

**GRAND RIVER HOSPITAL
MINUTES OF A PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON AUGUST 25, 2009
IN THE FREEPORT BOARDROOM**

PRESENT:

Walker, B.
Maxwell, M.
Bellew, G
Gazzola, J.
Delamere, D
Uffelmann, D.

O'Brien, M
Trafford, R.
Bleaney, T.
Weiler, B.
Sharma, A.
Evans, J.

REGRETS

Matyas, C
Jolly, S.
Halloran, B.
Wideman, J
Maki, P
Collingwood, B.
McIlwham, K.

STAFF:

Lillepold, A.
Cheal, B
Hewat, N.
Higgs, G.

Rajaballey, J.
Karjaluoto, M.
McFadyen, C
Robertson, S.

Recording Secretary: S. Laferriere

1.0 CALL TO ORDER

B. Walker called the meeting to order at 4:02p.m.

1.1 APPROVAL OF MINUTES

MOTION:

IT WAS MOVED BY T. BLEANEY AND SECONDED BY D. DELAMERE THAT THE BOARD OF DIRECTORS APPROVE THE MINUTES OF THE JUNE 22, 2009 PUBLIC MEETING OF THE BOARD AND JUNE 22, 2009 SPECIAL MEETING OF THE BOARD AS CIRCULATED. CARRIED.

1.3 ACCEPTANCE OF AGENDA

Approved as circulated.

1.4 DECLARATION OF CONFLICT OF INTEREST

None.

2.0 BOARD EDUCATION SESSION

2.1 ROLE OF THE BOARD/EXPECTATIONS

J. Evans provided a brief overview of the roles and responsibilities of all Board members. All items highlighted are explained in full within the Board manual. A full review of these items will be included in the New Director Orientation Session scheduled for September 22, 2009.

B. Walker highlighted changes to the Board agenda format. Each public session will begin with a discussion on quality. These items may stem from the hospital quality plan or current issues

in the media. Also added to the agenda is an opportunity for each committee chair to provide an update on current activities at the committee level. All directors are reminded that they are invited to attend any committee of the board as a guest. If you wish to attend a meeting you are not a member of, contact the CEO's office to arrange for delivery of a committee meeting package.

3.0 QUALITY REPORT

3.1 QUALITY OF PATIENT CARE – CURRENT ISSUES

M. Maxwell provided a brief overview of three current public issues related to the quality of patient care in Canadian hospitals: reliability of laboratory medicine reports for cancer care, possible impacts of H1N1 influenza, and implications of the current shortage of medical isotopes.

The concerns presented regarding incidents of erroneous laboratory reports in New Brunswick and Newfoundland have largely been based upon the availability and skill level of physicians specialized in laboratory testing. The laboratory services for Grand River and St. Mary's Hospitals are in a favourable position due to the relatively large department of Pathology, internal mechanisms for double checking specimens for complex cases and regular audits of complex cases.

H1N1 is expected locally as influenza season approaches. It is expected that Canada will follow the experience in the southern hemisphere which has been that H1N1 continues to spread easily but without any significant change in the pattern of illness severity. It has been reported that the Government of Ontario has ordered enough vaccine to immunize 75% of the population against H1N1.

The closure of the Canadian supplier of medical isotopes has caused concern throughout the province about access to the materials needed to carry out nuclear medicine studies. The Kitchener-Waterloo Regional Nuclear Medicine Program remains committed to providing strong services to patients and the community during this difficult time. Approximately 25% of the workload at GRH is not impacted by the radioisotope shortage because these studies rely upon cyclotron produced radiopharmaceuticals. The remaining 75% of studies, which could possibly be affected have been able to remain uninterrupted to date.

3.2 JOINT BOARD/MAC MEETING

Dr. Sharma noted that the Joint Board/MAC meeting scheduled for September 8, 2009 will focus on a quality agenda. Presentations will be provided by Dr. David Higgins, Chief of Staff, St. Joseph's Healthcare, Mr. Romeo Cercone, Vice President Quality, Complex Continuing Care, Rehab and Long Term Care, St. Joseph's Healthcare and Mr. Mike Heenan, Director of Quality, Planning, Performance & Improvement Department, Credit Valley Hospital.

4.0 BOARD COMMITTEE REPORTS

4.1 GOVERNANCE COMMITTEE

No report.

4.2 RESOURCES COMMITTEE

D. Delamere noted that a detailed cash flow forecast will be discussed at the September Board meeting.

4.3 PROGRAMS & SERVICES COMMITTEE

B. Weiler noted that the committee tours each of the 14 clinical programs and services over the year of committee meetings. All Board members are encouraged to attend.

4.4 EXECUTIVE COMMITTEE

B. Walker noted that the Executive committee met on August 18th. A thorough review of each Board sub-committees terms of reference was completed. Also reviewed was the process for chief of staff performance review, Board agenda template and meeting materials for the September Board meeting.

5.0 STRATEGIC MATTERS

5.1 BRIEFING NOTE: MINISTRY APPROVAL OF CAPITAL PROJECTS

As requested at the June 2009 Board of Directors meeting, a brief note has been provided outlining the various funding sources for capital projects. It was noted that the Resources Committee completes a quarterly review of all capital projects and capital equipment acquisitions. Any questions regarding the content of the briefing note may be forwarded to Jenny Rajaballey.

