

**Grand River Hospital
Minutes Of A Public Meeting
Of The Board Of Directors
Held On September 27, 2016
In the Freeport Boardroom**

Present:

G. Bellew
D. Bennett
J. Deganis
D. Freeman
D. Graham
S. Hanmer
P. Hendrikse
H. Hoediono

Z. Janecki
L. Kotseff
J. Linton
M. Maxwell
P. Potts
H. Wakeling
K. Wetteskind

Regrets:

B. Collingwood
G. Sarkaria
J. Schlegel
B. Vrbanovic

Staff:

Bailey, T.
Cheal, B.
Karjaluo, M.

Lavoie, K.
Mah, T.
O'Brien, J.

Recording Secretary: K. Taylor

1.0 Call To Order

Following the Board photograph, the meeting was called to order at 4:06 p.m. by Chair, G. Bellew.

1.1 Acceptance Of Agenda

The agenda was accepted as revised with agenda item 10.1.2 QPS Scorecard and agenda item 10.6 Waterloo Wellington Local Health Integration Network (WWLHIN) Dashboard moved to discussion items 2.1.1 and 2.1.2 respectively.

Motion:

It was moved by J. Deganis and seconded by P. Hendrikse that the public agenda for the September 27, 2016 Board of Directors meeting be accepted as amended.

Carried.

1.2 Declaration Of Conflict Of Interest

None.

1.3 Public Meeting Highlights

1.3.1 Board Chair

New Directors D. Bennett, S. Hanmer, L. Kotseff and K. Wetteskind were welcomed to their first full meeting of the Board. J. Linton was also welcomed and thanked for taking on the role of Interim Chief Nursing Executive (CNE) in addition to her regular portfolio.

1.3.2 President And Chief Executive Officer

An update on the hospital's financial position year to date reported a small surplus and indicated several clinical programs have done more work than planned.

2.0 Quality

2.1 Report By The Chair Of The Quality And Patient Safety Committee

Highlights from the September orientation session of the Quality and Patient Safety Committee (QPS) were relayed.

2.1.1 QPS Scorecard

The scorecard was distributed and discussed at the meeting. Discussion of Emergency Department time to physician initial assessment indicates a decrease in time since June, a trend reflective of recruitment efforts and filling physician shifts.

MRI wait times for the P4 category (non-urgent patients) is significantly above target and is reflective of a capacity issue within Waterloo Wellington (WW). MRI target times for urgent patients are met. In WW, MRI is under-serviced relative to the rest of the province.

GRH is currently providing more hours of CT service than the WWLHIN is compensating GRH. The CT issue is how much service GRH is to provide, knowing the money will need to come from other services. CTs for P3 patients, some of whom are cancer patients, has been identified as an important area for concern and this is being monitored by administration. GRH administration is also working with the wound care team to investigate the tracking of pressure ulcers.

2.1.2 WWLHIN Dashboard

The WWLHIN dashboard was included in the Board package as an item for information. In addition to the items mentioned during discussion of the QPS scorecard discussion touched on readmission for chronic conditions and wait times for hip and knee surgeries. In comparison with other hospitals in WW, GRH provides care to a significant number of renal patients and sees a significant number readmitted due to their renal condition.

Wait times for hip and knee surgeries is a concern for the WWLHIN as they have the lowest ranking in the province due to WW's longest wait time for hip and knee surgeries in the province. The information that reports on this metric is reported by surgeon offices and the validity and flow of data is being reviewed. GRH is conducting more hip and knee surgeries than the WWLHIN is funding. If the current surgical pattern trend continues and GRH meets target volumes for other QBPs, GRH would not be compensated for surgeries valued at \$350,000-\$500,000. Hip and knee surgical wait times is not a unique problem to GRH, Guelph General Hospital also has the same issue. Although wait time statistics are long, the hospital has received few complaints about access to this service. GRH needs more proof to validate concerns with access prior to

considering reducing capacity in other programs to accommodate an increase in hip and knee surgeries. GRH is continuing to work on the issue of hip and knee surgeries with the WWLHIN.

3.0 Resources

3.1 Report By Chair Of The Resources Committee

Minutes from the September 13 meeting of the Resources Committee appeared as an item for information.

