

**GRAND RIVER HOSPITAL
MINUTES OF A PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON JANUARY 26, 2010
IN THE FREEPORT BOARDROOM**

PRESENT:

Bellew, G.
Bleaney, T.
Collingwood B.
Delamere, D.
Gazzola, J.
Halloran, B.
Maki, P.
McIlwham, K.

Maxwell, M.
O'Brien, M.
Sharma, A.
Trafford, R.
Uffelmann, D.
Walker, B.
Weiler, B.
Wideman, J.

REGRETS

Evans, J.
Jolly, S.
Matyas, C.

STAFF:

Cavrag, K.
Cheal, B.
Higgs, G.
Karjaluocto, M.

Lillepold, A.
Mah, T.
Rajaballey, J.

Recording Secretary: J. Eggleton

1.0 CALL TO ORDER

B. Walker called the meeting to order at 4:05 p.m.

1.1 APPROVAL OF MINUTES

MOTION:

**IT WAS MOVED BY P. MAKI SECONDED BY J. WIDEMAN THAT THE BOARD OF DIRECTORS APPROVE THE MINUTES OF THE NOVEMBER 26, 2009 PUBLIC MEETING OF THE BOARD AS CIRCULATED.
CARRIED.**

1.3 ACCEPTANCE OF AGENDA

The agenda was approved as presented.

It was noted that a number of board policies and procedures are coming to the board for approval. The motion for the policies and procedures is found in the consent portion of the agenda. If any board members have questions on the policies and procedures they are to direct them to Jeff Evans following the meeting. The practice of putting these types of housekeeping items in the consent portion of the agenda is a common governance practice.

1.4 DECLARATION OF CONFLICT OF INTEREST

None.

2.0 BOARD EDUCATION SESSION/PRESENTATION

None.

3.0 QUALITY REPORT

CONFIDENTIAL

3.1 DR. LEONARD'S UPCOMING SESSION ON QUALITY

On January 28th and 29th, SMGH and GRH will be hosting Dr. Michael Leonard for a number of sessions on quality. Dr. Leonard is physician leader for patient safety at Kaiser Permanente and a faculty member at the Institute for Healthcare Improvement. Physicians, senior team members, board members and clinical managers will be participating in these sessions. Dr. Leonard's session with board members and physicians will be videotaped for those that are unable to attend and wish to view the presentation.

3.2 PATIENT SATISFACTION

The Quality and Patient Safety Committee recently had a discussion around measuring patient satisfaction. The Committee looked at what other hospitals are doing around the measurement of patient satisfaction and it was determined that most hospitals are using NCR Picker. The Quality and Patient Safety Committee is comfortable with continuing to use NCR Picker. The Committee will develop indicators that measure patient satisfaction for the hospital as a whole. Programs will also have their own program specific indicators for patient satisfaction.

3.3 QUALITY AND PATIENT SAFETY SCORECARD

B. Weiler provided highlights from the January Quality and Patient Safety scorecard. Going forward, the Quality and Patient Safety Committee scorecard will be included in the Board package with the Committee's minutes.

The question was raised as to why we changed the targets for our CT Scan and MRI wait time indicators. It was noted that we changed the targets to be more realistic. When looking at the target, we also compared our wait times to other hospitals in the Province.

4.0 BOARD COMMITTEE REPORTS

4.1 GOVERNANCE COMMITTEE

No report.

4.2 RESOURCES COMMITTEE

No report.

4.3 QUALITY AND PATIENT SAFETY COMMITTEE

No report.

4.4 NWHCC

The NWHCC met on January 25th. At this meeting the NWHCC received a report from the Senior Leadership Forum, which outlined joint activities GRH and SMGH are currently working on.

5.0 STRATEGIC MATTERS

5.1 UPDATE: COMMUNITY ENGAGEMENT COMMITTEE

G. Bellow provided an update on the activities of the Community Engagement Committee. The Committee is currently looking at a number of stakeholder relationships. A diagram outlining the status of these relationships was included in the board package for information. The managing of these relationships will be led by the Board Chair and President and CEO, based on the advice from the Community Engagement Committee.

