



BOARD OF DIRECTORS MEETING MINUTES

Friday, Sept 11, 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	H. Unruh
P. Van Caesele	R. Van Denakker	B. Wright	

Regrets:

P. Baker			
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Staff:

A. Kabani	D. Labelle	T. Mangano	P. Penner
G. Whitehill			

APPROVAL

1) Call to Order

2) Approval of Agenda

The agenda was approved as corrected. The Approval of the Strategic Plan was done in June & will be removed from the Board Chair report section. No conflicts were declared.

MOVED: H. Azzam
SECONDED: S. Gauthier

CARRIED.

3) Approval of Board Minutes and Conflict of Interest

Minutes of the June 12, 2015 meeting were approved as distributed. No conflicts were declared.

MOVED: S. Gauthier
SECONDED: H. Unruh

CARRIED.

4) Strategic Discussion (Leadership):

Strategic Discussion topics for October to June Meetings

Monthly Strategic Discussion topics are presented for discussion to June 2016. The RHAM Board Education day on October 21 is having Crown Council Corp present their Risk Management session, the Board will not have this session as our Retreat. October should not have a strategic topic as the Minister meeting will take up the first hour & will hold discussion. November's Board Retreat will focus on Risk Management, the risks DSM faces as seen by Management Senior Management Team and Transfusion Medicine. December's strategic topic will be Provincial Integrated Lab Service &

invite Brie Demone & the evolving clinical plan & how it fits with DSM, the discussion will be extended to include System Sustainability lead by B. Wright. The Board will see what issues arise from the November session prior to deciding topics for 2016. The Board agrees to continue holding meetings at the RBC Convention Centre on the second Friday of each month, breaking for July & Aug.

Action Item: D. Labelle is asked to set up a teleconference with SMT, Brock & Marie to map out a plan for the November strat day & cancel the Crown Corporations Risk Management session. Book 2016 meeting rooms.

5) Standing Reports (Oversight)

Board Chair Report

The new Board member orientation has been moved to October. R. Van Denakker provides a verbal biography. R. Van Dennaker has been around the system starting off in the 80s as a graduate technologist xray, became a radiation protection officer for the Province while doing an undergrad in architecture. After which he designed xray rooms, graduated with a degree in environmental studies, ultrasound became an interest & he became a sonographer & did some ecocardiology & vascular. He then became a GE sales rep for vascular equipment, before leaving for Winnipeg Audio Visual where he eventually became partner. He took a radiology project manager position in HSC, then the WRHA was formed & he became the first technical director. He wanted to get into the admin world, becoming the Administrative Director for child health program & oral health & then genetics. He left to become Executive Director for SOGH wellness institute, you can grow to a certain point & then growth creates a problem, he was then moved to VP of Development for SOGH. He left there for an Executive Director position for North Eastman Region, becoming the VP of Corporate Services after the 2012 Amalgamations, before moving into the Action CEO role and finally the CEO for IERHA. His passion is health system sustainability & making the system work as good as possible and be as accessible as possible. His other passion is for First Nations communities, working together with them & developing cultural sensitivities. Over the years hes built good relationships with chiefs & councils & reeves & mayors & he feels there no problem that cant be solved. Hes got a 5 year deal & hes not going anywhere & hes excited to be involved with DSM.

Welcome to DSM & you will be a real asset to the board.

The AGM with Minister Blady is in October, it would be helpful to have a short discussion on key messages to convey to the Minister. A strategic priorities document was presented to Minister Selby last year, and will be provided to Minister Blady. We are not confrontational but what issues do we want to respectfully raise to the minister? A. Kabani advises that the future of testing, particularly genetic testing, might be worthwhile to help point out that many of these tests are now becoming compulsory & we need seem framework or strategy to deal with it. These tests are expensive and the sustainability is a concern, as well as public demands for certain testing. The positivity of technology & the integration of technology is very beneficial in some areas, however lacking in others, such as certain registries & integration with radiology & di, its about investment in integration. This increases the labs sustainability & efficiency. The structure of the board is such that the Minister is the sole member & appoints the board, so she wants to hear from all of us what we are doing on her behalf to ensure we are providing good safe care to patients. The qpssc, has

done god work & is should be profiled for her as well as what we are doing around risk and the work done on the website, being transparent to the public.

The Annual Report to the Minister requires approval with the following amendment. On page 20 the second bullet revise the wording to “increasing demand for services / ensuring appropriate diagnostic testing”.

Motion to approve the Annual Report to the Minister as amended

MOVED: H. Azzam

SECONDED: M. Montanti

CARRIED.

DSM Annual Public Meeting & meeting with our stakeholders isb being held in conjunction with our Pathology Conference reception on September 25. There is a cocktail hour where the Minster is coming to speak at 6 pm. There will then be a short presentation along with a few words From J. Slater & M. Perchotte, prior to opening the floor to comments and questions. The board is invited to attend.

Action Item: *D. Lablle will send an invite to the Board with the details on the reception.*

The Annual Report to the Public, a brief highlight of achievements was uploaded and board members are asked to provide comments feedback to J. Slater, cc'ing T. Mangano & D. Lablle by Sept 16.

The Deputy Minister has asked if a meeting with DSM should be set up to discuss the two issues made by Milton Sussman. We think we are there but the department doesn't. There may be some misunderstanding with the global funding & how it affects SLAs. Two outstanding pieces is the SLAs need to be put in place, to show that the moving funding shows accountability, the only outstanding SLA is Winnipeg.. The other piece is that the background & information to take forward to government , this has been done & provided to government. M. Perchotte will request the DM set this meeting up as soon as possible.

