

# NORTHUMBERLAND HILLS HOSPITAL BOARD OF DIRECTORS

**March 3, 2016  
Boardroom  
MINUTES**

---

Present: B. Selby, Vice Chair; A. Stratford, D. Broderick, T. McLean, B. Gerber, L. Stevenson, H. Brenner, J. Hudson, C. Tozer, S. Olsen, C. Gilmer, B. Carman, P. Went, P. Page Hoisak, M. Bhargava, L. Davis

M. McAllister, M.A. Peek, D. Slater, S. Aldis Routh

Regrets: J. Russell, L. Kay, D. Mann

Staff: J. Gillard, C. Turk, E. Vosburgh

---

**1. CALL TO ORDER**

B. Selby called the meeting to order at 5:00 pm.

**2. CONFLICT OF INTEREST**

None declared.

**3. APPROVAL OF AGENDA**

It was Moved by P. Went and Seconded by J. Hudson to approve the agenda as circulated. Carried.

**4. APPROVAL OF PREVIOUS MINUTES**

It was Moved by C. Tozer and Seconded by S. Olsen that the minutes of February 5, 2016 be approved as circulated. Carried.

**5. EDUCATION PRESENTATION**

Craig Robinson, Senior Director, Central East LHIN, attended the meeting to present on the progress of Health Links within the Central East LHIN. The presentation highlighted the linkage between the LHIN Integrated Health Service Plan and Health Links and outlined the next steps for the Central East LHIN Health Links. The goal for Health Link communities will include collaboration with primary care providers and home and community care providers and to support an integrated model of care for patients.

Following the presentation, the Board queried on the results of the Health Links to date, including financial indicators to show a benefit to the system and quality of care results and if targets have been met in the initial two years. C. Robinson responded that metrics for the number of ED visits and ALC patients in the Central East LHIN will be implemented to track the financial results for the system. Indicators and accountabilities for quality of care metrics are still to be determined. C. Robinson noted that the Northumberland County Health Link (NCHL) project managers are currently working with hospitals on how to collect data to track ED visits.

The Board queried on the governance and staffing structure for Health Links. C. Robinson noted that a full structure has not yet been rolled out. There will also be a need to determine how the goal of the Health Link model of care will be incorporated into Health Service Providers (HSPs) daily work. The CE LHIN is working on the

development of the Health Links structure. L. Davis noted that the LHIN will need to recognize the workload challenges of hospitals and other HSP's to implement the changes.

M. Lee, in response to a query, noted that the role of Nurse Practitioners and RN's in coordinating patient care is part of the work being done to develop the coordinated care plan. The NCHL is currently working with NHH and Campbellford Memorial Hospital to collect data to establish a base line for various indicators pre-Health Links implementation.

The Board further discussed the role of the integrated clinical information system in coordinated care and queried on the work to develop the CCAC Client Health and Related Information System (CHRIS) platform. C. Robinson responded that the CCAC program has been reviewed and the Ministry of Health is evaluating what platform will be best utilized.

C. Robinson outlined, in response to a query, that there is no referral required for a patient to receive a coordinated care plan; the service provider will obtain patient consent and start the process of initiating the care plan. This work process is in development at the LHIN. There is currently no one point of contact for Health Links. Processes are also in review for unattached patients; this work is in discussion with the LHIN steering committee.

## **6. CHAIR REMARKS**

B. Selby reported that she had participated in the two community presentations, along with L. Davis, to share the Hospital Improvement Plan. A spring update to the community will be scheduled. In addition, she attended the Central East LHIN community consultation on the Ministry of Health and Long Term Care Patient's First discussion paper.

B. Selby shared a letter of compliment from a resident who expressed their gratitude for the exceptional care they received at NHH's Emergency Department.

## **7. SENIOR STAFF REPORT**

L. Davis reviewed the circulated report.

NHH staff were congratulated for their exceptional response to two recent incidents at the hospital – the front foyer sprinkler flood and the diagnostic imaging software failure. Thanks to the staff, these incidents were quickly contained and resolved.

NHH announced the addition of the Quinte midwives group to its maternal / child care team which will further broaden midwifery options for women living east of NHH.

The Ministry of Health will be increasing hospitals funding through HSRF by a one percent increase to the global portion of funding and a further one percent increase to the HBAM funding envelope in 2016-2017. Site specific allocations are still be determined. The Board discussed the reported efficiencies of NHH through the Hay Group report and noted that all hospitals will now receive funding increase regardless of performance. It was noted that NHH efficiencies should assist in the allocation of HBAM funding.

