

**Grand River Hospital
Minutes Of A Public Meeting
Of The Board Of Directors
Held On March 28, 2017
In the Freeport Boardroom**

Present:

G. Bellew
D. Bennett
B. Collingwood
J. Deganis
D. Graham
S. Hanmer
(via teleconference)
H. Hoediono

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

Regrets:

D. Freeman
P. Hendrikse
G. Sarkaria
B. Vrbanovic

Staff:

Bailey, T.
Cheal, B.
Higgs, G.
Karjaluocto, M.

Mah, T.
O'Brien, J.
Robertson, S.
Wren, D.

Guest:

Dr. Danielle Leddy

Recording Secretary: J. Eggleton

1.0 Call To Order

The meeting was called to order at 4:00 p.m. by Chair, G. Bellew.

1.1 Acceptance Of Agenda

The agenda was accepted as presented.

Motion:

It was moved by H. Hoediono and seconded by H. Wakeling that the public agenda for the March 28, 2017 Board of Directors meeting be accepted as presented.

Carried.

1.2 Declaration Of Conflict Of Interest

None.

1.3 Public Meeting Highlights

1.3.1 Board Chair

A welcome was extended to Dr. Danielle Leddy, Joint Chief Medical Information Officer. Dr. Leddy was invited to present an update on the Common System Implementation project.

It was noted that there is a vacancy in the position of Governance Coordinator. A welcome was extended to Jill Eggleton, who will be serving as Interim Governance Coordinator until the recruitment of a

permanent replacement.

1.3.2 President and Chief Executive Officer

A key discussion will consider the health information system. The majority of this discussion will occur during the in-camera meeting.

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 and Waterloo Wellington Local Health Integration Network (WWLHIN) dashboard appeared in the meeting package as items for information.

2.2 Motion: Quality Improvement Plan

To meet legislative requirements outlined in the *Excellent Care for All Act*, management prepared the 2017/18 Quality Improvement Plan (QIP) for the Board's review and consideration.

The QIP outlines Grand River Hospital's (GRH) annual commitment to quality focused initiatives, which are aligned with provincial priorities. The QIP includes priority indicators by Health Quality Ontario, which allows for province-wide comparisons.

The QIP was approved by the Quality and Patient Safety Committee at its meeting on March 8, 2017. At the request of the Quality and Patient Safety Committee, the Compensation and Executive Resources Committee reviewed and endorsed the performance based compensation section of the QIP at their meeting on March 20, 2017.

Motion:

**It was moved by H. Hoediono and seconded by D. Bennett that the Board of Directors approve the 2017/18 Quality Improvement Plan.
Carried.**

3.0 Resources

3.1 Report by the Chair of the Resources Committee

A report from the Chair of Resources Committee was included in the Board package. In addition, Resources Committee minutes appeared in the package as items for information.

4.0 Audit

4.1 Report on behalf of the Chair of the Audit Committee Report

Nothing to report. It was noted that Audit Committee has not met since the last Board meeting. The next meeting is scheduled for April 20, 2017.

5.0 Governance And Community Engagement

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

Nothing to report. It was noted that Governance and Community Engagement Committee has not met since the last Board meeting. The next meeting is scheduled for April 6, 2017.

J. Schlegel arrived at 4:25pm

6.0 Health Information System Renewal

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

The Health Information System Renewal Committee met on March 22, 2017. Board members were advised that procurement due diligence was still underway and for this reason this matter will continue to be dealt with through the in camera Board meeting session. Staff and

management involved in the Health Information System project were thanked for all their hard work and their commitment to the project.

