

**REGULAR MEETING  
BOARD OF BLUEWATER HEALTH  
October 26, 2011**

Directors:

David Campbell√

Bruce Davies√

Sue Denomy√

Jim Elliott(r)

Dr. Michel Haddad(r)

Lorri Kerrigan√

Terry McNally√

Robert McKinley√

Richard Newton-Smith√

Barb O'Neil√

Scott Palko√

Wayne Pease(r)

Dr. Leslie Potts√

Pasquale Rossi√

Cindy Thayer√

Stéphane Thiffault(r)

Dr. Angela Wang√

Professional Staff: Dr. Joy Singh√

Staff: Kim Bossy√; Mike Lapaine√; Lynda Robinson√; Dr. Mark Taylor√

Guest(s): Kathy Alexander, Incoming Executive Director, Bluewater Health Foundation  
Liz Kenny, Executive Director, Bluewater Health Foundation  
Dr. Rishi Duggal, Medical Director, Medical Imaging  
Marilyn Williams, Director, Medical Imaging  
Steve Banyai, President and CEO, CHIS

**1. CALL TO ORDER – 6:00 p.m. (\*attached in the minute record book)**

1.1 Welcome/Opening Remarks

B. Davies welcomed everyone to the meeting. He advised that the Board was provided with a tour of the Russell Building before tonight's meeting. He reported that this was Liz Kenny's last meeting as Executive Director, Bluewater Health Foundation as she will be retiring from the Foundation. B. Davies expressed the Board's appreciation for Liz's time, talent and commitment to the hospital over the past 22 years. He welcomed Kathy Alexander, the incoming Executive Director.

1.2 Approval of Agenda\*

*Motion (R. McKinley/L. Kerrigan) and carried: to approve the agenda as presented.*

1.3 Declaration of Conflict of Interest

None was declared.

**2. APPROVAL OF MINUTES (\*attached in minute record book)**

2.1 *Motion (R. Newton-Smith/D. Campbell) and carried: to approve the minutes of September 28, 2011 as amended:*

- Item 5.5 – Add “The members of the Professional Staff Association formally request that the CoPS and the VP, Medical Affairs position be kept separate” as the last sentence of the sixth paragraph.

**3. REPORT FROM IN-CAMERA MEETING**

B. Davies reported that some credentialing issues and the future use of the Mitton site were discussed in the in-camera meeting.

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**4. ITEMS REQUIRING DECISIONS (\*attached in minute record book)**

**4.1 Presentation regarding CHIS Regional IM/IT Strategic Plan\***

S. Denomy introduced Steve Banyai from CHIS to present the CHIS Regional IM/IT Strategic Plan. S. Banyai provided a high level overview of CHIS. He referred to the IM/IT Strategic Plan and the CHIS Interface newsletter included in the Board packages. S. Banyai advised that CHIS is responsible for the planning and implementation of provincial eHealth initiatives. He reported that CHIS operates the regional Project Management Office which manages all IM/IT projects for the hospitals, other health service providers and eHealth Ontario. CHIS has developed its first five year regional IM/IT Strategic Plan with the intended outcome to be a fully integrated electronic health record across the region. The Plan was developed to align with and enable the recently renewed mission and vision for CHIS. He reviewed the Plan's strategic priorities and directions. S. Banyai advised that the drive for regionalization is for the purpose of improved patient care and access to care; optimizing scarce/valuable resources and leveraging and expanding IM/IT knowledge and expertise. He noted that the significant change will be the implementation of a single vendor solution for Hospital Information Systems across the region, focused on core applications.

S. Banyai advised that CHIS is currently implementing local and regional initiatives that support the advancement of the strategic plan; developing a financial plan to support remaining objectives; identifying funding sources to support implementation; planning and engaging with local and regional governance bodies and ensuring investments made by hospitals. Inquiries were made regarding expanding CHIS services to other hospital across the province.

**4.2 Presentation regarding Breast Assessment Program\***

L. Robinson introduced Dr. Duggal and Marilyn Williams from the Diagnostic Imaging Department. Dr. Duggal provided an overview of the Breast Assessment Program (BAP), the diagnostic imaging breast assessment process and referral process. Dr. Duggal advised that the BAP is a Cancer Care Ontario initiative and he discussed the timeframe for how the initiative was developed and implemented. Dr. Duggal reported that since the June implementation the program has had 490. The BAP has significantly reduced the time from the initial breast imaging to biopsy. Dr. Duggal reviewed the number of mammograms conducted at the Sarnia Site and CEEH for 2010-11.