L. Davis shared a compliment received from a patient who extended their gratitude to the surgical services team, and specifically Dr. A. Stratford, for the exceptional care received.

## 8. REPORTS

### 8.1 Finance and Audit Committee

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

The hospital experienced a net operating deficit of \$659,102 compared to a planned net operating deficit of \$1,015,193 for period ended January 31, 2016. The results are better than budget due to a number of factors including additional HSFR funding, lower activity, and timing of expenditures.

The Committee received an update on funding including one-time funding of \$1,649,600 in support of the implementation of NHH's Hospital Improvement Plan.

KPMG presented the audit planning report to the Committee and the engagement letter was signed. This is the final year of a five-year engagement with KPMG LLP.

The Board queried on variances in activity for cancer care services and the dialysis program. Patient visits for chemotherapy services in reporting are reflecting a change in coding; activity is stable. NHH has seen a decrease in volumes for the dialysis program over the last quarter; this activity has started to increase following discussions with the regional centre.

### 8.2 Governance Committee

T. McLean provided the report of the Governance Committee.

New Board policy #I-014 Subject Matter Experts was further discussion following feedback at the February meeting of the Board. It was recommended that subject matter expert title be replaced with advisory member as the title of expert could be called into question for these members of the Board. The policy was revised to reflect this amendment. Subsequently, the Position Description and Code of Conduct was revised and will be circulated to these members for sign off.

Moved by T. McLean and Seconded by P. Went to approve Policy #I-014 Advisory Members as circulated. Carried.
--

The Committee received an update on the development of a new Four Year Strategic Plan and the invitational RFP for facilitation. The Steering Committee will be reviewing responses received.

Board policy #I-009 CEO and COS Performance Evaluation and Compensation was amended to reflect current best practices.

Moved by T. McLean and Seconded by J. Hudson to approve Policy #I-009 CEO and COS Performance Evaluation and Compensation as circulated. Carried.
---

Board policy #I-012 Rules of Procedure was revised to reflect the Board's adoption of Robert's Rule of Order following the February 2016 meeting.

Moved by T. McLean and Seconded by C. Gilmer to approve Policy #I-012 Rules of Procedure as circulated. Carried.

The Committee received an annual report on privacy and freedom of information. Annual staff education refresh has been completed.

### **8.3 Quality and Safety Committee**

P. Went provided the report of the Quality and Safety Committee.

The Q3 status reports for the Quality Improvement Plan and the Quality Indicator Report were received. Most targets are on track to be met by year end.

The Committee received an update on funding for PATH. The next phase is in development with community partners.

The 2016-17 Quality Improvement Plan draft was reviewed by the Committee. A final plan will be received in march.

### **8.4 Nominating Committee**

B. Carman provided the report of the Nominating Committee.

The Committee has reviewed the schedule of terms for Directors and noted that a number of skill gaps will need to be filled in the coming years. An open call for Community Members has commenced in local papers and on the hospital website. Four skill areas are priority for 2016-17 including information technology and legal experience.

### **8.5 Improvement and Sustainability sub-Committee**

B. Selby provided the report of the Improvement and Sustainability sub-Committee.

The Committee reviewed the Hospital Improvement Plan metrics for implementation of initiatives. The Committee will be focused on reviewing areas where there may be barriers to proceeding. Savings target information will be added to the chart.

The Board queried on potential project management support to implement the HIP. L. Davis noted that discussions are underway with the Central East LHIN on possible secondment opportunities.

## **9. MATTERS FOR INFORMATION**

### **9.1 Auxiliary Report**

P. Page Hoisak provided the report of the Auxiliary.

The Spring plant sale will begin next week in the hospital front foyer. All interior potted trees at NHH are in review for remedy of current health.

**9.2 Foundation Report**

L. Stevenson provided the report of the Foundation.

The 2016-17 Foundation budget is currently in development and review by the Foundation Board. The annual activity plan for the coming fiscal year will be presented to the NHH Board in May.

**It was Moved by S. Olsen and Seconded by P. Went to receive all reports. Carried.**

**10. IN CAMERA**

On a motion from C. Gilmer and Seconded by J. Hudson, the meeting moved to In-camera.

The in-camera meeting addressed matters related to professional staff credentialing and the four year strategic plan development.

**11. TERMINATION OF MEETING**

The meeting was terminated at 7:37 pm on a motion from T. McLean.