

**Grand River Hospital
Minutes of a Public Meeting
of The Board of Directors
Held on January 23, 2018
Freeport Boardroom**

Present:

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

L. Kotseff
J. Linton
M. Maxwell
J. McMurray
P. Potts
J. Schlegel
S. Spracklin
H. Wakeling
K. Wetteskind

Regrets:

P. Chiasson
B. Vrbanovic

Staff:

T. Bailey
S. Brundl
B. Cheal
C. Easton
C. Heal
M. Karjaluo

K. Lavoie
Y. Lee
T. Mah
J. Martin
J. O'Brien
D. Wren

Guest: none

Recorder: C. Heal

1.0 Call To Order

The meeting was called to order at 4:07 p.m. by Chair, J Deganis.

S Spracklin participated by tele-conference.

1.1 Acceptance of Agenda

Motion:

It was moved by H Hoediono and seconded by G Bellew that the public agenda for the January 23, 2018 Board of Directors meeting be accepted.

Carried.

1.2 Declaration Of Conflict Of Interest

None.

1.3 Public Meeting Highlights

1.3.1 Board Chair

The Board of Directors is sad that M Maxwell will be departing GRH to start his retirement. While the Board would have liked him to continue to lead GRH, it also respects his decision to retire. The planning for this transition will be discussed further during the in-camera session.

The Chair and M Maxwell will be meeting with the WWLHIN the following week.

1.3.2 President and Chief Executive Officer

Barry Cheal, VP, Corporate Services and CFO, has also announced his retirement and more information about this will be shared later.

J Linton will provide more information on the situation around ALC beds. Management continues to develop the budget with available information on the expense side while information on the revenue side is expected remain uncertain for several months into the new fiscal year.

2.0 Quality

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

There was an informative discussion at the last QPS meeting regarding infection control and the discussion helped to dispel myths about flu shots. H Hoediono encouraged board members to take the flu shot as a way to motivate staff to do the same. H Hoediono enquired if another flu shot clinic could be set up for board and committee members at one of the subsequent meetings. The Committee is looking forward to the new tools and data that the new HIS will provide in this area.

Action: Staff to try to arrange for a flu shot clinic either at the Feb 14th QPS meeting or the Feb 28th Board meeting.

3.0 Resources

3.1 Report by the Chair of the Resources Committee

D Graham introduced Stephanie Brundl to present results of the 2017 Employee and Physician Engagement survey.

3.2 Summary of Employee Engagement Survey Results

S. Brundl explained that the Employee and Physician Engagement Survey is conducted once every two years. Both the response rate and the grand averages (the scores) were the highest in GRH's history. Participation among physicians was very high and the responses were positive, thanks to the help of Dr Potts and Dr. Wren in encouraging physician participation. Satisfaction drivers are divided into three main areas - jobs, work area and organization. The top-ranking and bottom ranking issues remain more or less the same.

GRH's results were compared to the averages of 60 other hospitals', GRH outperformed the averages in more than half of the indicators. Using the survey results, management identified two vital priorities - health and wellness, and recognition and reward. A briefing note and the summary of the results circulated prior to the meeting provide more details. The following points were raised:

- "Organization: resources and supplies" usually refers to human resources.
- Compared to the hospital averages, GRH tends to have more items under the "organization" category near the bottom.
- Physicians ranked a number of the items under the "organization" category lowest.

S. Brundl will explore the above tendencies further.

It was pointed out that the feedback to the open-ended questions was positive and was indicative of a healthy culture.

All the data has been disseminated to relevant departments and HR has been working with them to identify improvements. For example, to help staff get ready for

PRISM, a one-on-one computer course was offered to those who could benefit from some basic training. The hiring of transformation specialists to help implement PRISM was another application of survey results.

It was raised that the numbers for some items in red in Appendix 7, e.g., communications about future plans, appear material. An observation was shared that physicians would like to see the planning for health care done at a city-wide level. It was recognized that more discussions with physicians would be beneficial.

The Board would like to see the relationship between employee satisfaction and quality patient care.

PRISM will provide some quality metrics at a high level.

Action: S, Brundl will provide clarifications on the specific departments that require attention (the ones that are red in the colour coded results), strategies to tackle the relevant issues, and how they have changed compared to hospital averages over the past years.

The Board thanked S Brundl and staff for their good work on the survey, and for Dr Potts and Dr Wren for encouraging physicians to participate in the survey.

4.0 Audit

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

J Schlegel highlighted that the Committee has extended GRH's contract with the auditor for two more years, subject to pricing.

5.0 Governance and Community Engagement

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

See items below.

5.2 Update on Nomination Process

S Hanmer reported that the recruitment advertisements have been placed in various media. Staff has started to receive enquiries about this year's recruitment. K Wetteskind, Chair of the Nominations Sub-Committee, will provide regular updates at future meetings.

