

- N/A

10.3 Lady Minto Hospital:

- N/A

**11.0 Partnership Business (J. Edwards)**11.1 Approval of Executive Compensation Framework for the CEO and Executive Team

- It is unsure if the wage freeze will be lifted or not. It would be good to have a motion in place in case it is.

Moved by: P. Dorff

Seconded by: G. Chartrand

Be it resolved,

**THAT** the MICs Board of Directors approve the Executive Compensation Framework and salary increase for the Chief Executive Officer to a maximum of \$236,752 which is the median salary for all CEOs from other comparator hospitals and the median salary increase of the Chief Financial Officer, Chief Nursing Officer and Director of H.R. if and when the executive compensation freeze is lifted.

Carried.

11.2 April 2017 Board Effectiveness Survey Results

- 9 out of 13 surveys were submitted.
- Results will need to be discussed at the board retreat. Board members who enter a low score should add a comment to clarify.

11.3 May Board Effectiveness Survey

- The survey was emailed via Survey Monkey.

11.4 Wound Care

- AGH Board Chair feels that the MICs communities could benefit from an IFFHT

Team Member' wound care expertise. We have an aging population, a large population of diabetics and people with peripheral vascular disease.

- Need to look at the work involved in implementing this; it is not the hospital's mandate to provide outpatient clinics but the NECCAC's; the present wound care service is not adequate and patients end up with more complex wounds; if the NECCAC could fund the clinic, the hospital would provide the service; MICs hospitals would benefit from patients' shortened hospital stay due to good wound care received; small rural transformation fund will be contacted

Moved by: B. Dennis

Seconded by: L. Boucher

Be it resolved,

**THAT** the MICs Senior Management Team, in collaboration with Dr. Chiang (MICs Chief of Staff), explore the feasibility of an outpatient wound care clinic for MICs to be done within one year as presented.

Carried.

#### 11.5 Nominating Committee Membership

- Governance committee was also acting as the nominating committee
- This is not in compliance with the by-laws as this causes a conflict of interest
- The nominating committee will consist of the entire board
- Both Terms of Reference will be revised and presented to the board for approval at the June Board of Directors meeting.

#### 11.6 Governance Self-Assessment Survey – I. Boucher

- The governance survey was distributed to all board members present
- The board discussed each item and came to a consensus on each answer
- Isabelle entered the answers into the portal.

#### 12.0 **Board Committee Minutes**

- Quality, Board Governance and Strategic Planning minutes were provided for information
- NEON faxing solution is an automated faxing process p. 27
- Minor corrections were made to the Quality minutes

#### 13.0 **MICs News** (J. Edwards)

- May 2017 MICs News was provided for information.

#### 14.0 **Next Meeting Date** (J. Edwards)

- Wednesday, June 21<sup>st</sup>, 2017 at 7:00 p.m. (LMH Lead Site)

#### 15.0 **Generative Thinking** (J. Edwards)

- N/A

#### 16.0 **Upcoming Meeting Dates**

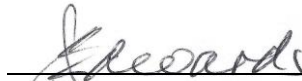
- As per agenda.

#### 17.0 **Adjournment** (J. Edwards)

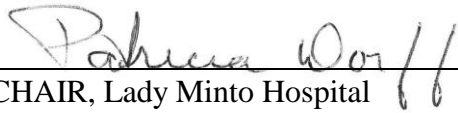
- There being no further business, the meeting adjourned at 9:00 p.m.



CHAIR, Bingham Memorial Hospital



CHAIR, Anson General Hospital



CHAIR, Lady Minto Hospital



SECRETARY, MICs C.E.O.