



**BOARD OF DIRECTORS MEETING MINUTES**

Friday, April 10, 2015 at 9:00 a.m.  
RBC Convention Centre, Winnipeg, MB

**Attendance:**

H. Azzam	P. Baker	L. Manning	M. Montanti
M. Perchotte	H. Unruh	P. Van Caesele	

**Regrets:**

J. Cox	S. Gauthier	G. McLennan	B. Wright
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**Staff:**

C. Conway	T. Mangano	D. Labelle	J. Slater
G. Whitehill			

**APPROVAL**

**1) Call to Order**

**2) Approval of Agenda**

The agenda was approved as distributed.

**MOVED:** H. Azzam  
**SECONDED:** M. Montanti

***CARRIED.***

**3) Approval of Board Minutes and Conflict of Interest**

Minutes of the March 13, 2015 meeting were approved as distributed. No conflicts were declared.

**MOVED:** L. Manning  
**SECONDED:** H. Azzam

***CARRIED.***

**4) Strategic Discussion (Leadership):**

2016-2021 Strategic Plan

The Board Top 5 strategic priorities were revised as per discussions held at the November Board retreat session. It is suggested that the Provincial Leadership priority be revisited after today's strategic discussion.

Annual Health Plan 2016-17, is due June 1, 2015 and requires Board approval. This year a new 5-year strategic plan is also due June 1, 2015 and posted publicly within 30 days. The goal is to get the board as much information, in near final draft, as possible for discussion/review for the May meeting.

The AHP is synced with the Strategic plan through the Overview of Direction, which advises the Minister what direction DSM is taking on these priorities. DSM has used the four MB Health strategies to develop its own strategies. The eight Provincial strategies relate to diagnostics, under

a provincial view, whether delivered by DSM or not. The seven provincial strategies relate more to Operational issues. All strategies, Level A, B & C have both an executive and a project lead assigned.

DSM is in a very strategic position to be the provincial leader for diagnostics services. It was suggested that the organization develop a business case to highlight the efficiencies, quality improvements, values and benefits of having a provincial mandate for leadership in diagnostic services.

DSM is co-leading provincial physician engagement initiatives that will not only support benefits to diagnostic services but be a useful model for others to engage physicians for all health services in MB. The success of several DSM provincial diagnostic strategies will be directly to the engagement and participation of physicians.

## 5) Standing Reports (Oversight)

### Board Chair Report

There is a telehealth session organized by RHAM on May 25 that Board members and staff are encouraged to participate. The Telehealth room at DSM will be set up, as well as in each region for ease of participation. Participation attendance should be noted for minutes to prove educational opportunities have been offered. The Governance Committee will keep records of the topics, number of hours and who attends for all board education.

### CEO Report

J. Slater has been appointed to the HIROC Board, and has been nominated to the MIPS board; his term on the MPAN board will be ending shortly.

Over the past couple years DSM has been working with an advisory group to improve its research support and will shortly be providing information about the new DSM Research Support Office. DSM grants have been reorganized into two major grants and four minor grants over a two year period, resulting in a huge increase in recognition; these are fully funded by research dollars in keeping with the Board's direction and principles that research be self-sustaining and re-investing.

The original rural Immuno-Chemistry contract was based on volume estimates and fell within CEO signing authority. After year-one experience, actual volumes will result in operational savings, but the revised total cost of the five year contract now exceeds the CEO signing authority. In good faith and spirit of transparency, this is being brought to the Board for approval.

**MOVED:** H. Unruh

**SECONDED:** P. Baker

***CARRIED.***

DSM has led the provincial procurement and contracting process for the new Manitoba MRIs. Due to time constraints with the successful vendor's year-end; the Selkirk MRI contract (exceeding CEO signing authority) was taken to the Board Executive Committee and unanimously approved, however this requires ratification by the Board. Funding falls within capital approvals from MB Health.

**MOVED:** P. Van Caesele

**SECONDED:** H. Unruh

***CARRIED.***

Quality and Patient Safety Committee Report (QPSC)

No report. The committee meets Tuesday.

**6) Governance (Foundational Factors)**

Governance Committee Report

Ron Van Denakker has officially been appointed IERHA CEO and is very interested in joining our Board. The governance committee, on behalf of the board will make the recommendation to the Minister that he be appointed to the board as IERHA rep.

Finance Committee Report

No report, next meeting is in June.

**7) Board Q & A Session**

**Q:** Can a deficit budget be approved? Is it still DSMs plan to submit a deficit budget?

**A:** The matter has been discussed with the CFO council and there has been no resolution to this as of yet. Yes it was approved at the last meeting to submit a deficit budget with numerous caveats.

May Strategic Discussion: Annual Health Plan and 5-Year Strategic Plan

Meeting moved to in-camera session

**8) In-Camera Session**

**9) Adjournment**

***Next Meeting: May 8, 2015 at 9:00 a.m. – at RBC Convention Centre***