

**Grand River Hospital
Minutes Of A Public Meeting
Of The Board Of Directors
Held On June 27, 2017
In the Freeport Boardroom**

Present:

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

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

Regrets:

B. Vrbanovic

Staff:

T. Bailey
B. Cheal
G. Higgs
M. Karjaluto
T. Mah

J. Martin
J. O'Brien
B. Vollmer
A. Walters
D. Wren

Guest:

None

Recorder: C. Heal

1.0 Call To Order

The meeting was called to order at 3:03 p.m. by Chair, G. Bellew.

1.1 Acceptance of Agenda

The agenda was accepted as amended.

Motion:

It was moved by Z. Janecki and seconded by J. Deganis that the public agenda for the June 27, 2017 Board of Directors meeting be accepted as presented.

Carried.

On behalf of the Board of Directors, G. Bellew expressed appreciation for the dedication and tireless, high quality support provided by former Coordinator of Governance and Corporate Projects, Karen Taylor, and wished her all the best in her future endeavours.

1.2 Declaration Of Conflict Of Interest

None.

1.3 Public Meeting Highlights

1.3.1 Board Chair

All the items on the agenda were forward looking that would guide GRH forward to 2017-18.

1.3.2 President and Chief Executive Officer

None.

2.0 Quality

2.1 Report by the Chair of the Quality and Patient Safety Committee

The committee minutes, scorecard, publicly reported metrics performance report, Waterloo Wellington Local Health Integration Network (WWLHIN) dashboard and QPS Year-end Review, 2016-17 appeared in the meeting package as items for information.

The QPS Committee were bringing forward two motions for Board approval.

A briefing note was included in the package which outlined the performance of the QPS indicators in the year, 2016-17. Eight of the indicators met or exceeded the corresponding targets, 8 approached target and 5 were below target. The results were generally consistent with those for 2015-16.

2.2 Approval of Quality and Patient Safety Plan 2017-19

A briefing note and the Quality Safety Plan 2017-19 were included in the public package.

A discussion of the public communication of the QSP ensued. Staff was directed to develop public communication information regarding the QSP (refer to Item 2.3 below).

Motion:

It was moved by H. Hoediono and seconded by H. Wakeling that the Board of Directors approve the 2017-19 Quality and Patient Safety Plan, with an amendment to the Communication Section to describe the public communication approach of the plan.

Carried.

2.3 Approval of Collaborative Quality Improvement Plan Update

A briefing note regarding the Collaborative QIP (C-QIP) and the government requirements about the CQIP were included in the package.

The C-QIP is a tool developed by Health Quality Ontario. In the KW4 area, which includes Kitchener, Waterloo, Wellesley, Wilmot, and Woolwich, hospice palliative care was identified as the area of focus. At GRH, participation in the C-QIP will begin within the regional renal program.

Further to the discussion on the communication of the QPS Plan, a discussion regarding the communication of the C-QIP ensued. Organizations are required to publicly post the C-QIP. Staff was directed to develop a coordinated public description to describe the approach GRH has taken to manage quality and patient safety. Such communication should draw from the QSP as well as other related initiatives and documents. Staff should also seek coordination with the partners of the C-QIP in terms of communication and timing of public posting. Staff was also encouraged to coordinate the timing of the release of the signed document with the partners.

Motion:

It was moved by H. Hoediono and seconded by L. Kotseff that the Board of Directors approve the participation of GRH in the 2017-18 Collaborative Quality Improvement Plan.

Carried.

2.4 2016-17, Q4 Operating Plan Update

The 2016-17, Q4 Operating Plan Update was included in the package for information.

The Board is provided an update at year end on the annual operation plan and through which management also seeks Board's direction to outstanding items that either should be carried forwarded or removed from the plan. The Q4 Update was reviewed by both the Audit and QPS Committees in June.

Management drew Board's attention to Priority 5 (P. 53) regarding the procurement of the HIS. To draw attention to the increased risk associated with the delay in the procurement process, the schedule status was been moved from the yellow zone to the red zone to indicate the increased risk level.

