

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

PRESENT:

Bellew, G.
Bleaney, T.
Collingwood B.
Delamere, D.
Evans, J.
Gazzola, J.
Maki, P.
Matyas, C.

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

REGRETS

Halloran, B.
Jolly, S.
Trafford, R.

STAFF:

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

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

GUEST

Dr. D. Divaris

Recording Secretary: Jill Eggleton

1.0 CALL TO ORDER

B. Walker called the meeting to order at 4:00 p.m.

1.1 ACCEPTANCE OF AGENDA

The agenda was approved as presented.

1.2 DECLARATION OF CONFLICT OF INTEREST

None.

2.0 BOARD EDUCATION SESSION/PRESENTATION

None.

3.0 QUALITY REPORT

3.1 PRESENTATION: SYNOPTIC REPORTING OF PATHOLOGY TESTS

Dr. Dimitrios Divaris provided a presentation on synoptic reporting of pathology tests at Grand River Hospital.

It is the role of pathologists to make decision that determine diagnosis, extent of disease and interpret test results affecting cancer treatment and recovery options. Through Cancer Care Ontario, a new synoptic reporting structure is being phased in at 45 hospitals across Ontario, including Grand River Hospital to standardize pathology reporting. Standardizing the reporting will increase the availability and consistency of cancer pathology information that is essential for treatment decisions, evaluation and research. The data collected through synoptic reporting will also be used to provide feedback to individual physicians to improve quality of care to our patients. This feedback will be provided to physicians in a non-punitive environment.

A copy of the presentation was circulated at the table for information and will be attached to form part of the minutes.

4.0 BOARD COMMITTEE REPORTS

4.1 GOVERNANCE COMMITTEE

Two upcoming dates were noted. A board education session focusing on professional staff credentialing and the role of the Joint Medical Resource Planning Committee will be taking place on May 5th. Our board retreat is scheduled to take place on May 13th. Tom Closson, President of the Ontario Hospital Association will be a guest speaker at the retreat.

4.1.1 SURVEY TO EVALUATE BOARD, BOARD CHAIR, COMMITTEE PERFORMANCE & PEER EVALUATION

J. Evans informed the board that the Governance Committee will be conducting its annual board evaluation. In early April board members will receive an on-line survey to evaluate the effectiveness of the board chair, board committees and individual board members. Board members are encouraged to take the time to complete the on-line survey.

4.1.2 ANNUAL REVIEW OF THE BOARD MANUAL

An annual report on the progress made to date on the board manual was included in the package for information.

4.2 RESOURCES COMMITTEE

No report.

4.3 QUALITY AND PATIENT SAFETY COMMITTEE

B. Weiler thanked staff for their work on the Operating Plan. The Quality and Patient Safety Committee was very impressed with the thoroughness of the plan.

The Quality and Patient Safety Committee is pleased with the progress made on the development of its scorecard. The development of the board scorecard and the committee scorecards involved an engagement process to ensure the metrics are meaningful. The Quality and Patient Safety scorecard is now available electronically and has the ability to take the metrics and pull out specific areas in the hospital to examine their data. This gives medical directors and managers the option to pull out data specific to their program. Our board and committee scorecards may evolve over time to better meet our needs, but we have made significant progress in the development of scorecards over the last 18 months.

5.0 STRATEGIC MATTERS

5.1 NOMINATING COMMITTEE MEMBERSHIP

As per the GRH Bylaws, the Board is responsible for the appointment of members on Nominating Committee. The Governance Committee has brought forward the proposed membership for this year's Nominating Committee.

MOTION:

**IT WAS MOVED BY J. EVANS AND SECONDED BY D. DELAMERE THAT THE BOARD OF DIRECTORS APPROVE THE NOMINATING COMMITTEE MEMBERSHIP AS FOLLOWS: JEFF EVANS (DIRECTOR), BRYCE WALKER (DIRECTOR), TED BLEANEY (DIRECTOR), GEOFF BELLEW (DIRECTOR).
CARRIED.**

5.2 PROPOSED BOARD SCORECARD

A copy of the proposed board scorecard was included in the package for the board's consideration.

At the November 24, 2009 Board reviewed and provided feedback to be incorporated into the Board's scorecard. The Quality & Patient Safety Committee and Resources Committee received this feedback and are providing its recommendations for ten metrics that roll up from their scorecards to the Board level scorecard.

It was noted that in the two metrics regarding access to care, one metric is based by quarter and the other is based by year. It was noted that that was an error and that both are based by quarter. It was also noted that the target for "Utilization of bed for ALC" should read " ≤ 89 ".

The proposed metrics for consideration by the Board are provided with a 2009/10 target or benchmark as determined for the current year. These targets/benchmarks will be updated for 2010/11 in due course for the next quarter reporting period to the Board with reported data compared to targets/benchmarks. It was noted that we may want to consider setting a more aggressive sick time target.

