

**GRAND RIVER HOSPITAL  
MINUTES OF A PUBLIC MEETING  
OF THE BOARD OF DIRECTORS  
HELD ON FEBRUARY 23, 2010  
IN THE FREEPORT BOARDROOM**

**PRESENT:**

Bleaney, T.  
Collingwood B.  
Delamere, D.  
Evans, J.  
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**

Bellew, G.  
Jolly, S.  
Matyas, C.

**STAFF:**

Cavrag, K.  
Cheal, B.  
Hewat, N.  
Higgs, G.  
Karjaluo, M.

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

**GUEST**

Yates, S.

**Recording Secretary:** M. Chiappetta

**1.0 CALL TO ORDER**

B. Walker called the meeting to order at 4:00 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 JANUARY 26, 2010 PUBLIC MEETING OF THE BOARD AS CIRCULATED.  
CARRIED.**

**1.2 ACCEPTANCE OF AGENDA**

The agenda was approved as presented.

**1.3 DECLARATION OF CONFLICT OF INTEREST**

None.

**2.0 BOARD EDUCATION SESSION/PRESENTATION**

None.

**3.0 QUALITY REPORT**

**3.1 BEST PRACTICE SPOTLIGHT ORGANIZATION PRESENTATION**

S. Robertson introduced Susan Yates, Associate Vice President, Professional Practice, noting her role as corporate lead for best practice. One case study from 2008 reviewed an older adult moving through three programs – emergency, mental health, and medicine – and the issues

when there is a lack of communication from program to program. The need for screening for dementia and delirium, and strategies for the care of this vulnerable population became clear. Two best practice guidelines have been implemented to address the needs of the older adult.

D. Uffelmann entered the meeting.

GRH has signed a three year contract with the Registered Nurses Association of Ontario (RNAO) to become a Best Practice Spotlight Organization (BPSO). We had to demonstrate we have the capacity to make change, have champions of change in staff and leadership, and are committed to improving patient outcomes. With this contract we have committed to implementing 14 clinical guidelines over a three year period.

Becoming a Best Practice Spotlight Organization (BPSO) will allow us to improve patient care, safety, and outcomes through standardization of practice, transferring research evidence into practice, promoting utilization of nursing knowledge, skill and expertise, and supporting team collaboration. Part of the process includes mentoring and Chatham-Kent is our mentor.

K. McIlwham entered the meeting.

A more recent case study was reviewed indicating that our implementation of a falls prevention BPSO guideline - identifying a patient at increased risk for falls - resulted in improved safety as the patient moved through different programs.

Each guideline requires full implementation and a toolkit will be available to staff. Additionally, staff will be able to access guideline information on the intranet, some guidelines will be built into electronic documentation, and there will be a BPSO champion on each unit acting as a resource to co-workers.

B. Collingwood entered the meeting.

A copy of the presentation was circulated at the table for information.

### **3.2 PROPOSED BOARD SCORECARD**

T. Mah and M. Maxwell are developing the revised board scorecard and will bring a draft to the March board meeting.

## **4.0 BOARD COMMITTEE REPORTS**

### **4.1 GOVERNANCE COMMITTEE**

J. Evans thanked members for completing the self-assessment surveys.

### **4.2 RESOURCES COMMITTEE**

No report.

### **4.3 QUALITY AND PATIENT SAFETY COMMITTEE**

B. Weiler noted Pharmacy gave a full presentation to the QPS Committee for the first time.

## **4.4 EXECUTIVE COMMITTEE**

### **4.4.1 DRAFT BOARD RETREAT AGENDA**

M. Maxwell reviewed the proposed agenda for the Board retreat, included as part of the agenda package, noting Tom Closson has agreed to attend and address the strategic health care environment. Board members accepted the draft agenda and further agreed that the Board Chair and President of St. Mary's and the WWLHIN Board Chair and CEO should be invited. Board members will be polled to find an acceptable date, likely toward the end of May.

**Action: Malcolm will proceed with the proposed agenda for a spring Board retreat and will poll Board members for an acceptable date.**

## **5.0 STRATEGIC MATTERS**

None.

## **6.0 OPERATIONAL MATTERS**

### **6.1 Q3 BOARD SCORECARD**

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

It was noted:

- Since the beginning of January we have met pay for performance targets most days.
- HSMR is steadily improving with a third quarter number of 87.
- Adverse events are below target. The rationale for the target is the expectation of adverse events based on patient volumes.
- Detailed debriefs are conducted on all sentinel events and any patterns would be reflected in risk monitoring.

M. Maxwell noted the number of ED visits over the past two weeks has been higher than the normal average for this time of year. These spikes in volumes are not predictable and happen infrequently. As this happens with no warning, addressing the issue is challenging, although we must continue to look at what we can do to address the issue, internally as well as with partner providers.