4.0 Audit

4.1 Audit Committee Report

J. Deganis delivered the Audit Committee report on behalf of Chair, J. Schlegel. At their September meeting the Committee discussed the internal audit focus of activity, the operating report and risk (as well as risk's monitoring and report by the various Board Committees). Management is working to prepare a six month risk heat map for semi-annual report to the Audit Committee.

5.0 Governance And Community Engagement

5.1 Report By Chair Of The Governance and Community Engagement Committee

H. Wakeling, on behalf of the Chair of the Governance and Community Engagement Committee (GCEC), provided an update from the September 8 meeting. Discussions with Leadership Waterloo continue to explore options for GRH to mentor a Young Professional on Board.

5.1.1 Board Member Profiles

Following discussion by the Joint Brand and Community Engagement Working Group, at their September meeting the members of GCEC considered raising awareness of GRH Board member profiles

A briefing note in the Board package offered options for raising awareness through coverage in purchased, earned and owned media. Following discussion among the Directors, there was agreement to adopt a hybrid approach to promote profiles of Board Directors wishing to take part. The approach includes: development of an annual news release following the June Corporate meeting to announce the Board and new members; posting of that news release on the GRH website following the Corporate meeting; use of GRH Now to promote willing Board member profiles and Board activities; circulation annually in October of a listing of all Board members (to the GRH Board, GRH Foundation and GRH Senior Leadership Team); and, development of stories with willing Board members to illustrate why they have chosen to contribute their service. The Director of Communications and Executive Assistant to the Board will work to implement the approach.

5.1.2 Board Retreat

The Board was engaged in a discussion to explore interest in a Spring Board retreat. Topics proposed for the retreat included: executive

succession; hospital information system project; working with partners in a Bill 210 world; and, refreshing the organization's strategic plan.

Motion:

It was moved by H. Wakeling and seconded by H. Hoediono that the Board of Directors accept the recommendation by the Governance and Community Engagement Committee (GCEC) that a Spring 2017 retreat be convened with the session's framework to be confirmed by the members of GCEC, and session specific details arranged by the Board Chair and the President and CEO.

Carried.

6.0 Health Information System Renewal

6.1 Report By Chair Of the Health Information System Renewal Committee

Chair of the Committee, J. Deganis reported that the September meeting of the Health Information System (HIS) Renewal Committee focused on discussion of the common hospital information system initiative and items from the Joint Boards HIS Steering Committee meeting which was held earlier in the afternoon of September 15.

7.0 Other

7.1 Q1 Board Scorecard

The public Board package contained the Board's Q1 scorecard. The Board scorecard at Q1 is tracking patient experience based on new survey questions and does not provide comparable results with past experience. Future versions of the scorecard will see past results for overall experience with care removed with notes explaining the survey change.

7.2 Q1 Operating Plan and ERMA Update

The Q1 operating and enterprise risk management assessment report appeared in the public meeting package. The 2016-2017 report provides more detail on risk, reflecting observations against reduction of ERMA risk. Hips and knees wait times and complex continuing care patient volume obligations within GRH's H-SAA were two items of discussion.

8.0 Executive Highlights

8.1 Board Chair Report

The verbal update from the Board Chair reminded Directors about the September 29 Community event taking place at Luther Village; commended D. Freeman for her support of P. Viol's cycling fundraiser in support of GRH's Cancer Centre; and informed the Directors of the parting gift passed to K. Olson earlier in September.

An update on two motions passed by members of the Executive Committee reported that the Chair was authorized to sign back documentation to the Ministry of Health and Long-Term Care to advance work with capital renovation tenders for the GRH Cancer Treatment project 5th Linear Accelerator and 2nd CT Simulator and PACU Renovation project.

Directors were advised that a poll would be circulated to solicit their availability for a December meeting of the Board. If a December meeting is required the topic will focus on the HIS initiative.

Highlights from the September 7-9 Leadership Summit advised of the province's vision for health care. With the proroguing of provincial legislation in early September, Bill 210 is expected to be reintroduced later in the month.

On September 22 G. Bellew participated in a WWLHIN Governor session wherein sub-LHIN geographies for WW were outlined. Material from the session was circulated electronically to the GRH Directors.

