

Markham Stouffville Hospital

Regular Board Meeting

Meeting Summary

November 29, 2018

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

APPROVAL OF CONSENT AGENDA

The Board approved the following items contained in the Consent Agenda:

- Board of Directors Meeting Agenda November 29, 2018
- Board of Directors Meeting Minutes November 1, 2018
- CNE Report
- Balanced Scorecard Q2 2018
- Integrated Risk Management Q2 2018-19
- Financial Performance – YTD September 2018
- 2019/20 Budget Assumptions
- 2019/20 Community Accountability Planning Submission
- Insurance Coverage Review
- Use of Consultants Report
- Committee Work Plans
- Board Work Plan
- Operations Policies
 - Conflict of Interest
 - Contract Signing Authority
 - Investment
 - Procurement
 - Use of External Auditors
 - Whistleblower
 - Appointed Professional Staff Comprehensive Appointment and Credentialing
 - Naming and Dedication of Recognition Opportunities

CEO REPORT

Ms. Jo-anne Marr presented the CEO report, highlighting the following:

- Markham Stouffville Hospital received accreditation with exemplary standing achieving 100 percent of the required organizational practices and 99 percent compliance with over 2,300 international recognized standards.
- MSH's SHINE partners, Stevenson and Southlake, will go live with Meditech Expanse on December 1st.
- MSH is currently undergoing a network refresh, and the Patient portal will be launched in 2019.
- As of September 30, 2018, the hospital is in a surplus position of \$8.1M due to Post Construction Operating Plan (PCOP) and other one-time funding, and Q2 Acute volumes were 448 weighted cases ahead of target.
- New activities in the hospital include a mobile MRI unit to continue to manage our wait times while one of the MRI units is replaced; launch of Green Zone which is a fast track zone adjacent to emergency for appropriate lower acuity patients; and Repetitive Transcranial magnetic stimulation equipment will now be available at MSH.

- Markham Stouffville Hospital (MSH) received the Donald Cousens Environmental Award
- The new Strategic Plan will be launched in the New Year and work has commenced on rebranding.
- The Joint Centres, which includes Humber River Hospital, Mackenzie Health, Markham Stouffville Hospital, Michael Garron Hospital, North York General, Southlake and St. Joseph's Health Centre, CEOs are working on a position paper to submit to various government officials regarding the role of community hospitals and recommendations for streamlining service delivery, resulting in better patient care and lower costs.

PATIENT STORY

A patient story was shared.

FINANCE AND AUDIT COMMITTEE REPORT

Mr. Bob Nicholson presented an update from the Finance and Audit Committee, highlighting the following:

Precise Parklink Contract

Precise Parklink's services under contract are inclusive of maintenance and repair; revenue management; site monitoring; minor lot maintenance; and on-site customer service. After due diligence it is recommended to enter into a short term extension which provides MSH with flexibility to assess equipment replacement at intervals where it is reasonable to assume that there could be significant technological developments in the industry or a change in needs for the hospital.

The Board approved the Precise Parklink Contract.

Other Highlights of the Finance & Audit Committee included:

2018/19 Audit

Mr. Steve Stewart and Ms. Pina Colavecchia, partners from Deloitte, attended the November Finance and Audit committee meeting to provide the 2018/19 audit service plan review.

Multi-Year Financial Plan

The multi-year financial plan has been updated. Based on expected spending rates for the five remaining months of the fiscal year, an \$8.1M surplus is forecast in fiscal 2018/19. The surplus is due to higher revenue than anticipated (new funding and outpatient revenue), savings in compensation and higher rebates and recoveries than were budgeted for.

The 2018/19 surplus will be used to offset expected growth/inflationary pressures in fiscal 2019/20, with limited funding increases expected. Central LHIN has directed hospitals to plan for a 0% funding increase. A balanced budget is currently being forecast for fiscal 2019/20. The financial pressure point is expected in fiscal 2020/21 as growth and inflationary pressures continue with limited funding increases.

MSH currently has a healthy working capital of ~\$25M and a current ratio of 1.6. The organization is well positioned to invest in strategic capital and operational initiatives.

SHINE Update

Southlake Regional Health Centre (SRHC) and Stevenson Memorial Hospital (SMH) are committed to go-live on December 1st, 2018. Weekly status calls with the SHINE and MEDITECH executive teams have been scheduled to track outstanding critical issues.



MSH is supporting our partners as required. MSH's IT leadership team and several technical resources will be deployed to SMH to support go-live and post go-live activities.

Ms. Marcia Mendes-d'Abreu thanked Mr. Michael Cole and the team for a successful partnership of the SHINE project.