### **6.2 REPORT: Q3 YTD AND FULL YEAR FORECAST**

D. Delamere referred to the Financial Management Report for December 31, 2009, included in the agenda package, noting it is still expected we can meet plan.

Over the next few years we will have a cash crunch and there is no immediate short term solution. The hospital will have to start rebuilding surpluses and some "restricted" cash needs to be "unrestricted". The forecast is based on a 2% revenue increase and we are focusing on processes to increase patient revenue and external cost recovery.

Some questions/discussion included:

- It was noted the first responsibility is to demonstrate that relative to other hospitals we are handling costs well, providing good patient care, and working collaboratively with CCAC and others to reduce costs.
- Are we holding our own on capital investment, or are we declining? It was noted that work remains to be done with respect to different classes of assets in order for the board and

management to have good information the level of expenditure required to maintain the asset base. We will be taking our capital requirements to Resources Committee in March. M. Maxwell noted the province has hired a consultant to study facilities and equipment at hospitals. Our facility was surveyed and we will receive a report giving us a better look at our physical structure.

- Pension remains a concern and continues to be worked on.

### **6.3 Q3 PROGRESS REPORT: OPERATING PLAN**

The progress report for the third quarter of the operating plan was reviewed.

The following items were clarified/discussed:

- Progress is measured as a percentage of the goal.
- Not all collaboration items are on target, e.g., complex continuing care, pharmacy, biomedical engineering and information technology.
- The progress on ALC days refers to the 37,000 goal, not the supportive housing issue. GRH has worked with CCAC to successfully bridge people to the community while waiting for placement.

## **7.0 EXECUTIVE HIGHLIGHTS**

### **7.1 FOUNDATION**

Included in the Board package for information.

In addition to the \$10,000 donation from the Cambridge Portuguese Club, GRH will be receiving an additional \$10,000 from the Kitchener Portuguese Club.

### **7.2 PROFESSIONAL PRACTICE REPORT**

Included in the Board package for information.

There was a question regarding hospital liability for external providers, and whether staff are permitted to be private providers.

**Action: Check insurance coverage for external providers, and whether an employee can be a private provider.**

### **7.3 CHIEF OF STAFF**

Included in the Board package for information.

A. Sharma noted the neurology clinic is operating efficiently and achieving the results anticipated. The previous issue of incomplete charts has been significantly reduced.

### **7.4 PRESIDENT & CHIEF EXECUTIVE OFFICER**

Included in the Board package for information.

M. Maxwell mentioned that benchmarking data was reviewed at a Q3 meeting with the WWLHIN on February 22<sup>nd</sup>, noting we are at the 25<sup>th</sup> percentile in most areas.

Most nursing units are staffed as planned and LOS for acute care is down. In Medicine, although staff is being used efficiently, LOS is short, and ALC numbers are down, there are still more people needing beds than we have space for.

There was discussion regarding management/staff ratios and M. Maxwell noted the ratio was appropriate for providing safe, quality patient care. Both management and front line staff would feel the impact if the funding increase for 2010-11 is less than 2%.

Dr. Leonard's presentation on January 28<sup>th</sup> referred to a patient safety officer. M. Maxwell noted that GRH is not organized in that way, but the function is performed under our program co-leadership model using the quality framework.

## **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 February 9, 2010 are included in the Board package for information.

#### **8.2.2 GOVERNANCE COMMITTEE MINUTES**

Governance Committee minutes of February 10, 2010 are included in the Board package for information.

##### **8.2.2.1 ATTENDANCE REPORT**

The Director Attendance Summary for the Board and Board Committees is included in the Board package for information.

#### **8.2.3 RESOURCES COMMITTEE MINUTES**

Resources Committee minutes of February 9, 2010 are included in the Board package for information.

#### **8.2.4 QUALITY AND PATIENT SAFETY COMMITTEE MINUTES**

Quality and Patient Safety Committee minutes of February 10, 2010 are included in the Board package for information.

#### **8.2.5 NORTH WATERLOO HOSPITALS COLLABORATIVE COMMITTEE MINUTES**

North Waterloo Hospitals Collaborative Committee minutes of January 25, 2010 are included in the Board package for information.

#### **8.2.6 EXECUTIVE COMMITTEE MINUTES**

Executive Committee minutes of February 11, 2010 are included in the Board package for information.

### **8.3 BOARD EDUCATION OPPORTUNITIES**

Included in the Board package for information.

P. Maki questioned whether Board attendance at educational sessions should be tracked.

### **8.4 BOARD EDUCATION SUMMARY**

For completion by the Board members if applicable.

**8.5 MARCH 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.

**9.0 ADJOURNMENT**

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

---

Malcolm Maxwell,  
Secretary

---

Bryce Walker,  
Chair