In addition, management did not proceed with the recruitment of a geriatrician (the 7th bullet point under Priority 3 on P. 70 of the package) as it was determined that such an additional resource was not required. It was clarified that the information on P. 65 under Priority 6 regarding the geriatric population was not related to this decision. Management recommended that this item be removed from the operating plan (Motion in Item 2.5).

Other than the above two exceptions, there was no outstanding item in the 2016-17 Operating Plan.

2.5 2016-17 Operating Plan Disposition

A briefing note summarizing the progress made against the goals established in the 2016-17 Operating Plan and Year End Report were included in the package.

It was pointed out that while it was prudent to draw attention to the delay of the HIS procurement process as it was a significant risk that hospital faced, staff ought to be praised for their diligence throughout the process.

Motion:

It was moved by H. Hoediono and seconded by D. Freeman that the Board of Directors accept the deferral of the activity outlined below which was not achieved in the 2016/17 Operating Plan without carrying this item forward into the 2017/18 Operating Plan. The Board further directs management to bring this item forward for review during the preparation of the 2018/19 Operating Plan.

- **Priority # 3 – Milestone 7 - recruitment of a geriatrician**

Carried.

3.0 Resources

3.1 Report by the Chair of the Resources Committee

The Resources Committee received an excellent review of HBAM at its last meeting. The Chair of the Committee recommended HBAM as an education topic for the board as it forms the fundamental funding structure.

3.2 Hospital Service Accountability Agreement Extension

A briefing note about the local obligations attached to the H-SAA agreement and an appendix containing the proposed local obligations were included in the package.

Management's view was that the deliverables regarding the local obligations as stated in Appendix H of the letter from the WWLHIN were not precise enough. This concern was not unique to GRH. Management would be meeting with the WWLHIN in mid-July to clarify GRH's responsibilities. If sufficient specifics are obtained, Management will provide the Board with the confirmed schedules with agreed upon volume requirements, and seek the Board's authorization for the Board Chair and the CEO to sign the new H-SAA agreement.

Motion:

That the Board of Directors authorize the Chair and the Chief Executive Officer to sign an amending agreement to the 2008-2018 H-SAA with two caveats, confirmation that the final schedules have the same volume requirements as were approved at the February meeting of the Board and approval by the Board of a written report to be submitted by the CEO to clarify the hospital's responsibilities in 2017/18 under Appendix H Local Obligations.

Deferred.

Action: M. Maxwell to seek the Board's approval of the HSAA through a motion, to be communicated electronically, when clarifications about the local obligations are obtained from the WWLHIN.

4.0 Audit

4.1 Report by the Chair of the Audit Committee Report

In addition to the items in the public meeting, additional information would be discussed at the in-camera session.

4.1.1 Broader Public Sector Accountability Act Attestation

A briefing note regarding the Boarder Public Sector Accountability Act (BPSAA) was included in the package.

The Audit Committee reviewed the attestation document and considered the attestation to be appropriate. The Committee was not concerned about the exceptions listed in the Briefing Note (P. 84). The exceptions in the two fiscal years involved different consulting firms.

Motion:

It was moved by J. Schlegel, seconded by P. Hendrikse that the Board of Directors authorizes the Board Chair to sign the BPSAA Attestation that declares to the Board that the hospital attests to:

- **the completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants;**
- **the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;**
- **the Hospital's compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;**

- the Hospital's compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
- the Hospital's compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet,
- the Hospital's compliance with any applicable reporting directives issued under section 13 of the BPSAA by the Management Board of Cabinet, during the Applicable Period.

Carried.

4.1.2 M-SAA Declaration of Compliance Due June 30, 2017

A signing brief and declaration of compliance were included in the package.

Motion:

It was moved by J. Schlegel and seconded by P. Hendrikse that the GRH Board of Directors authorizes the Board Chair, or designate, to sign Schedule G, Form of Compliance Declaration that declares to the Board as follows:

After making inquiries of the appropriate officers of the Health Service Provider (HSP) and subject to any exceptions identified on Schedule G, to the best of the Board's knowledge and belief, the HSP has fulfilled its obligations under the service accountability agreement (the M-SAA) in effect during the Applicable period (April 1, 2016 to March 31, 2017).

