

**REVISED REGULAR MEETING
BOARD OF BLUEWATER HEALTH
September 28, 2011**

Directors:

David Campbell√	Terry McNally√	Dr. Leslie Potts√
Bruce Davies√	Robert McKinley√	Pasquale Rossi√
Sue Denomy√	Richard Newton-Smith√	Cindy Thayer√
Jim Elliott√	Barb O'Neil√	Stéphane Thiffault√
Dr. Michel Haddad√	Scott Palko√	Dr. Angela Wang√
Lorri Kerrigan√	Wayne Pease√	

Professional Staff: Dr. Joy Singh√

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

1. CALL TO ORDER – 6:11 p.m. (*attached in the minute record book)

1.1 Welcome/Opening Remarks

B. Davies welcomed everyone to the meeting and acknowledged that this meeting was the last Board meeting to be held at the Mitton Site.

1.2 Approval of Agenda*

Motion (D. Campbell/J. Elliott) 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/T. McNally) and carried: to approve the minutes of August 10, 2011 as presented.*

3. REPORT FROM IN-CAMERA MEETING

B. Davies reported that some credentialing and property issues were discussed in the in-camera meeting.

4. POLICY FORMATION (*attached in minute record book)

4.1 Policy 3.20 - Environmental Stewardship*

B. McKinley presented Policy 3.20 - Environmental Stewardship for review and approval. He advised that the policy was reviewed by the Quality Committee last spring as part of the three year policy review cycle. The policy was amended to delegate the responsibility to the Chief Executive Officer as opposed to the Green Team as the team no longer exists.

Motion (R. McKinley/D. Campbell) and carried: to approve the Policy 3.20 - Environmental Stewardship as presented.

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

5.1 Redevelopment Project - Interim Funds Transfer*

M. Lapaine advised that the substantial completion date for Phase 2 of the redevelopment project will occur on September 30, 2011. In accordance with the contracts governing the project, the hospital is required to disburse \$33,920,007 + HST within 10 business days, i.e. by October , pending the architect's verification and identification of minor deficiencies. He advised that there will be some holdbacks as there are some deficiencies on the main floor.

Motion (R. McKinley/P. Rossi) and carried: to approve the Board Chair and CEO to sign Schedule 1 – Form of Payment Instruction up to \$33,920,007 + HST subject to deficiencies identified by the architect.

5.2 Hospital Service Accountability Agreement (H-SAA)*

M. Lapaine presented the 2011-12 Operating Budget for information purposes only. He advised that the final H-SAA will be presented to the Board for approval in October. M. Lapaine highlighted some of the adjustments made to the budget from the preliminary budget submitted in February, i.e. deficit of \$2.9 million. He reported that the budget was amended to include the \$8.7 million in PCOP funding and that the hospital is projecting approximately a \$225,000 operating surplus.

5.3 Quarterly Investment Report*

M. Lapaine presented the quarterly investment report for the period ending June 30, 2011 highlighting the hospital's four investment accounts, the CEEH endowment and the two joint investments with CBI Sarnia Limited and Lambton ProResp Inc. M. Lapaine reviewed the Superbuild investments and advised that the final installment for the Capital redevelopment project will be made in December 2011. He advised that the hospital will need to borrow \$7 million from the bank to bridge the remaining funds to be recovered by County of Lambton over the next five years.

Motion (J. Elliott/R. McKinley) and carried: to receive the quarterly Investment Report as presented.

5.4 Chief Financial Officer Quarterly Certificate*

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

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

5.5 Chief of Professional Staff position*

S. Denomy sought the Board's direction regarding the Chief of Professional Staff (CoPS) position as the term of the Acting CoPS is scheduled to expire in December. She advised that the previous incumbent, Dr. Lees, held a dual role as CoPS and VP, Medical Affairs (VPMA). However, in October 2010, the Board agreed to separate the two positions at least for the short-term.

S. Denomy provided an overview of the two briefing notes in the package. She highlighted the pros and cons of combining and separating the CoPS and the VPMA positions; the requirements under the *Public Hospital Acts* and the by-laws.

