

Minutes of the **Board of Trustees** meeting of the **Health Care Corporation of St. John's** held on Thursday, 29 January 2004 at 1600 h in Conference Room C – Corporate Office

**Present:**

John Abbott (C)  
Eleanor Bonnell  
Kay Daley  
Joan Dawe  
Peter Dawe  
Elizabeth Forward  
Gail Hamilton

Jim Janes  
Kathy LeGrow  
Beverly Kirby  
Patricia Maher, RSM  
Gary Milley  
Ralph Stanley  
Thelma Williams

Kent Decker  
Stephen Dodge  
Pam Elliott  
Louise Jones

Sharon Lehr  
Sharon Peters  
George Tilley  
Cindy Whitman  
Bob Williams

**Regrets:**

Brian McArthur

Peter Woodward

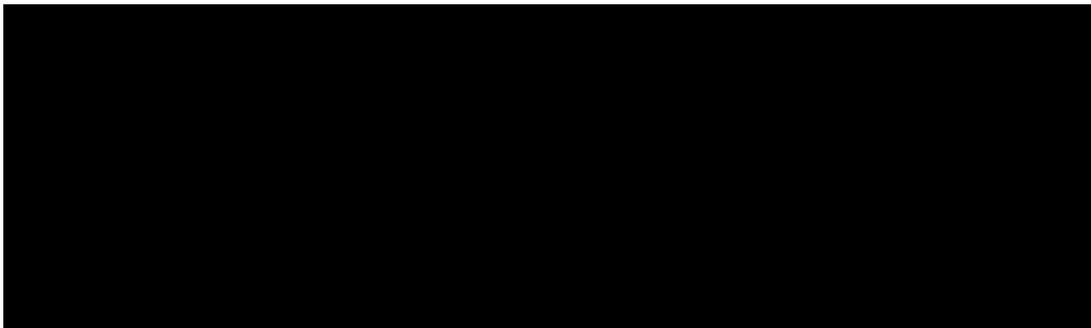
Barry Rose

**1. Approval of Agenda**

**MOTION:**



**2. Approval of Minutes**

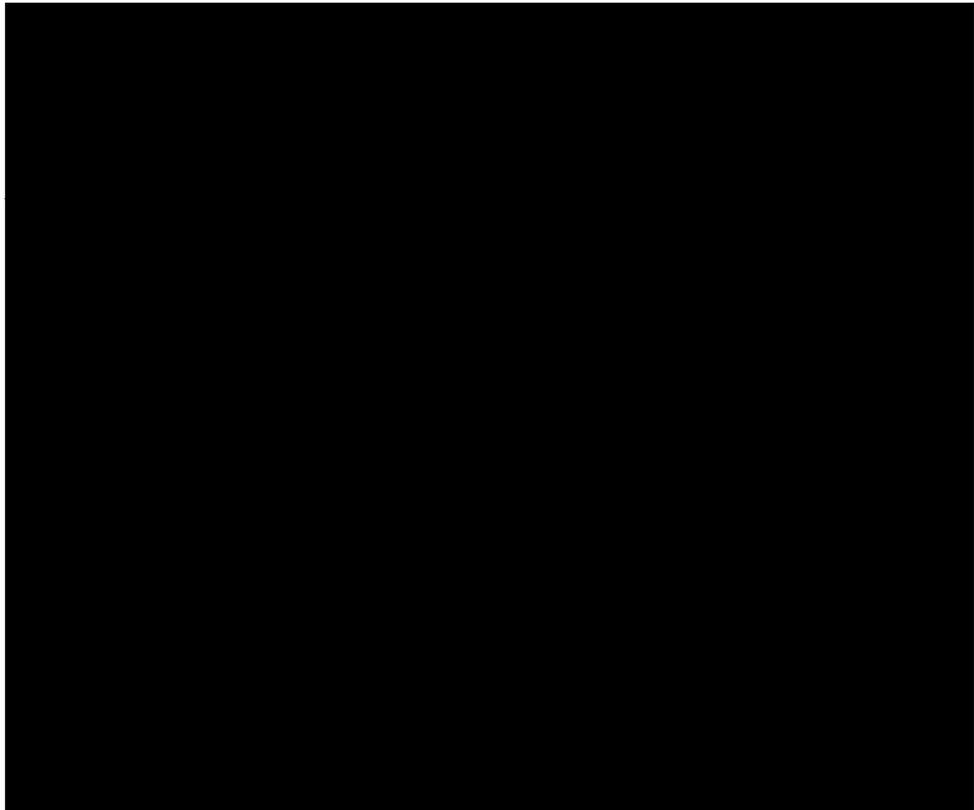


**3. Business Arising**



**4. Committee Reports**

**4.1**



**4.2. Quality Initiatives**

4.2.1 Items Requiring Decision

There were no matters requiring Board approval.

