

**GRAND RIVER HOSPITAL  
MINUTES OF A PUBLIC MEETING  
OF THE BOARD OF DIRECTORS  
HELD ON NOVEMBER 24, 2009  
IN THE FREEPORT BOARDROOM**

**PRESENT:**

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

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

**REGRETS**

Jolly, S.  
Trafford, R.  
Wideman, J.

**STAFF:**

Cavrag, K.  
Cheal, B.  
Hewat N.  
Higgs, G.  
Karjaluocto, 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 B. WEILER SECONDED BY A. SHARMA THAT THE BOARD OF DIRECTORS APPROVE THE MINUTES OF THE OCTOBER 27, 2009 PUBLIC MEETING OF THE BOARD AS CIRCULATED.  
CARRIED.**

**1.3 ACCEPTANCE OF AGENDA**

The agenda was approved as presented.

**1.4 DECLARATION OF CONFLICT OF INTEREST**

None.

**2.0 BOARD EDUCATION SESSION/PRESENTATION**

None.

**3.0 QUALITY REVIEW**

**3.1 MOTION: PROGRAMS AND SERVICES COMMITTEE METRICS REPORT**

A copy of the proposed Programs and Services Committee metrics report was included in the package for the board's consideration. It was noted that the proposed metrics report for the Resources Committee will be brought forward to the board at its January meeting.

C. Matyas arrived.

The overriding principle for identification of indicators is in the value of the metric to support the Program and Services Committee in its oversight of the areas within its mandate. The Board has undertaken a renewal of the hospital's three year strategic plan (2009-2012) and has identified five strategic themes and 23 key strategic objectives. The PSC scorecard is intended to focus on strategic oversight of the hospital's quality of care. At its June 2009 meeting, the Board approved the cascading scorecard framework. The direction provided by the Board was to ensure that identified measures be balanced in their focus with increased ability for detail monitoring at Resources and Program and Services Committees. Through the Programs and Services Committee monthly report to the board, measures will be flagged as required.

The question was raised as to what the difference was between a target and a benchmark. It was noted that targets are set or imposed by either the MOHLTC/LHIN or by ourselves, while benchmarks are determined based on technical evidence.

The group agreed that the targets for our metric reports should be reviewed annually, possibly during our strategic planning process. During the review, the board/committees can decide on whether the targets need to be adjusted.

It was noted that we need to ensure that the board monitors those metrics that are being reported to the MOHLTC and LHIN. Often our funding is dependant on meetings these targets.

It was also noted that it may take several years of change before we see an improvement on certain metrics.

Going forward the metrics reports for Resources and Programs and Services Committees will be attached to their meeting minutes. The minutes will also include the committee's in-depth discussion around the metrics report.

**MOTION:**

**IT WAS MOVED BY B. WEILER AND SECONDED BY J. EVANS THAT THE BOARD OF DIRECTORS APPROVE THE PROGRAMS AND SERVICES COMMITTEE SCORECARD. CARRIED.**

**3.2 PROPOSED BOARD SCORECARD**

A copy of the proposed board scorecard was included in the package. It was noted that the board scorecard is coming forward to the board for discussion and input only. Management will take the feedback from the meeting and bring a revised scorecard back to the board of approval in January.

The board has undertaken a renewal of the hospital's three year strategic plan (2009-2012) and has identified five strategic themes and 23 key strategic objectives. The scorecard is intended to support the board's focus on the five strategic themes within the plan. At its June 2009 meeting, the Board approved the framework. The direction provided by the Board was to ensure that identified measures be balanced in their focus on the strategic plan. Closer monitoring at Resources and Program and Services Committees will occur through two additional scorecards.

The strategic plan, strategic objectives and the quality framework (patient satisfaction with care, access to care, appropriate care, and safety of care) are the foundation upon which the scorecard is built. Enablers of the hospital to fulfill its mission are financial health, adequate and appropriate human resources, and adequate internal business competencies.

The development of the scorecards is an iterative process. The scorecards will not be “perfect” when they are rolled out. The indicators will evolve over time to address the needs of the board and its committees.

