

**Markham Stouffville Hospital
Regular Board Meeting
Meeting Summary
October 3, 2018**

Mr. Tom Barlow, Chair, called the meeting to order at 5:30 p.m. on October 3, 2018.

UXBRIDGE SITE TOUR

The Board members received a tour of the Uxbridge Site.

APPROVAL OF CONSENT AGENDA

The Board approved the following items contained in Consent Agenda:

- Board of Directors Meeting Agenda October 3, 2018
- Board of Directors Meeting Minutes August 23, 2018
- CNE Report
- Balanced Scorecard Q1 2018-19
- Integrated Risk Management Q1 2018-19
- York Region Capital Grant Submission
- Honeywell Contract Renewal

CEO REPORT


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

- Accreditation was completed the week of September 24th and the hospital did extremely well.
 - Successes included: meeting 98.93% of standards; all ROP's were met; very visible and transparent leadership team that has the trust and respect of staff; extremely good at aligning the strategy to operational goals; staff are happy and content; existence of a collaborative workplace; and acknowledgement of the good work undertaken to implement patient and family centred care.
 - Challenges included: ensure more physician engagement; adapt to the changing demographics; signage needs to ensure that language barriers don't exist for patients; focus on fewer priorities as staff struggle with competing expectations; and acknowledge that the Uxbridge facility requires updating.
- MEDITECH expense was launched on September 1st. The team is continuing to work through expected issues.
- The hospital is in a surplus position for the current FY 2018/19, and the current year will be the last year of Post Construction Operating Plan (PCOP) funding.

Mr. Barlow thanked Ms. Marr, the leadership team, and the Board members for their leadership during accreditation. The surveyors were impressed with the hospital's culture.

2019-22 STRATEGIC PLAN

Ms. Marr presented an overview of the final 2019/22 strategic plan and process. Ms. Marr thanked Mr. Ranjeet Wallia, Mr. Allan O'Dette and Mr. Mike Arnew for their time



commitment during the development of the strategic plan. Various engagement tools were used to develop the plan, which included stakeholder interviews, focus groups, physician planning sessions, surveys, community meetings and patient and family advisory groups and councils.

The new vision is “Care Beyond our Walls: Connecting with Our Community”, which reflects the hospital’s aspiration to increase the connection to the community so that patients experience seamless care and transitions throughout the health system, and sets a strong emphasis on ensuring the services are patient-centred and inclusive of the diverse community, while leveraging technology to break down silos and access barriers.

The new Mission is “Honoured to Care”, the hospital’s expression of humble and compassionate attitude, and recognition of the respect it has for people who choose it for their care.

The Board approved the 2019/22 Strategic Plan.

PATIENT STORY

A patient story that highlighted Honoured to Care, and the need for care navigation was shared.

FINANCE AND AUDIT COMMITTEE REPORT

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

Workplace Safety and Insurance Board (WSIB) Specialty Program Agreement

The hospital intends to enter into an agreement with the Ontario Workers Network (OWN) and The Ottawa Hospital (TOH) with the Workplace Safety and Insurance Board to provide orthopedic specialty services. This partnership will generate revenue for the hospital.

The Board approved the WSIB Contract.

Other Highlights of the Finance & Audit Committee included:

- A key area of focus for the Finance and Audit Committee for the current Board cycle will be on the development of a robust multi-year financial plan. The hospital is projecting a year-end surplus in the current fiscal year. Based on current assumptions, the hospital is currently projecting escalating bottom-line deficits for the next four years. A deficit between \$3.5M and \$5.4M is forecast for fiscal 2019/20 growing to between \$16.6M and 24.0M in fiscal 2022/23. Strategies are currently being developed to mitigate the projected deficits.
- As per the Finance & Audit Committee terms of reference, an independent risk review needs to be undertaken by the hospital no less than every five years. The last review was completed by Ernst and Young in May 2013, and the hospital is scheduled to do another review. The Risk Management Office is engaging Plexxus to initiate the RFP process to secure a third party organization to conduct a risk review to be completed this fiscal year.

- On September 1, MSH successfully went live with the MEDITECH Expense upgrade. There have been no significant issues since go-live.
- The Information Technology (IT) services team continues to work through recommendations identified in the external review of the hospital's IT security conducted in October 2016. Of the twenty-one themes identified in the review, sixteen are now resolved and five are in progress.

GOVERNANCE COMMITTEE REPORT

Mr. Glenn Winder presented an update from the Governance Committee, highlighting the following:

Board Mandate and Board Goals

The Board mandate and Board goals for 2018/19 were reviewed by the Governance Committee. The Board mandate summarizes: 1) Board composition; 2) Roles and responsibilities; 3) Accountability and reporting; and 4) Meetings and evaluation. Eight Board goals are proposed for 2018/19 with a focus on the strategic plan, Board governance, community engagement and partnerships.

The Board approved the 2018/19 Board Mandate and Board Goals.

