FINAL

OPEN SESSION MINUTES OF THE AHI & TDMH JOINT BOARD OF DIRECTORS' MEETING
Wednesday, January 25, 2017
AHI 2nd Floor Lounge

PRESENT:

AHI

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

TDMH

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

EX-OFFICIOS

Dr. Mohamed Abdalla Frank Deutsch Julie Ellery Dr. Helen Frye Dr. Joel Wohlgemut

GUEST(S): Cheryl Pfaff, Integrated Senior Director, Quality, Risk and Human Resources (Item 2. Board Education)

REGRETS:

TDMH Dr. Dan Dockx

RESOURCE: Loralee Heemskerk, Recording Secretary

AGENDA ITEM	DISCUSSION/OUTCOME	ACTION PLAN/ TIMEFRAME & RESPONSIBILITY
OPEN SESSION		
1. CALL TO ORDER	Bill Mayoros called the open session of the meeting to order at 5:59 pm.	
1.1 Quorum	A quorum was present.	

AGENDA ITEM	DISCUSSION/OUTCOME	ACTION PLAN/ TIMEFRAME & RESPONSIBILITY
1.2 Conflict of Interest Declaration	There were no conflicts to declare.	
1.3 Approval of Agenda	**MOTION:** **Moved by Al Lauzon** **Seconded by Maureen Ralph** **RESOLVED that the agenda be approved as circulated. Carried.**	
2. BOARD EDUCATION SESSION	Patient and Family Centred Care by Cheryl Pfaff, Integrated Senior Director, Quality, Risk and Human Resources The goal of Patient and Family Centred Care (PFCC) is to create partnerships among healthcare practitioners, patients and families that will lead to best outcomes and enhance quality and safety of healthcare. Presentation highlights: • Key Principles • Video: Strategies for Leadership: PFCC • Implementation at AHI and TDMH • Next Steps. With regards to some hospitals eliminating visiting hours as a strategy for PFCC, it was explained that the AHI and TDMH PFCC Steering Committee will be reviewing visiting hours. Enforcement of current visiting hours is dependent upon a number of variables, e.g. patient's condition, number of visitors. There is a balance between reasonable visiting hours and advocating for the patient.	

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	Discussion during the presentation included:	
	• Physician buy-in to PFCC philosophy. There has been PFCC education at Medical Advisory Committee. It was suggested that consideration be given to having a physician representative on the PFCC Steering Committee.	Follow-up at next PFCC Steering Committee meeting (Cheryl Pfaff)
	• Patient confidentiality in ward rooms can be difficult however it is a reality of the facility structure. Patient can give their consent to discuss or alternative arrangements can be made to discuss elsewhere.	
	Dr. Frye excused herself at 6:27 pm.	
	• There is implied consent from the patient when family members are present during discussions with healthcare professionals, otherwise patient must inform hospital who can receive information.	
	• Do not foresee any additional resources to implement PFCC initiatives.	
3. CONSENT AGENDA	The following items are listed under the consent agenda:	
	3.1 Approval of previous open session minutes – November 30, 2016	Obtain original signatures (Loralee Heemskerk)
	3.2 Integrated Corporate Planning and Finance Committee – January 16, 2017	
	3.3 Integrated President and CEO Report	
	3.4 Integrated VP and CFO Report	

AGENDA ITEM	DISCUSSION/OUTCOME	ACTION PLAN/ TIMEFRAME & RESPONSIBILITY
	3.5 Integrated VP and CNE Report 3.6 AHI Chief of Staff Report 3.7 AHI Joint Health and Safety Minutes – November 22, 2016 **MOTION:** **Moved by Gary Foerster** **Seconded by Kristie McCulligh** **RESOLVED that the AHI and TDMH Joint Board receive and accept the above reports in the consent agenda. Carried.**	
4. BUSINESS ARISING FROM CONSENT AGENDA	There is no business arising from the consent agenda.	
5. MATTERS FOR DECISION/DISCUSSION /INFORMATION		
5.1 Integrated Quality Committee – Dec. 5, 2016	The meeting package was pre-circulated. During discussion the following was highlighted: • Patient and Family Centred Care, e.g. work plan presentation • Quality Improvement Plan (QIP) Update: The draft 2017/2018 QIP will be presented to the Quality Committee in February. Once finalize, quarterly reports will be forthcoming to the committee. • Benchmarks are determined from last year's Canadian Institute of Health Information data as well as targets negotiated as part of the LHIN Hospital Service Accountability Agreement (H-SAA).	