The Community Engagement Committee has been working on relationship plans for a number of the stakeholders outlined in the diagram. These relationship plans will be brought to the Governance Committee at their next meeting.

5.2 MOTION: STRATEGIC COMMUNICATIONS PLAN

A copy of the proposed Communications Strategy for 2009 – 2013 was pre-circulated to the group.

Grand River hospital plans to embark on a multi year communications strategy with the aim of:

- Improving the visibility of the organization
- Improving internal communications activities
- Improving stakeholder communications activities and relationship management
- Strengthening the hospital's brand image amongst a variety of stakeholders.

Continued success of the Hospital requires active management of community awareness levels and the Hospital's brand image. As part of the Communications Strategy, individual relationship management plans will be developed for key stakeholders.

The question was raised as to how primary care physicians will be engaged through the proposed Communications Strategy. It was noted that communications with primary care physicians was not addressed in the Communication Strategy. Communicating with this group is important and this issue should be brought back to the Community Engagement Committee for discussion/consideration.

Action: Community Engagement Committee to discuss communications strategy for primary care physicians.

In order to get a better understanding of how we are viewed by the community and by our staff, we will be conducting surveys. We will also use information from program advisory councils and patient satisfaction results. It was suggested that we may also want to gather some of this information through town hall meetings or community updates. It was also suggested that we may want to look at finding corporate sponsors or GRH Foundation support to cover the costs of conducting the surveys.

MOTION:

**IT WAS MOVED BY G. BELLEW AND SECONDED BY T. BLEANEY THAT THE BOARD OF DIRECTORS APPROVES THE GRH COMMUNICATIONS STRATEGY.
CARRIED.**

5.3 MEMBERS FUTURE INTENTION SURVEY & DIRECTOR SELF ASSESSMENT AND PEER REVIEW

A memo from J. Evan, Chair, Governance Committee, was circulated at the table. This memo outlines this year's process for the members future intention survey and the director self assessment and peer review.

5.4 MOTION: INTERNAL AUDIT CHARTER AND STRATEGY

A copy of the Internal Audit Charter and Strategy was pre-circulated to the group. A revised version of the document was circulated at the table. The revised version includes an expectation that the Audit Committee and the Internal Auditor will meet in-camera periodically.

The Internal Audit Charter provides a framework, professional standards, and guidelines for the conduct of the Internal Audit function at Grand River Hospital. The Internal Audit Strategy outlines the approach that the Internal Audit function will follow in providing the Hospital with a comprehensive, value-added service aimed at strengthening the organization and assisting it in achieving its objectives. Both documents have been approved by the President and CEO and the Audit Committee of the Board.

It was noted that the Audit Committee reports to the Board of Directors through the Resources Committee.

It was noted that before a permanent Internal Auditor is recruited, a process outlining the recruitment process will need to be developed and agreed upon by the Audit Committee and management. When putting together this process, we need to keep in mind that the Internal Audit has accountabilities to both the Audit Committee and to management.

Action: Audit Committee and management to establish a recruitment process for the Internal Auditor position.

Due to privacy concerns, there needs to be clarity on what access the Internal Auditor will have. This will include both physical and logical access and access to HR and patient files.

Action: Audit Committee to determine appropriate access for Internal Auditor.

MOTION:

**IT WAS MOVED BY D. DELAMERE AND SECONDED BY B. COLLINGWOOD THAT THE BOARD OF DIRECTORS APPROVES THE INTERNAL AUDIT CHARTER AND INTERNAL AUDIT STRATEGY.
CARRIED.**

6.0 OPERATIONAL MATTERS

6.1 BOARD SCORECARD

A copy of the board scorecard was included in the package for information.

It was noted that because the HSMR is such a volatile number, it only gets reported quarterly. Based on our most recent data, our HSMR for November was 81. Our staff has been focusing on improving our HSMR through improved documentation and quality initiatives.

