

**GRAND RIVER HOSPITAL
MINUTES OF A PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON OCTOBER 27, 2009
IN THE FREEPORT BOARDROOM**

PRESENT:

Bellew, G.
Bleaney, T.
Collingwood B.
Delamere, D.
Evans, J.
Gazzola, J.
Matyas, C.
McIlwham, K.

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

REGRETS

Halloran, B.
Jolly, S.
Maki, P

STAFF:

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

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

Recording Secretary: J. Eggleton

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 J. WIDEMAN AND SECONDED BY D. DELAMERE THAT THE BOARD OF DIRECTORS APPROVE THE MINUTES OF THE SEPTEMBER 22, 2009 PUBLIC MEETING OF THE BOARD AS CIRCULATED.
CARRIED.**

1.3 ACCEPTANCE OF AGENDA

The following item was added to the agenda:
5.2 Update: October LHIN Board Meeting

It was noted that going forward more items will be moved to the consent part of the agenda (i.e. information items). If any of the Board members would like to discuss any of the consent items they may request that the item be moved to a discussion item on the agenda.

1.4 DECLARATION OF CONFLICT OF INTEREST

None.

2.0 BOARD EDUCATION SESSION/PRESENTATION

CONFIDENTIAL

2.1 GINNY'S STORY

A video was played at the board meeting called "Ginny's Story". This video outlines a patient's journey after acquiring an infection while having routine surgery at a hospital in the United States. This video is to serve as a reminder to the board, the importance of providing quality and coordinated care to our patients.

It was noted that at the monthly MAC meetings, time is dedicated on the agenda to discuss quality issues. Each meeting the MAC will review a case study on one of our patients. This allows us to look at ways of improving patient care and patient outcomes. It was suggested that the Board should also look at spending time at each meeting reviewing a patient's experience while at GRH. It was noted that any actions the Board takes on quality will be well received by physicians and frontline staff. These groups would be encouraged to know that the Board is engaged on issues related to quality of care.

2.2 IHI CONFERENCE

On September 29th and 30th, B. Walker and B. Weiler as well as members of the senior team, attended a conference on quality improvement hosted by the Institute for Health Improvement. Notes from the conference were included in the Board package for information.

It was noted that the presentation of the GRH Quality Report has been put on hold in order to incorporate ideas from the IHI Conference.

As we continue on our path to a more robust quality program, it will be important to engage the medical directors and the clinical directors in each of our 14 clinical programs. The medical directors and clinical directors have the most impact in improving quality within their programs. They just need to be given the proper tools to succeed.

It was noted that when a serious incident is reported, there is follow-up action taken which varies based on the severity of the incident. The incident is reviewed and we take the opportunity to learn from the incident to avoid it from reoccurring. Our Director of Risk Management reviews trends in reported incidents and works with the quality committees for each of the units to improve quality of care. Physicians are also involved in these case reviews. More incidents are now being reported due to a new electronic documentation process. It is our goal to create a culture where staff are more comfortable reporting incidents.

The Programs and Services Committee members received a booklet from the OHA titled "Quality and Patient Safety: Understanding the Role of the Board". There is a lot of valuable information in the booklet. If Board members are interested in obtaining a copy, they can see J. Eggleton.

3.0 QUALITY REVIEW

None.

4.0 BOARD COMMITTEE REPORTS

4.1 GOVERNANCE COMMITTEE

No report.

4.2 RESOURCES COMMITTEE

No report.

4.3 PROGRAMS & SERVICES COMMITTEE

B. Weiler noted that the Programs and Services Committee will be bringing the following items to the Board at the Board November meeting:

- Annual Quality Report
- Update on HSMR

It was noted that the Programs and Services Committee will review and discuss our HSMR at every meeting.

5.0 STRATEGIC MATTERS

5.1 MOTION: HR STRATEGIC PLAN

Human Resources Strategic Priorities have been developed to support Grand River Hospital's Strategic Plan and Operating Plan. These priorities which form an HR Plan, have been presented, discussed and endorsed by the Resources Committee. Accordingly and as per the current Delegation of Authority Board Policy, Board of Directors approval is required.

The Human Resources Strategic Priorities have been developed to address the human resources needs of Grand River Hospital and to identify the priorities and actions required to ensure a high performing, strategic human resources department. The long range goal is to be the employer of choice in health care for the Waterloo Wellington area.