Dr. Duggal sought approval to centralize the hospital's mammography service to the Sarnia site using the digital mammography machines effective December . He provided the rationale for the centralization of the service (i.e. access to radiologist and the nurse coordinators, turnaround times and the expansion of the OBSP).

Discussion ensued and concerns were raised regarding the wait times and volumes at each site and the difference in technology (analog vs digital). The Board was advised that the Sarnia site operates two newer digital mammography units five days per week and has the capacity to accommodate the additional patient volumes currently served at CEEH without increasing wait times. Volumes at CEEH have been declining for several years. The mammography machine at CEEH is analog and operates only two days per week. The cost of operating the machine is not sustainable due to the low volumes. Since BAP, the mammography volumes at CEEH have declined further which makes it more difficult to meet accreditation criteria. M. Williams advised that any savings from the consolidation will be reinvested at CEEH (i.e. ultrasound area).

***Motion (D. Campbell/S. Palko) and carried: to approve the mammography services be centralized at the Sarnia site using the digital mammography machines and the CEEH mammography service be discontinued effective December 1, 2011.***

The Board was advised that a comprehensive communications plan will be shared with the community to provide them with the details of the BAP and the rationale for the centralization. The hospital will continue to work with CCO to expand the OBSP to include women 30-69 that are at high risk for breast cancer.

4.3 Quarterly Investment Report\*

M. Lapaine presented the quarterly investment report for the period ending September 30, 2011 highlighting the difference in the current balance of the hospital redevelopment project from June to September. He reported that the hospital's investments remained unchanged from the previous quarter.

***Motion (D. Campbell/T. McNally) and carried: to receive the quarterly Investment Report as presented.***

4.4 Chief Financial Officer Quarterly Certificate\*

M. Lapaine presented the quarterly Chief Financial Officer Certificate for the period ending September 30, 2011. He advised that the hospital met all the required remittances for the quarter.

***Motion (P. Rossi/L. Kerrigan) and carried: to receive the Chief Financial Officer Quarterly Certificate as presented.***

4.5 Hospital Service Accountability Agreement (H-SAA)

This item was deferred to the November Board meeting as the Amended Agreement and revised schedules were not received from the ESC LHIN in time for the meeting.

4.6 Draft 2011-12 Board Work Plan\*

R. Newton-Smith presented the draft 2011-12 Board work plan for approval. He advised that the work plan reflects the revised strategic priorities and multi-year goals. He reviewed the various sections of the plan highlighting the Board goals and policy sections for which the items pertain. He noted that the Committee work plans roll up into the Board work plan.

***Motion (R. Newton-Smith/S. Palko) and carried: to approve the 2011-12 Board Work Plan as presented.***

**5. POLICY FORMATION (\*attached in minute record book)**

5.1 Policy 4.80 - Perquisites\*

R. Newton-Smith presented Policy 4.80 – Perquisites for review and approval. He advised that the policy sets out the processes to ensure that the hospital complies with the Perquisite Directive and references the Broader Public Sector Directive as an appendix. He reviewed the policy and highlighted the three key principles (accountability, transparency and value for money). He reported that the hospital will be required to post summary information about allowable perquisites annually.

***Motion (R. McKinley/R. McKinley) and carried: to approve the Policy 4.80 - Perquisites as presented.***

5.2 Policy 3.60 – Whistleblower\*

R. Newton-Smith presented Policy 3.60 – Whistleblower for review and approval. He advised that the policy was reviewed as part of the three year policy review cycle. He reported that the policy is available to all staff online and there are signs and cards located throughout the hospital.

***Motion (R. Newton-Smith/D. Campbell) and carried: to approve the Policy 3.60 - Whistleblower as presented.***

6. **MONITORING/OVERSIGHT (\*attached in minute record book)**

6.1 Financial Statement\*

M. Lapaine presented the Statement of Revenues and Expenses for the period ending August 31, 2011. The statement reflects year-to-date revenues of \$74.8 million and expenses of \$73.8 million with a forecasted operating surplus of \$525,000. He advised that the hospital is projecting to have a balanced budget by year-end with receipt of the PCOP funding. M. Lapaine noted that the hospital received a PST refund of \$767,368.91 for PST incorrectly collected on medical equipment.

