



## **BOARD OF DIRECTORS**

### **MINUTES**

April 11, 2018 5:30 pm

NGH Boardroom

**PRESENT:** T. White, Chair, E. Coffey, M. Dawson, K. Davy, R. Duwyn, R. Gelbard, Dr. Gabel, F. Gelinas, M. Kokus, J. Mulheron, S. Pongracz, T. Stickl, Dr. Thorpe, V. Young, K. Isfan-CEO, T. Thomson-VP Finances, H. Riddell-VP Patient Services, P. Emslie (Recorder)

**REGRETS:** V. Pepper

**GUESTS:** Ben Deignan, Sub-Region Director, Brant & Haldimand-Norfolk Hamilton Niagara Haldimand Brant Local Health Integration Network, G. Hamill, Communication Specialist

#### **1.0 CALL TO ORDER**

The Chairperson called the meeting to order at 5:30 pm.

#### **2.0 MISSION REVIEW**

K. Davy read the mission statement.

#### **3.0 EDUCATION**

H. Riddell and B. Deignan, provided an overview of sub-regions and anchor tables which form part of the Hamilton Niagara Haldimand Brant LHIN. The Anchor Table for the sub-region of Haldimand-Norfolk is comprised of approximately 30 representatives from various health and social service providers, e.g. OPP, Public Health, EMS, Education, etc. The purpose of the Anchor Table is to create opportunities for providers/patients to have input into health system planning; develop an in-depth understanding of local population health needs; identify opportunities for service and alignment and implement performance and quality improvement processes. The Anchor Table developed a local response to meeting the unique needs of people in Haldimand Norfolk with the implementation of a Mobile Addictions Outreach Team which includes a vehicle staffed with an Addictions Counsellor, Peer Support and a Nurse Practitioner working in collaboration with Public Health and other providers as appropriate.

#### **4.0 APPROVAL OF AGENDA**

It was **MOVED** by J. Mulheron and **SECONDED** by T. Stickl to:  
**Approve the agenda as circulated.**

**CARRIED**

#### **5.0 DECLARATION OF CONFLICT OF INTEREST - none declared.**

## **6.0 QUALITY/STRATEGIC MATTERS FOR DECISION/DISCUSSION**

### **6.1 Patient Story**

H. Riddell relayed a story referencing collaborative services where a patient attended at the Emergency Department rather than a one hour wait at the family physician's office. The ED wait ended up to be six hours with a follow-up the next day when the Family Physician was on duty. The physician was able to educate the patient on the appropriate use of the ED as well as provide reassurance, both of which were well received. Under the "improving patient experience" she commented on the benefits of rounding for both patients and staff relaying the experience of a recent patient who had also been in ICU for quite some time in 1997 and commented on staff saying – our patients are part of our community and our family.

## **7.0 MATTERS FOR DISCUSSION**

### **7.1 Report from Senior Management**

The CEO referred to the Hospital Services Accountability Agreement 2018-2020 which was distributed in advance of the meeting. The template was last updated ten years ago with the few key changes articulated on a summary sheet.

An update on capital expenditures was provided advising that all monies will be used appropriately and within the required time frame. It was noted that generally speaking, building equipment (e.g. air handling units) is usually replaced with something more efficient, but it does not translate into the kind of dollars that would help to balance the budget.

The Management Teams of both hospitals will be meeting next week to discuss goals and objectives emanating from the Strategic Plans. Draft goals and objectives were reviewed by the Board. Conversations are underway with Huron (owners of Studor) regarding the possibility of an assessment of the hospital as a High Reliability Organization – which would be the first in Canada.

### **7.2 Declaration of Compliance**

The Vice President of Finance explained the Declaration of Compliance as an attestation the hospital has complied with various different pieces of legislation including the MSAA (Service Accountability Agreement) in terms of applicable procurement practices, the Local Health System Integration Act, 2006 and the Public Sector Compensation Restraint to Protect Public Services Act, 2010.

It was moved by Jim Mulheron and seconded by Richard Gelbard that:

**The Board approves the signing of Schedule D Form of Declaration of Compliance dated April 11, 2018.**

CARRIED

### 7.3 HSFR Funding

The Vice President of Finance reviewed the HSFR Funding document which compared monies received in 2017-2018 to that anticipated for 2018-2019 following the recent funding announcement. It is anticipated the hospital will incur a deficit of approximately \$500,000 by year end which is an improvement over the anticipated \$1.2M. It was noted the Ministry has acknowledged the funding formula as it currently stands does not meet the needs of medium-sized hospitals, which account for about 20 hospitals province-wide. A request to meet with the Assistant Deputy Minister and Minister has yet to garner a response. Discussions will continue with OHA and the LHIN with respect to next steps.

### 8.0 CONSENT AGENDA

- 8.1 Minutes of the Board of Directors Meeting of March 07, 2018
- 8.2 Report of the Joint Governance Committee of March 26, 2018
- 8.3 Report of Joint Finance Committee period ending January 31, 2018
- 8.4 Report of Volunteer Association April 2018

It was MOVED by M. Dawson and SECONDED by R. Duwyn to:

**Approve the consent agenda which includes approval of the Board of Directors Meeting Minutes of March 07, 2018; receipt of the Joint Governance Committee report of March 26, 2018; receipt of Finance Reports for period ending January 31, 2018 and receipt of the Volunteer Association Report dated April 2018. CARRIED**

The Chairperson advised one member will not be seeking re-election to the Board. A recruitment process for a replacement will be undertaken.

### 9.0 ADJOURNMENT TO IN-CAMERA

It was moved by M. Dawson and seconded by R. Gelbard that:  
**The Board move In Camera.**

CARRIED

The meeting adjourned at 1848 hours.

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T. White, Chair

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K. Isfan, Secretary