

## Listowel Wingham Hospitals Alliance Board of Directors Meeting

Wednesday April 25, 2018 Listowel Memorial Hospital Outpatient Building

PRESENT:	Rosemary Rognvaldson, Chair	Penny Mulvey	STAFF PRESENT:	Sandra Albrecht
	Bert Johnson	Gord Hunt		Brent Boshart
	Tom Soltys	Hugh Clugston		Cherie Dolmage
	Krishna Beharry	Doug Miller		Jennifer Johnston
	Dr. R. Latuskie	Dale Gilchrist		Ainsley Morrison
	Kris Dekker	Shannon Maier		
	Debbie Miller		GUESTS:	
	Karl Ellis			
ABSENT:	Dr. A. Qureshi	Dr. J. Shuffield		
		Dr. G. Antoniadis		
<b>REGRETS:</b>		Trevor Seip	REGRETS:	

#### 1. CALL TO ORDER and WELCOME

Chair R. Rognvaldson called the meeting to order at 1845

#### 2. APPROVAL OF AGENDA AND CONSENT AGENDA

Moved by: Bert Johnson

Seconded by: Penny Mulvey

**THAT** the LWHA Board of Directors approves the Agenda for Wednesday April 25, 2018 and the following Consent Agenda reports be received as circulated

- Board of Directors Meeting Minutes of March 28, 2018
- WDH Foundation

#### **MOTION: CARRIED**

### 3. DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interested declared.

### 4. **BOARD EDUCATION – PATIENT COMPLAINTS – AINSLEY MORRISON**



Complaints - Board April 2018.pdf

- Patient feedback allows LWHA to identify gaps in patient expectation, while implementing process improvements to enhance care delivery
- Feedback can be provided in person, by phone, in writing through letters or emails or through patient surveys
- K. Ellis noted that when he started seven years ago all complaints had to be in writing
- At LWHA all staff are encouraged to be involved in the resolution of the patient and / or family concerns; complaints are typically resolved at the front line
- The process for documenting complaints after it has been received is as follows:

- Details of the concern are recorded and reported in RL
- Determine the desired outcome of the complaint
- Investigation of the complaint; every complaint is investigated and must be responded to within 48 hours
- Communication with the complainant
- A. Morrison explained that in Q4 (Jan-March 2018), 7/10 or 70% of our complaints were from a third party
  - Third party complaints are any complaint brought forward by someone other than the patient and or substitute decision maker
  - An example of a substitute decision maker is a parent, or for an elderly confused individual it may be a spouse or a child
  - K. Ellis asked what is the typical age for a child to be able to give consent; B. Boshart indicated there is no age, consent is based on competency
- Reporting of complaints to the board is legislated through regulation 188/15; currently the board is provided with total patient relations process data every quarter, our requirements are twice a year
- A. Morrison worked through complaint scenarios with the board

## 5. NEW BUSINESS / DECISIONS AND REPORTS

#### 5.1 Board Self-Assessment Tool

- Does the board see value in completing this tool this year?
  - Two directors have already completed it; K. Ellis will complete as well
  - Past feedback from this assessment has indicated that board orientation could be improved; the orientation process has since been improved
  - Suggest that directors go through the survey and make note of the what indicators our board needs to focus on
- CEO Evaluation
  - Closed on April 20<sup>th</sup> with only 6 board responses
  - J. Johnston will open the survey again until Monday morning and resend the link to the board

### 5.2 Chief Nursing Executive Report - S. Maier

Highlights from S. Maier's report included:

- Patient and staff safety
  - Started trialing a status exchange between the manager and clinical nurse lead in the Inpatient Unit in Wingham to address any staffing concerns, safety concerns etc.
  - Will be spreading this trial to the CCC unit in Listowel
- QIP
  - Starting in June the Board will receive a dashboard with monthly data as opposed to quarterly, along with a run chart and a driver diagram for each indicator
- Rapid Assessment Zone
  - Went live on April 23<sup>rd</sup> in Listowel Emergency
- Ambulatory Care
  - Discussion with physicians at both sites occurred regarding specialist services and any gaps that may exist; both groups expressed a strong desire for additional general internal medicine support or cardiology from St. Mary's
  - K. Dekker asked for clarity regarding work that family docs do in ambulatory care; S. Maier indicated that the treatment of warts, lumps and bumps are all conducted in the

ambulatory care space by the family physician.