Without limiting the generality of the foregoing, the HSP has complied with:

- i) Article 4.8 of the M-SAA concerning applicable procurement practices;**
- ii) The Local Health System Integration Act, 2006; and**
- iii) The Public Sector Compensation Restraint to Protect Public Services Act, 2010.**

Carried.

5.0 Governance And Community Engagement

5.1 Report by the Chair Of The Governance and Community Engagement Committee

The Chair of the Governance and Community Engagement Committee (GCEC) highlighted two key items. The GCEC is reviewing all board committees' terms of reference, the structure of board committees and committee membership to improve the committees' collective efficiency and effectiveness. The GCEC recommended that board committees proceed as planned until recommended modifications are brought forward and approved by the board in the fall.

Management will be conducting the annual legislative compliance review as per Board Policy, 8-10, Legislative Compliance Policy. At its June meeting, the GCEC accepted management's recommendation to adopt the "Updated Legislative and Regulatory Reporting Checklist" prepared by the Ontario Hospital Association (OHA) as the key reference for the review for 2016-17. Management will bring forth a report to GCEC in the fall and then the GCEC will provide it to the Board.

6.0 Health Information System Renewal

6.1 Report by the Chair of the Health Information System Renewal Committee

The associated items would be dealt with during the In-camera session. A joint hospital meeting was held prior to the committee meeting.

Management has been advised by the Ministry of Health that the Ministry believes there is an opportunity to improve the value of clinical information systems by asking the three major vendors in the province to form hospital clusters to develop a business model that would be viable for the vendors while achieving efficiency for hospitals. The Ministry would like GRH to participate in this concept and management is investigating its potential impacts on GRH. Management didn't expect this to affect the current procurement process and that clarification on this was not expected for a quarter or two.

7.0 Other

7.1 Q4 Board Scorecard

The Q4 Board Scorecard was included in the package.

It was pointed out that the HSMR ratio increased; however, it was premature to draw conclusions about it as quarterly variations have occurred historically.

Since the first quarter of 2016-17, in anticipation of a new Health Quality Ontario (HQP) indicator, GRH introduced a new indicator to the Board Scorecard regarding patient experience. Data for this indicator has only been collected since then. The result represents the percentage of respondents who gave a rating of the hospital during their stay "9" or "10" ("10" being the highest rating). Because of the lack of historical data, no target was set for this indicator for 2016-17. While HQO is still developing a metric in this regard, and that HQO has since changed its survey question for 2017-18. Therefore, there would be no provincial comparative against which GRH could compare its result. Despite this, GRH will continue to use and monitor this indicator.

Management further noted that while this indicator provides a relative simple measure of patient satisfaction, GRH also conducts patient experience surveys that provide rich information that guides it in targeting patient care improvements.

7.2 Motion: 2017-19 Strategic Plan

A briefing note regarding the strategic planning process and a slide deck of the refreshed high level contents for the Strategic Plan 2017-19 were included in the package.

Management briefly explained this year's strategic planning process. Starting with a Board retreat, staff drafted the high level contents (mission, vision, values, themes and priorities) taking into account observations from an environmental scan, HIS priorities, the Patient First agenda, and twelve attributes of excellence of care. The Board accepted the high level contents at its May meeting but directed staff to refine them. Staff carried out a consultation process involving staff and leadership, patients and families, and health care partners. The feedback indicated that our vision resonated positively internally and externally. Of note were the high level of interest among other hospitals in the innovation agenda and each hospital consulted was supportive of our neurosciences agenda.

Management thanked for B. Vollmer, Director, Planning and Project Management Office, for synthesizing the consultation results.

Motion:

It was moved by D. Freeman and seconded by S. Hanmer that the Board of Directors approve the refreshed mission, vision, values, themes and priorities as direction to staff for the drafting of the penultimate 2017-2019 Strategic Plan with final review and approval by the Board of Directors in September 2017.

Carried.

8.0 Executive Highlights

8.1 Board Chair Report

By applause, the Board thanked senior leaders for their excellent delivery of the HIS initiative.

As out-going Board Chair, Mr. G. Bellew thanked all board directors for being supportive of him during his chairmanship. In-coming Board Chair, J. Deganis thanked G. Bellew for his nine years of service on the board. She further thanked Mr. Bellew for agreeing to serve on the board as Past Chair to guide the board through its strategic path. She looks forward to Mr. Bellew's continued mentorship as a member of the board and board committees in the next year. Board directors expressed their appreciation for Mr. Bellew's significant contributions to the board by applause.

