

**GRAND RIVER HOSPITAL
MINUTES OF A PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON MARCH 27, 2012
IN THE FREEPORT BOARDROOM**

PRESENT:

Bellew, G.
Bleaney, T.
Delamere, D.
Elop, T.
Freeman, D.
Hendrikse, P.
Maki, P.

Maxwell, M.
McIlwham, K.
Schlegel, J.
Sellers, L.
Sharma, A.
Singh, P.
Uffermann, D.

REGRETS:

Collingwood, B.
Harris, B.
Robertson, S.
Weiler, B.

STAFF:

Bevan, J.
Cheal, B
Lillepold, A.

Karjaluo, M.
Mah, T.
Rajaballey, J.

Recording Secretary: Karen Taylor

1.0 CALL TO ORDER

D. Delamere called the meeting to order at 4:07 p.m.

1.1 ACCEPTANCE OF AGENDA

Agenda item 2.2.1: Nepotism Policy was removed from the items for consent and moved to item 5.2. The agenda was approved as altered.

1.2 DECLARATION OF CONFLICT OF INTEREST

P. Hendrikse declared a conflict of interest with agenda item 7.2: RFP for External Auditor. There were no other conflicts of interest.

2.0 ITEMS FOR CONSENT

2.1 BOARD MINUTES OF FEBRUARY 28, 2012

The minutes from the public meeting of February 28, 2012 were included in the Board package.

2.2 BOARD MANUAL UPDATES

The Board manual updates were included in the Board package. Item 2.2.1: Nepotism Policy was removed from the items for consent.

2.3 ADMINISTRATION POLICY MANUAL UPDATES

The proposed policies for deletion from the Administration Manual were included in the Board package.

MOTION:
IT WAS MOVED BY D. FREEMAN AND SECONDED BY D. UFFELMANN
THAT THE BOARD OF DIRECTORS APPROVE THE ITEMS FOR CONSENT.
CARRIED.

3.0 BOARD EDUCATION

None.

4.0 QUALITY REPORT

None.

5.0 BOARD COMMITTEE & OTHER REPORTS

5.1 ITEMS FOR THE BOARD'S ATTENTION

The Governance Committee was tasked with reviewing practice and process components of meetings of the Board and Board Committees and to provide feedback on how those meetings can be conducted as effective as possible.

5.2 NEPOTISM POLICY

It is intended that this policy reflect positions that report to the Board of Directors including the President and Chief Executive Officer, the Chief of Staff and the Internal Auditor. The policy was revised to remove from the Purpose section, "employees of the Board of Directors" and to remove the brackets that surround the positions that follow. As well in the Policy section the reference to "Board of Directors members," was deleted.

MOTION:
IT WAS MOVED BY D. FREEMAN AND SECONDED BY G. BELLEW THAT
THE BOARD OF DIRECTORS APPROVE THE ADDITION OF THE NEPOTISM
POLICY TO THE BOARD MANUAL.
CARRIED.

6.0 STRATEGIC MATTERS

6.1 ED/ALC UPDATE

An update on the emergency department (ED) and alternate level of care was provided in the Board package. Discussion informed about the challenge to recruit ED physicians. During the month of February the ED experienced a busier workload than in previous months, due in part to a wave of flu that went through the community. Information pertaining to the daily number of ED visits will be added to the report.

6.2 QUALITY IMPROVEMENT PLAN

The Quality Improvement Plan (QIP) for 2012/13 and the QIP year-one report was included in the Board package. GRH developed a QIP in compliance with reporting requirements for The Excellent Care For All Act (ECFAA). GRH has a

two-year quality and patient safety planning cycle that is augmented with an annual plan review and year-end report. The plan identifies indicators, performance targets and quality improvement initiatives for achievement. Inputs to the plan include quality plans from the 14 clinical programs and services, improvement opportunities identified through the QCIPA process and critical incident data, patient and employee survey data, outputs from the enterprise risk management assessment, as well as initiatives identified through the senior quality team reporting structure.

MOTION:

IT WAS MOVED BY T. ELOP AND SECONDED BY B. BELLEW THAT THE BOARD OF DIRECTORS APPROVE THE 2012/13 QUALITY IMPROVEMENT PLAN (QIP) AND APPROVE THE 2011/12 QIP YEAR-ONE REPORT AS RECOMMENDED BY THE QUALITY AND PATIENT SAFETY COMMITTEE. CARRIED.

7.0 OPERATIONAL MATTERS

7.1 H-SAA AMENDING AGREEMENT

A briefing note accompanied the H-SAA Amending Agreement in the Board package. GRH received from the WWLHIN a 3-month Hospital Services Accountability Amending Agreement with a requested sign back date of March 29, 2012. The amending agreement is consistent with the information communicated province-wide and was developed to maintain GRH's funding from March 31, 2012 through to June 30, 2012.

MOTION:

IT WAS MOVED BY K. MCILWHAM AND SECONDED BY G. BELLEW THAT THE BOARD OF DIRECTORS AUTHORIZE THE CHAIR AND THE CHIEF EXECUTIVE OFFICER TO SIGN AN AMENDING AGREEMENT TO THE APRIL 1, 2008 H-SAA AGREEMENT, INCLUDING THOSE AMENDMENTS REVIEWED WITH THE BOARD AND FURTHER DESCRIBED IN A BRIEFING NOTE DATED MARCH 16, 2012. CARRIED.

