

**Grand River Hospital
Draft Minutes of a Public Meeting
of The Board of Directors
Held on March 27, 2018
Freeport Boardroom**

Present:

G. Bellew
D. Bennett
J. Deganis
K. Galloway-Sealock
D. Graham
S. Hanmer
P. Hendrikse
L. Kotseff

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

Regrets:

B. Collingwood
D. Freeman
B. Hanna
H. Hoediono
B. Vrbanovic

Staff:

T. Bailey
B. Cheal
C. Easton
R. Fernando
C. Heal
M. Karjaluo

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

Guest:

None

Recorder: C. Heal

1.0 Call To Order

The meeting was called to order at 4:05 p.m. by Chair, J Deganis.

1.1 Acceptance of Agenda

MOTION:	That the public agenda for the March 27, 2018 Board of Directors meeting be accepted as distributed
MOVED BY:	K Wetteskind
SECONDED BY:	H Wakeling
CARRIED	

1.2 Declaration Of Conflict Of Interest

None.

1.3 Public Meeting Highlights

1.3.1 Board Chair

The Chair welcomed Ralph Fernando, Interim VP, Finance/CFO.

1.3.2 President and Chief Executive Officer

M. Maxwell also welcomed Ralph Fernando. Mr. Fernando brings extensive health leadership experience. Among other qualification, Mr. Fernando oversaw a similar portfolio at Toronto East General Hospital (now Michael Garron).

2.0 Quality

2.1 Report on Behalf of the Chair of the Quality and Patient Safety Committee

S Hanmer reported that the Committee had informative discussions with the physicians and program staff at the March meeting. The committee also reviewed the Quality Improvement Plan.

2.2 Quality Improvement Plan 2018-19

No questions were raised. J Deganis commended staff for the clear layout of the Quality Improvement Plan.

MOTION:	That the Quality and Patient Safety Committee recommends to the Board of Directors approval of the 2018/19 Quality Improvement Plan (QIP).
MOVED BY:	S Hanmer
SECONDED BY:	H Wakeling
CARRIED	

3.0 Resources

3.1 Report by the Chair of the Resources Committee

D Graham reported that the Committee has reviewed the January Financial Statements. The deficit improved in January.

G Bellew arrived at 4:10 p.m.

3.2 Operating Plan, 2018-2019, and

3.3 Approval of Operating Budget, 2018-2019

A slide deck of the operating plan and operating budget was circulated prior to the meeting. The plan has been reviewed by Resources Committee.

The Operating Budget is based on an expected increase in funding of 2.5% and no reduction in service levels. More precise information, including confirmation of continuing funding for the additional ALC beds, is expected in the coming weeks. The budget was developed with the assumption that the additional ALC beds would continue to be funded.

Clarifications on staffing arrangements, bed plans, surgery volume and wait time for hips and knees in relation to budgeting were provided. This year, the service level has been budgeted to be consistent with funding.

Matching capacity with staffing is a constant balancing act. J Linton added that GRH is not short-staffed in the areas that need it the most.

Motion for 3.2 and 3.3 are grouped into a single motion

MOTION:	That the Board of Directors approve the 2018/19 Operating Budget.
MOVED BY:	D Graham
SECONDED BY:	S Hanmer
CARRIED	

3.4 Approval of Capital Plan, 2018-2019

MOTION:	That the GRH Board of Directors approve \$2,696,272 in MOHLTC funded capital expenditures; and \$11,161,433 of unfunded capital expenditures in 2018/19 and \$3,312,868 of Phase I 2019/20 unfunded capital expenditures as described in the attached briefing note.
MOVED BY:	D Graham
SECONDED BY:	H Wakeling
CARRIED	

The Committee Chair explained there are two components in the capital plan, a component funded by the Ministry and the rest expected to be funded by the Foundation and other means. This year's plan also includes capital items for Phase 1 of 2019/20 because the process needs to be started earlier than yearly planning allows. In order to see how it will unfold, due to the capital needs and HOOPP, staff provided a 5-year forecast. The forecast shows dipping into the line of credit, before resuming regular cash balance by next year.

G Bellew asked about increase in cost for Therapy Pool. M Maxwell explained consultants were brought in to estimate the cost at \$2 million, this was more than the hospital could afford, so it was put back to the consultants, and also changed consulting firms. The next estimates came in a \$3 million, but were told it could be worse. The hospital was also asked to expedite the pain clinic at Freeport campus. It was also decided that the pool would be constructed in a new location. T Bailey added that the Foundation is involved in the Therapy Pool project, so does have to work to go back to the donors that wanted to donate to this project to see if they are ok to have their donation go elsewhere, but that other donations may be held till the project is completed.