M. Perchotte has requested that she not be reappointed, but her term will be extended to October30, 2015. She is hoping that B. Wright will not have to be acting for long and that a new Chair is appointed by the end of October.

S. Gauthier, M. Montanti & P. Penner provided updates on the National Health conference they attended in PEI. Dr. Gauthier attending the ecosystem leader session where it was discussed how Canada is a pilot project but the information doesn't get sent out nationally, an example was that a patient who visited an ER 11 times per month for a number of years, had 8 different services providers come to his home. He received fragmented care and when they explored what the issues were, he had a dissatisfying marriage & his wife took him to the ER when she got sick of him & he liked the break. They provided marital support for him & identified a primary care provider, he had zero visits in the 9 weeks leading up to the conference, we get stuck in the way we do things. He was disappointed in the transition healthcare, current trends in healthcare was discouraging in our comparison to other worldwide district, the need to move towards more holistic healthcare. And the usage of internet/smart phones, can we tap into that to get information out there. Another was recovering from a major quality patient safety event. Cape Breton had an outbreak & there was major media fallout & they didn't handle it, then they came forward & it was reassuring that the

strategies they discussed, were what we discussed, being transparent in advance. Some of it was operational & it needed a more philosophical aspect to it. The topics and resolutions being debated were quite weak. The whole conference was setting up mental wellness & health as the big discussion point. As topics were being voted on, the mental health dropped right out, the big push for mental wellness didn't resonate in the end.

M. Montantis update was the theme was drive a culture & engagement & it didn't mesh, it was all over the map. The federal minister didn't really bring a message. His biggest takeaway was that one eastern province has succession planning that identified 150 people that they are addressing to educate & get ready for the next step. That's what he'd like DSM to create.

P. Penner thinks we have some real opportunities with terms of driving procurement & improvement in supplies so there is a real ray of hope. The innovation ecosystem, he made notes & that one triggered for him as well, where are we using the majority of our resources and bringing marginal value. The other session was the shifting sick time problems to mental wellness, detailing how Managers were calling individuals at home, asking why they are sick, and showcased the benefit of the managers & unions starting aligning, and asking what they could do to help. It wasn't a surveillance, but more of what can we do as a system. Silence & monitoring doesn't help. The mental health training aspect for hr, managers, and directors.

COO Report

Genome Canada – GAPP, this has been previously reported on, we are now at the last round, the major issue to bring up is the due diligence that DSM is doing to develop this as a lab developed test. We are using CAP standards to ensure the lab requirements for this test are all there. There is a third funding agreement & Jim is seeking outside funding as well as a separate agreement that DSM is protected from action by them should our work not be up to their standards.

MRI update, the purchase of equipment has been good in terms of the procurement piece & working with WRHA. There is issue of political commitment and community ability to contribute. There is political commitment for MRI in Selkirk & GGH & Dauphin, with the latter facing significant push back from the community to provide their contribution. Obviously DSM is not part of the community contribution piece, it's the building, which is owned by the region. We are pushing forward for the MRI & the planning & operations piece, but to highlight from the political promise part of it, this could become complicated. Dauphins weary of raising money for capital projects, and there's a bit of a financial exhaustion going on. P. Penner is unaware of the building piece cost expected to be raised. This is not a service for Dauphin rather a service for the area, however the community was focused on bricks & mortar part, how it's not in Swan River & they would not participate in the MRI service contribution. There is staff interest so DSM is proceeding in training staff to ensure the support system is there for when the equipment goes in. Community contributions can certainly affect such situations, not all communities can easily raise money, some are flush with donations, others struggle for infrastructure. This will have to be a topic for discussion, perhaps more government consultation before these promises are being made.

Quality and Patient Safety Committee Report (QPSC)

The QPSC met last week & provided a quarterly report for review. There was a single CI in this report and more detail in recommendations regarding CIs is also included, as well as trending for CI & proficiency testing. The recommendations for a formalized medical QA program, is not entirely in place, however components are, including SOPs but we are still missing an overriding document describing what the program is in detail as well as practices around recruitment and initial probation with new pathologists. This is not complete for the Radiologists.

6) Governance (Foundational Factors)

Governance Committee Report

No Report.

Finance Committee Report

G. Whitehill provides a quick update, its almost a no news story for the first quarter. Operating deficit was lower than approved. We continue to make certain assumptions about funding & med remun & blood bank as some funding has yet to be confirmed. In 2016, MB Health has indicated they are not funding the blood bank, but they are open to discussion. Targets have not been set yet, these are KPIs to highlight pertinent information to the board. Parallel information from the private labs is not available, though it would be interesting. There is no current cash flow issues but a few more years of this trend, if continued, will put DSM in a worse position dipping into the Line of Credit.

To accept the Finance report as presented

MOVED: G. McLennan

SECONDED: H. Azzam

CARRIED.

7) Board Q & A Session

The value of the Canadian dollar is affecting some increases in referred out tests sent to the US. We don't anticipate an overall increase and we are doing other things to manage & reduce costs.

October Strategic Discussion: AGM with the Minister. No strategic topic.

November Strategic Planning Session

Meeting moved to in-camera session

8) In-Camera Session

9) Adjournment

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