

Minutes of the Public Meeting of the Board of Directors
Held on Tuesday, February 26, 2013, at 6:30 p.m.
Conference Room
Campbellton Memorial Civic Centre
(Original version signed and archived)

Present: Paul F. Couturier (Chairman)
Roger Doiron
Phillipe Ferguson (Treasurer)
Rita Godbout
Gabriel Godin (Vice-Chairman)
Monique A. Leblanc
Christian Mercier
Tracy Peters
Sonia A. Roy
Anne C. Soucie
Sister Gaëtane Soucy
Donald Thériault
Rino Volpé (President and Chief Executive Officer, ex officio member)
Dr. France Desrosiers (Regional Chief of Staff, ex officio member)
Linda Sunderland (Chairperson of the PAC, ex officio member)

Absent: Adélard Cormier
Bonnie Mae Martin
Paulette Sonier Rioux

Executives present: Richard Losier: Chief Operating Officer, Zone 1B Beauséjour
Alain Bécharde: Vice-President of Finance
Pierre Verret, Chief Operating Officer, Northwest Zone
Jacque Duclos, Chief Operating Officer, Restigouche Zone
Stéphane Legacy, Chief Operating Officer, Acadie-Bathurst Zone
Annette LeBouthillier, Vice-President of Quality, Nursing Practice, and Public Health
Gisèle Beaulieu, Vice-President of Planning and Organizational Development

Recording Secretary: Cynthia LeBlanc

1. Call to order

The Chairman welcomed the participants and called the meeting to order at 6:28 p.m.

2. Constitution of quorum and notice of meeting

The meeting was duly called and quorum achieved.

3. Remarks by the Chairman of the Board of Directors

This meeting was the current Board's third meeting. The Chairman said that he was pleased with the frank and honest discussions taking place among the participants.

4. Approval of the agenda

MOTION 2013/02/26-01P

It was moved to approve the agenda as presented.

Carried unanimously.

5. Declaration of potential conflict of interest

Nothing to report.

6. Approval of the minutes of the November 28, 2012 meeting

MOTION 2013/02/26-02P

That the minutes of the November 28, 2012 meeting be approved with the following change:

These should read, "That it be ensured that the people sitting on the Board of Directors are able to function in Vitalité Health Network's working language."

Carried unanimously.

7. Questions arising from the minutes

None

8. Report by the President and CEO

The CEO's report addressed the following topics:

1. The new focus of the five partners in the New Brunswick health care system, namely the Department of Health, Vitalité and Horizon health networks, FacilicorpNB, and the Health Council.
2. The directives mandated by the Government of New Brunswick for the health care system:
 - System of values;
 - Targeted behaviours;
 - Guiding principles;
 - Targeted financial resources;
 - Health system strategic goals.
3. 2013-2016 Regional Health and Business Plan:
 - New organizational structure;
 - 2013-2014 budget (operational and capital);
 - 2012-2013 financial projection;
 - 2013-2014 capital budget;
 - Operational objectives;
 - Human resources (operational level);
 - Medical resources;

- Performance measurement system.

Here is a summary of the objectives of this restructuring:
(An open discussion with the public took place at this point)

- Simplify the range of services to be delivered in the less densely populated regions of the province, factoring in their rural nature and placing greater emphasis on prevention;
- Bring decision-making and accountability closer to where care is delivered;
- Adhere to the benchmarking process to identify best practices and increase efficiency;
- Achieve the network's annual operational target, set at \$610 million (excluding one-time initiatives and physicians' salaries);

Mr. Couturier thanked the new CEO and the management team for their wonderful work.

9. Committee reports

9.1 Executive Committee

The committee had met twice, on January 21 and February 7.

During the January 21 meeting, the committee had met with two external groups, at their request, namely elected officials from Caraquet and the group Égalité Santé en français.

The committee also went on to discuss the following topics:

- The outlines of the recovery plan proposed by the Department;
- The appearance by Vitalité Health Network before the Committee on Crown Corporations on February 5;
- The committee had prepared for a special meeting with Minister Flemming;
- Board representation on the Capital Projects Committee;
- Distribution of the 2013-2014 equipment budget.

The committee had adopted the following motions:

MOTION 2013/02/26-03P

That Adélarde Cormier, from Zone 1B, be appointed to sit on the Capital Projects Committee in relation to the operating room project at the Dr. Georges-L.-Dumont UHC and that Gabriel Godin, from Zone 6, be appointed to sit on the committee working on the Chaleur Regional Hospital expansion project.

Carried unanimously.

MOTION 2013/02/26-04P

That the plan presented for the distribution of the 2013-2014 equipment budget be submitted to the Department of Health, as requested.

Carried unanimously.