It was noted that line 29 "Cash at Month End" is not coded correctly on the scorecard. The scorecard states that we are on target, when in fact it should be coded as yellow as an item to monitor. We will ensure that this is coded correctly in the future. It was noted that this metric should only report on unrestricted cash.

7.0 EXECUTIVE HIGHLIGHTS

7.1 FOUNDATION

Included in the Board package for information.

7.2 PROFESSIONAL PRACTICE REPORT

Included in the Board package for information.

7.3 CHIEF OF STAFF

Included in the Board package for information.

With three full-time Neurologists now staffing the Neurology clinic at GRH, the clinic is able to provide a weekday consulting/call service, increasing our patients' access to their services. . The Neurologists will also be able to better support the Emergency Department.

A. Sharma made a presentation to the MAC at their January meeting on the history, definition and future of quality and patient safety initiatives. The MAC's roles and responsibilities related to quality activities were discussed which include: accountability, developing partnerships, harnessing vision, engaging MD involvement and providing communication around quality activities. A copy of the presentation was included in the board package.

7.4 PRESIDENT & CHIEF EXECUTIVE OFFICER

Circulated at the table for information.

M. Maxwell referred to the Medical Resource Plan, which is approved by the Board. This plan is used to identify gaps in physician specialties. Physicians may have an interest in coming to work at GRH, but if they have not been identified in the plan, we have not be able to recruit the physicians due to limited resources. Therefore, when putting together the Medical Resource Plan, we need to understand how the approved plan will affect physician recruitment.

The emergency department activity has returned to its more typical patient volume following the peak of the wave 2 H1N1 outbreak in October. There is little indication that a wave 3 of H1N1 will present over the course of the balance of the winter.

Accreditation Canada has confirmed our award of a 3 year accreditation. We anticipate that we will be required to submit a mid term report on actions to respond to recommendations made by the surveyors. It is possible that this requirement may be waived because our compliance with the priority Required Organizational Practices and with the overall compliance of the standards being quite high. Tina Mah will conclude discussions on this final point on our survey with Accreditation Canada within the next few weeks. It was noted that we will be planning a staff celebration to recognize our successful accreditation. Board members will be included in the celebration activities.

Early Thursday morning on January 14th, nursing staff on Grand River Terrace 3 and 4 reported the smell of smoke. The fire department attended and their investigation determined that there was smoldering roof materials associated with construction activities. The smoldering materials were as a result of cutting the penthouse roof to install the new cooling tower. The material was removed and the situation was resolved Thursday morning. Evacuation was not required and there were no injuries to patients or staff. Families were called Thursday morning and provided an update on the situation. A full code red debriefing was held on January 19, 2010 with all parties to review the incident. Follow up action items have been documented and will be monitored for completion.

On January 20th the annual WAVE (We Acknowledge Valued Efforts) awards dinner took place. Each year, since 2002, staff is asked to nominate their peers and/or other within the organization that goes above and beyond in bringing our accountabilities framework to life. 22 staff and physicians received awards on January 20th. The WAVE award recognizes staff, physicians and volunteers who contribute extraordinarily to focusing on those we serve,

promotion, innovation and quality, using resources wisely, bringing out the best in everyone and fostering partnerships. It was agreed that the Board Chair should send a letter to the recipients, on behalf of the Board, congratulating them on their award.

Action: B. Walker to send letter of congratulations to WAVE award recipients.

B. Weiler left the meeting.

7.5 CHAIR

Since the last Board meeting, B. Walker has met with the Mayors from Kitchener, Waterloo and Cambridge to update them on activities of the hospital, particularly on our activities related to collaboration and quality. B. Walker will also be setting up meetings with, Ken Seiling, Chair of the Region of Waterloo and Joan Fisk, President and CEO of the Greater Kitchener and Waterloo Chamber of Commerce to provide them with an update as well.

