



In Attendance:	Barb Cooney	Chair
	Michael Boyce	Vice-Chair
	Michael Nettleton	Past-Chair
	JoAnne Butler	Member
	Dr. Ian Dawe	Ex-Officio Member, PIC
	Viraj Desai	Member
	Michael Dewson	Member
	Dale Goldhawk	Member
	Judy Geary	Member
	Tahira Hassan	Member
	Dr. Daniela Hlousek	Ex-Officio Member, MSA President
	Paul McDevitt	Member
	Karim Mamdani	Ex-Officio Member, Secretary and CEO
	Dr. Barbara Mildon	Ex-Officio Member, CNE
Teleconference:	Ted Moroz	Member
	Scott Dudgeon	Member
Absent:	Surinder Razdan	Member
Staff:	John Chen	VP Finance & Support Services
	Sheila Neuburger	EVP Clinical Services
	Linda Henry	CEO, Foundation
Recording Secretary:	Pam Porter	Corporate Executive Assistant

No.	Agenda Item	Action / Decision
A.	<p>Education Session on Medical Bylaw</p> <ul style="list-style-type: none"> ▪ B. Cooney introduced M. Watts, here to provide a broad overview of medical staff bylaw, the Board’s responsibilities and the credentialing process. ▪ Boards’ oversight of medical staff related to fiduciary duty and duty of care. How you effectively govern is through your Mission, Vision and Values. Incumbent to know what stakeholders expect of you as a Board. ▪ Board policy identifies 9 aspects of duties of the board, one of which is credentialing of the medical staff. Oversight of professional staff includes medical staff appointment and re-appointment. It is a requirement of the Board to ensure that qualifications and credentials meet the expectations of the Board. ▪ Under the PHA the board establishes the MAC. The CEO is responsible for ensuring PHA regulations and bylaws of the hospital are being adhered to. If the board wants to make changes to the professional bylaw there is a process to be followed through MAC then to the Board for approval. 	

	<ul style="list-style-type: none"> ▪ Primary responsibility under the PHA is patient safety through quality of care and conduct. ▪ Utilization in order to balance the budget requires how a physician manages resources. ▪ External benchmarking is done to ensure best practices. ▪ Each program chair is responsible for program quality of care and through the PIC report to the board. ▪ The board should ensure that the hospital and medical staff have clear understanding of the vision, mission, and goals for the hospital and how these impact the strategic plan and the directions of the priority programs. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> ▪ HSAA and ECFAA provide clear direction in regard to clinical priorities and accountability to the community. ▪ Staff are considered stakeholders in that it's our responsibility to protect and provide a safe working environment. 	
1.	<p>Welcome & Call to Order</p> <ul style="list-style-type: none"> ▪ Meeting called to order by B. Cooney at 19:17 ▪ B. Cooney introduced Dr. Daniela Hlousek who will now sit on the board as an ex-officio member in her role as the new President of the Medical Staff Association. ▪ Board members introduced themselves and provided a brief bio. ▪ Appreciation expresses to Dr. Coleman for her participation on the Board in 2015. 	
2	<p>Declaration of Conflict of Interest:</p> <ul style="list-style-type: none"> ▪ No conflicts to declare 	
3.	<p>Confirmation of Agenda</p>	Moved by M. Nettleton Seconded J. Geary Carried
4.	<p>Consent Agenda Appendix A:</p> <ul style="list-style-type: none"> a) Minutes of the November 4, 2015 Board Meeting b) Audit & Compliance Report of the Nov. 6-15 Meeting c) Finance & Quality Report of the Nov. 25-15 Meeting d) Governance & Compensation Report of the Nov. 18-15 Meeting <p>Motion: That the Consent Agenda be approved as presented in Appendix A.</p>	Moved by P. McDevitt Seconded by M. Nettleton Carried
5.	<p>Chair's Remarks</p> <ul style="list-style-type: none"> ▪ On December 4th K. Mamdani, myself and John Hoyt provided an OHA hosted webinar on achieving stage 7. Topics covered were; purpose for adopting the HIMSS method, the processes and lesson learned. ▪ PIC recruitment update– stakeholders have been consulted and we have provided feedback to Promeus on the PIC position profile. ▪ K. Mamdani has arranged speakers for the February and March Board meetings: Matt Anderson on the Primary Care Report, and 	

