

## LISTOWEL WINGHAM HOSPITALS ALLIANCE

### BOARD OF DIRECTORS MEETING

April 23, 2014

WDH Board Room

#### Meeting

The Listowel Wingham Hospitals Alliance Board of Directors meeting was held on April 23, 2014 at 1830 hours in the WDH Board Room.

#### Attendance

*Listowel:* Present: Kris Dekker, Bert Johnson, Kathy Mitchell, Mary Kerr, Dr. Latuskie, Rosemary Rognvaldson,  
Absent: Bob Johns, Blair Burns, Tom Soltys, Dave Calder, Dr. Qureshi

*Wingham:* Present: Andy McBride, Helen Rintoul, Gladys Peacock, Amy Miller, Penny Mulvey, Marc Pittock  
Absent: Dr. J. Shuffield, Marg Carswell, Trevor Seip, Dr. Antoniadis

*Staff:* Present: Karl Ellis, President & CEO; Angela Stanley, VP Clinical Services/CNE; Brent Boshart, Chief Information Officer; Janet Brooks, Chief Human Resources Officer; Tim Lewis, Chief Financial Officer; Jodi Snell, Recording Secretary

*Press:* Present: Pauline Kerr, Wingham Advance Times

*Guests:* SW LHIN: Jeff Low, Board Chair; Ron Bolton, Board Member; Michael Barrett, CEO

#### Call to Order

Amy Miller called the meeting to order at 1834 hours.

#### Board Education

Jeff Low, Board Chair of the SW LHIN spoke to:

- Integrated Health Services Plan and the role of integration; experiencing more and more integration between smaller hospitals, communities are recognizing this as the new norm
- At the Governance session scheduled last month there were approximately 30 to 40 attendees, it is great to see interest from the community and local hospitals
- Interesting to see how streamlined things are becoming through technology and increasing the lines of communication
- Hospital accountability agreements will be looking at the linkages and how they relate to the South West LHIN health plan and accountability

Ron Bolton, SW LHIN Board Member spoke to:

- Commended the board for sitting here together as two boards acting as one

Mike Barrett, CEO SW LHIN spoke:

- Would like to converse on three topics;

- The role of the Board and governance models of other hospital Alliances
- Update of the Clinical Services Plan at the SW LHIN level
- Alignment of CCC/Rehab beds across Huron-Perth
- Governance model:
  - Currently within the SW LHIN governance models consist of multi-sites that have become one corporation, Alliances that consist of multiple corporations and one CEO (example LWHA), and hospitals that operate with one CEO but no Alliance agreement
  - What is the best for Listowel and Wingham is hard to tell, it depends on the work being done with community partners, attempting to provide services in a smaller corporation, and the ability of the corporations to operate as one
  - Messaging and decision making should not be coming from the staff level, it is up to the Board as governors to determine what works best for them, the patients and the communities that they serve
  - Successful Alliances are driven by the Board of Governors and should not be driven by staff or the CEO
  - The SW LHIN is experiencing momentum among Board Trustees to work together in joint service plans to make things work
  - There isn't one best model, it is what fits the Alliance, the community and patient care being offered by the local organizations
  - The only request of the SW LHIN is that the Board does not go backwards in their efforts
  - Discussions ensued regarding HPHA and how they operate; positives noted were local advisory committees and the foundation money raised in the community stays in the community
- Clinical Services Plan
  - Reviewing clinical services across the SW LHIN, what they should look like and where they should be
  - In consultations with all CEOs, the SW LHIN is reviewing items within the Clinical Services Plan, right now focusing on strokes, cataracts and endoscopy
  - Need to determine the best place for individual services to be provided while taking into consideration the funding that will be provided by the Ministry
  - Steering committees have been set up to review capacity across the province and across the SW LHIN
  - Steering Committees are completing assessments and will be producing status reports to ensure hospitals boards and communities are kept up to date
  - Question raised by the Board whether funding will be provided based on type of service required and whether more funding will be provided based on complexity; SW LHIN knows volumes for most services but not related funding
  - Board requested that hospital staff and hospital Boards continue to be communicated with and kept up to date
  - Concerns raised regarding how sensitive these changes are for small rural hospitals
  - Distance that patients are required to travel has not been reviewed to date but is something that will be looked at

- Services will be looked at within the LHIN boundary however LHIN boundaries cannot stop patient flow, the cross border piece will be taken into account when numbers are reviewed
- Some models of care may significantly change with these implementations across the region in order to provide specialized care
- CCC/Rehab Beds:
  - SW LHIN did research and found that 37% of the CCC beds are not being used for their intended purpose
  - Closing 9 beds in Ingersoll, Tilsonburg is losing 5 beds and opening 10 beds in Grey- Bruce, in addition, St Thomas is closing 15 beds by the end of this month as they were not being utilized – this is Phase 1 of the project
  - Phase 2 consists of the steering committee reviewing beds across the region as it is well understood that census has decreased over time
  - A list of criteria has been developed to determine what is the most appropriate number of beds needed within individual communities
  - Board questioned how often the need for beds will be reviewed; SW LHIN advised they will be reviewed every year for the first few years
  - Board raised concern that if the beds are removed how easy are they going to be to get back if they are needed

## 1.0 **Approval of Agenda**

It was moved by Penny Mulvey and seconded by Gladys Peacock to:

*Approve the agenda as presented with the addition of item 2.5 WDH Auxiliary, and to remove the Minutes of March 26, 2014 from the consent agenda and add them as item 2.6.*

Motion Carried

### **Declaration of Conflict of Interest**

No conflicts of interest were identified.