***Motion (D. Campbell/C. Thayer) and carried: to accept the Financial Statement as presented.***

6.2 Capital Project/Facilities Planning Report\*

M. Lapaine presented the Capital Redevelopment Project report. He reported that the project is 98% complete and highlighted the transformation of the Russell building. He advised that staff and patients in the Mitton site and Essex buildings are scheduled to move the week of November .

M. Lapaine reported that the lien placed by the MMM Group on the hospital due to the lack of payment from the architects has not been discharged. He advised that the lien will now proceed to litigation. He reported that the hospital put a holdback on funds issued to the architect once the lien was registered. He advised that there is no financial risk to the hospital as there are enough holdback funds to cover the cost of the lien.

***Motion (R. Newton-Smith/P. Rossi) and carried: to accept the Capital Redevelopment Project report as presented.***

6.3 Allowable Perquisites Summary

M. Lapaine reported that this item was for information purposes only. He advised that a number of Human Resource policies currently outline what allowable perquisites the hospital may offer its employees. Finance is working with Human Resources to ensure the policies and procedures reflect what can and cannot be offered. He advised that the hospital is in compliance with the BPSAA.

6.4 Balanced Scorecard

**Resource Utilization and Audit Committee Report\***

M. Lapaine presented the Resource Utilization and Audit Committee Indicator report. He highlighted the Working Capital Indicator and the Rehab Inpatient Days YTD indicators. He reviewed the cost per weighted case indicators and noted that the Emergency Department Cost per Visit increased due to some additional ED PIP funding.

He reported that the hip/knees indicator should improve by year-end as an additional orthopedic surgeon has been hired. He noted that the hospital plans to maximize the PCOP funding on a go forward basis. M. Lapaine highlighted the ALC bed pressures, and the Human Resource indicators and advised that the hospital is addressing absenteeism. He noted that the increase in the Overtime Expense indicator is contributed by the transition to the new building.



**Quality Indicator Report\***

D. Campbell presented the abbreviated draft version of the Quality Indicator report for review and consideration. He advised that some of the publicly reported indicators (i.e. MRSA and VRE Infection) as well as the Accessibility Indicators were consolidated except where the indicator is tracking red. He advised that the Accessibility Indicators will be reported either monthly or quarterly. He reviewed the amendments to the Overall Rating of Care and the Outstanding performance. D. Campbell acknowledged the MRI and CT indicators and congratulated the departments for exceeding their target.

***Motion (L. Kerrigan/R. McKinley) and carried: to accept the Resource Utilization and Audit Committee and Quality Committee indicator reports as presented.***

**7. ITEMS FOR DISCUSSION (\*attached in minute record book)**

**7.1 Summary Report – Community Advisory and Rural Health Advisory Panels\***

R. Newton-Smith presented the Community Advisory and Rural Health Advisory Panels summary report for information purposes. He advised that the meetings provide an opportunity for the hospital to update the community on what is happening and address any questions and/or concerns they may have. Some of the major initiatives presented to the panels were the Declaration of Values, the Cancer Plan and the Community Engagement report. He noted that once a year the two panels are brought together and feedback has been very positive.

**7.2 Board Orientation - November 1, 2011**

R. Newton-Smith reported that the Board Orientation for new Director and Non-Committee Directors is scheduled for November .

**8. ITEMS FOR INFORMATION & ANNOUNCEMENT (\*attached in minute record book)**

The following updates and Committee reports were presented:

**8.1 CEO/Management Report\***

S. Denomy reported:

- the expansion of the tele-medicine Crisis Support at the CEEH – Emergency Department. The technology will enhance patient care, improve the patient experience and bridge gaps of distance/travel for mental health patients;
- an open house of the newly renovated Russell building will be held on October for all hospital staff and mental health stakeholder groups;
- the hospital is working with the cell phone providers to address physician concerns with cell phone reception in the hospital. The antennas are expected to be installed the first week of November. In the meantime, physicians continue to use the overhead paging system for urgent calls.
- that the hospital website received 60,000 visits over a three month period from July 1 to September 30, 2011;
- the hospital will be hosting an open house of the Mitton site for the past and present staff, physicians and volunteers, the media and local dignitaries and the public on November ; and,
- the hospital has submitted an application to the Ministry and the Ontario Renal Network to expand the satellite dialysis program.

