

**ALMONTE GENERAL HOSPITAL
MINUTES OF THE BOARD OF DIRECTORS
OPEN MEETING HELD ON
MONDAY, MARCH 25, 2019
IN THE AGH BOARDROOM**

PRESENT:

√	Ms. D. Bremner	√	Ms. B. Lowry Bagshaw
√	Dr. C. Deschenes	√	Dr. U. McGarry
√	Mr. L. Gardiner	√	Mrs. S. Muston
√	Dr. L. Heslop	√	Mr. D. Perley
√	Mr. R. Larkin - Chair	√	Ms. J. Rolph
√	Dr. M. Leonard	√	Mrs. M. Wilson Trider

REGRETS:

X	Mrs. F. Bird	X	Mr. E. Williams
X	Ms. C. Hobbs		

STAFF:

GUESTS:

√	Ms. K. Harbord	√	Ms. M. Dillibaugh – Volunteer Services Chair
√	Ms. T. McLelland	√	Darquise Lafrenière, Regional Ethicist
√	Mr. R. Shaw	√	Hannah Larkin, AGH/CPDMH Manager of Patient Flow
√	Mr. A. Roberts		

Presentation:

Mr. Larkin introduced Darquise Lafrenière, Regional Ethicist and Hannah Larkin, AGH/CPDMH Manager of Patient Flow. A presentation was provided outlining the

Mr. Larkin thanked them for their presentation and they left the meeting.

Mr. Larkin invited Ms. Rolph to provide a presentation on Principles of Patient Centered Care

1.0	Call to Order
	Mr. Larkin called the meeting to order at 8:05 pm.
2.0	Declaration of Conflict of Interest
	No conflicts were declared.
3.0	Reminder to Consider Ethical Issues
	Members were reminded to consider ethical issues.
4.0	Approval of Agenda
	IT WAS MOVED AND SECONDED THAT THE AGENDA BE APPROVED.
	<u>MOTION CARRIED</u>
5.0	Chair's Remarks
	Mr. Larkin addressed the following:

	<ul style="list-style-type: none"> • Reminded the Members about the Foundation Spring Dance and Golf Tournament and encouraged Board Member participation in support of the foundation and also reminded Members about Policy VI-2 Support and Relationship with the Foundation. • Asked Mrs. Dillibaugh if she had anything to add to her report. • Asked Mr. Roberts if he had anything to add to the Foundation report. <p>Mr. Roberts referred to Mr. Perley who provided highlights from the Foundation Board’s strategic planning session held on the weekend.</p>
6.0	<p>Consent Agenda Matters</p> <p>IT WAS MOVED AND SECONDED THAT THE FOLLOWING ITEMS CONTAINED IN THE CONSENT AGENDA BE APPROVED:</p> <ul style="list-style-type: none"> a. Minutes of the January 28, 2019 Board of Directors meetings b. Financial statements for the 9 months ending December 31, 2018 and 10 months ended January 31, 2019 c. Policy IV- 1 Signing Authority d. Policy IV-3 Expense Reimbursement e. Policy II-1 CEO and COS Succession Physician Credentialing - Extension of privileges for Dr. Merry Guo and Dr. Chinmay Roy to June 26, 2019 <p style="text-align: right;"><u>MOTION CARRIED</u></p>
7.0	<p>Business Arising from the Minutes</p> <p>7.1 Sample Accreditation Questions re: Governance</p>
	<p>Mrs. Trider reminded the Members of the discussion held at the last meeting and the request for a list of potential questions that the Surveyors may ask. Mrs. Trider circulated a list with questions and answers and noted that they will also be uploaded to the sharepoint site. She also reiterated that the surveyors will be listening for what the Board is doing well, what we are proud of and how we are meeting the standards.</p>
8.0	<p>Matters Requiring Decision</p> <p>8.1 Long Term Elevator Contract</p> <p>Mr. Shaw reviewed the memo outlining the seven-year contract with Thyssenkrupp Elevator (Canada) Limited, for the renewal of the service contracts for elevator maintenance.</p> <p>IT WAS MOVED AND SECONDED THAT THE SEVEN YEAR CONTRACT WITH THYSSENKRUPP ELEVATOR (CANADA) FOR ELEVATOR MAINTENANCE BE APPROVED.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
	<p>8.2 2019/20 Hospital Service Accountability Amending Agreement</p> <p>Ms. Harbord highlighted details of the Hospital Service Accountability Amending Agreement. No concerns were raised.</p> <p>IT WAS MOVED AND SECONDED THAT THE BOARD CHAIR AND THE PRESIDENT & CEO BE AUTHORIZED TO SIGN THE HOSPITAL SERVICE ACCOUNTABILITY AMENDING AGREEMENT FOR 2019-20.</p> <p style="text-align: right;"><u>MOTION CARRIED</u></p>
	<p>8.3 2019/22 Long Term Care Home Service Accountability Agreement and Attestation</p> <p>Ms. Harbord highlighted the changes to the LSAA noted in the memo as well as the Declaration of</p>