Additionally, more detailed reports and measures will continue to be presented to the Board from the President/CEO and respective VPs such as reports against operating plan objectives, risk management reports of sentinel events, program specific standardized hospital mortality ratio progress reports, and program and services external reviews.

Assuring a balance of measures, the Program and Services Committee and Resources Committee will monitor their scorecards specific to their delegated mandate from the Board and provide regular updates to the Board as needed. It is proposed that the committee monthly scorecards be included in the Board package for all Board members to review.

The targets and/or benchmarks included in the scorecard serve as goals for achievement. Where there was no readily available benchmark, a target was selected for the GRH indicator. In the case where GRH has exceeded the benchmark GRH will set its own stretch target based on the previous year’s performance.

The board reviewed the proposed scorecard and provided the following feedback:

- The staff turnover indicator requires clarity. Not sure what the target is and whether it is better to have a higher or lower turnover rate.
- Might want to adjust proposed metrics #5 (i.e. Total Margin %) once the pension issue has been addressed.
- The proposed scorecard does not include a metric on productivity.
- Need more HR engagement in the scorecard.

M. Maxwell agreed to take the board’s feedback into consideration and provide a revised scorecard at the January meeting for the board’s consideration.

### **3.3 MOTION: QUALITY AND PATIENT SAFETY PLAN**

A copy of the proposed patient safety plan was included in the board package for the board’s consideration.

In the Board 2009-2012 strategic plan, key priorities were identified to focus the hospital on ensuring the alignment of processes, people, and resources to best serve our patients. Quality and patient safety were identified as strategic priorities for Grand River Hospital. The 2009-11 quality and patient safety plan builds on past successes and sets out future goals that will ensure patients are satisfied with their care with respect to access, appropriateness, and safety.

The board accountability statement stipulates that the board will exercise its powers in good faith and honesty to further the purposes for which the hospital was created. The board is accountable to members of the hospital for the achievement of its mission, vision, and strategic

directions. As the 2008/09 quality plan comes to conclusion, the planning period commences with the 2009/11 quality and patient safety plan.

The quality and patient safety plan is aligned with the operation plan which is necessarily aligned with the strategic plan. The fourteen clinical programs and services will each have their own program/service specific quality and patient safety plans. These plans will be aligned with the corporate identified quality and patient safety priorities but will also include program/service specific priorities. These plans and results will be presented once on an annual cycle to the Program and Services Committee and all programs and services each four times per year to the corporate quality committee.

**MOTION:**

**IT WAS MOVED BY B. WEILER AND SECONDED BY G. BELLEW THAT THE BOARD OF DIRECTORS APPROVES THE QUALITY AND PATIENT SAFETY PLAN: 2009/11. CARRIED.**

**3.4 HSMR UPDATE**

An update on our HSMR was circulated at the table. As noted, our HSMR has significantly decreased in the last few quarters. This is very encouraging to staff and is attributed to improved documentation and quality of care. Also included with this information is the number of actual deaths at GRH, which was requested at the last board meeting.

It was noted that GRH has the capability to produce our HSMR data in-house. This allows us to get the information much quicker and to look into trends when there is a spike in our HSMR.

Departments are getting more access to data and are using the data to improve quality of care. As recently reported by the ICU, staff in the ICU identified that a significant number of patients receiving medical imaging procedures were getting central line infections. Upon further investigation, it was discovered the medical imaging staff were not using the proper protocol with these patients. Staff in medical imaging are now using proper protocols and central line infections have decreased.

In early December our HSMR for 2008/09 will be publicly released. Our HSMR for the first two quarters of 2009/10 is significantly better than the number that will be released to the public. We are working on a communication plan to manage the release of our HSMR. We do plan to report our most current data (i.e. 2009/10 Q1 and Q2 data) on our website.

**4.0 BOARD COMMITTEE REPORTS**

**4.1 GOVERNANCE COMMITTEE**

Board members will be receiving an invitation this week for an education session taking place on January 28, 2010. This is a joint education session with physicians and SMGH Board of Trustees. This session will focus on quality and patient safety and will be led by Dr. Michael Leonard, Physician Leader for Patient Safety at Kaiser Permanente and a Faculty member at the Institute for Healthcare Improvement.

