

**Grand River Hospital
Minutes Of A Public Meeting
Of The Board Of Directors
Held On February 26, 2019
In The Freeport Boardroom**

Present:

Debbie Chapman	Judy Linton
Janice Deganis	Josephine McMurray
Ron Gagnon	Gary Pooley
David Graham	Peter Potts
Rob Hall	Sue Robertson
Sandra Hanmer	James Schlegel
Harry Hoediono	Stephen Spracklin*
Larry Kotseff	Karen Wetteskind

Regrets:

Dave Bennett
Jim Erb
Diane Freeman
Paul Hendrikse
Brian Hanna
Heather Wakeling

Staff:

Jennifer Condick	Jane Martin
Cassandra Easton	Doug Murray
Catherine Heal	Stephen Swatridge
Kathleen Lavoie	Jennifer O'Brien
Young Lee	Denise Wren
Tina Mah	

Guest:

Nicole Lampa, CTV

Recorder: Cassandra Easton

*Participated via teleconference

1.0 Call to Order

The public meeting was called to order at 4:00 p.m. by Janice Deganis.

Nicole Lampa from CTV Kitchener was welcomed to the meeting by Janice Deganis.

1.1. Acceptance of Agenda

MOTION:	That the public agenda for the February 26, 2019 Board of Directors meeting be accepted.
MOVED BY:	Harry Hoediono
SECONDED BY:	Sandra Hanmer
CARRIED	

1.2 Executive Summary

An Executive Summary of the meeting was included in the meeting package.

1.3 Declaration of Conflict of Interest

None

2.0 Items for Discussion and Decision

2.1 Operating Plan / ERMA Q3 Update

The Q3 Operating Plan Status Update and Risk Assessment Report were included in the meeting package. Ron Gagnon presented the report and summary and explained that the data is focused on results reporting and addressing key risks. Operating Plan updates have been sent to the relevant committees as well as the Board.

Quality Based Procedure volumes are low right now but are expected to be on track at year end. Patient safety culture is being addressed as part of this year's accreditation process.

Emergency Department wait times and their link to numbers of family doctors in the community were discussed. The shortage of family doctors available outside of regular business hours could cause patients to end up in the ED. The bad weather this winter has also caused doctor's offices to be closed on days when they would have normally been open to patients.

The hospital's MRI request has been submitted to the LHIN and we are awaiting a response. In the meantime, staff are looking more seriously into the contingency plan. Some money has been raised for that project.

2.2 Integrated Planning and 2019/20 Priorities

A briefing note outlining the 2019/20 Integrated Plan and Emerging Priorities was included in the meeting package. Young Lee presented the report and informed the Board that they are going about this process differently than in the past, especially in regards to the time horizon of three years. Patient care is the main focus of the plan, with fiscal responsibility, and support for our staff and physicians being priorities as well.

The process to create this document also provided broader learning in what is happening across the organization. Management was very impressed with the ideas and creativity that came forward from the staff. Included in the discussions were ideas about how to collaborate with some of our local healthcare partners.

The list included in the package includes all of the possible priority options. It is difficult to say if anything could be removed. Some of the items will be multi-year; meaning their year one progress is not the end point. The priorities capture everything that has been discussed by the Board.

The Board would like to see the plan with the priorities and measurements but not the specific operational steps. Staff were thanked for the report and their continued work.

2.3 Quality Improvement Plan Indicator Recommendations

Quality Improvement Plan (QIP) Indicator recommendations and Quality Patient Safety Plan update were included in the meeting package. Young Lee presented the item, which is supported by the Quality and Patient Safety Committee. The QIP is a requirement to Health Quality Ontario, but as we move forward with our integrated planning, we need to ensure the QIP indicators align with our other goals. Two of the indicators are mandatory; the rest are areas we chose to monitor and focus our improvement efforts on. Many indicators not included in this plan are still being monitored by management. Some key quality indicators will be included in the Balanced Scorecard.

MOTION:	That the GRH Board of Directors approve the Quality Improvement Plan Indicators recommended in Table 1 of the Quality Improvement Plan Indicator Recommendation Briefing Note that was included in the
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	meeting package.
MOVED BY:	Josephine McMurray
SECONDED BY:	Larry Kotseff
CARRIED	

2.4 Draft Balanced Scorecard Indicators

A draft of a new balanced scorecard for the Board was included in the meeting package. Young Lee presented the draft to the Board and asked for feedback.

Under patient safety, falls were discussed. Reporting and tracking falls are important, but we should focus on falls that cause harm.