5.3 Board and Committee Survey Results

S Hanmer would like each committee to review their respective survey results and consider their needs for various skills in the coming years. The Governance and Community Engagement Committee recommend developing a separate survey for committee members focusing on areas with which they are familiar.

One of the concerns raised through the survey was time management at meetings. This topic will be discussed further at the February meeting with a devoted agenda item and pre-circulated questions.

Action: S Hanmer and C Heal to develop and distribute questions to the Board on time management, engagement and effectiveness at meetings.

5.4 Board Information Management Portal

Upon the direction of the GCEC, staff has been investigating options of board portal software with a goal to bring a recommendation to the Board in March and to

introduce a new system in April. Board members are encouraged to participate in demos.

Issues raised included poor Intranet access at meeting rooms, difficulties accessing Citrix, security (encryption of data), off line access and inconsistent delivery methods among committees.

D Freeman expressed some concerns and interest in being a part of the testing committee.

6.0 Health Information System Renewal

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

J Deganis reported that all vendor contracts have been signed. G Higgs has accepted the position of Vice President and Chief Information Officer with St Mary's General Hospital. Young Lee will manage G Higgs's previously responsibilities at GRH.

K Wetteskind will take over as the HIS Committee Chair once she completes her work with the Nominations Sub-Committee.

The draft Joint HIS Terms of Reference is expected to be brought forward for review and approval first by GRH's Governance and Community Engagement Committee, followed by both boards.

7.0 Executive Committee

7.1 Report by the Chair of the Executive Committee

There is no public item to report.

5:00 p.m.

8.0 Other

None

9.0 Executive Highlights

9.1 Board Chair Report

The Board Chair thanked B Cheal for all his significant contributions.

9.2 President and Chief Executive Officer Report

M Maxwell highlighted GRH's HSMR result of 75. This is a good indication of high quality of care at GRH. Both SMGH and GRH are performing well in quality of care.

B Cheal has announced his retirement, effective end of March. M Maxwell shared that B Cheal is one of the finest CFOs in the country. Arrangements are being made to have an interim CFO in place during the recruitment period. A recruitment firm will be engaged. As more information becomes available, the timing of recruitment relative to the CEO recruitment will be determined.

9.3 Chief Nursing Executive Report

The CNE Report was distributed prior to the meeting. J Linton provided an overview of the newly implemented geographical rounding system in which one physician will be responsible for a geographically defined unit to assume most responsible physician status of the patients. This model is used by academic hospitals. On one hand, it has the potential to achieve a number of goals. On the other hand, it brings changes and challenges that will need to be addressed as the system matures.

Management will closely monitor the impacts of the system and the related indicators, and fine-tune it accordingly. Management will update the QPS Committee on its progress.

GRH received a letter from WWLHIN confirming funding for additional ALC beds until March 31. The team at Freeport, where the additional ALC beds are located, has been working hard to facilitate discharge of patients who could be more suitably cared for in a homecare setting. Many hospitals have been faced with high ALC occupancy and this situation is expected to reoccur next year. GRH is taking various measures such as geographic rounding to best manage its ALC rates. We hope to get an update from the LHIN in mid-March about the future of funding for these ALC beds.

9.4 Foundation Report

A report from the GRH Foundation was distributed prior to the meeting. There will be a detailed PRISM campaign update at the February Board meeting.

10.0 Items for Consent

It was moved by G Bellew, and seconded by L Kotseff that the following motions be approved.

Carried.

10.1 Board Minutes of December 19, 2017

That the Board of Directors accept the minutes for the public meeting held December 19, 2017 as circulated.

10.2 Appointment of Chair of Tri-Hospital Research Ethics Board

That the GRH Board of Directors approve the renewal of Dr. Michael Coughlin to the position of Chair for the Tri-Hospital Research Ethics Board for a continued three-year term effective December 1, 2017.

11.0 Items for Information

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

11.1 Committee Items

11.1.1 Medical Advisory Committee Public Minutes

11.1.2 Resources Committee

11.1.2.1 Minutes

11.1.3 Governance Committee

11.1.3.1 Minutes

11.1.4 QPS Committee

11.1.4.1 Minutes

11.1.4.2a WWLHIN Scorecard BN

11.1.4.2b WWLHIN Scorecard

11.1.4.3 Publicly Reported Metrics Performance Q2

11.1.5 Audit Committee

11.1.5.1 Minutes

11.2 Calendar of Board and Board Committee Meetings

11.3 Board Education Opportunities

11.4 Board Scorecard

12.0 Adjournment

There being no further business, it was moved by H Hoediono and seconded by B Collingwood that the public meeting be adjourned.

Carried.

The public meeting adjourned at 5:23 p.m.

M. Maxwell,
Secretary

J. Deganis,
Chair