S. Denomy sought the Board's consideration to:

- fill the CoPS position with a permanent appointment;
- give serious consideration to combining the positions of CoPS and the VP, Medical Affairs;
- modify the by-laws to recognize a dual relationship, accountabilities and reporting for Medical Directors (*during the next regular review of the by-laws*); and,

- investigate a re-organization within the medical leadership model for Bluewater Health in which the chair of MAC's duties would be derived from chairing that committee (from PHA).

The Board sought clarification if it was feasible for one person to fulfill the responsibilities of both roles. It was noted that the scope of the position changed from a part-time role (1.5 days per week) to a full-time position when the dual VPMA responsibilities for risk management and patient safety were added to the position. The Board was advised that it is difficult for the role to be filled part-time as the demands of the position have continued to grow with the implementation of ECFAA and Reg. 965 amendments.

Discussion ensued regarding the proposed model and whether to combine the two positions or keep them separate, the benefits of combining the role (i.e. costs savings and elimination of duplication), the reporting structure, maintaining the same level of quality and the need to fill the position in the long-term.

Concerns were raised regarding recruitment, the need for the CoPS to be an active member of the clinical staff and the need to advertise the position. It was noted that the combined role would eliminate a number of internal candidates due to the time commitment. Concerns were also raised with respect to the progress that has been made in building the relationships with the professional staff and what the impacts combining the positions could be. The members of the Professional Staff Association formally request that the CoPS and the VP, Medical Affairs position be kept separate.

The Board sought clarification regarding if approval was being sought to fill the CoPS position internally or externally or if approval was being sought to appoint a person(s).

Motion (T. McNally/P. Rossi): to approve that the Chief of Professional Staff and VP, Medical Affairs position stay separate and that the Board take steps to fill the Chief of Professional Staff position precluding that the same person can hold both positions.

The above motion was defeated.

Motion (J. Elliott/L. Kerrigan) and carried: to approve that the Chief of Professional Staff position with the VP, Medical Affairs position may be combined and maybe filled by the same person.

5.6 Decommissioning and Demolition of the Mitton Site*

M. Lapaine provided an update regarding the decommissioning and the demolition of the Mitton Site. He reported that at the July Council meeting, the City of Sarnia rejected the request to sell the land to a third party. He advised that the City sought the hospital's official position with respect to the project.

M. Lapaine provided an overview of the background and the negotiations that have taken place with the City since 1999. He discussed the Ministry's recent announcement that the province would cover the demolition and site clean-up costs of the London South Street Hospital. He advised that although there are similarities between the two sites there are differences. The London Health Sciences Centre hospital has been vacant for several years but the Mitton Site building is still occupied.

M. Lapaine sought Board approval to apply for a decommissioning grant from the Ministry and work collaboratively with the City of Sarnia and the province to maximize all possible funding grants available to transition the land to its future state. He advised that the hospital has only two

key sources of funding for large scale capital projects, local fundraising and Ministry grants. He reported that the Ministry generally does not cover the cost of demolition.

Motion (R. McKinley/R. Newton-Smith) and carried: to approve the hospital apply for a decommissioning grant from the Ministry and work collaboratively with the City and the province to maximize all possible funding grants available to transition the land to its future state.

5.7 Hospital Joint Venture -876756 Ontario Limited*

M. Lapaine provided an overview of the joint venture between the hospital and 876756 Ontario Limited (operating as Lambton ProResp). Lambton ProResp has requested that the hospital grant the joint venture a license to use any registered trademark belonging to either ProResp or the hospital in the delivery of its services.

M. Lapaine sought Board approval to endorse the CEO and Chief Financial Officer to sign back the amending agreements and the Directors' Resolution to Lambton ProResp. He advised that the license is not transferable and can only be used by Lambton ProResp and only as long as the joint venture agreement exists.

Motion (W. Pease/S. Palko) and carried: to endorse the CEO and Chief Financial Officer to sign back the amending agreements and the Director's Resolution pertaining to the use of "Trademarks" and "Materials" relating to the hospital joint venture.

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 July 31, 2011. The statement reflects year-to-date revenues of \$59 million and expenses of \$58.4 million with an operating surplus of \$567,000. 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 is continuing to audit health records in the medicine program in order to capture more weights.

Motion (D. Campbell/T. McNally) 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 substantial completion date for Phase 2 of the capital redevelopment project is scheduled for September 30, 2011 and that the project is 98% complete. He advised that staff in the Mitton site and Essex buildings are scheduled to move the week of November . He reported that orientation sessions have been scheduled in order to prepare staff for the move to the Russell building.

