

**GRAND RIVER HOSPITAL
MINUTES OF A PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON MARCH 24, 2015
IN THE FREEPORT BOARDROOM**

PRESENT:

Bellew, G.
Bleaney, T.
Collingwood, B.
Delamere, D.
Elop, T.
Freeman, D.
Hendrikse, P.
Hoediono, H.

Maki, P.
Maxwell, M.
Olson, K.
Rice, K.
Schlegel, J.
Sharma, A.
Wells, R.

REGRETS:

Deganis, J.
Janecki, Z.
Paun, B.
Vrbanovic, B.

STAFF:

Cheal B.
Hewat, N.
Higgs G.

Karjaluo, M.
Lillepold, A.
Mah, T.

Recording Secretary: Jill Eggleton

1.0 CALL TO ORDER

The meeting was called to order by Chair, T. Elop at 4:45 p.m.

1.1 ACCEPTANCE OF AGENDA

The agenda was accepted as presented.

1.2 DECLARATION OF CONFLICT OF INTEREST

None.

2.0 BOARD CHAIR AND CEO REPORT

2.1 BOARD CHAIR

A verbal report from the Chair reported on the March 20th event that took place to announce a research partnership between Grand River Hospital (GRH) and the University of Waterloo. G. Bellew attended the event on behalf of the Board.

It was reported that formal notice has been provided to the Members of the Corporation (the Board Directors) for a special Corporation meeting that will be held on April 28th. The special meeting is being called to address a proposed amendment to the bylaws and will take place on the same day as the April Board meeting. Board members were asked to notify K. Taylor if they are unable to attend the meeting.

2.2 PRESIDENT AND CHIEF EXECUTIVE OFFICER

In addition to the report which appeared in the Board package an update on the light rail transit (LRT) construction was provided. Construction started on March 23rd and despite some traffic congestion on Green Street, disruption has been minimal. The hospital will continue to communicate to stakeholders on the impact

the construction will have on the access to the hospital and to parking.

As noted in the written report, a Waterloo Wellington Local Health Integration Network (WWLHIN) Vision Plan Report was been developed by the Surgical Program Council and has been submitted to the WWLHIN. This plan outlines the current state of vision care in Waterloo Wellington and the plans and actions to address projected need. The work included in the report is clinical and operational in nature. If any of the work evolves to include integration of services amongst hospitals, the Boards of the respective hospitals would be engaged and integration agreement(s) would be developed.

3.0 QUALITY

3.1 REPORT BY CHAIR OF THE QUALITY AND PATIENT SAFETY COMMITTEE

Highlights from the March 11th meeting of the Quality and Patient Safety (QPS) Committee were provided.

It was reported that the Canadian Institute for Health Information (CIHI) has updated the baseline year for the HSMR metric from 2009/10 to 2012/13. As per the new baseline, GRH's HSMR score of 72 against the 2009/10 national results is now an 82 against the 2012/13 national results. This would place GRH at slightly better than the 25th percentile performance compared with our CIHI peer group.

3.2 QUALITY IMPROVEMENT PLAN

The 2015/16 Quality Improvement Plan (QIP) was included in the Board package for review and consideration. The QIP is a requirement under the Excellent Care for All Act and the hospital is required to submit the QIP by April 1st to Health Quality Ontario.

MOTION:

**IT WAS MOVED BY G. BELLEW AND SECONDED BY H. HOEDIONO THAT THE BOARD OF DIRECTORS APPROVE THE 2015-16 QUALITY IMPROVEMENT PLAN.
CARRIED.**

3.3 QUALITY AND PATIENT SAFETY PLAN

The 2015/17 Quality and Patient Safety Plan was included in the Board package for review and consideration. The plan includes all content submitted to Health Quality Ontario referenced in 3.2 above, as well as an expanded set of initiatives for use within GRH.

The plan includes 13 priorities and 22 indicators, which include all of the indicators from the QIP. It was reported that the targets included in the two year plan are for the first year. Following the conclusion of the first year of the plan the targets will be reviewed and adjusted for the second year.

It was reported that meeting the MRI wait time indicator will be a challenge. This indicator is included in the plan as it is part of the H-SAA. The WWLHIN has indicated that they are looking at this indicator and potentially revising the target.