**4.2 RESOURCES COMMITTEE**

No report.

**4.3 PROGRAMS & SERVICES COMMITTEE**

No report.

## **5.0 STRATEGIC MATTERS**

### **5.1 MOTION: NAME CHANGE – PROGRAMS AND SERVICES COMMITTEE**

The Governance Committee is requesting that the board change the name of the Programs and Services Committee to the Quality and Patient Safety Committee. The proposed name better reflects the mandate of the committee.

#### **MOTION**

**IT WAS MOVED BY J. EVANS AND SECONDED BY B. HALLORAN THAT THE BOARD OF DIRECTORS APPROVE CHANGING THE NAME OF THE PROGRAMS AND SERVICES COMMITTEE TO THE QUALITY AND PATIENT SAFETY COMMITTEE.  
CARRIED.**

## **6.0 OPERATIONAL MATTERS**

### **6.1 REPORT: OPERATING PLAN Q2 YTD AND FULL YEAR FORECAST**

Financial year to date results ending September 30, 2009 were included in the package. Currently we have a negative variance to the budget of \$0.8M. Our current financial outlook appears to be trending towards a balanced position at the hospital operations level due to focus on revenue generation activities and drug cost savings, reduced pension costs, and unutilized contingencies. It is expected our financial position will stabilize as we strive to achieve the key changes as follows:

- Improve utilization in operating room
- Reduce ALC beds in September 2009
- Planned holiday break bed closures
- Transition of short stay rehab beds to medicine to improve capacity and throughput
- Collaborating on HR strategies to address overtime and sick time volumes
- Continued focus on maximizing preferred accommodation revenues
- Achievement of volume-funded program volumes

M. Maxwell circulated and reviewed a progress report on the objectives from the 2009/10 Operating Plan.

### **6.2 MOTION: ANNUAL MEDICAL RESOURCE PLAN FOR 2010/11**

The Joint Medical Resource Plan for 2010/11 was developed to assist GRH in recruiting professional staff. This plan is aligned with the mission, vision, clinical priorities and strategic directions of the hospital. Support by the board toward specialist recruitment will ensure adequate service availability and provision, as well as quality patient care. Preliminary impact analyses have been completed and approved by the Senior Leadership Team. Detailed impact analyses to be completed for individual recruits and subject to final approval prior to letters of offer being made.

A. Sharma reviewed the plan with the group and specifically referred to the professional staff that is required for GRH's physician complement.

It was noted that this is a joint plan and will also be brought forward to the SMGH's Board of Trustees for approval.

**MOTION:**

**IT WAS MOVED BY A. SHARMA AND SECONDED BY J. EVANS THAT THE BOARD OF DIRECTORS APPROVE THE JOINT MEDICAL RESOURCE PLAN (2010/11) FOR GRH AS PREPARED BY THE JOINT. MEDICAL RESOURCE PLANNING COMMITTEE AND PRESENTED TO, AND RECOMMENDED BY, THE JOINT MAC ON NOVEMBER 10, 2009. CARRIED.**

**6.3 BOARD SCORECARD**

A copy of the board scorecard was included in the package for information. An updated copy of the scorecard was circulated at the table.

The indicators related to Emergency Room wait times continue to be a concern. There is general improvement in the number of patients that leave without being seen. This improvement is related to the new decongestion protocol.

We are seeing an increase in WSIB claims. These claims are generally related to strain and musculoskeletal injuries. We are looking into addressing this issue.

Sick time and overtime continue to be an issue. We believe that sick time and overtime expenses were not budgeted properly. This will be addressed in the budget for 2010/11.

**7.0 EXECUTIVE HIGHLIGHTS**

**7.1 FOUNDATION**

Included in the Board package for information.

This year's gala was very successful and the Foundation has received a lot of positive feedback. The planning committee for this event will meet next week to debrief and to discuss the direction the event will take next year.

**7.2 PROFESSIONAL PRACTICE REPORT**

Included in the Board package for information.

