



# Markham Stouffville Hospital

## Board of Directors

### Meeting Summary

### March 29, 2018

Mr. Thomas Barlow, Chair, called the meeting to order at 5:30 p.m. on March 29, 2018.

#### **APPROVAL OF CONSENT AGENDA**

The Board approved the following items contained in Consent Agenda:

- Approval of Board of Directors Meeting Agenda – March 29, 2018
- Board of Directors Meeting Minutes – February 8, 2018
- Board Summary of Board Meeting – February 8, 2018
- Meeting Summary of Board Meeting – December 8, 2017
- Board of Directors Meeting Minutes – January 25, 2018
- Meeting Summary of Board Meeting – January 25, 2018
- Board of Directors Meeting Minutes (Amended) – November 30, 2017
- Meeting Summary of Board Meeting – November 30, 2017
- Financials YTD Ending January 31, 2018
- CNE Report
- Balanced Scorecard Q3 2017-18
- Integrated Risk Management
- Board of Directors Work Plan 2017-18

#### **STRATEGY UPDATE**

Ms. Jo-anne Marr provided an update on the strategy, and highlighted the following items:

- Care Transitions
- Stronger Hospitals, Better Care funding announcement
- Strategic Planning Update and interim strategy map for 2018/19
- Accreditation Update

#### **PATIENT STORY**

At each of the Board of Directors meeting, a story is shared; it could be about patients, staff, physicians or volunteers. Stories reflect different voices and provide a broader understanding into the day-to-day operations of the hospital and how health care works.

Ms. Steed presented a short video on the patient call back program, interviewing staff who conducted patient post discharge calls (after three days, and two weeks post-discharge). This program was implemented in 2017. Through this program, the hospital staff follow-up with patients post discharge to ensure that patients understood their discharge instructions, and connect the patient to the appropriate personnel should follow-up be required. Positive feedback has been received, contributing positively to the patient experience as well as creating empathy and understanding for caregivers.

## **BOARD COMMITTEE REPORTS**

### **Finance and Audit Committee Report**

Mr. Bob Nicholson provided the following update:

#### **Meeting with Central Local Health Integration network**

Ms. Marr, Mr. Clark and Mr. Nicholson met with Central Local Health Integration Network (CLHIN) on March 28, 2018 to discuss the current financial position and future outlook.

#### **SHINE Partnership Update**

In January 2018, the three hospitals brought in Navin Hafty, a US Based third party consulting firm, to conduct a comprehensive project assessment, to inform revised go-live dates. Based on the review, it was agreed that MSH's target go-live date will be September 1, 2018 and Southlake Regional Health Centre and Stevenson Memorial Hospital's target go-live dates are December 1, 2018.

#### **Multi Service Accountability Agreement (M-SAA)**

MSH receives funding from Central LHIN for community mental health services. All healthcare organizations receiving community funding from the LHIN are required to sign an M-SAA. Central LHIN has confirmed that the current M-SAA, which was negotiated in 2014, will be extended for an additional year into 2018/19. No changes in funding or service level targets are expected. MSH is expecting to receive the 2018/19 M-SAA in late March or early April.

#### **Contract Signing Authority Policy**

The Contract Signing Authority policy was last updated in March 2016 and is required to be reviewed every two years.

#### **Hospital Service Accountability Agreement (H-SAA)**

Every hospital in Ontario is required under the Local Health Services Integration Act from 2006 to negotiate and enter into an H-SAA with their Local Health Integration Network (LHIN). Central LHIN provided a draft copy of MSH's 2018/20 H-SAA agreement on Friday, March 23<sup>rd</sup>. Staff confirmed that spending and performance targets are in alignment with the Hospital Accountability Planning Submission (HAPS) that was approved in January. Miller Thomson was engaged to do a legal review and provided their feedback. Staff are working through the Miller Thomson report to ensure appropriate actions are taken to mitigate risks and to ensure MSH is in compliance. The Central LHIN Board approved the 2018/20 HSA at its Board meeting on March 27, 2018.

The Board unanimously approved the following:

- Multi-Sector Service Accountability Agreement (M-SAA) into 2018/19
- The Contract Signing Authority Policy.
- 2018/19 Hospital Service Accountability Agreement.

### **Governance Committee Report**

Mr. Ranjeet Wallia provided the following update:

#### **Committees Terms of Reference**

The Committee reviewed all the Committee Terms of Reference at the March Committee Meeting.

