







Minutes of the BOARD OF DIRECTORS MEETING May 30, 2018

Resource Room, 58 Goodall Street, Dryden, Ontario

1. CALL TO ORDER: Chair, Karen Seeley called the meeting to order at 1730.

ROLL CALL:

Present:

K. Seeley, Chair

M. Ferguson

A. Madussi

D. Armstrong-Ross

J. Green

B. Moore-Bunney

S. Boyko

G. Johnston

W. Petranik

N. Bush

J. Park

S. Viherioki

R. Bruyere

K. Campbell

K. Vares (Recorder)

S. Moore

A. McAuley

Regrets:

C. Brown

R. Van Oort

Absent:

D. Goulet

Guests:

R. Martyn CKDR

2. DECLARATION OF CONFLICT OF INTEREST: None declared.

3. CONNECTING TO PURPOSE: PATIENT STORY/ORGANIZATIONAL WIN:

- D. Armstrong-Ross acknowledged that May is Physiotherapy month and shared program statistics and successes including:
 - The physio team provides care to inpatients, outpatients and home care to patients in the Dryden and Sioux Lookout areas – all the way up to Pickle Lake when requested
 - Care has been provided to close to 1,500 individuals this last fiscal 200 home care
 patients, close to 600 inpatients and over 700 outpatients accounting for close to
 15,000 visits last year

4. PRESENTATION:

1. Rayson Martin – CKDR

On behalf of the Board of Directors, administration and staff at the Dryden Regional Health Centre, K. Seeley, Chair presented Rayson Martin from CKDR with a small gift acknowledging the birth of his daughter.

2. Karen Seeley - Board Chair

On behalf of the Board of Directors, administration and staff at the Dryden Regional Health Centre, W. Petranik took occasion to present Karen Seeley with flowers and a small gift in recognition of commitment to the Board of Directors. Mr. Petranik reflected on Ms. Seeley's service to the community, Board and hospital over her 9 year tenure and expressed deep gratitude for her leadership, guidance and support.

"Because at DRHC, You Deserve the Best!"

5. CONSENT AGENDA:

AMENDMENTS: Strike MINUTES OF THE NOMNATING COMMITTEE – May 2018

- A. MINUTES OF THE REGULAR BOARD MEETING- ARIL 2018
- B. MINUTES OF THE RESOURCE MANAGEMENT COMMITTEE APRIL 2018 TABLED
- D. REPORT FROM THE CHIEF EXECUTIVE OFFICER MAY 2018
- D. REPORT FROM THE CHIEF NURSING EXEUTIVE MAY 2018
- E. REPORT FROM THE DRYDEN AREA FAMILY HEALTH TEAM

6. ITEMS SEVERED FROM THE CONSENT AGENDA: NONE

MOTION #01 2018-19: THAT the Board of Directors of the Dryden Regional Health Centre approves the items from the Consent Agenda, as amended.

Moved by: N. Bush

Seconded by: J. Park

CARRIED

7. BUSINESS ARISING FROM THE CONSENT AGENDA:

a) Board Meeting Evaluation – April 2018
 Copies of the Board Evaluation Summary for April 2018 were circulated and reviewed. No discussion.

8. NEW BUSINESS:

Pillar	Topic	Big Goal
People	Board BBQ The Board of Directors will host the Annual Board BBQ on June 15 th , 2018. Board members interested and available to help cook and serve staff, medical staff and volunteers are asked to contact K. Vares and/or S. Lappage.	Platinum Quality Healthcare
	Bursary/Scholarship Committee K. Seeley reminded members of the Resource Management Committee of the meeting scheduled to review and award scholarships today after the Board regular meeting.	Workplace Award by November 2018
Quality and Safety	Governance Functioning Tool (Survey) K. Campbell noted that the survey tool has been circulated electronically to the Board of Directors. Request was made the tool/survey be completed before June 14. The Governance Self-Assessment tool will be completed by the Governance Committee of the Board on June 12 at noon Primary Care Expansion D. Armstrong-Ross advised the Board that the Dryden Area Family Health Team has been successful in its application for primary care expansion. Base funding has been awarded for 1 Full-time equivalent (FTE) physiotherapist, 1 FTE Patient Navigator and one half-time dietitian. Job descriptions are currently being developed and space allocations reviewed. It is	Exemplary Standing Accreditation in May 2015

Service Patient Experience	CT Scan Update D. Armstrong-Ross provided update on the replacement of the CT Scanner noting that the new machine is currently in Winnipeg. Staff will be completing training June 11 and an expected 'go-live' date has been set for June 25 once the new machine has been installed and certified. The mobile CT scan unit rental lease has been extended until mid-July. J. Green expressed appreciation to the CEO and staff for their dedicated efforts to get a new machine in place as soon as possible. W. Petranik acknowledged the dedication of Robert Van Oort in expediting the process with attention to all of the bureaucratic requirements.	Outperform the OHA small hospital average for overall patient satisfaction for both inpatient & emergency care by 2016/17
Finance & Facilities	Minutes of the Audit Committee – May 2018 Report from the Audit Committee was provided by the Treasurer, A. Madussi. Ms. Madussi noted that the Audit Committee met on Monday the 28 th May to review and discuss the March 31, 2018 draft audited statements. The statements were presented by the Chief Financial Officer, A. McAuley and S. Gaudreau of MNP LLP. Highlights include: Deficit of \$105,286 from hospital operations Deficit of \$116,620 from Other Votes programs Minor changes to the wording of the Notes and Significant Accounting policies. A.Madussi expressed gratitude to A. McAuley and his team for the job well done throughout the year and through the audit procedure. N. Bush also thanked A. McAuley and the DRHC team noting that the Auditor was very complementary on the collaborations. N. Bush also acknowledged the advantage of having a new auditing firm work with the organization. The Audit Committee recommends the draft audited financial statements to the Board of Directors for approval. MOTION #02 2018-19: THAT the Board of Directors of the Dryden Regional Health Centre approve the minutes of the Audit Committee for May 28, 2018, as presented. Moved by: B. Moore-Bunney Seconded by: S. Boyko CARRIED. DRAFT Audited Financial Statements MOTION #03 2018-19: THAT the Board of Directors of the Dryden Regional Health Centre receives and approve the 2017-18 Audited Financial Statements, as recommended by the Audit Committee.	Annual Balanced Budget; Annual Capital Spending \$600K; Maintain Current Ratio Benchmark
	Moved by: G. Johnston Seconded by: A. Madussi CARRIED.	

