

**GRAND RIVER HOSPITAL
MINUTES OF A PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON MARCH 22, 2016
IN THE FREEPORT BOARDROOM**

PRESENT:

Bellew, G.
Collingwood, B.
Deganis, J.
Freeman, D.
Graham, D.
Hendrikse, P.
Hoediono, H.

Maxwell, M.
Olson, K.
Potts, P.
Rice, K.
Schlegel, J.
Wakeling, H.
Wells, R.

REGRETS:

Elop, T.
Janecki, Z.
Maki, P.
Sarkaria, G.
Vrbanovic, B.

STAFF:

Bailey, T.
Cheal, B.
Karjaluo, M.

Lillepold, A.
Linton, J.
Mah, T.
Wren, D.

GUEST:

Boadi, J.

Recording Secretary: K. Taylor

1.0 CALL TO ORDER

The meeting was called to order at 4:32 p.m. by Chair, G. Bellew, Chair. Members from the public were welcomed to the meeting.

1.1 ACCEPTANCE OF AGENDA

The agenda was accepted as circulated in the meeting package.

MOTION:

IT WAS MOVED BY B. COLLINGWOOD AND SECONDED BY H. WAKELING THAT THE PUBLIC AGENDA FOR THE MARCH 22, 2016 BOARD OF DIRECTORS MEETING BE ACCEPTED AS PRESENTED. CARRIED.

1.2 DECLARATION OF CONFLICT OF INTEREST

None.

1.3 PUBLIC MEETING HIGHLIGHTS

1.3.1 BOARD CHAIR

Highlights of the public meeting include the 2016/2017 quality improvement plan, operating plan, and operating budget as well as the five year and annual capital plan.

1.3.2 PRESIDENT AND CHIEF EXECUTIVE OFFICER

GRH has recently received notice of an amending agreement to extend the current Hospital Service Accountability Agreement (H-SAA). At the February Board meeting approval for sign back was provided by the Board. As there are no changes from the current H-SAA, the Chair and

CEO will sign and return the H-SAA amending agreement to meet the Waterloo Wellington Local Health Integration Network's timeline of March 28.

2.0 QUALITY

2.1 REPORT BY THE CHAIR OF THE QUALITY AND PATIENT SAFETY COMMITTEE

An overview of discussion at the March 9 meeting of the Quality and Patient Safety Committee (QPS) touched on changes to the children's and childbirths programs; review of the operating plan with a focus from a quality perspective; and, discussion of patient flow. The Medical Resource Plan and Quality Improvement Plan were also reviewed at the meeting.

2.2 MOTION: QUALITY IMPROVEMENT PLAN

To meet legislative requirements outlined in the *Excellent Care For All Act*, management prepared a Quality Improvement Plan (QIP) for Board review. The Plan was previously reviewed by QPS at the February meeting and revisions requested were made for the Committee's review at their March meeting. Due to new measures for the QIP, in 2016/2017 GRH will collect baseline data on ratings for hospital stay and care received in the Emergency Department.

Within the QIP's narrative table it was requested that the word "falls" be added to line #6 in the indicator column.

Discussion of the QIP indicators also touched on Alternative Level of Care (ALC) and informed that there are several options used to measure ALC which arrive at different calculations. At the April meeting the Board will be provided with a briefing note that outlines a summary of ALC options.

ACTION ITEMS: C. DeLenardo will be asked to update the QIP to include the word "falls" in line #6 of Table 1.

M. Maxwell will provide a summary of ALC options as an item for information at the April Board meeting.

**MOTION:
IT WAS MOVED BY J. DEGANIS AND SECONDED BY H. WAKELING THAT
THE BOARD OF DIRECTORS APPROVE THE 2016-17 QUALITY
IMPROVEMENT PLAN.
CARRIED.**

3.0 RESOURCES

3.1 REPORT BY CHAIR OF THE RESOURCES COMMITTEE

A verbal report from the March 10 meeting of the Resources Committee was provided by Chair, P. Hendrikse with updates on four key areas: information technology; human resources; budget and capital plan; and, the clinical information system.

3.1.1 MOTION: 2016/2017 OPERATING PLAN AND BUDGET

The operating plan and budget for 2016/2017 was previously reviewed at meetings of the QPS and Resources Committees. The budget risks were highlighted and included a contingency budget of \$500,000; uncertainty regarding Health Based Allocation Methodology calculations; uncertainty regarding the ONA arbitration outcome; and, uncertainty regarding funding for 2016/2017. Operating plan risks were reviewed and focused on impact to patients including ability to flow patients through their hospitalization.

MOTION:

IT WAS MOVED BY P. HENDRIKSE AND SECONDED BY J. DEGANIS THAT THE BOARD OF DIRECTORS APPROVE THE 2016-2017 OPERATING PLAN AND OPERATING BUDGET. CARRIED.

3.1.2 MOTION: 5 YEAR AND ANNUAL CAPITAL PLAN

In response to management's proposal of capital plan items, at their March meeting, the Resources Committee vetted the list of capital requests. It was noted that the organization is stretching the use of assets as long as possible and this could present a source of risk as asset replacement is on the slower side. To support the work of the clinical system implementation it may be necessary for the hospital to draw on its line of credit.

MOTION:

IT WAS MOVED BY P. HENDRIKSE AND SECONDED BY D. GRAHAM THAT THE GRH BOARD OF DIRECTORS APPROVES IN PRINCIPAL THE ROLLING FIVE YEAR CAPITAL PLAN (2016/17 – 2020/21) AND THE EXPENDITURE APPROVAL OF \$18.9M FOR THE 2016/17 CAPITAL ALLOCATION. THIS APPROVAL INCLUDES \$0.5M CAPITAL CONTINGENCY AND THE DELEGATION OF AUTHORITY TO THE CEO TO EXECUTE CAPITAL CONTINGENCY, AS NEEDED. CARRIED.

