

**GRAND RIVER HOSPITAL
MINUTES OF A PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON MAY 25, 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.
Uffelmann, D.
Walker, B.
Weiler, B.

REGRETS

Jolly, S.
Matyas, C.
Wideman, J.

STAFF:

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

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

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 QUALITY YEAR END REPORT

A copy of the Quality and Patient Safety Plan 2009-2010 Year End Review presentation was included in the board package and will be included to form part of the minutes. This year end review includes the progress made against our two year Quality and Patient Safety Plan.

It was noted that GRH is making significant progress on the implementation of our Quality and Patient Safety Plan. As a result, improvements are being seen on a number of quality indicators. For instance, our HSMR has decreased significantly over the last year.

It was noted that significant progress has been made on the number of falls causing temporary or permanent harm. The last six months of the 2009/10 fiscal year showed we had no falls causing temporary or permanent harm.

P. Maki arrived.

In the 2009/10 fiscal year, there was a significant increase in reported adverse events. The question was asked as to whether the board should be concerned with the increase in reported events. It was noted that in September 2009, we upgraded our Risk Pro software which is used to track these events. With the upgrade, staff were trained on using this software. Between the new software and an organizational accountability for reporting, we believe that this resulted in staff reporting more adverse events.

The question was raised as to when CIHI is expected to update the HSMR benchmark. It was noted that CIHI has been using their current formula/benchmark for the last three years. At this point, we have not received any communication from CIHI on revising their benchmark, but it is expected that CIHI will reset their benchmark in the next couple of years.

K. McIlwham arrived.

It was noted that our target for ventilator associated pneumonia and central line infection rates is zero. Other hospitals have proved that meeting the targets of zero is possible. As per the board's request, the dominator for these two rates will be added to the metrics report.

Action: T. Mah to add the dominator on metrics report for the ventilator associated pneumonia and central line infection rate indicators.

Following the review of the Quality and Patient Safety Plan 2009/10 Year End Review report, the board acknowledged all the work being done to address quality of care issues at GRH. The board is pleased with all the progress being made on a number quality initiatives.

4.0 BOARD COMMITTEE REPORTS

4.1 GOVERNANCE COMMITTEE

No report.

4.2 RESOURCES COMMITTEE

No report.

4.3 QUALITY AND PATIENT SAFETY COMMITTEE

5.0 STRATEGIC MATTERS

5.1 2009/10 YEAR END BOARD SCORECARD & PROPOSED BOARD SCORECARD

This year end report of 2009/10 scorecard performance will be the final time the board will see the scorecard in its current format. The transition to the 2010/11 board scorecard introduces nine metrics, some that carry over directly from the 2009/10 scorecard while others are modified from the previous scorecard or new.

The 2009/10 board scorecard consisted of 37 metrics. Appendix A, which is included in the board package, reports the 2009/10 year end results. In the transition from the 2009/10 to the 2010/11 board scorecard there are several changes. One metric carried over directly and ten were modified for the Board scorecard. Patient satisfaction is one new metric added to the 2010/11 scorecard not previously reported on the 2009/10 scorecard. Table 1 below summarizes at a high level the status of the 2009/10 metrics.

TABLE 1: STATUS OF 2009/10 BOARD SCORECARD METRICS

No change: reported to Board	1
Modified: reported to Board	10
No change: reported elsewhere	17
Modified: reported elsewhere	6
Retired	3
<i>Number of 2009/10 indicators</i>	<i>37</i>

Appendix B, which is included in the board package, provides a detailed report of the “change status” of each of the metrics. Further, if the metric is no longer reported to the Board, the schedule indicates where that new accountability to monitor and act on underperformance lies (see column “Reporting mechanism”). The three retired metrics will no longer be produced and hence no changed reporting mechanism is provided.

Appendix C, which is included in the board package, provides mitigating strategies for those year-end indicators that are off target (11). Of these eleven metrics, two have been identified as having calculation errors. One of the metrics is assessed as unachievable as it is calculated, and eight have mitigating strategies identified.

As noted in Appendix A, our performance for % of hours worked by FT RNs continues to be off target. It was reported in the last quarter of 2009/10 that we had 37% FT RNs. We will continue with a target of 70% and this metric will continue to be monitored in our HAPS. It was noted that the literature around this issue is mixed. Having more full time RNs will increase overtime costs.

In Appendix A, there is a metric for Emergency Patient Days. The question was raised as to whether 366 days is possible. It was noted that 366 days is possible and that we need to focus on getting patients out of the Emergency Department quicker and into a bed. It is not appropriate to have patients waiting in the Emergency Department for a bed.

In Appendix A, it appears that there may be a error in the data for the Working Capital metric. It was agreed that staff will look at the data for this metric.

Action: T. Mah to review data integrity for working capital metric.

In Appendix A, there are two metrics related to active legal claims and sentinel events reports. There is concern that the board may lose track of these important metrics, as they will not be reported in the proposed revised scorecard. It was noted that these metrics will still be reported to the Quality and Patient Safety Committee. It was also noted that every time there is a sentinel event, there is an extensive review of the event which involves all levels of staff. These reviews often lead to recommendations for improvements. It was agreed that the board would like a presentation on how sentinel events are managed.

