

**Grand River Hospital  
Minutes of the Open Meeting  
of the Board Of Directors  
Held on February 25, 2020  
in Village Centre 2 Boardroom, Freeport Campus**

4.1

**Present:**

Janice Deganis	Gary Pooley
Jim Erb	Peter Potts
Ron Gagnon	Ken Seiling
David Graham	Xavier Vallverdu
Rob Hall	Jen Vasic
Sandra Hanmer	Rita Westbrook
Harry Hoediono	
Larry Kotseff	

**Regrets:**

Robinne Hauck  
Christine Michaud  
Karen Wetteskind

**Staff:**

Bonnie Camm	Paul McIntyre Royston
Cassandra Easton	Doug Murray
Cheryl Evans	Jennifer O'Brien
Catherine Heal	Denise Wren
Young Lee	
Jane Martin	

**Guests:**

Ruthe Anne Conyngham  
Jeff Pickel, CTV  
Johanna Weidner, Waterloo  
Record

**Recorder:** Cassandra Easton

**1.0 Call to Order**

Board Chair Harry Hoediono called the open meeting to order at 4:02 p.m. beginning with an overview of the agenda.

**1.1. Acceptance of Agenda**

<b>Motion:</b>	That the open agenda for the February 25, 2020 Grand River Hospital Board of Directors Meeting be accepted.
<b>Moved By:</b>	Rob Hall
<b>Seconded By:</b>	Rita Westbrook
<b>Carried</b>	

**1.2 Executive Summary**

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

**1.3 Declaration of Conflict of Interest**

None

**1.4 Application of Decision Making and Ethics Framework**

The Decision Making and Ethics Framework are available on the Board Portal and linked through the agenda.

**2.0 Items for Decision**

None

**3.0 Items for Discussion**

### **3.1 Quarterly Results, Q3, 2019/20**

#### **3.1.1 Operating Priorities and Balanced Scorecard**

The meeting package included materials related to the operating plan and scorecard, providing summary information to the Board regarding progress in Q3. This quarter, we shifted to a new Board report to support the ability to have greater strategic focus and an overall view of our progress and results.

Overall, we are making progress on some key priorities, but there are some areas where we are seeing increased risk and/or are behind our targeted deliverables.

The Board was also asked for feedback on the contents and if the information meets the Board's governance needs.

Discussion and feedback included:

- Format
  - Appreciate the focused, high level information and colour-coding, but would like to see the next steps associated with each item, which are included in the mitigation section
  - Year-to-date information is present, but would like to see quarterly trends from Q1 to current quarter and a brief summary of the current status. Changing the sequence of the data/charts and adding arrows to show trends might be helpful
  - The necessary contents on the area of concerns are included
- Balanced Scorecard
  - In response to a question on whether there is a correlation between patients with or without family doctors and increased wait times in the emergency department, the answer is "Yes"
    - ED is the only 24-hour option, it may be the only option regardless of whether a patient has a family doctor
    - The hospital does provide information about walk-in and other clinics in our community
    - Emphasis is being put on alleviating Alternative Level of Care (ALC) numbers, to reduce wait times in ED

#### **3.1.2 Financial Performance**

A committee summary prepared by the Treasurer / Chair of the Resources Committee, Gary Pooley, regarding the hospital's Q3 performance in finance and operations was included in the briefing note associated with this item.

#### **3.1.3 HSAA Performance**

The Q3 HSAA performance report was included in the meeting package. GRH continues to engage with Ontario Health (formerly LHIN) to keep them abreast of our progress towards our overall hospital improvement plan

objectives and these key HSAA indicators, and that management is actively implementing strategies to improve performance.

The implementation of the new health information system had goals, including assisting with patient flow, but given that the system only went live in late September, it is too early to see results. There is more utilization opportunities that are expected to improve efficiency.

### **3.2 Operating Efficiency of Hospitals in Waterloo Wellington and Ontario**

Ron Gagnon displayed a presentation he has begun sharing with local MPPs during meetings. The presentation has also been shared with staff and physicians. In the presentation, he highlighted the key messages, including that Ontario hospitals are some of the most efficient in the country, and the hospitals in Waterloo Wellington are among the best. This community has the lowest number of beds per capital, and its acute care bed numbers fall below those of any OECD countries. Our hospitals are performing as well as they can for their resources, which is reflected in ambulance offload times and growing ALC numbers. The OHA is advocating for a 4.85% increase in hospital funding from the Ministry.

