

**Nipigon District Memorial Hospital
Board of Directors Regular Monthly Meeting**

MONDAY APRIL 25, 2011 – 7:00 p.m.

**Boardroom
A G E N D A**

1. Board Education – Patient Safety & Quality of Care
2. Call to Order
3. Declaration of Conflict of Interest
4. Additions to Agenda
5. Minutes of Previous Meeting – March 28, 2011 **(pgs. 1- 4)**
6. Business Arising
 - 6.1 Fall Fishing Festival
 - 6.2 Handi Van Update
7. Committee Reports
 - 7.1 Operations Committee Meeting – March 28, 2011**(pgs. 5-7)**
 - 7.2 Medical Advisory Committee – April 6, 2011 **(pgs. 8-11)**
 - 7.3 Quality Committee (verbal)
 - 7.4 Chief Executive Officer Report **(pg. 17)**
8. New Business
 - 8.1 Review of Strategic Plan **(pgs. 12-16)**
9. Date & Time of next meeting
10. Adjournment



MEMBERS

Judy Lasook, Chair
Brenda Lance, Vice-Chair
Dr. Rebecca Bond
Valerie Bull
Linda Harbinson
Emilios Stefanidis
Eric Rutherford
Tracey Lasook
Johan Pothof
Cliff Grove

Administration

Cathy Collinson
Bev Gellert
Linda Enders



**Nipigon District Memorial Hospital
Board of Directors Regular Monthly Meeting
Monday April 25, 2011 – 7:30 p.m.
Board Room**

PRESENT: B. Lance, Vice-Chair, Dr. R. Bond, E. Stefanidis, T. Lasook, J. Pothof, L. Harbinson, C. Grove, **Staff:** C. Collinson, L. Enders, B. Gellert, D. Hill

REGRETS: J. Lasook

ABSENT: E. Rutherford, V. Bull

1. **Board Education – Patient Safety & Quality of Care:**

C. Collinson conducted a Power Point Presentation highlighting key elements of the Effective Governance for Quality and Patient Safety initiative. The presentation objective is to emphasize and recognize the importance of quality and patient safety for the Nipigon Hospital and to introduce governance practices that support quality and safety for patients.

Key attributes of a quality healthcare system include;

- Safety
- Timeliness
- Effectiveness
- Efficiency
- Equity
- Is patient centred

Practices to improve patient safety will improve the overall quality of care.

In the past the Board of Directors have focused on financial and operational elements and Directors must now turn their attention to key elements involving quality and patient safety.

C. Collinson presented the following key elements of the “Effective Governance for Quality and Patient Safety Education tool

- **Skills and Role** – how do board members translate knowledge and information into quality and safety plans and hold the CEO and hospital accountable for goals.
- **Knowledge** – Quality and safety knowledge and skills can be learned by board members through educational resources and programs
- **Measurement** – The Board requires access to relevant and informative measures of safety and quality. With this knowledge indicators can be reviewed and improvement strategies developed.
- **Information** – the Board need to routinely monitor results of critical indicators and ensure that Management, the Medical Advisory Committee and Quality Committee are monitoring quality results in a detailed fashion
- **Relationships** – Boards and senior management need to develop trust and collaborative relationships to maintain its fiduciary role and ask challenging questions.
- **Quality and Safety Plan** – Board effectiveness relies on the ways in which members translate knowledge and information into quality and safety plans with

measurable goals, progression toward the goals, and holding the CEO, and the hospital responsible.

- **Quality and Patient Safety Culture** – it is important to demonstrate the Board’s commitment to transparency and accountability. Involve patients and their family to promote a Quality and Patient Safety Culture in the hospital.
- **Effective Governance** – to ensure effective governance of quality and safety the Directors must understand their role and accountability.

Effective Governance for Quality and Patient Safety is a comprehensive framework that will ensure a quality and safe culture exists throughout the hospital and including governance responsibilities.

Motion #1: Moved by L. Harbinson, seconded by T. Lasook that the Board of Directors adopt the framework “Effective Governance for Quality and Patient Safety”, developed by the Canadian Patient Safety Institute.

Carried:

2. **Call to Order** – B. Lance called the meeting to order at 7:40 p.m.
3. **Declaration of conflict of interest** – None declared
4. **Additions to the Agenda**
8.2. Add “Three Hospital Review Report
Add In Camera Session
5. **Minutes of Previous Board Meeting** – March 28, 2011
The Board of Directors Regular Monthly Meeting minutes dated March 28, 2011 were reviewed. There were no errors or omissions noted.

Motion #2: Moved by J. Pothof, seconded by C. Grove that the Board of Directors approve the minutes of the March 28, 2011 Regular Monthly Meeting of the Board.

Carried:

6. **Business arising from the minutes**
 - 6.1 **Fall Fishing Festival** – C. Collinson reported that out of the responses she received from the Board of Directors regarding their interest in volunteering their time to man an information booth at the Fall Fishing Festival, only three Directors confirmed their interest and as of tonight two of the members regrettably declined their availability. Board of Directors participation at the Fall Fishing Festival was declined.
 - 6.2 **Handi Van Update** - C. Collinson reported that several presentations were conducted informing stakeholders of the status of the present Handi Van services and to promote operational as well as capital financial support. The hospital has recently been informed that the Handi Transit Accessibility van is no longer available for purchase and that the hospital must focus on fundraising for a new vehicle at a cost of approximately \$80,000. Although, support in the community and knowledge of the status of the service is growing, fundraising for a new

Motion #4: Moved by J. Pothof, seconded by T. Lasook that the Board of Directors adopt the following minutes as presented

- The Operations and Audit Committee meeting March 28, 2011
- The Medical Advisory Committee meeting April 6, 2011

Carried:

7.4 **Chief Executive Officer's Report** – The Chief Executive Officer's report was reviewed. C. Collinson responded to questions regarding items in the report.

Motion #5: Moved by L. Harbinson, seconded by C. Grove that THE Board of Directors accept the April 2011 Report of the Chief Executive Officer as presented.

Carried:

8. **New Business**

8.1 ***Review Strategic Plan***

The Board of Directors reviewed the status of the Strategic Plan for the Nipigon District Memorial Hospital and it was noted that the Board of Directors will need to develop a new plan in 2012 as the Goals and Objectives have for the most part been achieved.

8.2 ***Hospital Review Report***

Mr. Stefanidis queried whether the Nipigon Hospital would have access to the LHINS "Three Hospital Review" report so that the Board of Directors could look at the identified efficiencies. C. Collinson responded that the it is not clear when the detailed report will be available and it is at the discretion of the parties involved in the review and the NW LHIN whether or not the report will be made public, including other hospitals.

Motion #6: Moved by C. Grove, seconded by E. Stefanidis that the Board of Directors move into the In-Camera Session at 8:30 P.M.

Carried:

9. **In Camera Session** – Board members moved into camera from 8:30 pm to 8:55

10. **Date and Time of Next Meeting** – the next Regular Monthly meeting is scheduled on Monday May 30, 2011

11. **Adjournment** – the Regular Monthly Meeting adjourned at 9:00 p.m.


CHAIR

SECRETARY