### **Process for Guests/Media Attending Open Portion of Board Meetings**

Following from the January Board meeting, the Governance Committee discussed a formalized process for guests and media attending the open portion of the Board meetings. The guidelines for guests/media attending open portion of the Board meeting is also posted on the hospital website.

### **Board of Directors Policy Manual**

As part of the governance renewal exercise, it was determined that the Board policies needed to be rewritten. The policies in the manual were reviewed by Ms. Maureen Quigley and each policy was reviewed and approved by the Governance Committee.

The Committee will prepare a high-level summary of significant changes between the old policies and the newly drafted policies.

### **Professional By-Law**

The Committee reviewed and approved the recommended changes with Professional Staff By-Law, highlighting the creation of a new category “Part-Time Active Staff” to address concerns that were raised by medical staff to the Medical Staff Association (MSA).

The Board of Directors requested that the Professional By-Law be reviewed and aligned with policies.

### **Timing of Posting of Board Meeting Summary on Hospital Site**

Earlier this Board year, the Board of Directors approved posting on the hospital website a meeting summary following each Board meeting. It was agreed that a meeting summary be prepared internally and reviewed by the privacy coordinator, communications and the CEO. The Board of Directors will be provided with 48 hours to review the draft meeting summary and provide edits. A final version of the summary will be sent to the Board Chair who will approve on behalf of the board for posting. The summary will be posted within two weeks of the Open Board Meeting.

The Board unanimously approved the following:

- Terms of Reference for the following committees: Finance and Audit, Human Resources, Governance, Quality and Special Committee of the Board
- Process for guests/media attending the open portion of Board meetings
- Board of Directors Policy Manual as amended
- Recommended changes to the Professional By-Law
- Timing of the meeting summary subject to the Board Chair’s approval on behalf of the Board

### **Human Resources Committee Report**

Ms. Marcia Mendes-d’Abreu presented the following update:

#### **Quality Improvement Plan (QIP)**

Health Quality Ontario (HQO) provides the hospital with indicators for the QIP in November/December. Senior leadership team will assess which indicators will be tied to performance for 2018/19 and bring that recommendation to Human Resources Committee (HRC) for consideration and approval.

#### **2017/18 Balanced Scorecard**

The hospital is currently working on initiatives to reduce sick time.

### **Critical Roles with 'Ready Now' Successors**

The senior leadership team began its succession exercise to determine which roles were critical and of those, which have 'ready now' successors.

### **Labour Relations**

MSH and CUPE have had a number of days of discussion and were going to mediation on March 22, 2018

### **Executive Compensation**

Executive compensation is currently residing with the Minister's office. To date MSH and many other hospitals have not yet received approval to enter the public consultation phase of the process.

### **Bill 148**

Potential impact of Bill 148 to the hospital was discussed

### **People Strategy**

Currently, the hospital has recognition events for various programs and going forward, there will be recognition awards that will be integrated with other award events.

### **Inclusion Charter of York Region**

York Region has been working on an inclusion charter that promotes diversity, and inclusion. MSH has participated in the development of the Charter and the hospital is part of the Municipal Diversity and Inclusion Group (MDIG). The Board of Directors reviewed the Charter and endorsed the Inclusion Charter of York Region as presented.

### **Quality Committee Report**

Mr. Drew Gerrard presented an overview of the QIP. The QIP will be posted on the hospital's website by April 1, 2018 following the Board's approval.

The Board unanimously approved the following:

- 2018-19 Quality Improvement Plan as presented except for the portion included in the Narrative outlining the Performance Based Compensation.

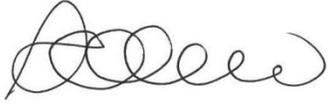
### **MSH Foundation**

Mr. Brad Morris provided an update on behalf of the MSH Foundation, specifically on the approval of the Q4 disbursement to MSH, bringing the total year end request of \$4M with an additional \$3M upon request.

Mr. Morris highlighted the following major upcoming events:

- Trek Everest – April 24 to May 8, 2018;
- Festival of Colours South Asian Gala (April 28)
- Shoppers Drug Mart Run for Women (April 29)
- Stouffville Gala (May 31)
- 34th Annual Golf Tournament at York Downs (Aug 13)

The meeting adjourned at 7:45 p.m. on March 29, 2018.



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Chair



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CEO