In regards to the cost per weighed case under the Resource Stewardship section, it was explained that we are funded based on what it is expected to cost for a given case so then are measured to that. This is only a piece of our admissions; many come through ambulatory care, etc. We are continuing to look at how we measure this area. The hospital monitors our data as they affect funding. We as an organization do have case costing in place. Our goal is to be below the expected case cost, which is a number that is provided by the Ministry based on an average across the province.

We will be comparing our results with those of our peers on an annual basis. Doing this comparison more regularly will not be helpful.

There was discussion surrounding the strategic plan and the operating plan and the scorecard and how they link in together, especially in terms of aligned planning. These will all be connected. The Balanced Scorecard is designed to show the general well-being of the hospital, and not a progress monitoring tool for the Strategic Plan. But there should be a commonality of language among the documents.

The Board appreciated the inclusion of the partnerships section, but would like to see how partnership outcomes can be more meaningfully defined. We can also measure annually success on set priorities in the future. A goal could be set on the number of partnerships.

Other suggestions were to add more indicator(s) to the financial section, e.g., working capital; include an innovation section; and include a section on people engagement (physicians, patients, family, staff, etc.).

It was decided that governance will not be measured in this document as that will be done as a part of accreditation and the upcoming work with the governance adviser.

5:06 p.m.

3.0 Reports

3.1 Board Chair

None

3.2 President and CEO

The President and CEO's report was included in the meeting package. Ron Gagnon highlighted the opening of the Pain Management Centre last week, the successful site accreditation visit our pharmacy team recently had with their governing body, and the announcement made today by the Minister of Health Long Term Care about the upcoming changes to our healthcare system.

The key items in the announcement from the Ministry of Health and Long Term Care were the establishment of Ontario Health, a new act and that the Ministry encourages establishment of Ontario Health Teams. Ontario Health will consolidate several agencies, including Health Quality Ontario, Cancer Care Ontario, the LHINs and others. The hospital is awaiting information on potential next steps.

3.3 Chief Nursing Executive

The Chief Nursing Executive's report was included in the meeting package. It was added that RNAO Best Practices work is being factored in during the work on PRISM to ensure quality care of patients.

3.4 Resources Committee and Pension Sub-Committee

None

3.5 Audit Committee

None

3.6 Quality and Patient Safety Committee

Committee Chair Harry Hoediono reported to the Board that at the previous QPS meeting, the Complex and Continuing Care Department did a wonderful presentation and thanked staff for their work. Credit was also given to the newly opened Pain Management Centre as an example of forward thinking by the hospital.

3.7 Governance and Community Engagement Committee

A report from the Governance and Community Engagement Committee was included in the meeting package. Committee Chair, Sandra Hanmer thanked Heather Wakeling for Chairing in her absence. Of note from the meeting was the discussion that took place on the direction the hospital should take in research and innovation. This topic is expected to be presented at a future Board Meeting. New templates for agendas and briefing notes for board meetings were introduced with new committee agenda templates will follow. Additional meeting dates will be added to the GCEC schedule to accommodate the accreditation process.

3.8 Nominations Sub-Committee

Nominations opened on February 13th and closes on February 28th. The sub-committee is looking for individuals with human resources, legal and information technology systems experience. At the point of the meeting, not many applications had been received. The Board was reminded to encourage potential candidates to apply.

3.9 Joint HIS Committee

Integrated testing of the clinical system is ongoing, and order sets are being completed.

4.0 Items for Consent

MOTION:	That the Grand River Hospital Board of Directors approves the following consent items as circulated.
MOVED BY:	Sandra Hanmer
SECONDED BY:	Harry Hoediono
CARRIED	

4.1 Public Board Minutes of January 29, 2019

MOTION:	That the Board of Directors accepts the minutes for the Public Meeting held January 29, 2019 as circulated.
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4.2 KW Pension Ad Hoc Indexing

MOTION:	That the Grand River Hospital Board of Directors approves ad hoc COLA effective April 1, 2019 for KW Pension Plan terminated/retired members in the amount of 0.40%.
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5.0 Items for Information

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

5.1 Q3 Update and Full Year Forecast

5.2 Calendar of Board and Board Committee Meetings

5.3 Board Educational Opportunities

6.0 Adjournment

MOTION:	That the Public Board of Directors meeting on February 26, 2019 be adjourned at 5:31 p.m.
MOVED BY:	Larry Kotseff
SECONDED BY:	Sue Robertson
CARRIED	

The Public Meeting ended at 5:31 p.m.

R. Gagnon,
Secretary

J. Deganis,
Chair