## 2.0 **Decisions & Reports**

### 2.1 **Executive, Governance & Nominations Committee**

- The LHWA Board of Directors reviewed and approved the LWHA Board Recruiting Policy and Application included within the meeting package:

It was moved by Andy McBride and seconded by Marc Pittock to:

*Approve the LWHA Board Recruiting Policy and Application as presented within the meeting package.*

Motion Carried

- The LWHA Board of Directors reviewed and approved the In Camera Discussions of the Board Policy included within the meeting package:

- Amend bullet 2 of the Procedure Section to read:  
“After the motion to move in camera, all guests and non-Board members leave (unless the Board agrees for a guest to stay) and separate minutes for the in camera session are kept;”

It was moved by Rosemary Rognvaldson and seconded by Penny Mulvey to:  
*Approve the In Camera Discussions at the Board Policy as presented in the meeting package with the amendments as noted.*

Motion Carried

## 2.2 **Communication Committee**

- Rosemary Rognvaldson provided a brief update of the items discussed at the recent Joint Communication Committee.

## 2.3 **Chief Nursing Executive Report**

A. Stanley reviewed key items from the CNE report included in the meeting package

## 2.4 **Chief Executive Officer's Report**

K. Ellis reviewed key items from the CEO report included in the meeting package and added:

- Approximately a year ago, the MOHLTC initiated a review as to how outpatient physiotherapy is funded, at which time they requested input from hospitals interested in providing the service. At that time we did not respond to the request. The SW-LHIN contacted LWHA with a request that LWHA consider offering additional outpatient physiotherapy services. Preliminary discussions have taken place with LHWA advising the MOHLTC that we would consider offering service if satisfactory documentation/contract are in place. However, recently it was noted in LHIN board package that WDH would be providing outpatient physiotherapy services. Needed to clarify that despite the briefing in the SW LHIN board documentation, there are a number of steps that need to occur and be clarified prior to proceeding with offering the services.
- Attended the Recruitment Forum in North Perth last week, there was a great turn out which indicates that there is still an interest and need for the initiative.
- Renovations to create shared dining space on the first floor in Listowel are being completed primarily with our own staff and some assistance from outside contractors

## 2.5 **WDH Auxiliary**

- Helen Rintoul advised of upcoming tag days, dollars will be directed towards the purchasing of DI Imaging equipment; Helen requested to be provided with Dawn Cleland's contact in order to obtain additional information
- Rummage sale in Oct was successful, net profit was approximately \$1700
- Another fundraiser that they are reviewing is selling tickets for other organizations in return for a percentage of funds raised
- New items in the Auxiliary gift shop

2.6 LWHA Board of Directors Minutes of March 23 2014

- Amendments:
  - “Glutze” should be changed to “Glutzen”
  - Motion for item 2.1 should be changed from Mary Kerr to Amy Miller
  - Motion on page 19 of the meeting package should be Wingham District Hospital

I was moved by Andy McBride and seconded by Penny Mulvey to:

*Approve the LWHA Alliance Board Meeting Minutes of March 26, 2014 with the amendments noted.*

Motion Carried

**3.0 New Business /Business Arising**

3.1 Chief Financial Report to the Board

- T. Lewis reviewed key items from the CFO report included in the meeting package
  - K. Ellis provided an explanation of the Decision Support role and the importance of this position with respect to Quality Based Procedure funding that will be implemented shortly

**4.0 Consent Agenda**

3.1 **Consent Agenda Motion**

It was moved by Rosemary Rognvaldson and seconded by Bert Johnson to:

*Approve to receive the following reports:*

- *Quality & Risk Committee*
- *Resource Committee*
- *LMH Audit Committee*
- *WDH Audit Committee*
- *LMH Board Meeting*
- *WDH Board Meeting*
- *LMH Foundation*
- *LMH Recruitment*

Motion Carried

4.0 **In Camera**

It was moved by Marc Pittock, seconded by Gladys Peacock that:

*The meeting move to the ‘In-Camera’ session and that staff remain.*

Motion Carried

It was moved by Kris Dekker seconded by Marc Pittock that:  
*The meeting move out of the In-Camera session.*

Motion Carried

5.0 **Adjournment**

There being no further business, the meeting adjourned at 2137 hours on a motion Kathy Mitchell.

---

Amy Miler, Chair

---

Karl Ellis, Secretary