Although we are currently not meeting the target, the results indicate that we are performing slightly better than the provincial average.

It was noted that each of the clinical programs have their own indicators they are monitoring. Based on the information that is provided by the programs, the QPS Committee determines what indicators will be included on the Quality Patient and Safety Plan.

MOTION:

**IT WAS MOVED BY G. BELLEW AND SECONDED BY T. BLEANEY THAT THE BOARD OF DIRECTORS APPROVES THE 2015-17 QUALITY AND PATIENT SAFETY PLAN.
CARRIED.**

3.4 STRATEGIC PLAN SUMMARY

The Board package contained the draft 2015/17 Strategic Plan Priorities along with a summary of the consultation that has taken place and the generative discussions of the Board, which began in April 2014. The draft Strategic Plan Priorities were brought forward to the Board for review and discussion before the Strategic Plan comes back to the Board for approval in April.

The Board reviewed the draft priorities and the following feedback was provided:

- Include information in the Strategic Plan on the work that is being done in Human Resources (HR), particularly with respect to the development of an HR performance system.
- Change the format in Table 2, the description of the priorities, to ensure that the listing of priorities does not appear to be ranked in priority order or order of importance.

Once the Strategic Plan is close to completion, the draft will be shared at the April meeting of the WWLHIN CEO Council for a discussion before bringing it to the GRH Board for final approval.

Action: Revise the Strategic Plan as noted above and provide WWLHIN CEO Network with a draft of the Strategic Plan.

It was agreed that once the Plan is approved by the Board, a thank you will be sent to the stakeholders that were engaged in the consultation process. The communication will also include a link to the final Strategic Plan.

Action: Once Strategic Plan is approved, send thank to stakeholders involved the consultation and provide link to final Plan.

3.5 MOTION: 2015/16 OPERATING PLAN

The draft 2015/16 Operating Plan was included in the Board package for review and consideration.

MOTION:

IT WAS MOVED BY D. FREEMAN AND SECONDED BY T. BLEANEY THAT THE BOARD OF DIRECTORS MOVE TO IN-CAMERA.

CARRIED.

Refer to in-camera minutes for points of discussion.

MOTION:

**IT WAS MOVED BY G. BELLEW AND SECONDED BY P. HENDRIKSE THAT THE BOARD OF DIRECTORS APPROVE THE 2015-16 OPERATING PLAN SUBJECT TO A PRIORITY BEING ADDED TO ADDRESS RESEARCH ACTIVITIES.
CARRIED.**

4.0 RESOURCES

4.1 REPORT BY CHAIR OF THE RESOURCES COMMITTEE

An overview of topics discussed at the March 12th meeting of the Resources Committee was provided.

4.2 2015/16 OPERATING BUDGET

Discussion of this topic coincided with the in-camera discussion of the operating plan. Refer to the in-camera minutes for highlights of that discussion.

MOTION:

**IT WAS MOVED BY J. SCHLEGEL AND SECONDED BY T. BLEANEY THAT THE BOARD OF DIRECTORS APPROVES THE 2015/16 OPERATING BUDGET AS AMENDED.
CARRIED.**

4.3 APPROVAL OF 2015/16 INTERIM CAPITAL EXPENDITURE

Details of the 2015/16 interim capital expenditure were included in the Board package for the Board's review and consideration.

MOTION:

**IT WAS MOVED BY J. SCHLEGEL AND SECONDED BY P. MAKI THAT THE BOARD OF DIRECTORS APPROVES \$3.1M FOR THE 2015/16 PHASE ONE CAPITAL ALLOCATION. THIS APPROVAL INCLUDES \$0.5M CAPITAL CONTINGENCY AND THE DELEGATION OF AUTHORITY TO THE CEO TO EXECUTE CAPITAL CONTINGENCY, AS NEEDED.
CARRIED.**

4.4 STATEMENT OF INVESTMENT POLICIES AND PROCEDURES

As per the terms of reference for Pension and Resources Committees, the annual review of the Statement of Investment Policies and Procedures was conducted. A summary of the proposed changes was included in the Board package and a copy of the entire document was posted to the Board intranet for the Board's review and consideration.