7.2 PROPOSAL TO THE WWLHIN

Guelph General Hospital (GGH) and GRH were levied an administrative penalty by the WWLHIN. Subsequently the Board of the WWLHIN decided to reimburse GRH the amount of the penalty if GRH determined and reported back on a project or initiative that would advance patient care. GRH's projects focused on triage and waiting room experience improvement, review of triage practices, and reviewing medical patient flow to improve the flow from the ED. The Quality Improvement Proposal was drafted to respond to the WWLHIN request and a copy was provided in the Board package.

7.3 RFP FOR EXTERNAL AUDITORS

The Audit Committee last conducted an RFP for External Auditors in 2001. A motion from the Audit Committee was put forward so that management could

work to complete the RFP process for External Auditors and to begin preparation of the RFP package to meet the 2014 timeline. The motion as presented was changed to reflect that December 31, 2013 was the date for the K-W Pension Plan. The reference in the Ethical Consideration section to the date December 31, 2012 was changed to read December 31, 2011.

Upon review of the Audit Committee's Terms of Reference, consideration will be given to review of the assessment of external auditors and the need for RFP.

MOTION:

IT WAS MOVED BY K. MCILWHAM AND SECONDED BY D. FREEMAN THAT THE BOARD OF DIRECTORS APPROVE GRH TO DO A FULL RFP FOR THE EXTERNAL AUDITORS FOR THE YEAR ENDED MARCH 31, 2014 FOR THE CORPORATION AND DECEMBER 31, 2013 FOR THE K-W PENSION PLAN. WITH ONE ABSTENTION - CARRIED.

7.4 2012/13 OPERATING PLAN AND OPERATING BUDGET

The 2012/13 operating plan and operating budget was included in the Board package. The operating plan and operating budget were thoroughly vetted by the Resources and Quality and Patient Safety Committees. Changes requested by both Committees were incorporated in the document provided to the Board. Staff were commended on their development of the complex operating plan and operating budget, particularly considering the high level of uncertainty and unknown factors.

MOTION:

IT WAS MOVED BY T. ELOP AND SECONDED BY D. UFFELMANN THAT THE BOARD OF DIRECTORS APPROVE THE 2012/13 OPERATING PLAN AND OPERATING BUDGET. CARRIED.

8.0 EXECUTIVE HIGHLIGHTS

8.1 FOUNDATION

The report from the Foundation was included in the Board package. Also mentioned was the Bank of Montreal event co-hosted with other area hospital Foundations on Thursday, March 29.

8.2 VICE PRESIDENT CLINICAL SERVICES AND CHIEF NURSING OFFICER

The report from the VP Clinical Services and Chief Nursing Officer was included in the Board package. The Best Practice Spotlight Organization celebration date will be confirmed and communicated to the Board member.

8.3 CHIEF OF STAFF REPORT

The report from the Chief of Staff was included in the package for information.

8.4 PRESIDENT AND CEO REPORT

In addition to the report that appeared in the Board package the Board was

informed that other large community hospitals in Ontario are interested in connecting with GRH clinical leaders to understand how GRH's partnership with the WWCCAC's Home First program has resulted in a significant improvement in discharge planning and drop in ALC. J. Bevan's leadership was noted as a major contributor to GRH's improvement.

8.5 BOARD CHAIR REPORT

D. Delamere provided a verbal report and informed that on Wednesday, March 28 the Board Directors would receive by e-mail a link to a survey for their completion. Due to the WWLHIN Board meetings' time change to start at 1400 h, the challenges with the mid-afternoon meetings were acknowledge and any available Board members were welcomed to attend.

9.0 ITEMS FOR INFORMATION

9.1 COMMITTEE MINUTES

9.1.1 MEDICAL ADVISORY COMMITTEE

Medical Advisory Committee minutes of March 13, 2012 are included in the Board package for information.

9.1.2 GOVERNANCE COMMITTEE

The Governance Committee minutes of March 14, 2012 are included in the Board package for information.

9.1.3 RESOURCES COMMITTEE

Minutes of the March 13, 2012 meeting of the Resources Committee are included in the Board package for information.

9.1.4 AUDIT COMMITTEE

The minutes of the February 21, 2012 Audit Committee are included in the Board package for information.

9.1.5 QUALITY AND PATIENT SAFETY COMMITTEE

The Quality and Patient Safety Committee minutes of March 14, 2012 are included in the Board package.

9.2 BOARD WORK PLAN

The Board work plan is included in the Board package for information.

9.3 BOARD EDUCATION OPPORTUNITIES

A list of Board education opportunities is included in the Board package.

9.4 APRIL BOARD CALENDAR OF EVENTS

The April calendar of Board events is included in the Board package.

9.5 GRH BOARD 2012 MEETING SCHEDULE

The schedule of 2012 GRH Board meetings is included in the Board package.

9.6 WWLHIN BOARD 2012 MEETING SCHEDULE

The schedule of 2012 WWLHIN Board meetings is included in the Board package. The WWLHIN Performance Dashboard Updates for December 2011 and January 2012 are included for information.

10.0 ADJOURNMENT

THERE BEING NO FURTHER BUSINESS, IT WAS MOVED BY T. BLEANEY AND SECONDED BY P. MAKI THAT THE PUBLIC MEETING BE ADJOURNED. CARRIED.

Malcolm Maxwell,
Secretary

D'Arcy Delamere,
Chair