A kick-off event for the Best Practice Spotlight Organization initiative will take place December 15<sup>th</sup>. Board members are invited to attend. J. Eggleton will forward additional details to the board.

**Action: J. Eggleton to send invitation to the board.**

**7.3 CHIEF OF STAFF**

Included in the Board package for information.

**7.4 PRESIDENT & CHIEF EXECUTIVE OFFICER**

Included in the Board package for information.

As part of the establishing of the provincial renal program under Cancer Care Ontario (CCO), the renal program wishes to establish within each LHIN the role of Regional Renal Administrative Director. In most LHINs there are multiple organizations which offer renal programs. In WWLHIN and in one or two others, individual hospitals host renal services provided through another hospital which is responsible for delivering a LHIN-wide service. Grand River Hospital provides the renal service within Waterloo Wellington.

In discussions with the provincial renal program, it seemed that establishing the regional administrative director separately from the GRH's existing LHIN-wide program manager position did not make much sense. As a result, the WWLHIN CEO Council discussed and agreed that we should combine these two responsibilities within one position. GRH is pleased with support from the LHIN Council to combine this position. The 0.6 FTE funding available from CCO will be available to support a stronger quality improvement and patient safety program for the renal service and also to support consultation with host and referring hospitals who use the regional program. The provincial renal program has agreed to forego a competition for the regional renal administrative director role in order to consolidate the two positions.

We have been advised that there will be changes to the planning and budgeting process between Hospitals and LHINs this year. Based on a province wide review, it has been determined that hospitals need not submit the Hospital Annual Planning Submission which usually underlies the negotiation of the Hospital Services Accountability Agreement (H-SAA). Instead LHINs will be proposing an extension of the 2008-2010 H-SAA for at least one year.

Hospitals are asked to submit a management report entitled "Management Planning and Risk Report" by December identifying scenarios by which the hospital might operate at a 0% and 2% funding increase in 2010-2011. GRH has a well developed scenario for 2% and will provide program options for discussion with the LHIN in relation to a 0% increase. Both options will be presented in greater detail to the Resources Committee in January. LHINs will seek agreements from hospitals, including board approval, for H-SAA extensions by March 31<sup>st</sup>.

On November 3<sup>rd</sup> M. Maxwell met with the Supervisor and the Interim CEO of Cambridge Memorial Hospital (CMH). At this meeting the group discussed potential collaboration opportunities for administrative and support services. Discussions with CMH will continue.

M. Maxwell noted that in Ontario there has not been a lot integration or moving of services from one hospital to another. Once this starts to occur there will be need to be provisions on how you provide notice to physicians. Integration and moving services has a significant impact on physicians. There is a gap in any sort of notice provision, which will need to be addressed.

## **7.5 CHAIR**

B. Walker attended the third and final day of the OHA Leadership conference. B. Walker provided an overview of the discussion topics and case studies they reviewed at this session. It was noted that the case studies were quite relevant to the current healthcare environment.

## **8.0 MATTERS FOR CONSENT**

### **8.1 BOARD WORK PLAN**

Included in the Board package for information.

The January 28<sup>th</sup> education session will be added to the work plan.

### **8.2 COMMITTEE MINUTES**

#### **8.2.1 MEDICAL ADVISORY COMMITTEE MINUTES**

Medical Advisory Committee minutes of November 10, 2009 are included in the Board package for information.

## **8.2.2 GOVERNANCE COMMITTEE MINUTES**

Governance Committee minutes of November 12, 2009 are included in the Board package for information.

### **8.2.2.1 ATTENDANCE REPORT**

Included in the Board package for information.

## **8.2.3 RESOURCES COMMITTEE MINUTES**

Resources Committee minutes of November 10, 2009 are included in the Board package for information.

## **8.2.4 PROGRAMS AND SERVICES COMMITTEE MINUTES**

Programs and Services Committee minutes of November 12, 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 DECEMBER 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**

Included in the Board package for information.

## **9.0 ADJOURNMENT**

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

---

Malcolm Maxwell,  
Secretary

---

Bryce Walker,  
Chair