- Opportunities to utilize OTN medicine needs to be looked at closer, when we open our new ambulatory care space
  - The Ontario Telemedicine Network (OTN) is one of the largest telemedicine networks in the world; it uses two-way videoconferencing to provide access to care for patients in every hospital and hundreds of other health care locations across the province
  - G. hunt asked if OTN is being used at our hospitals; S. Maier replied that it is underutilized in our hospitals; technology issues have been a barrier
- Resources
  - Carrie Hurst has been hired as the Manager of ER, OR and MDRD
  - Working through vacancies with upcoming maternity leaves and retirements
- Redevelopment
  - Move dates have been identified for temporary ambulatory care, temporary procedures, pharmacy and oncology; will be focusing on minimal interruption to service delivery as well as patient safety during these moves

## 5.3 Chief Executive Officer Report - K. Ellis

Highlights from K. Ellis' report included:

- Redevelopment
  - Is moving along well, drywall is complete and painting has begun
  - Temporary Ambulatory Care will be moving in June
  - Late July and early August oncology, pharmacy, gift shop and foundation will be moving
  - Will be holding an open house, in early September, for the community which will include the oncology department, foundation office, auxiliary gift shop, rehab departments, diagnostic imaging, and the new team station
- Primary care support
  - The Lucknow clinic has been covered well thanks to Jan McKague and B. Major-McEwan
  - Will not be releasing the new physicians names until they have signed contracts; real estate has become a barrier as there is nothing for rent in the Maitland River School catchment area.
  - G. Hunt suggested that K. Ellis speak to the foundation committee about the possibility of cosigning a mortgage
- Board retreat
  - Weather had us cancel the retreat that was scheduled for April 4
  - Would like to reschedule for the fall because it will work better with our Ministry submission and reporting timelines
- Recently attended the Partnerships Collaborating With Purpose hosted by HPHA for Board chairs, CEOs, CNEs and Chiefs of Staff

## 5.4 Move to Closed In-Camera Session

**Moved by:** Krishna Beharry

Seconded by: Doug Miller

**THAT** the LWHA Board of Directors meeting move to 'In-Camera' session and that staff remain. **MOTION: CARRIED** 

# 6. CLOSED IN CAMERA SESSION

The in-camera minutes are under separate cover.

7.	BOARD RECOGNITION OF QUALITY IMPROVEMENT			
•	Patients stories were great			
•	Great conversation around OTN			
•	COPD patients had less readmissions in the last year; great work between the Family Health Team			
	and the hospital to see the readmission number decrease			
8.	CORRESPONDENCE			
8.1	OHA Letter from Anthony Dale			
8.2				
	Board to Board meeting – May 25			
Sym	posium – May 31			
9.	COMMUNICATION REQUIRED FOLLOWING BOARD MEETING			
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10.	DATE OF NEXT MEETING			
	<ul> <li>Wednesday, May 30, 2018</li> </ul>			
	<ul> <li>Wingham and District Hospital Board Room</li> </ul>			
	<ul> <li>1700 Hours</li> </ul>			
11.	MEETING EFFECTIVENESS EVALUATION			
12.	ADJOURNMENT			
Mov	Moved by: Penny Mulvey THAT there being no further business the LWHA Board of Directors meeting be adjourned at			
	That there being no further business the LWIA board of Directors meeting be aujourned at			

2003 hours.

Rosemary Rognvaldson, Chair

Karl Ellis, Secretary