Dryden Area Family Health Team Operating Plan

Copies of the Dryden Area Family Health Team Operating Plan and Governance and Compliance Attestation were reviewed by the Board of Directors.

MOTION #04 2018-19: THAT the Board of Directors of the Dryden Regional Health Centre approves the Dryden Area Family Health Team Operating Plan and the Governance and Compliance Attestation, as presented.

Moved by: A. Madussi

Seconded by: G. Johnston

CARRIED.

Broader Public Sector Accountability Act Attestation

MOTION #05 2018-19: THAT the Board of Directors of the Dryden Regional Health Centre attests to:

- The completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants;
- The Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;
- The Hospital's compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;
- The Hospital's compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
- The Hospital's compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet,

during the Applicable Period and further certify that any material exceptions to this attestation are documented in the attached Schedule A.

Moved by: M. Ferguson

Seconded by: B. Bruyere

CARRIED.

Multi-Sector Service Accountability Declaration of Compliance

MOTION #06 2018-19: THAT after making inquiries of the Chief Executive Office and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

 Article 4.8 of the M-SAA concerning applicable procurement practices;

- (ii) The Local Health System Integration Act, 2006;
- (iii) The Public Sector Compensation Restraint to Protect Public Services Act, 2010; and
- (iv) The following specific performance requirements as outlined in Schedule E4 of the 2014-2017 M-SAA:
 - a. Home First Philosophy requirement
 - b. Diversity Planning requirement
 - c. Behavioural Supports Ontario (BSO) Action Plan requirement
 - d. Emergency Preparedness Plans requirement
 - e. E-Health requirement
 - f. Information Technology requirement
 - g. Health Services Blueprint requirement

Moved by: B. Bruyere

Seconded by: M. Ferguson

CARRIED.

Hospital Service Accountability Agreement Declaration of Compliance

MOTION #07 2018-19: THAT After making inquiries of the HSP's Chief Executive Officer and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the my knowledge and belief, the HSP has fulfilled its obligations under the hospital service accountability agreement (the "Agreement") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the Board confirms that:

- (i) the HSP has complied with the provisions of the *Local Health System Integration Act, 2006 and* the *Broader Public Sector Accountability Act (the* "BPSAA") that apply to the HSP;
- (ii) the HSP has complied with its obligations in respect of CritiCall that are set out in the Agreement;
- (iii) every Report submitted by the HSP is complete, accurate in all respects and in full compliance with the terms of the Agreement; and
- (iv) the representations, warranties and covenants made by the Board on behalf of the HSP in s. 10.3 of the Agreement remain in full force and effect.

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement.

This Declaration of Compliance, together with its Appendix, will

This Declaration of Compliance, together with its Appendix, will be posted on the HSP's website on the same day that it is issued to the LHIN.

Moved by: J. Park

Seconded by: J. Green

CARRIED

Procurement – Disclosures and /or Reports - NONE



	Northern Ontario School of Medicine (NOSM) Northern	
Innovation, Integration & Growth	Physician Task Force	Creation of Dryden Area Health Hub by 2016
	W. Petranik noted that the DRHC hosted a site visit with Dr. Dennis Lennox from Queensland Australia and Ray Hunt from	
	the Northern Ontario School of Medicine as they consider a Rural Generalist program and its applicability for Northern	
	Ontario. S. Viherjoki added that the Task Force is looking at the Queensland model for a pool of Locum Tenens physicians available to the region and the feasibility of the Rural Generalist program for NOSM. Expected short term projects could include collaborations with the Ontario Hospital Association for leadership development and the Locum Tenens pool. The Rural	
	Generalist considerations are expected to be longer term.	

9. INFORMATION ITEMS:

The Board of Directors received and reviewed the following items as information:

a) Memo – Change in Leadership at the North West LHIN

10. IN-CAMERA SESSION:

Motion #08 2018/19: THAT the Board of Directors of the Dryden Regional Health

Centre adjourns to the In-camera session at 1806 hrs.

Moved by: S. Boyko

Seconded by: J Park

CARRIED

PRESS BREAK

11. BUSINESS ARISING FROM THE IN-CAMERA SESSION

Motion #15 2018/19: THAT the Board of Directors of the Dryden Regional Health Centre approves the credentialing of Medical Staff, as presented in the In-Camera session.

Moved by: J. Park

Seconded by: G. Johnston

CARRIED

12. OBSERVER COMMENTS - NONE

13. Executive Session - NONE

14. ADJOURNMENT

Motion # 16 2018/19: THAT the regular meeting of the Board of Directors of the

Dryden Regional Health Centre is adjourned at 1851 hours.

Moved by: B. Moore-Bunney

Seconded by: G. Johnston

CARRIED

Karen Seeley, Chair

Wade Petranik, Secretary of the Board

