

OPEN SESSION MINUTES OF THE AHI & TDMH JOINT BOARD OF DIRECTORS' MEETING
Wednesday, March 29, 2017 at 6:00 pm
TDMH Boardroom

PRESENT:

AHI

Bill Mayoros (Co-Chair) Ian Blain Don Campbell Al Lauzon Kristie McCulligh Maureen Ralph
 Carol Smith-Gee

TDMH

Mel Getty (Co-Chair) Cheryl Buchner Gary Foerster Barbara Morgan Larry Phillips Ruby Withington

EX-OFFICIOS

Dr. Mohamed Abdalla Frank Deutsch Dr. Dan Dockx Dr. Helen Frye Dr. Joel Wohlgemut

GUEST(S): Lisa Wallace, AHI & TDMH Information Technology Service Coordinator

REGRETS:

TDMH Julie Ellery Cliff Evanitski

RESOURCE: Loralee Heemskerck, Recording Secretary

AGENDA ITEM	DISCUSSION/OUTCOME	ACTION PLAN/ TIMEFRAME & RESPONSIBILITY
OPEN SESSION		
1. CALL TO ORDER	Mel Getty called the open session meeting to order at 6:00 pm.	
1.1 Quorum	A quorum was present.	

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<p>1.2 Conflict of Interest Declaration</p> <p>1.3 Approval of Agenda</p> <p>2. BOARD EDUCATION SESSION: Cyber Security</p>	<p>There were no conflicts to declare.</p> <p><u>MOTION:</u> Moved by Bill Mayoros Seconded by Kristie McCulligh</p> <p>RESOLVED that the agenda be approved as circulated. Carried.</p> <p>The presentation provided an overview of Cyber Security and how the hospitals prevent and protect ourselves from cyber threats.</p> <ul style="list-style-type: none"> • What are cyber threats? • Types of Malware • How does this impact us? • What do we do to handle an attack? • What is cyber security? • Cyber Risk & Vulnerabilities • IT Security Framework • How do we protect ourselves? <p>During discussion the following was reviewed:</p> <ul style="list-style-type: none"> • Hospitals have standardized on hardware and infrastructure across the region. • Team member education and awareness play an important role in helping to prevent cyber threats. • Caution is exercised re external device plug-ins. • Pro-active approach - reassurance that AHI and TDMH have the security measures in place to protect our information and system back-ups for information retrieval. 	

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<p>3. CONSENT AGENDA</p>	<p>The following items are listed under the consent agenda:</p> <p>3.1 Approval of previous open session minutes – January 25, 2017</p> <p>3.2 Integrated Corporate Planning and Finance Committee – March 20, 2017</p> <ul style="list-style-type: none"> • Item 4.1. Approval AHI 2017/2018 Hospital Service Accountability Agreement • Item 4.2 Approval of TDMH 2017/2018 Hospital Service Accountability Agreement • Item 5. Approval of AHI 2017/2018 Multi-Sector Service Accountability Agreement <p>3.3 Integrated President and CEO Report</p> <p>3.4 Integrated VP and CFO Report</p> <p>3.5 AHI Chief of Staff Report</p> <p>3.6 AHI Joint Health and Safety Minutes – Jan. 24, 2017 & Feb. 28, 2017</p> <p>3.7 TDMH Joint Health and Safety Minutes – Jan. 18, 2017 & Feb. 8, 2017</p>	<p>Obtain original signatures (L. Heemskerk)</p> <p>Submit to LHIN by March 31, 2017 (L. Heemskerk)</p> <p>Submit to LHIN by March 31, 2017 (L. Heemskerk)</p> <p>Submit to LHIN by March 31, 2017 (L. Heemskerk)</p>

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<p>4. BUSINESS ARISING FROM CONSENT AGENDA</p> <p>5. MATTERS FOR DECISION/DISCUSSION /INFORMATION</p> <p>5.1 Integrated Quality Committee – Feb. 6 & March 6, 2016</p>	<p><u>MOTION:</u> Moved by Maureen Ralph Seconded by Al Lauzon</p> <p>RESOLVED that the AHI and TDMH Joint Board of Directors receive and accept the above reports in the consent agenda. Carried.</p> <p>There is no business arising from the consent agenda.</p> <p><u>Feb. 6, 2017 & March 6, 2017 Meetings</u> Discussion ensued with regards to the closed loop medication administration (CLMA) process and compliance challenges within the TDMH Emergency Department. CLMA is a patient safety improvement initiative and is therefore a priority. A presentation with further details will be forthcoming to the Quality Committee meeting next week.</p> <p>The CLMA system tracks medication delivery and can generate a lot of useful information. Both AHI and TDMH recently completed their Pharmacy Accreditation process and CLMA will be a requirement in future.</p> <p><u>Item 6.3 2017/2018 AHI and TDMH Quality Improvement Plans (QIP) Narratives</u></p> <ul style="list-style-type: none"> • AHI made an independent decision several years ago to apply a 5% salary rollback for both the Chief Executive Officer (CEO) and Chief of Staff (COS). 	