4.0 AUDIT

4.1 AUDIT COMMITTEE REPORT

K. Rice, Chair of the Audit Committee, invited Directors to attend the Audit Committee meeting on April 7. No other Audit related items were reported.

5.0 GOVERNANCE AND COMMUNITY ENGAGEMENT

5.1 REPORT BY CHAIR OF THE GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE

H. Hoediono, thanked J. Linton for her facilitation of the March 7 Board education session and drew attention to the notes from that session which appeared in the Board package as an item for information. Additional discussion will be

scheduled both at a future meeting of the GRH Board, and at the Waterloo Hospitals Collaborative Committee, to engage in further discussion regarding the future of healthcare in Ontario. Board Directors were invited to the April 5 Committee meeting.

ACTION ITEM: An agenda topic will be noted for the Directors to further discuss the future of healthcare at the April meeting.

6.0 OTHER

6.1 Q3 BOARD SCORECARD

The Board package contained a copy of the Board scorecard with results to the end of the third quarter of fiscal 2015/2016. Not reported in the scorecard were Q4 results though M. Maxwell indicated that results for sick time average days per employee were significantly improved. The Emergency Department in Q4 continues to see a record number of patients on a daily basis.

7.0 EXECUTIVE HIGHLIGHTS

7.1 BOARD CHAIR REPORT

The report from the Chair noted a follow-up to the February meeting when it was indicated that the Executive Committee had begun to look at Board leadership succession planning. Since that time a number of Board Directors have confirmed their willingness to serve on Board Committees and the results of the Committee structure for 2016-2017 will be provided for review at an upcoming meeting of the Governance and Community Engagement Committee. It was reported that at a meeting with the Chair of St. Mary's General Hospital (SMGH) and Dr. Potts there was a continuation of work towards alignment of the shared resource in Dr. Potts.

Board members were invited to join in the 2016 Walking Challenge and for the upcoming event a challenge will be issued to the GRH Foundation Board. Directors were also encouraged to review the upcoming Ontario Hospital Association Governance Centre of Excellence education sessions.

7.2 PRESIDENT AND CHIEF EXECUTIVE OFFICER REPORT

In addition to the report from the President and CEO which was included in the Board package, M. Maxwell advised the appointment of Jennifer O'Brien, Vice President of Human Resources was effective May 9. An overview of the March 21 clinical education session facilitated by Dr. Jeremy Theal informed of clinical hospital information systems, supporting literature and first-hand experience with implementation. An update on GRH's hospital information system indicated that a working draft of the Request for Proposal has been developed and has gone through the first round of legal and fairness review.

7.3 CHIEF NURSING EXECUTIVE REPORT

The report from the Chief Nursing Executive appeared in the package and questions regarding Emergency Department acuity scale were addressed. As well it was noted that recently the hospital has seen more discharges than

admissions and that this reflects progress with the Waterloo Wellington Community Care Access Centre, medical staff, and staff across the organization. The complex needs of specialized mental health patients may necessitate a longer than desired stay at the Freeport Campus as community supports are, at times, not available.

7.4 FOUNDATION REPORT

The Foundation report was included in the Board package and several of the upcoming events were promoted. Additionally, T. Bailey provided a verbal update that informed that Quarry Communications has consented to donating their services to help name the hospital information system initiative.

8.0 ITEMS FOR CONSENT

The items for consent included:

8.1 PUBLIC BOARD MINUTES FROM FEBRUARY 23, 2016

8.2 MOTION: STATEMENT OF INVESTMENT POLICIES AND PROCEDURES

MOTION:

IT WAS MOVED BY J. DEGANIS AND SECONDED BY P. HENDRIKSE THAT THE ITEMS FOR CONSENT BE APPROVED. CARRIED.

9.0 ITEMS FOR INFORMATION

9.1 COMMITTEE ITEMS

9.1.1 MEDICAL ADVISORY COMMITTEE MINUTES

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

9.1.2 RESOURCES COMMITTEE

Included as an item for information from the Resources Committee:

10.1.2.1 MINUTES

10.1.2.2 FINANCIALS

9.1.3 QUALITY AND PATIENT SAFETY COMMITTEE

Included in the package:

9.1.3.1 MINUTES

9.1.3.2 SCORECARD

9.1.3.3 Q3 PUBLICLY REPORTED METRICS

9.1.4 GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE BOARD EDUCATION SESSION NOTES

Notes from the March 7 Board education session were included.

9.2 BOARD WORK PLAN

The package contained the work plan for the Board of Directors.

9.3 BOARD EDUCATION OPPORTUNITIES

The current listing of Board education opportunities was included in the package.

9.4 APRIL CALENDARS OF BOARD EVENTS

The April calendar of Board and Board Committee events appeared in the Board package.

9.5 GRH BOARD 2015/16 MEETING SCHEDULE

The schedule of 2015/16 Board meetings was included in the package.

9.6 WWLHIN DASHBOARD UPDATE

The WWLHIN's annual business plan and dashboard update as of March 9, 2016 was included.

10.0 ADJOURNMENT

THERE BEING NO FURTHER BUSINESS, IT WAS MOVED BY D. GRAHAM AND THAT THE PUBLIC MEETING BE ADJOURNED. CARRIED.

The public meeting adjourned at 6:01 p.m.

Malcolm Maxwell,
Secretary

Geoff Bellew,
Chair