4.2.2 Items for Information

The report of the meetings of 18 November 2003 and 13 January 2004 was circulated for information. The following matters were highlighted:

- The Committee continues to monitor and assess two **Corporate Objectives**, namely, the wait times in the adult Emergency Departments and the OR cancellations, both of which show steady improvement.
- The **Perioperative Program** is facing significant funding shortages for medical/surgical supplies.
- The **Medicine Program** report highlighted the importance of public education on what “hospitalization” is and what to expect during a hospital stay. The recently developed video series for our closed circuit television network, HCTV, will be a significant part of this education campaign. As well, Corporate Communications is working with the Program on various messages that need to be communicated.
- The Committee raised the potential for a province-wide database for **patient adverse events** and how best to approach such a need. The need for more public discussion both internally and externally, on patient safety issues was also discussed. It was noted that the recently created Canadian Patient Safety Institute will be taking the lead nationally on this issue.
- The **Palliative Care Unit** is currently reviewing and assessing the criteria for admission. Initially, the unit admitted other terminally ill patients (e.g. AIDS) in addition to cancer patients, however, cancer is the primary diagnosis at this time.

#### 4.3 Finance Committee

##### 4.3.1 Items Requiring Decision

The report from the 28 January 2004 Committee meeting was circulated for information and the **Operating Financial Statements to 30 December 2003** were presented for approval. The following matters were put forward for Board approval:

- An overview was provided of our year-to-date financial position which is currently a deficit of \$971,600 based on the assumption that we will pay down \$2.8 million on our long term debt. The primary cost drivers are:
  - An increase in patient volumes resulting in more medical/surgical supplies (including more costly supplies) being used and greater demands on staff (overtime, relief, etc.)

- Infection control requirements
- Retroactive pay and fuel cost increases

Some of the measures noted that have been implemented to ease this deficit increase include:

- Defer recruitment for non-essential vacancies
- Defer physician recruitment
- Delay capital maintenance
- Reduce service volumes where appropriate
- Reduce overtime hours where possible

The Board reviewed the results and strategies implemented and were supportive of the efforts to date.

**MOTION:** It was moved by Mr. Janes, seconded by Ms. Bennett Kirby that the Operating Statements to December 30, 2003 be approved as presented.  
**Carried.**

- A briefing note on the preparation of **2004/2005 budget** was circulated for the Board's review and information. This document outlined the processes implemented as our organization assessed all avenues available to address our projected deficit. Concern was expressed regarding the cost restraint measures that would be required to balance the budget if adequate funding was not available.

It was agreed that a letter from the Board Chair would be forwarded to the Minister of Health and Community Services outlining the measures identified to maintain a balanced budget, namely:

- Defer debt repayment – extend schedule out to 10 years
- Decrease/limit access to services
- Close 10 inpatient beds
- Reduce services (e.g. Operating Rooms and Diagnostic Services)
- Increase shared services with other health-related organizations
- Review the role of Bell Island

It was agreed that it was important for the Minister to be made aware of the achievements of our organization particularly those with respect to clinical efficiency and staff productivity.

It would be our expectation that all health care organizations in the province would be held to the same standard, prior to the Province's largest and only tertiary health care organization having to impact service volumes or standards.

- The Committee reviewed the **Accounts Receivable Write-offs** to December 30, 2003.

**MOTION:** It was moved by Mr. Janes, seconded by Ms. Williams that the Accounts Receivable Write-offs in the amount of \$76,541 be approved. **Carried.**

- The Committee reviewed the projected cash flow for March. Based on this information, the Committee recommends that our **line of credit** be increased to \$30 million for the months of March and April.

**MOTION:** It was moved by Mr. Janes, seconded by Ms. Bennett Kirby that we seek approval from the Minister of Health and Community Services to increase our line of credit to \$30 million to cover the months of March and April to accommodate the time lapse in receiving our April advance from Government. **Carried.**

4.3.2 Items for Information

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