B. O'Neil provided an update regarding the patient satisfaction indicators. She reported that for Quarter 4 of 2009-10 the hospital's target was 62.4% , which was below the provincial average. For Quarter 4 of 2010-11, the target was 75% and for Quarter 1 of 2011-12 the target improved to

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80.7%. She advised that these indicators will be reported at the November Quality Committee meeting.

8.2 Board Chair Report

B. Davies advised that there were no items to report this month that had not previously been mentioned.

8.3 President of the Professional Staff Association

Dr. Potts reported that:

- the Professional Staff Association is looking forward to the final move of the Mental Health Department and Administration and having all Sarnia programs on one site;
- the next Professional Staff Association Meeting is scheduled for December ; and,
- concerns with parking.

8.4 Medical Advisory Committee Report – October 19\*

- Dr. Potts reported that some credentialing matters were addressed in the in-camera meeting. All other matters dealt with by the committee had previously been addressed.

An inquiry was made regarding the use of physician assistants at CEEH. The Board was advised that the hospital submitted an application for two physician assistants but were awarded funding one assistant from the MOHLTC for a two year period. Dr. Potts advised that their scope of practice, responsibilities and duties need to be defined prior to the hospital recruiting for this position.

8.5 Quality Committee Report – October 6\*

D. Campbell reported that the Committee:

- received an update from the Medical Director and Business Director of the Complex Continuing Care/Palliative and Rehabilitation programs;
- received updates regarding RTC© rollout across the nursing units to identify new opportunities for practice standardization and increase patient/staff satisfaction;
- received updates regarding Hand Hygiene in the Rehab unit. He reported that there were 400 audits completed for the month in the unit, and that the unit had improved its performance on the Hand Hygiene indicator. The indicator for Quarter 1 before patient contact was 97% but is currently 100% and after patient contact was 98% but is currently 100%
- received updates regarding medication reconciliation; and,
- heard that a number of strategies are underway to improve the number of falls in the Rehab Unit;

8.6 Governance and Nominating Report - October 11\*

R. Newton-Smith reported that the Committee:

- discussed the 2013-16 Strategic Planning Process and agreed that the process should build upon the work of the 2009-12 Strategic Plan including the February 2011 mid-cycle review. The Committee also discussed the use and selection of facilitators to support the Strategic Planning Process;
- discussed the posting of the hospital's Accreditation report on the hospital website for openness and transparency purposes; and,
- all other matters dealt with by the committee had previously been addressed.

8.7 Resource Utilization and Audit Committee Report - October 13\*

- M. Lapaine reported that the Committee discussed five-year financial planning. He discussed some of the difficulties with preparing a multi-year financial plan as the Ministry does not

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announce base adjustment until later in the fiscal year. He advised that the hospital is restricted to a \$2.5 million budget for replacement equipment as a result of the recommendations of the 2005/06 Peer Review. He advised that the hospital is working on identifying all of the areas where there will be a greater need over the next five years. All other matters dealt with by the committee had previously been addressed.

8.8 Foundation Report\*

L. Kenny highlighted that:

- approximately 100 people attended the first Seniors Day hosted by the Foundation and Geriatric Emergency Medicine Nurses;
- the Foundation will be hosting a media conference on November to announce a new and creative fundraiser. It is an iTunes album featuring Sunny Choi, an internationally renowned piano artist. Sunny Choi will perform in the atrium of the hospital and will be hosting a free concert at the Holiday Inn. The proceeds of the concert will go to the Canadian Cancer Society and the hospital;
- the Foundation website is now live on the internet; and,
- this was her last meeting as she will be retiring after 22 years.

*Motion (L. Kerrigan/R. McKinley) and carried: to receive the above reports as presented.*

9. **OPEN FORUM**

No items were raised.

10. **NEXT MEETING**

November 30, 2011 at the Meadowview Villa, Petrolia

11. **ADJOURNMENT**

There being no further items for discussion, the meeting adjourned at 8:18 p.m.

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Bruce Davies  
Chair  
Board of Bluewater Health

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Sue Denomy  
Secretary  
Board of Bluewater Health

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Jacqueline McGregor  
Senior Executive Assistant  
Recorder