The HR priorities identified are aligned with the strategic themes and operating plan of the hospital and have been developed in consideration of an internal and external environmental scan, a SWOT (strengths, weaknesses, opportunities and threats) of the current HR department and results of the 2008 employee Satisfaction Survey. The priorities are organized in two (2) sections – 2009/10 and 2010/2012 in order to clearly distinguish the priorities that are foundational or rebuilding capacity in nature in order to achieve the longer range goals.

The HR Strategic Priorities have been reviewed by and discussed with the Resources Committee of the Board of Directors and the senior team of the hospital.

Any financial implications have been incorporated in the hospital's operating plan and budget.

Previously, no Human Resources Strategic Plan existed. In order to achieve the goals contained within the Grand River Hospital Strategic and Operating Plans, a clear analysis and roadmap for the Human Resources department was required. Specific risks that may affect the achievement of the HR priorities identified, are noted in the document.

The Human Resources Strategic Priorities document will be presented to GRH management and staff upon approval.

It was noted that the Resources Committee reviewed the HR Strategic Plan at their October meeting, but did not approve it. This plan does require Board approval. Resources Committee is looking at revising the delegation of authority policy so that these types of plans (IT Strategic Plan, HR Strategic Plan, etc) would not require Board approval. They would be integrated into the Board approved Strategic and Operating Plans.

It was noted that in order to measure the success of HR Plan, we need to be specific on what we want to achieve and how we will measure that success. We need to establish specific and thoughtful metrics. One area of measure that does require additional work is our turnover rate report. The HR Department is working on developing a more robust turnover report.

It was noted that the HR Plan is geared towards staff. Physicians have their own HR Plan.

The results of the 2008 staff satisfaction survey showed that staff are concerned with their workload. It was suggested that HR work on priority #7 "Complete a rolling forecast of recruitment needs and skills gaps (workforce planning)" earlier than planned.

In the HR Plan it states that our goal is to become the employer of choice in health care for the Waterloo Wellington area. More thought needs to go into what that means and how we will work towards the goal of being the employer of choice.

MOTION:

**IT WAS MOVED BY D. DELAMERE AND SECONDED BY J. WIDEMAN THAT THE BOARD OF DIRECTORS APPROVES THE HUMAN RESOURCES STRATEGIC PRIORITIES 2009 – 2012 DOCUMENT AS PRESENTED.
CARRIED.**

5.2 OCTOBER LHIN BOARD MEETING

S. Robertson attended the WWLHIN Board meeting this month. The following items were discussed at the WWLHIN Board meeting:

- WWLHIN is considering whether they should be accredited through Accreditation Canada.
- Funding of \$1M was approved to stabilize the regional vascular program at Guelph General Hospital.
- Motions were passed accepting the voluntary integration between GRH Regional Renal Program and two long term care facilities (i.e. Royal Terrace and Stirling Heights Long-Term Care Centre). This integration will allow our renal program to provide peritoneal dialysis care at the two long term care facilities.
- Dr. George Heckman was announced as the lead of Geriatric Services for the WWLHIN.
- The November WWLHIN Board meeting will take place in Cambridge. At this meeting, Cambridge Memorial Hospital will be presenting their revised recovery plan.

6.0 OPERATIONAL MATTERS

6.1 Q2 METRICS REPORT

Included in the Board package for information.

Included in the metrics report are the 4th quarter results of our HSMR for 2008/09. We saw virtually no change in our HSMR from 2007/08 to 2008/09. We now have the ability to analyze our HSMR data in-house, which is allowing us to see the information in a more timely manner. We have recently made a number of improvements and as a result, we are seeing in the 1st quarter for 2009/10 that our HSMR is improving. As we continue to make improvements, we anticipate our HSMR will continue to improve. The question was raised as to how the HSMR is calculated and how many actual deaths do we see in a year that are unexpected. M. Maxwell agreed that going forward we will provide the Board with actual deaths by quarter.

We have seen an increase in days lost to WSIB claims. The days are concentrated in two areas, musculoskeletal injuries and injuries from preexisting conditions. One area we need to look at is patient lifting. When you are caring for over 100 ALC patients, you have nurses doing a lot of lifting. We need to ensure that nurses are using proper lifting protocols.

We are currently seeing an increase in activity in the ER due to H1N1 activity. The additional patients are presenting with symptoms of an Influenza Like Illness (ILI). The increased activity is currently not affecting our inpatient units at this time. It was noted that we are considering opening up a separate waiting area for patients presenting in the ER with ILI. This would not be an assessment area, but serve only as a waiting area.