8.1.1 Waterloo Hospitals Collaborative Committee Update

An update on the September 20 meeting of the Waterloo Collaborative Committee was provided.

8.1.1.1 Strategic Planning

The Directors discussed the strategic planning model outlined in the briefing note that appeared in the Board package. The actions outlined in the model were supported by the Board and include:

1. CEOs would undertake a review of the environmental scan activities from the previous strategic planning cycle and agree upon a scope for a shared environmental scan.
2. CEOs would prepare a recommendation to WHCC, based upon the Waterloo Wellington Integrated Health Services Plan and the WHCC Vision Statement for collaborative priorities to be addressed in the common section of the strategic plans.
3. A work plan and schedule would be prepared summarizing the timing and workflow of strategic planning activities. This would address the schedule through WHCC and with each Board to ensure that the collaborative discussion can occur in a timely way and on a schedule consistent with each Board's expectations for strategic plan renewal.

8.2 President And Chief Executive Officer Report

In addition to the report from the President and CEO which was included in the Board public package, M. Maxwell advised that management is launching into the 2017-2018 budget planning process.

8.3 Chief Nursing Executive Report

The Board package included a report from the CNE.

8.4 Foundation Report

The Foundation report which was included in the public package. Additionally, T. Bailey commended D. Freeman for her use of social media and strategy for engaging more people in the community to promote P. Viol's ride. The GRH

Volunteer Association will take over the organization of the vendor program from the Foundation, freeing up Foundation staff resources.

9.0 Items for Consent

The items for consent included:

9.1 Board Minutes

9.1.1 Board Minutes of June 28, 2016 Pre-Corporate Meeting

9.1.2 Board Minutes of June 28, 2016 Post-Corporate Meeting

9.2 Bill 210 Advocacy Notes of August 23, 2016

9.3 Capital Planning Activity

The Resources Committee presented a motion to approve direction designed to meet GRH's needs for facility master planning.

9.4 Annual Report on Management of the Pension Plan for Employees of the K-W Hospital Covering the Year 2015

A motion was recommended by the Resources Committee to accept the Annual Report on Management of the KW Pension Plan covering the year 2015.

9.5 Joint GRH and GRHF Board Session

A recommendation was made by the GCEC that the Board accept the proposal for a brand awareness session, an event to be arranged by T. Bailey and A. Walters.

9.6 Board Manual Updates

9.6.1 Process for By-Law Amendment

9.6.2 Board Accountability Statement

9.6.3 Statement of Roles and Responsibilities of the Board

9.6.4 Role Description – Duties and Expectations of a Director

9.6.5 Role Description – Community Members on Board Committees

9.6.6 Board Appointment to the Medical Advisory Committee

Motion:

It was moved by Z. Janecki and seconded by L. Kotseff that the items for consent be approved.

Carried.

10.0 Item for Information

10.1 Committee Items

10.1.1 Medical Advisory Committee Minutes

July and September Medical Advisory Committee public minutes were included in the package.

10.1.2 Quality And Patient Safety Committee

Minutes from the June meeting of QPS were included in the package.

10.1.3 Resources Committee

Included as items for information from the Resources Committee:

10.1.3.1 Minutes

10.1.3.2 Scorecard

10.1.3.3 Financials

9.1.4 Governance And Community Engagement Committee

Items in the public package from GCEC included:

10.1.4.1 Minutes

10.1.4.2 Update On Community And External Health Care Environment

10.1.4.3 Joint Brand and Community Engagement Working Group Minutes

10.2 Board Work Plan

The package contained the work plan for the Board of Directors.

10.3 Board Education Opportunities

The current listing of Board education opportunities was included in the package.

10.4 October Calendar Of Board Events

The Board package contained a calendar of October events.

10.5 GRH Board 2016/17 Meeting Schedule

The 2016/17 GRH Board meeting schedule appeared in the Board package.

11.0 Adjournment

**There being no further business, it was moved by Z. Janecki and seconded by K. Wetteskind that the public meeting be adjourned.
Carried.**

The public meeting adjourned at 5:39 p.m.

Malcolm Maxwell,
Secretary

Geoff Bellew,
Chair