GOVERNANCE COMMITTEE REPORT

Mr. Mark Boehmer presented an update from the Governance Committee, highlighting the following:

Director Recruitment

In October, a skills matrix survey was sent to all Board and Community members to confirm the skill sets that they bring to the organization. Skill gaps identified include: Audit, Legal, Public Relations/Communications and Redevelopment. A job posting for Board of Director and Community Member recruitment has been posted on MSH website and through social media. Any community members interested in applying for an elected Board of Director position should submit their interest along with their CV to the Board Liaison by January 4, 2019.

In early November, two separate surveys were sent out to both Board and Community members to facilitate succession planning. The Board member succession planning survey will identify potential Board Officers and Board Committee Chairs.

The Vice Chair position on the Board became vacant due to Mr. Allan O'Dette's resignation effective October 31, 2018.

Board Size

Due to Mr. Allan O'Dette's resignation, there is an unplanned Director vacancy effective October 31st. Section 4.02 of the corporate by-laws state that the organization will be governed by a Board consisting of fourteen to sixteen elected Directors.

Governance committee recommends that the unplanned Director vacancy not be filled at this time. At the end of the current cycle, the Board can evaluate its effectiveness with fourteen members.

Board Member Evaluation Tool

A Board Member Evaluation Tool was developed in alignment with Board policy and Accreditation Canada standard focusing on the Roles and Responsibilities of the Board. The Board Evaluation tool will be sent to all Board members in January 2019 to be completed.

Corporate and Professional Staff By-laws / Board Policy Manual Review

Miller Thomson has been engaged to support the review of the Corporate and Professional Staff By-laws and Board Policy Manual. A number of changes to the By-laws and Policy Manual have been identified to bring the two documents into alignment. As a result the review of the by-laws and policy manual is being deferred until the January 2019 Board meeting. As part of the By-laws and Policy Manual Review, the Board Committees' Terms of Reference (TOR) will also be reviewed.

QUALITY COMMITTEE REPORT

Mr. Luca Rotta Loria provided an update from the Quality Committee, highlighting the following:

Mental Health Services

The program report for Mental Health Services provided an overview of the inpatient and outpatient services along with quality improvement initiatives underway. The Mental Health Program has seen a

significant increase in demand for both inpatient and outpatient services with over 24,000 adult and over 7,000 adolescent outpatient visits projected for the current fiscal.

Go & See Weekly Stand Up Meeting – Quality Improvement Plan Initiatives (QIP)

The Quality Committee did Go & See of the weekly stand up meetings that are used to plan, monitor and test change ideas to ensure progress towards QIP targets. The areas covered included medication reconciliation in the pharmacy department, workplace violence in the occupational health department and falls prevention in the quality and patient safety department.

Patient Relations & iCARE Model

Patient relations report shows significant reduction in number of complaints and increase in compliments in FY 2018/19 Q1 and Q2 compared to 2017/18 Q1 and Q2. The main quality initiative within the patient relations and patient experience department is the implementation of the iCARE model, which is a patient- centred communication standard tool. This model is scheduled to be rolled out in all clinical support areas by December 2018

8.1.3.3 Quality and Patient Safety

Ms. Barb Steed provided an education session on Quality in Action, highlighting the Quality Framework; the five principles underpinning the framework; and the three strategic goals.

CHIEF OF STAFF REPORT

Dr. Caroline Geenen presented the Chief of Staff (COS) report. The COS report included the credentialing report and departmental highlights. Dr. Geenen also highlighted some of the feedback received from the Board and Physician Leaders Retreat that was held on November 3rd, which was attended by 40 people.

The Board approved the credentialing recommendations for physicians as presented.

The Board approved the appointment of Dr. Paul Lokoff as Chief, Department of Anaesthesia.

The Board approved the appointment of Dr. Deepa Grewal's term as Chief, Department of Paediatrics.

MSH FOUNDATION REPORT

Mr. Brad Morris provided an update on behalf of the MSH Foundation (MSHF). Mr. Morris thanked the Board for extending the Board retreat invitation to MSHF Board. MSHF has extended an invitation to the Board Chair to attend Foundation Board meetings. MSHF was involved with many events over the last few months. At the last MSHF Board meeting, the disbursement of \$1M was approved.

MEDICAL STAFF ASSOCIATION REPORT

Dr. Tara Byrne provided an update on behalf of MSA highlighting various events organized by MSA and sharing Award recipient for various awards.

The meeting concluded at 7:15 p.m.



Chair
Tom Barlow



CEO
Jo-anne Marr