On February 7, the committee had met with the Minister of Health, who had also taken the opportunity to tour the Chaleur Regional Hospital and to meet with the physicians.

During this meeting, the Minister confirmed to the committee the need to increase the efficiency of the province's health care system.

The Board and management of Vitalité Health Network also had to strive to maintain a comprehensive vision for the Network.

MOTION 2013/02/26-05P

That the report of the Executive Committee be approved as presented.

Carried unanimously.

9.2 Governance and Nomination Committee

The committee had met on January 25 and had held a follow-up meeting on February 20. Members had examined their terms of reference, finalized the work plan for the year, and also:

- Examined the terms of reference of a Strategic Research Committee;
- Followed up on the request to review the bylaws of the foundations in Zone 6;
- Created a working group to review the Board of Directors' Accreditation Canada work plans.

The committee had moved the following motions:

1. *That a letter be written in response to the foundations in Zone 6 indicating that Vitalité Health Network wished to maintain harmonious collaboration with its foundations but that it had recently been clarified that approving the foundations' bylaws fell outside the health networks' mandate;*
2. *That the work plan of the Governance and Nomination Committee be adopted as presented;*
3. *That the following members be assigned the task of examining the Board's work plans related to the Accreditation Canada questionnaires completed in 2011;*
 - *Anne Soucie, as Chairperson of the Quality and Risk Management Committee;*
 - *Adelard Cormier;*
 - *Rita Godbout;*
 - *Tracy Peters.*
4. *That the point "Other" be maintained on all agendas for in camera meetings of the Board of Directors and of committees of the Board but that it be omitted for regular (public) meetings;*
5. *That minutes of the committees be distributed to Board members for information purposes but only during in camera meetings (or working sessions); That the support documents used by the committees be distributed to the Board only when needed to support a recommendation made to the Board; That each committee provide the Board with a written report on all its meetings, including its recommendations. This report will be discussed during the in camera*

meeting, as needed; however, it will be repeated and voted on at the public meeting.

If the in camera status is maintained for a topic, a specific report will be prepared for adoption in camera. The reason for the in camera status will be mentioned in the minutes of the in camera meeting and the topic will be omitted from the report on the public session.

MOTION 2013/02/26-06P

That the report of the Governance and Nomination Committee be approved, with the motions adopted.

Carried unanimously.

9.3 Quality and Risk Management Committee

The committee discussed the following topics at its February 4 meeting:

- Improvement of the C. difficile situation at the Dr. Georges-L.-Dumont University Hospital Centre; staff were congratulated for their work.
- Examination of the results of the health system scorecard published by the New Brunswick Health Council;
- Follow-up on progress on the operating room project at the Dr. Georges-L.-Dumont University Hospital Centre;
- Examination of the reports of the Regional Quality and Safety Committee meetings;
- One visit one problem: the College of Physicians and Surgeons of New Brunswick and the New Brunswick Medical Society were examining this issue;
- Examination of the dashboard for quality and risk management.

The committee had approved three motions:

MOTION 2013/02/26-07P

That the *Guide on Managing Disruptive Behaviour* (including the guide, toolbox, and policy) be adopted as the tool for managing medico-legal and disciplinary situations related to physicians.

Carried unanimously.

MOTION 2013/02/26-08P

That all managers and physicians be encouraged to apply the General Dress Code Master Policy (GEN.4.70.10) adopted in December 2012 and to remind their teams to show discretion with respect to personal conversations.

Carried unanimously.

MOTION 2013/02/26-09P

That the policy "Commitment to a Quality Improvement and Patient Safety Culture (GEN.5.30.95)" be approved.

Carried unanimously.

MOTION 2013/02/26-10P

That the report of the Quality and Risk Management Committee be adopted as presented.

Carried unanimously.

9.4 Ethics Committee

The committee had met on February 4 specifically to obtain follow-up on the infrastructure in place for the family planning service.

- Catch-up funding had been earmarked for this file.
- It was suggested to initiate discussions with our social partners to raise their awareness of the importance of further developing programs able to positively influence youth on an issue as delicate as sex education and on the privilege of being carriers of life.

MOTION 2013/02/26-11P

That the report of the Ethics Committee be approved as presented.

Carried unanimously.