When the scorecard is reported to the Board, the data will be trended on a monthly basis. This will allow for more current data than what was presented to the Board in the past.

It was agreed that the Board would not approve the scorecard until the 2010/11 targets were updated. The updated targets will be presented to the Board at their April meeting.

Future Agenda Item: Approval of Board Scorecard (April 2010)

5.3 2010/11 OPERATING PLAN & OPERATING BUDGET

A copy of the proposed 2010/11 Operating Plan was pre-circulated to the board. M. Maxwell presented highlights from the proposed Operating Plan and Operating Budget.

Management has developed an Operating Plan with the Board's direction at the February 23, 2010 meeting based on a 2% budget lift. This plan has been developed following a transparent and collaborative planning process with all the hospitals, WWCCAC, and WWLHIN. This collaborative planning process focused the hospitals on the development of a management planning risk report, building on 0%, 1% and 2% budget lift scenarios. At the January 26, 2010 Board meeting, the members were briefed on the budget assumptions and strategies for these scenarios. This operating plan report and operating budget (and accompanying presentation) provides the Board with the hospital-wide, clinical program and clinical services operating priorities.

As has been presented previously, the funding increase to hospitals has not been disclosed by the Ministry of Health and Long Term Care. Should the funding level to GRH be less than 2%, the operating plan will require adjustments with respect to the priorities set out, patient care service levels, and administration and corporate areas of the hospital. The anticipated announcement will likely follow towards the end of March 2010 and subsequently notice to GRH no earlier than late May or June.

There is a risk that we will receive less than a 2% funding lift in June of this year. To achieve a balanced budget with less than a 2% funding lift GRH will have to make additional amendments in clinical program and services, administrative and corporate areas. An additional resultant

consequence of receiving the notice of funding levels well into the first quarter of the next fiscal year, a more substantial reduction in expenses will be required to balance by March 31, 2011.

If the Board does not approve this plan a delay in providing managers with their delegated spending authority will occur and further adjustments may be required to the current operating plan priorities and service commitments.

Upon approval, the senior management team will communicate the operating plan details and execute the necessary preparations for the next fiscal year's service plan. A broad communication of the operating plan to all of management, staff, physicians, and our health care provider partners will be developed.

An assumption in the proposed budget is the continued success of the Home First initiative. The purpose of this project is to enable as many patients as possible to return home prior to being assessed for long term care. This approach has shown significant advantages in reducing use of hospital beds for ALC care. The success of this initiative is critical to our Operating Plan for 2010/11 which will rely on a significant reduction in the use of hospital beds as a waiting place for nursing home admission.

MOTION:

**IT WAS MOVED BY D. DELAMERE AND SECONDED BY B. WEILER THAT THE BOARD OF DIRECTORS APPROVE THE 2010/11 OPERATING PLAN AND 2010/11 OPERATING BUDGET AND DIRECTS MANAGEMENT TO OPERATE THE HOSPITAL IN ACCORDANCE WITH THIS PLAN AND BUDGET UNTIL SUCH TIME AS THE BOARD APPROVES A 2010/11 HOSPITAL SERVICES ACCOUNTABILITY AGREEMENT AND ANY RELATED BUDGET AND OPERATING PLAN AMENDMENTS.
CARRIED.**

5.4 H-SAA EXTENSION

The WWLHIN is unable to make funding transfers in the absence of a Hospital Services Accountability Agreement (H-SAA). Until the policy direction flowing from the provincial budget can be translated into a full H-SAA for 2010/11, WWLHIN and GRH require a legal mechanism to authorize the continuation of payments to the hospital at the same level as was established in 2009/10.

Management anticipates that it will be at least to the end of April or possibly May before a draft H-SAA for 2010/11, incorporating service and funding changes sought by MOHLTC and WWLHIN, will be prepared and available to the board for consideration. Board approval for an interim document is requested solely for the purpose of enabling interim funding transfers until a draft 2010/11 can be presented to the board for decision. Provided that the extension agreement does not contain any new obligations for GRH, there is no new risk. Failure to enter into an interim document will delay funding transfers and create a cash flow problem for the hospital if the delay extends beyond two weeks.

MOTION:

**IT WAS MOVED BY T. BLEANEY AND SECONDED BY P. MAKI THAT THE BOARD AUTHORIZE THE CHAIR AND THE CEO TO SIGN AN EXTENSION OF THE 2009/10 H-SAA PROVIDED THAT THE EXTENSION PLACES NO MATERIAL ADDITIONAL RESPONSIBILITIES ON THE HOSPITAL BEYOND THOSE CONTAINED IN THE 2009/10 DOCUMENT.
CARRIED.**

5.5 ESTABLISHMENT OF JOINT ADVISORY COMMITTEE ON TRANSFUSION MEDICINE

It is the Joint Medical Advisory Committee's duty and mandate under the Public Hospitals Act to ensure patient safety and delivery of quality patient care. The Joint Advisory Committee on Transfusion Medicine will ensure timely decision-making and will assist in ensuring the safe, effective and appropriate usage of blood and blood products in compliance with Canadian Blood Services recommendations and other medical/ethical standards.