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	<ul style="list-style-type: none"> TDMH has a 5% salary rollback for the CEO and 2% for the COS. Aligning the COS process will be addressed during the development of the new Executive Compensation Program. <p><i>Work Plans</i></p> <ul style="list-style-type: none"> Challenged leadership team to increase some of the indicator targets. Plan is being developed to improve the patient satisfaction survey tool, e.g. make data more meaningful and increase response numbers. Encouraged timely delivery of TDMH discharge summaries. <p><u>MOTION:</u> Moved by Ian Blain Seconded by Don Campbell</p> <p>RESOLVED that the AHI Board of Directors approve the <i>AHI 2017/2018 Quality Improvement Narrative and Improvement Targets and Initiatives Work Plan</i> as presented. Carried.</p> <p><u>MOTION:</u> Moved by Gary Foerster Seconded by Cheryl Buchner</p> <p>RESOLVED that the TDMH Board of Directors approve the <i>TDMH 2017/2018 Quality Improvement Narrative and Improvement Targets and Initiatives Work Plan</i> as presented. Carried.</p> <p><u>Item 8.1 2017/2018 Proposed Pay for Performance</u></p> <ul style="list-style-type: none"> 48 hour delivery of discharge summaries is not included in pay-for-performance. 	<p>Submit to Health Quality Ontario by March 31, 2017 (L. Heemskerk)</p> <p>Submit to Health Quality Ontario by March 31, 2017 (L. Heemskerk)</p>

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<p>5.2 South West Local Health Integration Network (LHIN)</p>	<p><u>Membership Recruitment: Patient and Family Advisory Committee and Health System Renewal Advisory Committee</u></p> <ul style="list-style-type: none"> • LHIN seeking members of the public and health system partners to be considered for membership on their Patient & Family Advisory as well as Health System Renewal Advisory. • Expressions of interest can be forwarded to hospital administration. <p><u>LHIN Networking & Information Session – Feb. 21, 2017</u></p> <ul style="list-style-type: none"> • Focused on Patients First Act. • Slide presentation posted on board portal under ‘Continuing Education’. <p><u>LHIN Board to Board Reference Group Update</u></p> <ul style="list-style-type: none"> • LHIN sub-regions approved • Looking at where Board to Board Reference Group fits in with the new Patient & Family Advisory and Health System Renewal Advisory Committees. • Sub-region for Oxford County –statistics indicate oldest physician group in the region with heaviest patient load. • Suggest LHIN take into consideration that TDMH also serves residents from Norfolk and Elgin Counties. 	
<p>5.3 Board Education Updates</p>	<p><u>OHA Board Dynamic and Culture – Behaviours That Make or Break Your Board – Feb. 10, 2017 Highlights</u></p> <ul style="list-style-type: none"> • Slide presentation posted on board portal under ‘Continuing Education’. • Need for board to have solid conflict of interest and code of conduct policies. • Encourage independence of mind. • Guard against ‘group think’ where approval by majority of board members and individual hesitant to speak up. 	

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	<ul style="list-style-type: none"> • Meeting without management – consider prior to the scheduled board meetings to discuss expected achievement for the meeting and then again afterwards if necessary. • Outside independent advisors especially in the areas of insurance coverage. • Employee culture surveys– independent source reports directly to audit, not through management. • Key personnel presentations below senior level at each board meeting about their role and challenges in their area. • Noted that AHI and TDMH have a lot of positives. <p>Discussion ensued with regards to having personnel below the senior level present departmental role and challenges. The Quality work plan does include presentations from clinical areas however not support services.</p> <p>It was noted that Board attendance at Team Member Forums was very worthwhile and provided a learning opportunity.</p> <p><u>OHA Governance Implications of Quality of Care Information Protection Act (QCIPA) Legislation – March 23, 2017</u></p> <ul style="list-style-type: none"> • Slide presentation posted on board portal under ‘Continuing Education’ • 2004 data (excluding paediatrics and obstetrics) indicates that 37% of adverse events are preventable. Consideration given to impact on budget. • Encourage board members to go where the work is being done, see what monitoring tools are being used, feel the culture, noses in to understand the context however role is still strategic. 	<p>Forward to May 1st Quality Committee for further discussion (F. Deutsch)</p> <p>Extend invite to future sessions (L. Heemskerk/D. Tovey)</p>

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<p>6. NEW BUSINESS</p> <p>7. MOTION TO MOVE TO IN-CAMERA SESSION</p>	<ul style="list-style-type: none"> • Other organizations: Board committees seem to be meeting 6-8 times per year and the board every month. • Changes to QCIPA coming into effect on July 1st. • Boards should decide what programs to offer. • Generally we under report incidents. Important to learn from investigation and follow-up. • Suggest early sharing of high-level information about incidents with directors, with further details at later date. <p>There will be further discussion at Quality Committee about QCIPA changes and quality improvement initiatives.</p> <p>There is no new business to address.</p> <p><u>MOTION:</u> Moved by Ian Blain Seconded by Gary Foerster</p> <p>RESOLVED to move into the in-camera session at 7:46 pm to receive reports on items pursuant to the Board of Director's In-camera policy. Carried.</p> <p>The meeting terminated at the completion of the closed session.</p>	



Frank Deutsch, Acting AHI and TDMH
Integrated President and CEO



Mel Getty,
TDMH Joint Board Co-Chair