Future Agenda Item: Presentation - Management of Sentinel Events (date to be confirmed).

In Appendix A, there is a metric related to days lost to WSIB claims. Concern was raised to the increase in days lost over the last year. It was noted that there were a number of significant events that took place over the last year that resulted in a number of days lost. These events are being addressed. Because of our performance, we will not be getting WSIB rebates next year.

Appendix D, which is included in the board package, presents the proposed 2010/11 Board scorecard metrics for Board approval. On a go-forward, the Board will receive scorecard metrics performance results quarterly and on a monthly basis receive each of the scorecards for the Quality and Patient Safety and Resources Committees in the Board package.

In Appendix D, indicators 1.1 and 1.2 are related to ED performance and these metrics will be part of a pay for performance funding model. If we do not meet targets, we may have some funding clawed back. We do expect to have revised targets for these indicators from the MOHLTC by the September board meeting.

The following feedback/revisions were discussed and agreed for the proposed board scorecard (Appendix D):

- Indicator 5.2: Sick time rate: it should be added in the scorecard that the target is based on total days off per employee.
- Indicator 6.2: Unrestricted cash position: the target of >\$6M is not attainable based on our 2010/11 budget. \$6M is something we would like to attain as some point in the future. The target will be revised to >\$0 and it will be noted in our Strategic Plan that over time we would like to increase our unrestricted cash position to point where it could cover two pay periods.

There was some concern raised in indicator 4.1: Patient satisfaction and how well this indicator actually captures true patient satisfaction. For example, patients that leave the Emergency Department without being seen would not have an opportunity to provide their feedback for this particular indicator. It was noted that the data for this indicator is collected by NCR Picker. They randomly survey 80-120 patients per month. This includes Emergency Department patients and inpatients. This is the only indicator on patient satisfaction that shows our performance relative to our peer hospitals and if it is trending downward, it will start prompting questions. We also have the ability to tease out information when a particular department is not performing well.

MOTION:

**IT WAS MOVED BY T. BLEANEY SECONDED BY P. MAKI THAT THE BOARD OF DIRECTOR APPROVES THE CONCLUSION OF THE 2009/10 SCORECARD AND TRANSITION TO THE 2010/11 SCORECARD.
CARRIED.**

B. Halloran arrived.

5.2 GOVERNANCE COMMITTEE INTERIM CHAIR

Due to the resignation of Jeff Evans, there is currently no Chair of the Governance Committee. Geoff Bellew has agreed to act as Interim Chair of the Governance Committee until the board approves committee chairs for 2010-2011 in July after the Annual Meeting.

MOTION:

**IT WAS MOVED BY D. DELAMERE AND SECONDED BY B. WEILER THAT THE BOARD OF DIRECTORS APPROVES THE APPOINTMENT OF GEOFF BELLEW AS INTERIM CHAIR OF THE GOVERNANCE COMMITTEE.
CARRIED.**

5.3 APPOINT AUDITORS AND FIX REMUNERATION

It being recommended by the Resources Committee that KPMG be retained as the auditors of the Corporation for the upcoming fiscal year. KPMG is a highly respected public accounting firm and has been the auditor of the Corporation for seven years. The appointment and re-appointment of the auditors is a motion that must be ultimately approved by the Members of the Corporation at the Annual Meeting which will take place in July.

Estimated audit fees are approved by the Audit Committee in November before the audit begins. Audit fees do not typically change significantly from one year to the next unless issues arise, accounting/auditing standards change or unless the auditors are engaged to perform procedures not otherwise required for the audit. Base audit fees for 2009/10 were \$59,000 for the hospital and \$9,250 for the pension plan.

MOTION:

**IT WAS MOVED BY D. DELAMERE AND SECONDED BY T. BLEANEY THAT THE BOARD OF DIRECTORS RECOMMENDS TO THE MEMBERS OF THE CORPORATION THAT KPMG BE REAPPOINTED AS AUDITORS FOR THE FISCAL YEAR ENDED MARCH 31, 2011 AND AUTHORIZE THE DIRECTORS TO FIX THEIR REMUNERATION.
CARRIED.**

6.0 OPERATIONAL MATTERS

6.1 BOARD SCORECARD

6.2 ACCEPTANCE OF YEAR END FINANCIAL STATEMENTS OF THE CORPORATION

A copy of the audited financial statements for the year ended March 31, 2010 were included in the board package. The statements were reviewed at a Joint Audit and Resources Committee meeting held earlier in the day. At this meeting, the Committees approved the statements with minor changes to the notes.

The auditors reported a clean audit and they were very satisfied with the cooperation and preparedness of staff.

MOTION:

**IT WAS MOVED BY D. DELAMERE AND SECONDED BY D. UFFELMANN THAT THE BOARD OF DIRECTORS ACCEPTS THE AUDITED FINANCIAL STATEMENTS OF GRAND RIVER HOSPITAL CORPORATION FOR THE YEAR ENDED MARCH 31, 2010.
CARRIED.**

The financial statements will now be presented to the Corporation members for their approval at the Annual Meeting taking place in July.

