



BOARD OF DIRECTORS MEETING MINUTES

Friday, March 13, 2015 at 9:00 a.m.
RBC Convention Centre, Winnipeg, MB

Attendance:

H. Azzam	J. Cox	S. Gauthier	L. Manning
G. McLennan	M. Montanti	M. Perchotte (facetime)	H. Unruh
B. Wright			

Regrets:

P. Baker	P. Van Caesele		
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Staff:

P. Brennan	C. Conway	A. Kabani	D. Labelle
P. Penner	J. Slater	G. Whitehill	

APPROVAL

1) Call to Order

2) Approval of Agenda

The agenda was approved as distributed.

3) Approval of Board Minutes and Conflict of Interest

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

4) Strategic Discussion (Leadership):

Information Systems and Information Management

DSM’s Chief Information Officer provided an overview of key initiatives that DSM and Manitoba eHealth are partnering on. Most notably is the Provincial Laboratory Information System, that will capture lab tests in DSM’s central provincial archive which will enable the electronic delivery of rural lab results to clinical data repositories such as eChart Manitoba, as well as CancerCare Manitoba, the emergency department information system (EDIS) and eHealth’s electronic medical records (EMR) distribution service, eHealth_hub. Other key initiatives discussed were Anatomic Pathology LIS, Digital Pathology, Multijurisdictional Telepathology and the Genomics Laboratory Information System.

5) Standing Reports (Oversight)

Board Chair Report

The Board supports sending the CEO and two Board members to the National Leadership Health Convention. M. Montanti and S. Gauthier will attend on behalf of the Board and will provide a verbal report upon their return.

On May 25, 2015, the Regional Health Authorities Association of Manitoba will hold a workshop on the roles of an effective board. Participants can attend at DSM, WRHA or any of the regional offices. Board members are encouraged to attend.

M. Perchotte requests an annual Information Technology system update.

CEO Report

DSM has continued to develop its organizational Key Performance Indicators for its strategic priorities.

Improvements in the Cancer Patient Journey to track breast cancer cases continue with the implementation of the Direct Referral for Breast Cancer initiative. Launched February 2, 2015, breast imaging patients requiring more tests following an imaging appointment will be directly referred to their next appointment.

A discussion on the future advancement of DSM's Provincial Integrated laboratory Services and Provincial Radiology Services strategic initiatives will require Board input.

DSM's Provincial Genomics Strategy continues to unfold. A draft strategy has been developed and will be shared with key stakeholders in the near future.

Sponsored by the Canadian Agency for Drugs and Technologies in Health, DSM and the Centre for Health Innovation co-hosted a Think Tank physician engagement session to explore the topic area on how physicians can be involved health care transformation in Manitoba.

CEO site visits have been occurring in Winnipeg and will continue into April.

Quality and Patient Safety Committee Report (QPSC)

No report.

6) Governance (Foundational Factors)

Governance Committee Report

No Report.

The AP-LIS initiative requires board approval for \$3.3 million, \$2 million of which is funded from the Canadian Partnership Against Cancer. The remaining amount to be funded under the provincial lab operating system.

MOVED: M. Montanti

SECONDED: S. Hussam

CARRIED.

Ron Van Denakker, representative from Interlake, has agreed to fill a vacancy on the Finance Committee. Approval from the Board is required.

The Board approves the recommendation to have Ron Van Denakker join the Finance Committee retroactive to March 6, 2015.

MOVED: G. McLennan

SECONDED: H. Unruh

CARRIED.

Finance Committee Report

The Committee presented the 2015/16 preliminary budget, third quarter report for the organizations and the proposed Finance Dashboard.

The 2015-16 budget assumptions are consistent with figures presented at the February Board Meeting i.e. a \$4.1 million structural deficit for the 15/16 fiscal year. DSM is also projecting \$2.9 million operating deficit at year-end (14/15). DSM has not yet received its Medical funding letter from the Province of Manitoba.

Other risks associated with the deficit include funding required to address several CAP accreditation requirements, RHA projections, several items pertaining to negotiated employee benefits and referred out services increases. DSM continues to develop mitigation strategies to assist in reducing the deficit.

The Committee is recommending that the Board approve a deficit budget in principal under the condition that the organization continues to seek mitigation strategies. The Committee is confident that DSM management has undergone its due diligence in seeking cost savings to reduce the projected deficit without compromising patient care. This deficit is less than 1% of our total budget.

It is anticipated that other Regional Health Authorities are faced with similar issues as discussed at a recent RHA CFO meeting.

Motion to approve, in principal, a deficit budget under the condition that mitigation strategies continue. To approve a preliminary deficit budget subject to confirmation of funding from Manitoba health.

MOVED: H. Unruh

SECONDED: G. McLennan

CARRIED.

The Committee continues to develop its Finance dashboard, a key performance indicator measurement system. The Dashboard will include indicators related to cost per test, the average minute per test and # of hours worked.

7) Board Q & A Session

Q: What would be the impact to diagnostic services if a community (private) lab shuts down or experiences a strike?

A: DSM would provide urgent/emergent laboratory services. DSM would work very closely with clinicians and emergency departments (EDs) to manage any increased volumes presenting through EDs.

April Strategic Discussion: 2016-21 Strategic Plan.

Meeting moved to in-camera session

8) In-Camera Session

9) Adjournment

Next Meeting: April 10, 2015 at 9:00 a.m. – at RBC Convention Centre