MOTION:

**IT WAS MOVED BY A. SHARMA AND SECONDED BY G. BELLEW THAT THE BOARD OF DIRECTORS OF GRAND RIVER HOSPITAL APPROVE THE ESTABLISHMENT OF THE JOINT ADVISORY COMMITTEE ON TRANSFUSION MEDICINE AS A SUB-COMMITTEE OF THE JOINT MEDICAL ADVISORY COMMITTEE.
CARRIED.**

6.0 OPERATIONAL MATTERS

6.1 Q3 BOARD SCORECARD

A copy of the board scorecard was included in the package for information. Next month will be the last time the Board sees the scorecard in the current format. At the April meeting, a mitigation strategy report will be presented which will include mitigation strategies for any metrics that are red flagged.

Future Agenda Items: Board Scorecard and Mitigation Strategy Report (April 2010)

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.

John Milloy, MPP for Kitchener Centre, announced that changes were made to the Underserviced Area Program which improve the hospitals' and communities ability to attract and recruit new physicians. For hospitals this means that IMG specialists will now be able to apply to, and be recruited once again. A rurality formula has been established where IMGs who apply to more rural areas will receive higher incentive packages. Previously Kitchener-Waterloo had been removed from the list of Underserviced Area communities.

7.4 PRESIDENT & CHIEF EXECUTIVE OFFICER

Included in the Board package for information.

Grand River Hospital recently received a Greater Kitchener Waterloo Chamber of Commerce Business Excellence Award for efforts in workplace training. The award in workplace training recognizes GRH's Learning Management System (LMS), the hospital's in-house on-line portal for course work related to hospital affairs; the development of facilitated face-to-face and on-line

workshops; “just in time” training to help staff members adapt when a sudden or unexpected change takes place; leadership training courses developed after a recent needs analysis; and the hospital’s tuition assistance program to support staff learning and development outside of the facility. It was agreed that the Board will be provided with a demonstration of the hospital’s Learning Management System at the April Board meeting.

Future Agenda Item: Demonstrate of Learning Management System (April 2010).

7.5 BOARD CHAIR

8.0 ITEMS FOR CONSENT

8.1 BOARD MINUTES OF FEBRUARY 23, 2010

The board minutes of February 23, 2010 were included in the board package.

8.2 BOARD MANUAL AMENDMENTS

The following additions, revisions and deletions to the Board Manual are being recommended by the Governance Committee.

Number	Item
4-B-4	Rules of Procedure at Board Meetings (new)
5-18	Executive Succession Planning (new)
6-1	Board Quality Policy (revised)
9-2	Key GRH Relationships (delete)
9-3	Relationship Planning Template (delete)
4-B12	Guidelines for Presentation to Quality and Patient Safety (delete)
3-C-22	Terms of Reference, Human Resources Governance Task Force (delete)

8.3 FINANCIAL STATEMENTS

The financial statements ending January 31, 2010 were included in the board package.

MOTION:

IT WAS MOVED BY J. WIDEMAN AND SECONDED BY M. O’BRIEN THAT THE BOARD OF DIRECTORS APPROVE THE ITEMS FOR CONSENT. CARRIED.

9.0 ITEMS FOR INFORMATION

9.1 COMMITTEE MINUTES

9.1.1 MEDICAL ADVISORY COMMITTEE MINUTES

Medical Advisory Committee minutes of March 9, 2010 are included in the Board package for information.

9.1.2 GOVERNANCE COMMITTEE MINUTES

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

9.1.3 RESOURCES COMMITTEE MINUTES

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

9.1.4 QUALITY AND PATIENT SAFETY COMMITTEE MINUTES

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

9.2 BOARD WORK PLAN

Included in the Board package for information.

9.3 BOARD EDUCATION OPPORTUNITIES

Included in the Board package for information.

9.4 BOARD EDUCATION SUMMARY

For completion by the Board members if applicable.

9.5 APRIL BOARD CALENDAR OF EVENTS

Included in the Board package for information.

9.6 GRH BOARD 2010 MEETING SCHEDULE

Included in the Board package for information.

9.7 WWLHIN BOARD 2010 MEETING SCHEDULE

Included in the Board package for information.

10.0 ADJOURNMENT

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

Malcolm Maxwell,
Secretary

Bryce Walker,
Chair