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	• Quality Committee meeting evaluations The joint board received the reports of the Quality Committee.	
5.2 Hospital Service Accountability Agreements – Intent to Sign	• Approval for the AHI and TDMH Hospital Service Accountability Agreements (H-SAA) will be forthcoming to the March 29th joint board meeting. • In the meantime the LHIN may request hospitals to submit an H-SAA 'intent to sign'. • Hospitals submitted high-level revenue and expense projections to the LHIN in December, i.e. AHI = $94,000 surplus; TDMH = $44,000 surplus. • There is no reason not to sign a 'statement of intent' indicating that both organizations plan on signing the H-SAA. <u>H-SAA Process</u> • Currently working through detailed budget. If LHIN timelines allow we will submit updated high-level projections to the LHIN. • LHIN will send back a proposal for our review. They base statistical targets on Q3 and Q4 data from last year and Q1 and Q2 data from current fiscal year. • There may need to be discussion regarding alternate level of care situation. • LHIN may introduce some new indicators. In response to questions, it was explained that some hospitals may not feel comfortable submitting an 'intent to sign' if they are forecasting a deficit and need more funding. If the board submits an 'intent to sign' it does not mean that we are going to be held to it. There was a time in the 1990's when hospitals were required to send back any surplus funds however now there is legislation stating that we can keep our surpluses.	

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	Multi-Sector Accountability Agreements (M-SAA) are different in that community programs are required to send back surpluses and therefore the LHIN has not asked for an 'intent to sign'. AHI administers the Salvation Army's Withdrawal Program which brings in approximately $50,000 in revenue.	
	<u>MOTION:</u> **Moved by Ian Blain** **Seconded by Al Lauzon** **RESOLVED that subject to consideration by the Alexandra Hospital, Ingersoll Board of Directors of the final 2017/2018 Hospital Service Accountability Agreement (H-SAA) at the Wednesday, March 29th board meeting, it is the intention of the organization to approve and sign the final 2017/2018 H-SAA. Carried.**	Follow-up (Frank Deutsch)
	<u>MOTION:</u> **Moved by Larry Phillips** **Seconded by Barb Morgan** **RESOLVED that subject to consideration by the Tillsonburg District Memorial Hospital Board of Directors of the final 2017/2018 Hospital Service Accountability Agreement (H-SAA) at the Wednesday, March 29th board meeting, it is the intention of the organization to approve and sign the final 2017/2018 H-SAA. Carried.**	Follow-up (Frank Deutsch)
5.3 Freedom of Information Update	Hospitals are required to annually report Freedom of Information (FOI) requests to the Information and Privacy Commissioner. In 2016 AHI and TDMH each received one FOI request from a lawyer pertaining to workplace violence incidents. The majority of Ontario hospitals received the same request.	

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	AHI and TDMH receive very few FOI requests and legal counsel is sought when appropriate, e.g. contentious matters. Hospitals are able to get some financial reimbursement for time spent gathering information. We will ensure that both AHI and TDMH statistics are reported to the Information and Privacy Commissioner by the February 27th deadline.	Follow-up (Frank Deutsch)
5.4 Board Continuing Education Updates	OHA Board Self-Assessment Results Webcast – January 18, 2017 (Al Lauzon) The speaker panel included representation from small and large hospitals and addressed the OHA Board Self-Assessment process and 2016 results. During discussion the following was reviewed: • provincial comparison may not be meaningful due to variations • instrument is subjective • highlights from AHI and TDMH 2014 and 2016 results • revisit action plan throughout year • board peer to peer review requires a great deal of trust, honesty and constructive feedback.	
6. NEW BUSINESS	There is no new business to address.	
7. MOTION TO MOVE TO IN-CAMERA SESSION	**MOTION:** **Moved by Cheryl Buchner** **Seconded by Ruby Withington** **RESOLVED to move into the in-camera session at 7:02 pm to receive reports on items pursuant to the Board of Director's In-camera policy. Carried.** The meeting terminated at the completion of the closed session.	

Frank Deutsch, Acting AHI /TDMH President and CEO

Bill Mayoros, AHI Joint Board Co-Chair