	Arlene Astell will speak on the recovery philosophy within the dementia context.	
<p>6.</p> <p>6.1</p> <p>6.2</p>	<p>Reports</p> <p>CEO Report Highlights</p> <ul style="list-style-type: none"> ▪ On November 18th teams from Ontario Shores and Waypoint had their first joint meeting with Meditech executives at their Boston office. This was a successful meeting and served to describe our vision and project. ▪ Operating plan was announced on November 23rd. Receiving inquiries around the closure of the pool. ▪ On December 21st Land and Building negotiations continued with IO and the Ministry. An agreement was reached and a letter in escrow was sent. ▪ Late December also met with the Central East LHIN around the HSAA agreement. ▪ Attended the first joint OHA, MoHLTC and LHIN quality and policy sub-committee. Looking at finding ways through incentives or penalties on how to ensure hospitals provide quality of care. ▪ In December OHA was informed by the Auditor General they would pick 3 areas of focus, of which one is the stand-alone psychiatric hospitals. <p>PIC Report Highlights</p> <ul style="list-style-type: none"> ▪ Provided in the report are 2 articles from recent scientific findings around the possible connection to rehospitalization and vulnerability to suicide, and changes in semantics and syntax that differentiate which individuals are at the greatest risk of developing psychosis. ▪ Central East LHIN physician lead role report reflecting on activities within the region, highlighting success in meeting metrics. Challenges for all LHINs with supporting indicators, CE LHIN experiences the strongest proportion of repeat patients with mental health conditions. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> ▪ Would the Hospital to Home (H2H) expansion be a topic for consideration at the board retreat? ▪ Could we have the Child and Adolescent hospital based MH services project information circulated to the Board? 	<p>Moved by M. Boyce Seconded by D. Goldhawk Carried</p> <p>Moved by M. Nettleton Seconded by J. Geary Carried</p>

	<p>Motion: The MAC recommends the following new appointments:</p> <p>Courtesy Staff Dr. Natalie Leahy, Duty Doctor, pending receipt of proof of HCP-CPR and Occupational Health clearance. Start Date: Jan 14 2016 Dr. Shelinderjit Dhaliwal, pending receipt of restricted registration license and Occupational Health clearance. Start Date: Feb 4 2016</p> <p>Associate Staff Dr. Beth Eayrs, Associate staff, Forensic Outpatient Service (FOS), pending receipt of Occupational Health clearance, Vulnerable Sector clearance, and HCP-CPR. Start date: January 18 2016.</p>	<p>Moved by J. Geary Seconded by P. McDevitt Carried</p>
<p>7. 7.1 7.2</p>	<p>Items for Discussion</p> <p>Minister’s Speech</p> <ul style="list-style-type: none"> ▪ Provided for your information. This was followed soon after the OHA Health Achieve by a number of announcements. Expecting there will be a consultation phase. ▪ Will be meeting with the Group of 4 on February 1st for discussion. <p>Board Retreat Planning</p> <ul style="list-style-type: none"> ▪ Spoke with KPMG earlier this week to discuss the planning. ▪ Mike, Karim and Georgina discussed a number of guest speakers, some still to be confirmed. ▪ Suggestion to review plans outlined from the first strategic planning to see how we have progressed and to celebrate our successes. ▪ Notion will be to use the retreat as an opportunity to think about what the environment looks like, and forces working in the environment. Out of this will come some themes which will assist with the strategic planning process. 	
<p>8. 8.1 8.2</p>	<p>Business Arising</p> <p>Central East LHIN GAC Update</p> <ul style="list-style-type: none"> ▪ Scarborough - reflected on what is happening for those suffering with dementia and who require hospitalization. CCAC vs LHIN role. Next meeting is March 2nd. ▪ Durham- Similar conversation as Scarborough. Some conversation and questions which were more of an operational nature. Next meeting is March 8th. ▪ Northeast - Talked about the ALC review being done a 3rd party. An RFP has gone out and the CEOs have been consulted. Discussion around the number of LTC beds. Next meeting is March 3rd. <p>IHI Conference Highlights – J. Geary</p> <ul style="list-style-type: none"> ▪ Exciting to sit in keynote addresses with 2 to 3 thousand people from all over the world – excellent range of presentations. ▪ Lots of discussion on patient centred care / design / engagement / collaborative design etc. Patients managing their own care. Power balance between patient and care provider, learning to 	

	<p>listen to your patients.</p> <ul style="list-style-type: none"> ▪ Technology – explosion of healthcare apps. Difficult for healthcare providers to know all of them. No control over apps being used for self-treatment. ▪ IT is the big disrupter of healthcare – unanticipated consequences ie: Alert fatigue is exhausting. 	
9.	In-Camera	
10.	<p>Next Meeting and Adjournment</p> <ul style="list-style-type: none"> ▪ Next meeting – February 10, 2016 <p>Motion: To adjourn the meeting at 20:55 hours</p>	<p>Moved by J. Butler Seconded by P. McDevitt Carried</p>