The Waterloo Region is expected to grow by 30% from 2015 to 2041, of that this Region is expecting a 120% increase in the number of people in our community over the age of 65.

Waterloo Wellington hospitals spend less per case than the provincial and national averages, along with achieving fewer days in hospital, lower readmission and lower hospital standardized mortality rate. Funding has not kept pace with inflation and has challenged GRH and our peers to continuously strive for greater efficiency to meet growing demand. We have reached a tipping point, the results are longer wait times in the ED and it takes longer to move patients from the ED to admission.

Feedback and discussion included:

- Question if there are studies available on the economic impact of the inadequate healthcare on the community
- There will be challenges in delivering care and striving for new and increased services if we continue to receive less funding than what is needed
- The development of OHTs is an opportunity to explore new service delivery format(s), for example, over time some services may be spread across the system to achieve top notch healthcare, not just care in hospital
- Growth in the 65 plus population provides an +opportunity to look at preventative healthcare, as well as acute care services – there is more that needs to be done on this
- Presentations to MPPs have been met with surprise and commitments to advocacy
- GRH is working with SMGH and CMH on master planning, that work will include an ask for funding through the business case
- In addition to the above financial constraints, GRH has been working to improve care through hospital-funded investments such as our new

information system, Prism

- The above is information that the community should be aware because the situation is impacting the whole community, not only today's users of the health care system.

#### 4.0 Reports

##### 4.1 Board Chair

The Chair spoke to some recent meetings with Joint Chief of Staff, Peter Potts, and counterparts at SMGH. Although we are not a teaching hospital, GRH offers many types of teaching and the associated expenses well exceed the funding received for these activities.

The Chair reported on his activities with the GRH Foundation and GRH's Communications and Engagement Department.

A discussion on the value of becoming an official teaching hospital ensued. There are qualitative advantages such as benefits in physician recruitment. The financial benefits are less clear. GRH will continue to offer training. It was suggested that the question of whether to become an official teaching hospital should be a topic of discussion at the upcoming board strategic planning retreat.

##### 4.2 President and CEO

The President and CEO's report was included in the meeting package.

The board recognized Dr. Denise Wren for her years of service at Grand River Hospital and for her contributions to our healthcare community. Board members and staff spoke to the excellent work of Dr. Wren, and wished her good health and good retirement years.

##### 4.3 Chief Nursing Executive

A report from the Chief Nursing Executive was included in the meeting package.

#### 5.0 Items for Information

None

#### 6.0 Items for Consent

<b>Motion:</b>	The Grand River Hospital Board of Directors approves the following consent items as circulated.
<b>Moved By:</b>	Larry Kotseff
<b>Seconded By:</b>	Rob Hall
<b>Carried.</b>	

##### 6.1 Open Board Minutes of December 17, 2019

<b>Motion:</b>	The Grand River Hospital Board of Directors approves the minutes for the Open Board meeting held on December 17, 2019 as amended.
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Feedback on the balance of perspectives and a correction regarding a motion were received, and the minutes will be improved and corrected accordingly.

### 6.2 Records of Electronic Voting Conducted in January 2020

<b>Motion:</b>	That the Board approves this brief as records of the voting results of three motions listed in the package material.
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### 6.3 Appointments of Community Members for QPS Committee (Patient/Family Representatives)

<b>Motion:</b>	Upon recommendation of the Governance and Community Engagement Committee, the Board appoints Joanne MacPhail and Dianne Wilbee as voting members of the QPS Committee under the patient/family representative (non-director) category for a 4-month term from February 25 to June 23, 2020
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### 7.0 Adjournment

<b>Motion:</b>	That the Open Board of Directors meeting on February 25, 2020 be adjourned.
<b>Moved By:</b>	Larry Kotseff
<b>Seconded By:</b>	Rob Hall
<b>Carried</b>	

The meeting ended at 5:01 p.m.

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R. Gagnon,  
Secretary

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H. Hoediono,  
Chair