M. Lapaine reported the MMM Group placed a lien on the hospital due to the lack of payment from the architects. He advised that the two parties have been working on finding a resolution and that the lien is expected to be discharged within the next month. He reported that the hospital put a holdback on funds issued to the architect once the lien was registered. The architect has not been paid since July. He advised that there is no financial risk to the hospital as there are enough holdback funds to cover the cost of the lien. He reported that there are some risks if the architect goes bankrupt because there are some requirements that need to be completed before the end of the project.

Motion (J. Elliot/W. Pease) and carried: to accept the Capital Redevelopment Project report as presented.

6.3 Balanced Scorecard

Resource Utilization and Audit Committee Report*

S. Thiffeault presented the Resource Utilization and Audit Committee Indicator report. He highlighted Acute Inpatient Days YTD and the positive result in the Total Weighted Cases YTD indicators. He reported that the hospital continues to audit charts in order to capture more weights. S. Thiffeault reported that although the Rehab Inpatient Days YTD indicator is tracking red the deficiencies are not financial.

He noted that the hospital plans to maximize the PCOP funding on a go forward basis. S. Thiffeault highlighted the Human Resource indicators and advised that the hospital is addressing absenteeism. He noted that the increase in the Overtime Expense indicator is contributed to by the transition to the new building.

Quality Indicator Report*

R. McKinley provided highlights from the Quality indicator report. He noted that a lot of the indicators are tracking yellow or green. He highlighted the C. Difficile and Ventilator Associated Pneumonia indicators and advised that the hospital was being proactive in its approach to address these cases. He reported that improvements are being made on Palliative, Telemetry and Acute Medicine units to address incidents for the QIP Organizational Falls indicator.

R. McKinley reported that the hospital is looking into ways to make improvements within the surgery program, in particular utilizing the OR block time and addressing efficiencies in the pre-registration for day surgery with respect to reducing the wait times from the time the patient registers to the actual procedure. He highlighted significant improvements in the percentage of "Completed Cases Within Each Priority Access Target" for the day surgery.

Motion (D. Campbell/L. Kerrigan) 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 2011 Board Survey/Evaluation Results*

R. Newton Smith highlighted the 2011 Board Evaluation Survey Results report. He reported that 9 out of 16 surveys were completed and encouraged Directors to complete the survey in future as the results are used as a guide to address areas for improvement for the Board. He provided an overview of the results highlighting Board orientation and the support that has been provided to the two new Directors to date, continued learning through OHA educational sessions and improved relations with various stakeholders and community partners. He noted that the Community Engagement Strategy will be expanded to include a survey for community partners and providers. The results will be used in the next strategic planning review process.

7.2 Board Session and Bluewater Health Visit - Dr. Jack Kitts, October 3, 2011

R. Newton-Smith reminded the Board that Dr. Jack Kitts, President and CEO of the Ottawa Hospital, is scheduled to make a presentation to the Board entitled "Taking our Organization to a Highly Reliable Organization: Focus on Quality: The Ottawa Hospital Experience" on October at 6:00 p.m

7.3 Board Orientation - November 1, 2011

R. Newton-Smith reported that the Board Orientation for new Director and Non-Committee Directors has been scheduled for November . He advised that an invitation will be extended to all current Directors to attend as a refresher or to attend for the networking component of the session.

7.4 Freedom of Information OHA Link

R. Newton-Smith reported that the June OHA webcast and videoconference entitled "Governance, Leadership and Accountability for FIPPA: Implications for the Hospital Board and Senior Leadership" will be circulated to the Board.

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 that:

- the launch of the new Cancer Care Assessment & Treatment Centre had taken place on September 28 and that the hospital has received positive feedback to date on its plans;
- the hospital participated in the Pink Glove Dance video contest to raise awareness of breast cancer. She advised that the competition is an international event and that the organization whose video has the most votes wins \$10,000 to donate to a charity of its choice. The Board was encouraged to view the video on Facebook and vote for the hospital;
- the hospital submitted all of the required evidence as a condition of the accreditation process prior to the September 2011 and Spring 2012 deadlines. She highlighted Accreditation Canada's letter advising that the hospital has received full accreditation; and,
- the hospital will be issuing a news release regarding the shortage of beds due to an increase in the Emergency Department and ALC patients. She advised that the hospital is addressing the situation by opening additional beds in the Medicine Unit and consolidating where appropriate. She acknowledged that staff have worked extra shifts to manage the situation. S. Denomy noted that the hospital is waiting for PCOP funding and anticipates opening additional beds by the end of October.