6.3 ACCEPTANCE OF YEAR END FINANCIAL STATEMENTS OF THE PENSION PLAN

A copy of the audited financial statements of the pension plan for the year ended December 31, 2009 were included in the board package. The statements were reviewed at a Joint Audit and Resources Committee meeting held earlier in the day. At this meeting, the Committees approved the statements with one minor change to the notes.

MOTION:

IT WAS MOVED BY D. DELAMERE AND SECONDED BY M. O'BRIEN THAT THE BOARD OF DIRECTORS ACCEPTS THE AUDITED FINANCIAL STATEMENTS OF PENSION PLAN FOR EMPLOYEES OF THE KITCHENER-WATERLOO HOSPITAL FOR THE YEAR ENDED DECEMBER 31, 2009.

CARRIED.

The financial statements for the pension plan will now be presented to the Corporation members for their approval at the Annual Meeting taking place in July.

6.4 OPERATING PLAN 2009/10 RESULTS

A copy of the progress report for the 2009/10 Operating Plan was included in the board package. M. Maxwell provided highlights from the report.

Out of 30 objectives found in the 2009/10 Operating Plan, 13 are not complete. An update on the status of the 13 outstanding objectives from the 2009/10 Operating Plan will be provided to the board when it receives its first update on the status of the 2010/11 Operating Plan.

Future Agenda Item: Update on Outstanding Objectives from 2009/10 Operating Plan (date to be confirmed).

7.0 EXECUTIVE HIGHLIGHTS

7.1 FOUNDATION

Included in the report for information.

It was noted that the Foundation will be holding their Annual Meeting on May 26, 2010. Theresa Fischer will again stand for election for the position as Chair of the Board.

7.2 PROFESSIONAL PRACTICE REPORT

Included in the Board package for information.

Included in the report was a recently approved nursing model for GRH. This includes a number of nursing values. It was noted that these values are not aligned with the hospital-wide values and as we move forward we need to keep in mind that these documents should be aligned.

7.3 CHIEF OF STAFF

Included in the Board package for information.

The question was raised as to whether the funding for hospitalists has been finalized. It was noted the funding for the hospitalists is settled and we are working through the rationale of the funding. We had anticipated \$900K of funding this year from the MOHLTC to top-up the hospitalist payments. Based on the new model, it looks like GRH will now receive approximately \$200-250K this year.

7.4 PRESIDENT & CHIEF EXECUTIVE OFFICER

Included in the Board package for information.

Included in the report is a chart which illustrates, when the hospital is at capacity, where our admitted patients spend their time. This chart shows the pressure the hospital is facing and that hallway patient volumes continue to be high. There is some risk associated with admitting

patients to the hallways, but the nursing staff is managing these patients as best they can. If nurses are aware of a discharge, they move those patients to the discharge lounge, which opens up beds for patients waiting in the hallway.

GRH has received a full accreditation award from Accreditation Canada after an extensive review of the hospital's procedures and quality of care approach. GRH has received positive accreditations in the past. This is the first time the hospital has received an award with no conditions.

7.5 BOARD CHAIR

No report.

8.0 ITEMS FOR CONSENT

8.1 BOARD MINUTES OF APRIL 27, 2010

The board minutes of April 27, 2010 were included in the board package.

8.2 BOARD MINUTES OF MAY 13, 2010 SPECIAL MEETING

The board minutes of the May 13, 2010 special meeting were included in the board package.

8.3 FINANCIAL STATEMENTS

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

8.4 BOARD MANUAL AMENDMENTS

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

Number	Item
7-10	Chief Executive Officer and Executive Compensation Policy (new)
5-4	CEO Position Description (new)
3-C-18	Compensation Committee Terms of Reference (new)
6-2	Performance Measurement and Monitoring Policy (revised)
3-B-17	Position Description for the Board Secretary (revised)
3-B-19	Position Description for a Board Committee Chair (revised)
8-2	Enterprise Risk Management (revised)

MOTION:

IT WAS MOVED BY G. BELLEW AND SECONDED BY K. MCILWHAM 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 May 11, 2010 are included in the Board package for information.

9.1.2 GOVERNANCE COMMITTEE MINUTES

Governance Committee minutes of May 12, 2010 are included in the Board package for information.

9.1.2.1 ATTENDANCE REPORT

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

9.1.3 QUALITY AND PATIENT SAFETY COMMITTEE MINUTES

Quality and Patient Safety Committee minutes of May 12, 2010 are included in the Board package for information.

9.1.4 EXECUTIVE COMMITTEE MINUTES

Executive Committee minutes for April 15, 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 JUNE 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 T. BLEANEY AND
SECONDED BY G. BELLEW THAT THE PUBLIC PORTION OF THE MEETING BE
ADJOURNED.
CARRIED.**

Malcolm Maxwell,
Secretary

Bryce Walker,
Chair