5.2 DISCUSSION: BUDGET ASSUMPITONS FOR FY 2010/11

D. Delamere noted that the Hospital Annual Planning Submission (HAPS) will be due to the LHIN in October. At this time the LHIN has provided minimal directions for this submission but has yet to confirm financial targets.

5.3 MOTION: BYLAW AMENDMENT

The proposed amendment was reviewed and recommended by the Medical Advisory Committee (June 9, 2009) and the Governance Committee (June 10, 2009). The Board may enact the new by-law which will become effective immediately but will be subject to confirmation at the next annual meeting of the members of the Corporation.

Although originally approved by the Board of Directors and Corporation members on June 24, 2008, an error in bylaw titling was noted. The bylaw is being re-tabled for approval.

MOTION:

**IT WAS MOVED BY J. EVANS AND SECONDED BY T. BLEANEY THAT THE BOARD OF DIRECTORS RECOMMENDS THAT BY-LAW NO.2 (2009), A BY-LAW TO AMEND CERTAIN PROVISIONS OF THE PROFESSIONAL STAFF PORTION OF BY-LAW NO. 1 (2008) BE ENACTED.
CARRIED.**

5.4 MOTION: TERMS OF REFERENCE APPROVAL

A motion to approve terms of reference for board committees was presented. In accordance with good governance principles, the terms of reference for all board committees and sub-committees are reviewed annually. The terms of reference have undergone extensive review by the committees themselves, the Governance Committee and/or the Executive Committee.

It is noted that the terms of reference for the Ethics Committee and Relationship Management Working Group will be presented at a later date.

MOTION:

IT WAS MOVED BY J. EVANS AND SECONDED BY B. WEILER THAT THE BOARD OF DIRECTORS APPROVE THE TERMS OF REFERENCE FOR THE FOLLOWING COMMITTEES: 3-C-1 EXECUTIVE COMMITTEE, 3-C-10 PROGRAMS AND SERVICES COMMITTEE, 3-C-15 RESOURCES COMMITTEE, 3-C-16 AUDIT COMMITTEE, 3-C-17 PENSION COMMITTEE, AND 3-C-20 GOVERNANCE COMMITTEE.

CARRIED.

6.0 OPERATIONAL MATTERS

6.1 FINANCIAL REPORT

D. Delamere provided the following financial update. The current operating deficit is approximately \$700,000. Due to the need to create temporary isolation rooms for patients with ARO's, revenues have been lost on semi-private and private rooms. Expenses are over budget due to overtime, sick time and higher ALC volumes. ALC patient days are currently running at 21%. The forecasted balance for year-end remains favourable to break even, however, this will deplete the budget contingency of \$1M.

6.2 METRICS REPORT

Included in the Board package for information. M. Maxwell noted that the number of overnight patient stays in the ER for Q1 has shown a notable decrease. We are trending higher in the acuity of patients seen at the hospital which places an increased demand on nursing hours. This increase in acuity is reflective of the increase in community programs that can service the less severe patients, funneling them away from the emergency department. Hips and knee surgeries continue to be managed within the recommended wait times.

7.0 EXECUTIVE HIGHLIGHTS

7.1 FOUNDATION

Included in the Board package for information. N. Hewat noted that a direct marketing appeal will begin next week. The appeal will feature a door-to-door campaign. Leadership Gift donors for the Architects of Care campaign will be invited to attend the grand opening of the surgical suites at GRH (date to be determined).

7.2 PROFESSIONAL PRACTICE REPORT

Included in the Board package for information. No additional comments or questions were presented.

7.3 CHIEF OF STAFF

Included in the Board package for information. No additional comments or questions were presented.

7.4 PRESIDENT & CHIEF EXECUTIVE OFFICER

Included in the Board package for information. M. Maxwell highlighted the following items: The 'See and Treat' pilot has been launched in the emergency department. This new initiative will allow patients presenting in the emergency department with minor injuries to be seen and treated immediately. This initiative will continue as staff support is available. Other ongoing initiatives include adjustments to morning bed meetings and patient discharge by 11am. On the day the patient is admitted to a department, an estimated date of discharged is planned. Currently 20% of patients are discharged by 11am, our goal is to increase this to 60%.

7.5 CHAIR

Board Chair, Bryce Walker will begin regular meetings with SMGH Board Chair Rob Way as a means to keep each Board informed of the other's activities. The Chair of the WWLHIN will also be invited to these meetings on an occasional basis.

8.0 MATTERS FOR CONSENT

8.1 BOARD & COMMITTEE WORKPLANS

Included in the Board package for information.

8.2 COMMITTEE MINUTES

8.2.1 MEDICAL ADVISORY COMMITTEE MINUTES

Medical Advisory Committee minutes for July 14, 2009 are included in the Board package for information.

8.2.2 ANNUAL GENERAL MEETING MINUTES

The Annual General Meeting minutes for June 22, 2009 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 SEPTEMBER BOARD CALENDAR OF EVENTS

Included in the Board package for information.

8.6 GRH BOARD 2009/10 MEETING SCHEDULE

Included in the Board package for information.

8.7 WWLHIN BOARD 2009/10 MEETING SCHEDULE

Included in the Board package for information.

8.8 CORRESPONDENCE

None.

8.9 OHA PUBLICATIONS

Included in the Board package for information. These reports will be removed from future Board packages. Members are encouraged to view this information from the OHA website.

8.10 WWLHIN PUBLICATIONS

Included in the Board package for information.

9.0 ADJOURNMENT

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

Malcolm Maxwell,
Secretary

Bryce Walker,
Chair