6.2 UPDATE: SCORECARD AND MEASURE

The Decision Support department is working on the development of a new board scorecard. The new scorecard will be presented to the board committees in November and the full package will be presented to the board at the November board meeting.

7.0 EXECUTIVE HIGHLIGHTS

7.1 FOUNDATION

Included in the Board package for information.

Tickets are still available for the Foundation's Gala event taking place on November 7th.

7.2 PROFESSIONAL PRACTICE REPORT

Included in the Board package for information.

As a Best Practice Spotlight Organization (BPSO), GRH will be partnering with Registered Nurses Association of Ontario (RNAO) to implement 14 best practice guidelines. The guidelines will focus on quality and standardization of clinical practices.

7.3 CHIEF OF STAFF

Included in the Board package for information.

It was noted that physicians have expressed concern about the disconnect between the IT systems for GRH and SMGH. As a result, a meeting has been scheduled with physicians and IT leaders to discuss a physician portal, which would connect the two hospitals' IT systems.

7.4 PRESIDENT & CHIEF EXECUTIVE OFFICER

Included in the Board package for information.

With the end of the summer, the anticipated increased volume of activity in the hospital has increased both in the emergency department and inpatients. Emergency department total visit volumes have increased by 4% in September compared to the summer months. This increasing trend is anticipated into October and winter months.

As reported earlier, the WWLHIN has committed funding to stabilize the regional vascular program at Guelph General Hospital. Although this will stabilize the program in the short term, we still need to look at a long term solution for providing vascular services in our LHIN. GRH will be meeting with LHIN and SMGH later this week to discuss the vascular program.

M. Maxwell will be meeting with the Supervisor at Cambridge Memorial Hospital next week. At this meeting they will look at possible integration/collaboration opportunities between the two hospitals.

Our accreditation survey is currently underway. To date, the feedback from the surveyors has been positive. The surveyors will be providing a high level debrief on the results of our survey to all staff on October 30th. We will share results of the survey with the board once they become available.

Work is continuing on the development of our 2010/11 operating budget. We intend to provide the unions with notice of staffing changes within the next ten days. This was delayed, as the staff changes are quite complex and we required additional time to finalize the numbers. As we look at our operating budget we need to keep in mind that we need to run a positive cash flow of approximately \$2-3M in order to address pension plan challenges.

7.5 CHAIR

B. Walker attended the OHA Leadership conference earlier this month. Items noted at this conference include:

- There will likely be no increase in revenue in the upcoming budget.
- Other boards are operating in a paperless environment. Need to look at this in the future for our board.
- Need to better understand what the board's role is in the credentialing process. This may include conducting a board education session on the credentialing and privileging processes.

B. Walker and M. Maxwell attend a reception with the new Minister of Health, Honorable Deb Matthews.

8.0 MATTERS FOR CONSENT

8.1 BOARD EDUCATION OPPORTUNITES

Included in the Board package for information.

8.2 BOARD EDUCATION SUMMARY

For completion by the Board members if applicable.

8.3 NOVEMBER BOARD CALENDAR OF EVENTS

Included in the Board package for information.

8.4 GRH BOARD 2009/10 MEETING SCHEDULE

Included in the Board package for information.

8.5 WWLHIN BOARD 2009/10 MEETING SCHEDULE

Included in the Board package for information.

8.6 BOARD WORK PLAN

Included in the Board package for information. An updated work plan was also circulated at the meeting. It was noted that the progress on our Board work plan will be discussed at the November Executive Committee meeting.

8.7 COMMITTEE MINUTES

8.7.1 MEDICAL ADVISORY COMMITTEE MINUTES

Medical Advisory Committee minutes of October 13, 2009 are included in the Board package for information.

8.7.2 GOVERNANCE COMMITTEE MINUTES

Governance Committee minutes of October 14, 2009 are included in the Board package for information.

8.7.3 RESOURCES COMMITTEE MINUTES

Resources Committee minutes of October 13, 2009 are included in the Board package for information.

8.7.3.1 FINANCIAL REPORT

8.7.4 PROGRAMS AND SERVICES COMMITTEE MINUTES

Programs and Services Committee minutes of October 14, 2009 are 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 D. DELAMERE AND
SECONDED BY G. BELLEW THAT THE PUBLIC PORTION OF THE MEETING BE
ADJOURNED.
CARRIED.**

Malcolm Maxwell,
Secretary

Bryce Walker,
Chair