The Board and the Audit Committee would also like to acknowledge Mr. Kent Rice's contribution as a director from 2012 to 2016 and formerly as Chair of the Audit Committee. Mr. Rice's new work location had made it more difficult for him to be involved, but he continued to serve as a community member on the Audit Committee in the 2016-17. Mr. Rice retired from the Audit Committee in June 2017. Donations were made in June 2016 in recognition of the contribution of Kent Rice and Ross Wells as former directors.

8.2 President and Chief Executive Officer Report

The President and CEO Report was included in the public package

M. Maxwell provided an overview of the helipad being deemed temporarily unusable because a newly erected crane at a downtown construction site had no lights installed on it which raised a safety concern to the Orange helicopters. This pad is jointly leased by SMGH and GRH. For the time being, the Orange helicopters are using the Region of Waterloo Airport. In the long term, a facility plan is needed for the helipad. The various parties involved are working to clarify the requirements for restoring usage of the pad. GRH has to submit a technical report to regain access to the pad. The same story was covered in the media and shared by GRH's Communications Department.

It was further explained that while the pad is important, the extra time involved in using the airport is not typically significant. The cases involved are urgent but not extremely time critical because the stabilization is done at the hospital prior to transfer.

With regard to a national shortage of sodium bi-carbonate, the shortage was compounded by a recall. All possible hospital-level mitigation measures have been taken, including use-reduction measures, sharing supplies among hospitals and sourcing the medication internationally. Dr. Wren further explained its common applications.

Both of the above issues were being actively managed.

B. Collingwood arrived at 4:22.

8.3 Chief Nursing Executive Report

The Chief Nursing Executive Report was included in the package. There was no additional comment.

8.4 Foundation Report

The Foundation report was included in the public package.

T Bailey thanked all board members for their level of engagement in the last couple of months, which had been appreciated by donors. The recent case discussions with the Senior Leadership Team were important.

Jane Martin arrives at 4:25.

M. Maxwell gave an introduction of Jane Martin as the new VP, Cancer, Renal & Diagnostic Services, RVP for CCO. Jane J. Martin led the Medication Safety Plan; guided her staff through a pharmacy renovation; and improved quality of pharmacy services. Prior to this appointment, Ms. Martin was the Joint Director of Pharmacy. Her experience is helpful to her new portfolio. The board welcomed Ms. Martin by applause.

9.0 Items for Consent

9.1 Board Minutes of May 23, 2017

Minutes from the public meeting held in May, 2017 appeared in the meeting package.

9.2 Repeal of Research Policy

At the June 1 meeting of the Governance & Community Engagement Committee meeting, the GCEC approved a recommendation to repeal the Research Policy. The motion and the policy were included in the package.

9.3 Revision of Board Policy 4-A-2– Decision Making Framework

A motion to update the Board Policy 4-A-2, Decision Making Framework were included in the package.

Motion:

It was moved by H. Hoediono and seconded by D. Graham that the items for consent be approved.

Carried.

10.0 Items for Information

The following items for information were included in the package and received:

10.1 Committee Items

10.1.1 Medical Advisory Committee Public Minutes

10.1.2 Quality and Patient Safety Committee

10.1.2.1 Minutes

10.1.2.2 Scorecard

10.1.2.3 WWLHIN Dashboard

10.1.2.4 QPS Year End Review, 2016-17

10.1.3 Resources Committee

10.1.3.1 Minutes

10.1.4 Governance Committee:

10.1.4.1 Minutes

10.1.5 Audit Committee

10.1.5.1 Minutes

10.1.5.2 Office of the Auditor General – Large Community Hospital Operations
Audit

10.2 Board Work Plan 2017-18

10.3 Board Education Opportunities

10.4 July/August Calendar of Board Events

10.5 Board Orientation Update

11.0 Adjournment

**There being no further business, it was moved by J. Deganis and seconded by D. Graham that the public meeting be adjourned.
Carried.**

The public meeting adjourned at 4:30 p.m.

Malcolm Maxwell,
Secretary

G. Bellew,
Chair