

NORTHUMBERLAND HILLS HOSPITAL

BOARD OF DIRECTORS

December 6, 2012

5:00 pm - Boardroom

MINUTES

Present: D. Mann, Chair; J. Hudson, T. Sears, J. Russell, J. Farrell, D. Pepper, C. Stewart, B. Brook, B. Carman, A. Logan, H. Sculthorpe, R. Biron, D. Broderick, H. Brenner

Regrets: B. Gerber, K. Jackson, G. Metson, A. Stratford, J. Parravano

Staff: E. Vosburgh, J. Gillard

1. CALL TO ORDER

D. Mann called the meeting to order at 5:00 pm.

2. EDUCATIONAL PRESENTATION

Elizabeth Vosburgh, V.P. Human Resources and Quality presented an overview of the Risk Management program at Northumberland Hills Hospital.

3. CONFLICT OF INTEREST

None.

4. APPROVAL OF AGENDA

It was Moved by C. Stewart and Seconded by J. Hudson that the agenda be approved with amendment to next meeting date. The meeting of January 3, 2013 may be cancelled and may be rescheduled at the call of the Chair. Carried.

5. APPROVAL OF PREVIOUS MINUTES

It was Moved by T. Sears and Seconded by H. Sculthorpe that the minutes of November 8, 2012 be approved as circulated. Carried.

6. CHAIR REMARKS

D. Mann expressed a thank you to J. Russell for chairing the November 8th meeting.

7. CHIEF EXECUTIVE OFFICER'S REPORT

R. Biron reviewed the CEO report that was circulated to the Board.

- A letter received from a nursing student was highlighted who reflected on the core values of the hospital she experienced daily of respect, collaboration and teamwork.
- The Canadian Institute for Health Information has released two reports. Health Care in Canada 2012: A focus on wait times reviews patient experiences in accessing care across the health system. Seniors and Alternate Level of Care provides insight into patients in hospital waiting for long-term care placement or home care services.
- R. Biron wished all Board Directors a wonderful Christmas and New Year.

8. CHIEF OF STAFF REPORT

D. Broderick reviewed the report that was circulated to the Board.

D. Broderick outlined a recommendation from the Medical Advisory Committee to appoint Dr. R. Krishnan to Chief of Internal Medicine. D. Broderick reported that with the addition of another internist to the department there was a need to set up a formal department structure for Internal Medicine.

It was Moved by B. Brook and Seconded by B. Carman to approve the appointment of Dr. Rajesh Krishnan to Chief of Internal Medicine. Carried.

D. Broderick reviewed the Credentials Committee report. Four physicians were recommended staff privileges.

It was Moved by J. Hudson and Seconded by J. Russell to approve the following staff for privileges:

- Dr. Daniel Nayot, LOCUM – OBS/GYNE
- Dr. Ariana Murata, LOCUM – ED (MedEmerg)
- Dr. Kristin Vaga, ASSOCIATE – EMERGENCY MEDICINE
- Dr. Allegra Lywood, LOCUM – FAMILY MEDICINE & OBS (Dr Pepper's Replacement)

Carried.

9. REPORTS FROM COMMITTEES

9.1 QUALITY AND SAFETY COMMITTEE

C. Stewart provided the report of the Quality and Safety Committee.

The Committee received a presentation from Anna-Marie Sutherland, Patient Care Manager, on the Outpatient Chemotherapy department. Prior to the presentation, a tour was provided of the unit.

An update on physician recruitment was provided by D. Broderick. Two new family physicians will be practicing in the community and the first NHH Hospitalist will be starting on December 24th, 2012.

The Committee reviewed the second quarter results for the Quality Indicator Report and the Quality Improvement Plan.

9.2 Governance Committee

J. Russell provided the report of the Governance Committee.

The Committee reviewed the draft Board policy for Community Board Members. Revisions were recommended and a further draft will be brought to the Committee. The updated Board Education Schedule was circulated.

The Committee discussed the Central East Local Health Integration Network (CE LHIN) Integration Strategy that was presented to their Board on November 28th. The Northumberland County Community Health Services Integration strategy presented to the CE LHIN Board includes Northumberland Hills Hospital, Campbellford Memorial Hospital, Campbellford Memorial Multicare

Lodge, Port Hope Community Health Centre and Community Care Northumberland. The Committee was encouraged by the direction as it is consistent with the NHH Board approach and proposal.

Whereas Northumberland Hills Hospital (NHH) is committed to sustaining and enhancing local access to health services;

Whereas NHH is committed to pursuing opportunities that will improve patient experiences and outcomes through better coordination of health services particularly in Northumberland; and,

Whereas any proposed health system integration strategies must demonstrate reduced healthcare expenditures and overall cost savings;

It was Moved by J. Russell and Seconded by T. Sears to endorse the Central East Local Health Integration Network's Community Health Services Integration Strategy for Northumberland County as being consistent with NHH's Board commitments to:

- **Protect and enhance local access to essential acute care services in Northumberland;**
- **Explore the creation of an integrated health care model that is geographically aligned to the community of Northumberland, and includes hospitals, community agencies and primary care;**
- **Participate as an equal partner to create a new governance structure to support the integrated model;**
- **Advocate for funding to sustain local health services during the transformation period;**
- **Complete a thorough due diligence process with our health services partners and the Central East LHIN to ensure the objectives are attainable; and,**
- **Engage our community throughout the process to ensure the best possible decisions are made and public trust in our hospital continues to grow.**

Carried.

9.3 Finance and Audit Committee

B. Brook provided the report of the Finance and Audit Committee.

The variance report to October 31, 2012 was reviewed. The operating deficit before amortization is \$162,505 and NHH forecast to year end remains unchanged.

The Committee received a summary of funding confirmed to date, including one-time Wait Time funding, one-time Late Career funding, OBSP Breast Cancer Screening funding and Starch Volume Expanders base funding. A report on the recovery plan presentation to the CE LHIN was provided by R. Biron with some of the key messages relating to policy issues for Medium Sized hospitals.

The Committee was presented an update on the stockless inventory program implemented in May 2012. This system has made significant progress towards reducing inventory and costs of medical surgical supplies while improving customer service.

10. FOUNDATION REPORT

A. Logan provided the Foundation report.

A presentation on the Annual Gala was received detailing the successes and lessons learned. The 12th Annual Gala raised \$136,000.

The Light Up a Life campaign will be held on December 12th at 7:00 pm.

11. AUXILIARY REPORT

No report.

<p>It was Moved by J. Russell and Seconded by B. Brook that all reports be received. Carried</p>

12. OTHER BUSINESS

13. FOR INFORMATION/CORRESPONDENCE

R. Biron noted the Ministry of Health and Long-Term Care has released an announcement on the new Health Links initiative.

14. QUESTIONS AND COMMENTS

None

15. IN CAMERA

The meeting moved to in-camera at 6:00 pm on a motion by C. Stewart and seconded by H. Sculthorpe

The in-camera meeting addressed matters relating to the CE LHIN Community Health Services Integration Strategy.

16. NEXT MEETING

At the call of the Chair

17. TERMINATION OF MEETING

The meeting terminated at 7:03 pm on a motion from T. Sears.