MOTION:

IT WAS MOVED BY J. SCHLEGEL AND SECONDED BY D. DELAMERE THAT THE BOARD OF DIRECTORS APPROVE THE AMENDED STATEMENT OF INVESTMENT POLICIES AND PROCEDURES (SIP&P) FOR THE

**PENSION PLAN FOR EMPLOYEES OF THE KITCHENER-WATERLOO
HOSPITAL.
CARRIED.**

5.0 GOVERNANCE AND OTHER COMMITTEES

5.1 REPORT BY CHAIR OF THE GOVERNANCE COMMITTEE

It was reported that the Nominating Committee will be meeting on April 2nd to review Board applications. The Nominating Committee will be recruiting for two Board positions and two Committee positions.

5.2 COMMUNITY ENGAGEMENT COMMITTEE

No report.

5.3 AUDIT COMMITTEE

No report.

6.0 OTHER

6.1 Q3 BOARD SCORECARD

The Q3 Scorecard was included in the Board package.

The metric for patient experience is below target. We believe that this is a result of the composition of sampling used in this quarter. If these results continue into the next quarter, a more in-depth review will be conducted.

7.0 EXECUTIVE HIGHLIGHTS

7.1 VICE PRESIDENT CLINICAL SERVICES & CHIEF NURSING EXECUTIVE REPORT

In addition to the report enclosed in the Board package, highlights were provided on the Oculys collaboration with St. Mary's General Hospital (SMGH). GRH and SMGH have signed a partnership agreement with Oculys for a grant to develop two new tools to support information sharing and ultimately to improve patient care. It is expected that this work will be implemented and evaluated by the end of December 2015. This will initially be piloted on a smaller unit with the possibility of expanding to a larger program(s).

As noted in the report, GRH is reviewing its visiting hours policy. Many organizations are moving towards more flexible visiting hours. A committee has been struck to complete this work. Ethics Rounds will be held on March 31st to review a case study on the subject and to begin the discussion. The process will also include engagement of key stakeholders, including members of the community.

7.2 FOUNDATION REPORT

The Foundation report was included in the Board package.

8.0 ITEMS FOR CONSENT

8.1 BOARD MINUTES OF FEBRUARY 24, 2015

Public meeting minutes from February 24, 2015 were provided as an item for consent.

MOTION:

IT WAS MOVED BY D. FREEMAN AND SECONDED BY D. DELAMERE THAT THE ITEMS FOR CONSENT WERE APPROVED AS PRESENTED. CARRIED.

9.0 ITEMS FOR INFORMATION

9.1 COMMITTEE ITEMS

9.1.1 MEDICAL ADVISORY COMMITTEE MINUTES

The Medical Advisory Committee public minutes of March 10th were included in the package.

9.1.2 QUALITY AND PATIENT SAFETY COMMITTEE

Items for from the Quality and Patient Safety Committee included:

9.1.2.1 MINUTES

9.1.2.2 SCORECARD

9.1.3 RESOURCES COMMITTEE

Items for information from the Resources Committee included:

9.1.3.1 MINUTES

9.1.3.2 SCORECARD

9.1.3.3 FINANCIAL STATEMENTS

9.1.3.4 COMMON SYSTEM UPDATE.

9.2 BOARD WORK PLAN

The Board work plan was included in the package.

9.3 BOARD EDUCATION OPPORTUNITIES

A list of current Board education opportunities was included in the Board package.

9.4 APRIL BOARD CALENDAR OF EVENTS

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

9.5 GRH BOARD 2014/15 MEETING SCHEDULE

The schedule of 2014/15 GRH Board meetings was included in the package.

9.6 REPORT TO THE MINISTER OF HEALTH: BRINGING CARE HOME

The executive summary and recommendations from a report to the Minister of Health entitled "Bringing Care Home" was included in the package. A copy of the

full report can be found on the Board intranet.

10.0 ADJOURNMENT

**THERE BEING NO FURTHER BUSINESS, IT WAS MOVED BY P. HENDRIKSE AND
SECONDED BY K. RICE THAT THE PUBLIC MEETING BE ADJOURNED.
CARRIED.**

The public meeting adjourned at 6:55 p.m.

Malcolm Maxwell,
Secretary

Tracy Elop,
Chair