6.2 Presentation: Improving Quality, Safety and Value of Inpatient Care with Advanced Electronic Systems

Dr. Leddy provided a presentation on improving quality, safety and value of inpatient care with advanced electronic systems. Copies of the presentation were distributed at the meeting. During the presentation Dr. Leddy highlighted:

- Areas of concern that can be addressed through advanced electronic systems
- The eight stages of the Canadian Electronic Medical Record Adoption Model (EMRAM)
- Components of an advanced electronic system
- Success factors for decision support systems
- A literature review of Computerized Provider Order Entry (CPOE) system implementation (i.e. outcomes, barriers and benefits)
- The use of a Health Information System as a foundation for quality improvement
- The identification and management of risks when adopting a new Health Information System
- Change management framework
- Key success factors for a new Health Information System

When reviewing the eight stages of EMRAM, it was noted that GRH is currently at stage 3 and would like to move to stages 4 or 5. At this time, approximately 90% of Canadian hospitals are at stage three, but many hospitals and province-wide health systems are working towards moving up to a higher stage. The biggest challenge in getting beyond stage three for many hospitals is lack of funding and infrastructure.

When it comes to reducing user error, GRH will be working with the vendor to develop indicators that will show whether the new system is resulting in less user errors.

It was noted that the implementation of a new HIS will be scheduled at different times for the various departments, it will not be an organization-wide rollout. Some departments will go through implementation with other departments, while some departments will be implementing their rollout on their own. The

implementation for the organization will take place over a period of time. In order to successfully manage the rollout, staff will be reviewing lessons learned from other organizations who have gone through this process, they will be managing resistance, developing a change management framework and recruiting champions for each department.

When developing the workflows for the new system, quality improvement consultants will be shadowing healthcare providers to get a solid understanding of how they work in their departments.

As milestones are met during the project by the departments and the organization, there will be opportunities to recognize and celebrate these accomplishments.

Physician autonomy will need to be considered as order sets are developed and implemented. When you have an effective order set, it will work for most patients the majority of the time. There will be times when a physician will use their clinical discretion to deviate from the order set. We will need to strike the right balance between compliance to the order sets and physician autonomy.

7.0 Other

7.1 Q3 Board Scorecard

The Board package contained the Board scorecard as at December 31, 2016. Attention was brought to indicator 1.3 which shows the Emergency Department length of stay for patients waiting for an inpatient bed. This target was not met which is reflective of GRH's high occupancy rate during this period. This indicator is not due to a performance issue in the Emergency Department, but due to lack of available inpatient beds primarily due to a high number of beds occupied by alternate level of care (ALC) patients.

8.0 Executive Highlights

8.1 Board Chair Report

J. Deganis arrived at 5:07pm.

On March 21, 2017, G. Bellew attended the Ontario Hospital Association's session on the implementation plan for the *Patients First Act, 2016*. Speakers included Dr. Bob Bell, Deputy Minister of Health and Long-Term Care, Nancy Naylor, Associate Deputy Minister, Delivery and Implementation, Ministry of Health and Long-Term Care and Susan Fitzpatrick, Chief Executive Officer, Toronto Central LHIN. As discussed at the session, this bill expands the role of Ontario's Local Health Integration Networks (LHIN) to include home and community care and the authority to manage and monitor primary care directly. The legislation also fosters a closer relationship between the LHINs and public health. The implementation of this bill is on schedule, with some LHINs farther along in the implementation than others. Toronto Central LHIN has divided its jurisdiction into 74 neighbourhoods and are conducting an assessment of each of the neighbourhoods to determine how demographics may affect health care needs and priorities. G. Bellew has contacted the Waterloo Wellington LHIN to inquire where they are in the implementation of this legislation and how best for

GRH to learn about WWHLIN's implementation plan and adapt to where our WWHLIN sees the priorities and the collaborative support GRH could provide in support of this Patient's First Act.. Additional information from this session will be forwarded to the Board members.

Action: J. Eggleton to forward material to Board members from Ontario Hospital Association session on the *Patients First Act*.

A meeting of the Waterloo Hospitals Collaborative Committee took place on March 21, 2017. The minutes of that meeting will be provided at the next Board meeting. All three hospitals (i.e. Grand River, St. Mary's General and Cambridge Memorial) are currently working on refreshing their strategic plans. As the hospitals approve their plans, they will share their plans with the other hospitals. All three hospitals are working on meeting the new executive compensation requirements by the September 5, 2017 deadline.