K Galloway-Sealock asked about the contingency planning, if it needs to be that much. M Maxwell explained there are many things that could come up, i.e. medical imaging equipment that would need to be replaced urgently if the need arose. The amount is also based on experience, and the forward look to expected contingency plans. It was also explained that there would be no borrowing to have this money unless it was needed.

L Kotseff asked about the equipment estimates, if they meet the annual needs to provide quality care. M Maxwell explained that not all equipment is clinical, i.e. laptops, which complicates this question. If we carry through with the capital plan as set out, we will be okay with the capital equipment. MRI replacement needed in the future. PRISM is a big commitment that ties us up for a few years. J Linton added that this is a hard list to put together, have to ask staff how necessary equipment replacement needs are.

4.0 Audit

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

None

5.0 Governance and Community Engagement

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

GCEC meets on April 5th

5.2 Update on Nomination Process

Updated from K Wetteskind on Nominations, Special Director posting elicited a good number of applications, the committee has met and selected some for interview. Update will come to the Board once the committee has recommendations

6.0 Health Information System Renewal

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

K Wetteskind feels the committee is settling into solid work, a transition occurring now as McKesson is phased out. Other updates to come during the in-camera.

P Hendrikse asked if staff is prepared for the transition. Y Lee added that this shouldn't mean any change for staff when it comes to service.

7.0 Executive Committee

7.1 Report by the Chair of the Executive Committee

None

8.0 Executive Highlights

8.1 Board Chair Report

None

8.2 President and Chief Executive Officer Report

Report was distributed prior to the meeting. There has been reflection on speed of issue response at Freeport Campus vs KW Campus. J Linton and J O'Brien have been working with Freeport to solve this. A committee was formed to address this, three months in now and there is evidence of positive change, helping senior team know what is happening on both sites as well.

D Bennett asked about the necessity of adding parking spots at Freeport. M Maxwell responded that the need is dire, and will become more so as Kaufman is expected to come down, with some staff, including PRISM shifting to Freeport. Staff are looking at options on the property for placing these spots, but in the meantime there are some spots that will be leased across the road.

8.3 Chief Nursing Executive Report

J Linton, only update to the report is to do the VRE outbreaks, one rectified yesterday but these are happening more. J Linton has been touring and working with infection control and managers, some new practices have been brought in that may be rolled out further across the hospital.

March 17th was handled well by staff, first patient was received at 10:30am. Staff did a great job, police were on-site, which was helpful. There were only three serious patients, but 42 in total.

Capacity is still up, ALC need is back to the top, working well with the LHIN to rectify this, but it is still an issue.

D Bennett asked if there is a document retention policy, especially for privacy reasons. K Lavoie confirmed that patient records must be kept for 33 years, according to policy, other items must be kept for the lifetime of the hospital.

8.4 Foundation Report

The Foundation Board meets tomorrow, more information will come after that. Rotary Dream Home lottery has been launched, tickets available online, including 50/50 option for this year.

\$270,000 shy on the annual goal, this is thought to be tied to holding off some spending to wait for beginning of campaign and launching all of that. PRISM campaign is well underway, but some recruitment is ongoing to get the right people to be ambassadors.

MRI campaign reached \$1 million mark.

T Bailey will be distributing a list of upcoming events the Board may be interested, including Run 4 Women with Shoppers Drug Mart, Mindful Mornings (May 8th), Legacy and Loyalty Reception (May 30th), Janet Lynn's Bistro Mix and Mingle (May 30th), Grand Golf, etc.

9.0 Items for Consent

9.1 Board Minutes of February 27, 2018

MOTION:	That the Board of Directors accept the minutes for the public meeting held February 27, 2018 as circulated.
MOVED BY:	S Hanmer
SECONDED BY:	L Kotseff
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 Resources Committee

10.1.2.1 Financial Management Report, January 31, 2018

10.1.3 QPS Committee

10.1.3.1 WWLHIN Scorecard

10.2 Calendar of Board and Board Committee Meetings

10.3 Board Education Opportunities

J Deganis presented B Cheal with token of appreciation for his service to Grand River Hospital and its Board of Directors.

B Cheal thanked the Board and said he will be remaining in the community. 42 year career, 16 of which has been with Malcolm, and many in healthcare, it's been very rewarding work.

11.0 Adjournment

MOTION:	That the meeting adjourn at 5:05 p.m.
MOVED BY:	K Wetteskind
SECONDED BY:	H Wakeling
CARRIED	

M. Maxwell,
Secretary

J. Deganis,
Chair