Other Highlights of the Governance Committee

- Director recruitment will be initiated in November. All individuals interested in joining the Board, including current community members, will be required to send a letter to the Board Liaison with their expression of interest.
- Two tools are being recommended to evaluate Board effectiveness for the 2018/19 Board year. A board member evaluation tool has been developed and will be made available in January 2019 for completion. A second Board self-assessment evaluation tool will be made available through the Ontario Hospital Association's (OHA) Governance Centre for Excellence (GCE) for completion in November.
- The Board education plan for 2018/19 Board year includes: Board orientation; Board mentorship program; OHA Governance Session in October; Board retreats; and education at the Board Committee level.
- Two Board retreats are planned in 2018/19. The first retreat is scheduled on November 1st and will focus on the new strategic plan and its implementation. The second retreat is scheduled on February 28th, 2019 with a focus on the progress made implementing the strategic plan.
- To meet accreditation requirements, management prepared a brief summary of Board committee activities in 2017/18 that was approved by the respective Board Committee Chair. This summary was added to the electronic version of the 2017/18 Annual Report and is available in the web portal.

- The Governance Committee had a follow up discussion on the recommendation to provide community members with access to all Board meeting materials through the Board portal. It was agreed that community members should be provided access to all Board materials once they have signed the confidentiality agreement.

HUMAN RESOURCES COMMITTEE REPORT

Ms. Marcia Mendes-d'Abreu provided an update from the Human Resources Committee (HRC), highlighting the following:

- HRC welcomed Ms. Aileen Edwards, new Chief Human Resources Officer.
- The HR committee will provide oversight on a new people strategy in support the organization's new strategic plan. The people strategy is expected to be developed in early 2019.
- The new government has frozen Executive compensation until further notice. The government has committed to provide an update on executive compensation in June 2019.
- HRC reviewed results from CEO and COS Accountability Agreements.

QUALITY COMMITTEE REPORT

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

- QIP Monitoring for the first quarter was reported and all of the ten indicators made good strides and improvements from baseline. The two performance measures that were highlighted are: 1) Would you (definitely yes) recommend this emergency department to your family and friends; and 2) Rate of Hospital Acquired Cases of Clostridium Difficile Infections.
- This year, some non-clinical programs are presenting quality initiatives to the Quality Committee. In September, the Transformation Office presented its quality initiatives.
- The Reactivation Care Centre (RCC) program was initiated to address the high Alternative Level of Care (ALC) numbers in Central LHIN. MSH moved into the Reactivation Care Centre (RCC) on April 29th and occupies 24 beds.
- A video about the RCC was shared.

EXECUTIVE COMMITTEE REPORT

Mr. Barlow provided an update from the Executive Committee, highlighting that the Executive Committee had a discussion regarding dissolution of the Special Committee of the Board and appointment of a standing Planning and Building/ Redevelopment Committee of the Board. This will be brought back to the Board for approval.

CHIEF OF STAFF REPORT

Dr. Geenen presented the Chief of Staff (COS) report, which included the Departmental Highlight given by Dr. C. Jensen (Chief- Uxbridge site), the credentialing recommendations report, and a 6 month review of her work as the new COS. This included her work towards Accreditation 2018, the new Strategic Plan, the SHINE project, as well as completing: Reappointments for 2018/19; Adjustment in Chief positions; Completion to date of 5/7 departmental reviews; Ongoing Chief recruitment; Completing accountability agreements for

all standing Chiefs; Engaging the Board with the professional staff, and adjustments to the MAC Agenda. Future goals for the remainder of the year were also outlined.

The Board approved the credentialing recommendations for physicians as presented.

The Board approved the appointment of Dr. Anand Doobay as Chief of Medicine.

UXBRIDGE FOUNDATION REPORT

Mr. Ian Bacque provided a brief update on behalf of the Uxbridge Foundation, highlighting that Uxbridge Foundation contributes \$0.5M to the Uxbridge Hospital site yearly. The Festival of Lights will be held on December 5, 2018.

MSH FOUNDATION REPORT

Mr. Brad Morris provided an updated on behalf of the MSH Foundation. MSH Foundation welcomed four new board members. MSH (both Foundation and Hospital) includes a Governor's Circle where past Board members of both Boards are invited to be members. Mr. Morris asked if any of the Board members are in touch with the past Board members to inform them of the Governors Circle group with a push to increase the involvement of past Hospital Board Members. A new voluntary funding program was introduced where developers can voluntarily donate for each new unit they build. An initial meeting was held with the Mayor of Markham and 18 developers were in attendance.

Mr. Morris highlighted the following major upcoming events:

- Celebration of Hope – November 11, 2018
- Gala – April 12, 2019
- Golf – August 12, 2019

MEDICAL STAFF ASSOCIATION REPORT

Dr. Tara Byrne provided a brief update on the Medical Staff Association (MSA), highlighting the role of the MSA in the hospital and the current MSA Executive for 2018/2019. The board was made aware of 11 Physicians, 6 Residents and 1 Department who received awards recognizing their expertise in medical teaching and research so far this year.

A memorial was held on July 24th for Dr. Shehbaz Butt, a Staff Anaesthetist, who tragically died on July 12, 2018 in a plane crash.

The meeting adjourned at 7:35 p.m. on October 3, 2018.



Chair
Tom Barlow



CEO
Jo-anne Marr