A meeting of the Compensation and Executive Resources Committee took place on March 20, 2017. The minutes of that meeting will be provided at the next Board meeting. Over the next several months a significant amount of work will need to be conducted by the Compensation and Executive Resources Committee. Much of this work is related to changes to executive compensation which must be implemented by September 5, 2017, as per the Executive Compensation Framework regulation established under the *Broader Public Sector Executive Compensation Act, 2014*. As a result, the Committee is expected to meet several times between now and September. The need to meet the September 5, 2017 deadline will likely require a special Board meeting in the Summer, as the Committee does not expect to be able to complete all the required work before the June Board meeting. It was noted that GRH has retained a compensation consultant who will assist with some of this work.

8.2 President and Chief Executive Officer Report

The Board package included a report from the President and Chief Executive Officer. M. Maxwell highlighted the new Waterloo Wellington LHIN organizational structure which supports the implementation of the *Patients First Act*. This includes a Vice President structure with six portfolios. Five of the six Vice President roles have been filled. The Waterloo Wellington LHIN is currently recruiting for the Vice President, Clinical role.

8.3 Chief Nursing Executive Report

The Board package included a report from the Chief Nursing Executive.

With the recent increase in volumes of patients presenting in the Emergency Department and a high number of beds occupied by ALC patients, we did have to open up 16 overflow beds. As our volumes have stabilized and a number of ALC patients have been discharged, we expect to be able to close all the overflow beds by March 31, 2017.

Earlier this month, the Ontario College of Pharmacists conducted an inspection at GRH. The inspection went well and the comments provided by the inspectors at the debriefing were very positive. The inspectors highlighted the pharmacy staff's commitment to patient safety and encouraged staff to continue to make that a focus.

The Meds to Beds program at GRH has been very well received by patients. This program has in-house pharmacy staff deliver discharge prescriptions to patients prior to leaving the hospital. At this point only a small percentage of patients can access this service. GRH is looking at expanding this service to a larger population of its patients.

In order to better facilitate the discharges of ALC patients, GRH is working with the Community Care Access Centre (CCAC) to address barriers. This includes working to improve the communication between GRH and CCAC staff.

It was noted that the national shortage of the chemotherapy agent, 5 Flurouracil has been resolved.

8.4 Foundation Report

The Foundation report was included in the public package.

The GRH Foundation Board of Directors approved its 2017/18 business plan. If Board members are interested in obtaining a copy of the plan, they are to contact T. Bailey.

The Foundation has committed to support the hospital with \$11.3M in cash and pledges for 2017/18.

As the Foundation is preparing for its upcoming campaign, they have recruited five new staff members. With the five new hires, new board members, volunteers and physician champions, the Foundation will be onboarding 20 new people to the organization.

The Grand Ride is set of September 9, 2017. At this time, 12 riders from the University of Waterloo will be participating as well as 8-10 riders from the GRH community.

9.0 Items for Consent

The items for consent included:

9.1 Board Minutes of February 28, 2017

Minutes from the public meeting held in February appeared in the meeting package.

Motion:

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

Carried.

10.0 Items for Information

10.1 Committee Items

10.1.1 Medical Advisory Committee Minutes

Medical Advisory Committee public minutes were included in the package.

10.1.2 Quality And Patient Safety Committee

QPS items included in the package:

10.1.2.1 QPS Minutes

10.1.2.2 Publicly Reported Metrics

10.1.2.3 Scorecard

10.1.2.4 WWLHIN Dashboard

10.1.3 Resources Committee Minutes

Resources Committee public minutes were included in the package.

10.2 Board Work Plan

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

10.3 Board Education Opportunities

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

10.4 March Calendar Of Board Events

The Board package contained a calendar of events for March.

10.5 GRH Board 2016/17 Meeting Schedule

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

11.0 Adjournment

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

The public meeting adjourned at 5:20 p.m.

Malcolm Maxwell,
Secretary

Geoff Bellew,
Chair