Over the last couple of months, B. Walker has met individually with all the board members for a one on one discussion about the operation of the Board and of the hospital in general. The discussions were very positive and Board members are satisfied with how the Board is operating. Many Board members did an express an interest in continuing to focus on quality and to continue to operate with fiscal prudence. There was also a desire to look at ways to better utilize our Freeport site, to increase collaboration with Cambridge Memorial Hospital and to resolve our pension issues. Board members also discussed their interest in how they would like to be involved in the board in the future.

8.0 MATTERS FOR CONSENT

8.1 BOARD WORK PLAN

Included in the Board package for information.

8.2 COMMITTEE MINUTES

8.2.1 MEDICAL ADVISORY COMMITTEE MINUTES

Medical Advisory Committee minutes of January 12, 2010 are included in the Board package for information.

8.2.2 GOVERNANCE COMMITTEE MINUTES

Governance Committee minutes of December 9, 2009 and January 13, 2010 are included in the Board package for information.

8.2.2.1 MOTION: BOARD POLICIES/PROCEDURES

The following board policies and procedures were included in the board package for the board's consideration:

Procedures for Members of the Public Addressing the Board (Appendix A)
Appendix: Reimbursement of Director Expenses
Board Agenda Development Policy
Accountability Framework
Annual Board and Committee Work Plans
Board Policy Development and Review
Board Evaluation

Evaluation of Individual Directors and Non-Directors Committee Members

The purpose of the motion is to confirm policies and procedures that will guide the governance processes of the board. All policies presented in this motion have been reviewed and approved by the Governance Committee.

MOTION:

IT WAS MOVED BY G. BELLEW AND SECONDED BY B. COLLINGWOOD THAT THE BOARD OF DIRECTORS APPROVES THE FOLLOWING DOCUMENTS AS RECOMMENDED BY THE GOVERNANCE COMMITTEE.

NUMBER	ITEM
4-B-10	PROCEDURE FOR MEMBERS OF THE PUBLIC ADDRESSING THE BOARD (APPENDIX A) (REVISED)
4-B-18	REIMBURSEMENT OF DIRECTOR EXPENSES (REVISED)
4-B-2	BOARD AGENDA DEVELOPMENT POLICY (REVISED)
2-3	ACCOUNTABILITY FRAMEWORK (REVISED)
2-7	ANNUAL BOARD AND COMMITTEE WORK PLANS (NEW)
4-A-1	BOARD POLICY DEVELOPMENT AND REVIEW (NEW)
4-D-6	BOARD EVALUATION (REVISED)
4-D-10	EVALUATION OF INDIVIDUAL DIRECTORS AND NON-DIRECTOR COMMITTEE MEMBERS (REVISED)

CARRIED.

8.2.3 RESOURCES COMMITTEE MINUTES

Resources Committee minutes of January 14, 2010 are included in the Board package for information.

8.2.3.1 FINANCIAL STATEMENTS

The financial statements as at November 30, 2009 are included in the package for information.

8.2.4 QUALITY AND PATIENT SAFETY COMMITTEE MINUTES

Quality and Patient Safety Committee minutes of December 9, 2009 and January 13, 2010 are included in the Board package for information.

8.3 BOARD EDUCATION OPPORTUNITIES

Included in the Board package for information.

8.4 BOARD EDUCATION SUMMARY

For completion by the Board members if applicable.

8.5 FEBRUARY BOARD CALENDAR OF EVENTS

Included in the Board package for information.

8.6 GRH BOARD 2010 MEETING SCHEDULE

Included in the Board package for information.

8.7 WWLHIN BOARD 2010 MEETING SCHEDULE

Included in the Board package for information.

8.8 CORRESPONDENCE

Included in the Board package for information.

9.0 ADJOURNMENT

THERE BEING NO FURTHER BUSINESS, IT WAS MOVED BY P. MAKI AND SECONDED BY D. DELAMERE THAT THE PUBLIC PORTION OF THE MEETING BE ADJOURNED. CARRIED.

Malcolm Maxwell,
Secretary

Bryce Walker,
Chair