Compliance. No concerns were raised.

IT WAS MOVED AND SECONDED THAT THE BOARD CHAIR AND THE PRESIDENT & CEO BE AUTHORIZED TO SIGN THE APRIL 1, 2019 TO MARCH 31, 2022 LONG TERM CARE HOME SERVICE ACCOUNTABILITY AGREEMENT.

MOTION CARRIED

IT WAS MOVED AND SECONDED THAT THE PRESIDENT & CEO BE AUTHORIZED TO SIGN THE 2018 DECLARATION OF COMPLIANCE.

MOTION CARRIED

8.4 2019/20 Capital Budget

Ms. Harbord reviewed the memo outlining the Capital Budget 2019/20. Ms. Harbord stated that the Senior Management Team is further requesting to establish two additional contingency funds for replacement of the telephone system and the replacement of the roof at 95 Spring Street. It was also noted that the current telephone system has been identified as a concern as the system is failing more frequently and well beyond its useful life. There are no current funding sources available for the two contingency projects. Questions regarding the contingency fund were raised and answered.

IT WAS MOVED AND SECONDED THAT THE 2019/20 CAPITAL BUDGET INCLUDING A \$100,000 GENERAL CONTINGENCY, \$215,000 CONTINGENCY FOR TELEPHONE SYSTEM REPLACEMENT AND \$650,000 CONTINGENCY FOR THE ROOF REPLACEMENT AT 95 SPRING STREET BE APPROVED AS PRESENTED.

MOTION CARRIED

8.5 2019/20 Operating Budget

Ms. Harbord presented the memo outlining the 2019/20 Operating Budget. It was noted that the Board approved the Hospital Annual Planning Submission on November 26, 2018 and that the HAPS submission was used to prepare the 2019/20 Operating Budget. Ms. Harbord presented a summary of changes made to the HAPS document. It was noted that the Operating Budget for 2019/20 presents a surplus from operations of \$126,000 and a total operating loss of \$941,000.

IT WAS MOVED AND SECONDED THAT THE 2019-20 OPERATING BUDGET BE APPROVED AS PRESENTED.

MOTION CARRIED

8.6 2019/20 Quality Improvement Plan

Ms. Rolph presented the draft 2019/20 Quality Improvement Plan indicating that the Quality Committee has reviewed by the Patient & Family Advisory Committee, Medical Advisory Committee, Quality Improvement & Risk Management Committee and the Board Quality Committee who is recommending the plan for approval.

IT WAS MOVED AND SECONDED THAT THE 2019-20 QUALITY IMPROVEMENT PLAN BE APPROVED AS PRESENTED.

MOTION CARRIED

9.0 Matters for Discussion

9.1 Report of the CEO & Senior Team

Mrs. Trider noted that the Report was included in the package. A question was raised regarding the lack of coverage of the Neonatal Transport Team and Ms. Rolph reported that CHEO is working on the gaps and that a specialist was available as well as Orange Air Ambulance during the staff shortage.