9.5 Finance and Audit Committee

The committee had met on February 7, 2013 and had dealt with the following topics:

- Audit plan for fiscal year 2012-2013;
- **Motion** to adopt the follow-up plan further to the recommendations and observations of the auditors for fiscal year 2011-2012;
- **Motion** to adopt the financial results to December 31, 2012: To the end of the third quarter, the Health Authority had recorded income of \$505.8 million and expenditures of \$512.6 million. This translated into a deficit of \$6.8 million before depreciation and adjustments. According to our projections, to March 31, 2013, we could expect income of \$674.5 million and expenditures of \$683.4 million, which would result in an operating deficit before depreciation of \$8.9 million. This deficit was caused in part by increased costs and activity volumes, such as in hemodialysis, oncology, and emergency rooms (accounting for approximately \$3 million);

(S. Soucy left the room)

- **Motion** to adopt adjustments to the 2012-2013 budget: For an increase in income of \$5.0 million and an increase in expenditures of \$7.4 million (primarily due to increased costs for health insurance and additional contributions to the pension funds of some employee groups);
- **Motion** to update our bank account signers;
- Distribution of the 2013-2014 equipment budgets.

MOTION 2013/02/26-12P

That the report of the Finance and Audit Committee be approved, with the motions adopted.

Carried unanimously.

9.6 Human Resources Committee

In the absence of Paulette Sonier-Rioux, Rita Godbout presented the committee's activities at its February 12 meeting. The committee had discussed the following topics:

- The Network's workforce profile;
- The recognition program, which includes a new initiative in the area of recognition, namely the establishment of a merit award to be given for the first time this year;
- The Network's work accident statistics;
- The human resources dashboard;
- The issue of sick leave.

The committee moved the following **motion**:

Whereas the sick leave provisions of the collective agreements constitute a form of insurance in case of loss of salary attributable to health problems;

Whereas frequent employee absences disrupt departmental operations and impact the continuity of care and services;

Whereas sick leave affects the rate and cost of overtime;

Whereas sick leave represents an annual cost of approximately \$17 million per year for the Network as a whole;

Be it resolved that the Board mandate the management team and all the Network's managers to redouble their collective efforts to manage sick leave in order to achieve the sick leave reduction targets set by the province, i.e. a 10% reduction in total hours by March 31, 2014 and an additional 10% reduction by March 31, 2015.

An additional meeting is planned for April 22 to examine the improvement plan that must be completed before the next accreditation survey.

MOTION 2013/02/26-13P

That the report of the Human Resources Committee be approved, with the motion adopted.

Motion carried unanimously.

9.7 Medical Advisory Committee

The Board dealt with the approval of physicians' privileges in camera.

The Medical Advisory Committee had recommended that the following policies be approved:

- Do-not-resuscitate policy;
- Intensity of care policy;
- Policy on organ and tissue donation;
- Policy on the surgical safety checklist;
- Policy on abbreviations, symbols, and dose designations not permitted.

Criteria were defined for medical education for physicians who are not members of the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada.

(S. Soucy returned)

Dr. Anne LeBouthillier was appointed interim surgery representative on the Regional MAC for a term ending on July 1, 2015 (with a possible renewal for a second term).

MOTION 2013/02/26-14P

That the report of the Regional Medical Advisory Committee be approved.

Motion carried unanimously.

9.8 Professional Advisory Committee

The committee had met on December 6, 2012 and January 15, 2013.

Business of December 6:

- Implementation of a process to verify right-to-practice renewals;
- Recommendation to the CEO concerning approval of the terms of reference of the Regional Multidisciplinary Charts Committee and Local Medical Charts Committee;
- Henceforth, there will only be one regional organ and tissue donation committee (rather than one per zone);
- The Professional Advisory Committee had received the following reports:
Regional Infection Prevention Committee – September 18 and October 23, 2012;
Regional Multidisciplinary Charts Committee – May 8, June 20, and September 28;
Regional Quality and Patient Safety Committee for the months of June, July, and September 2012.

MOTION 2013/02/26-15P

That the report of the Professional Advisory Committee for December 6, 2012 be approved, with the motions adopted.

Motion carried unanimously.

Business of January 15, 2013:

- Revision of the terms of reference of the Regional Multidisciplinary Charts Committee, Local Medical Charts Committee (zone), and regional abbreviations guide.
- Examination of the “Abbreviations, Symbols, and Dose Designations Not Permitted” and “Telephone Orders” policies;
- The Professional Advisory Committee had received the following reports:
Provincial Drugs and Therapeutics Committee – October 11, 2012;
Regional Quality and Patient Safety Committee – November 5, 2012.

MOTION 2013/02/26-16P

That the report of the Professional Advisory Committee for January 15, 2013 be approved, with the motions adopted.

Motion carried unanimously.

10. Presentation on the Eating Disorders Clinic, Zone 5

This multidisciplinary program exists to deliver ambulatory care assessment and treatment services for children and youth with eating disorders, based on best practices.

This program is accessible in Zone 5 of Vitalité Health Network, but the possibility of implementing the program in the other zones is currently under study.

With the agenda having been completed, it was moved to adjourn at 8:35 p.m.

Paul Couturier
Chairman of the Board of Directors

Rino Volpé
Board Secretary