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 held its quarterly meeting on September 14th;
- the hospital will be participating in a community collaboration for PAP screening by Dr. Blunt and other local physicians to raise cervical cancer awareness for women;
- the launch of the Most Responsible Physician QIP hand washing initiative to educate staff and physicians regarding the importance of hand washing;
- physicians will be able to be paged by overhead for urgent matters only as there still appear to be some concerns with pager and cell phones not working in certain parts of the hospital. She advised that the issue is being addressed with the installation of a new tower; and,
- concerns with parking.

8.4 Medical Advisory Committee Report - September 19*

Dr. Haddad presented the Medical Advisory Committee recommendation to appoint:

- Dr. Renato Pasqualucci as the Medical Director of the Emergency Department to replace Dr. Vouriot who is stepping down from the position.

Action:

It was agreed that the Board send a thank you letter to all retiring Medical Directors.

Motion (J. Elliott/P. Rossi) and carried: to approve the Medical Advisory Committee's recommendation to appoint Dr. Renato Pasqualucci as the Medical Director of the Emergency Department.

Dr. Haddad reported that the following Medical Director terms are also scheduled to expire by the end of the year:

- Dr. Jaychuk, Medical Director of Mental Health;
- Dr. Rashed, Interim Medical Director of Maternal/Infant/Child; and,
- Dr. Haddad, Interim Medical Director of Surgery will end when his term as acting CoPS expires.

He advised that with the above-mentioned resignations there will be changes to the composition of the Medical Advisory Committee

An inquiry was made regarding the use of physician assistants. Dr. Haddad reported that the hospital is not currently using physician assistants; however, CEEH has submitted two applications – one for the Family Health Team and the other for the ED. He 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 - September 1*

B. McKinley reported that the Committee:

- welcomed two new Directors, Terry McNally and Scott Palko, and one Non-Director Community member, Darren Nesbit, and Andrea Wist as the hospital employee representative to the Committee;
- received an update on the Rural Health program;
- reviewed the Committee work plan in detail. He advised that the Committee agreed that recurring items will be selected as topics for educational sessions for the new members to provide them with a better understanding of the matters before the Committee;
- discussed the Committee Evaluation Survey results, in particular orientation. He advised that the Committee agreed to provide a mentor to the new Directors and Non-Director Community member; and,
- received updates regarding the submission of evidence to Accreditation Canada for the September deadline and the RTC rollout.

8.6 Governance and Nominating Report - September 13*

R. Newton-Smith reported that the Committee:

- received a presentation from Karen Waymouth, Director of Health Information Services and Chief Privacy Officer, regarding the *Freedom of Information Protection and Privacy Act (FIPPA)* which comes into effect January 1, 2012. He advised the hospital is working with the ESC LHIN Regional Implementation Committee to ensure compliance with the legislation.
- All other matters dealt with by the committee had previously been addressed.

8.7 Resource Utilization and Audit Committee Report - September 15*

S. Thiffeault reported that the M-SAA discussions with the ESC LHIN are ongoing. All other matters dealt with by the committee had previously been addressed.

8.8 Foundation Report*

B. Davies highlighted on Liz Kenny's behalf that:

- the 2012 Dream Home ribbon cutting ceremony is scheduled for October ;

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- Kathy Alexander was the successful candidate to replace Liz Kenny as the Executive Director for the Foundation; and,
 - the various events being held by the Foundation.

Motion (L. Kerrigan/R. Newton-Smith) and carried: to receive the above reports as presented.

9. OPEN FORUM

B. Davies requested that if the Board has any future meeting items to forward them to him in advance of the meeting.

The Board was reminded that a tour of the Russell building will be provided prior to the October Board meeting.

10. NEXT MEETING

October 26, 2011 in the Norman Site Auditorium, London building, level

11. ADJOURNMENT

There being no further items for discussion, the meeting adjourned at 9:04 p.m.

Bruce Davies
Chair
Board of Bluewater Health

Sue Denomy
Secretary
Board of Bluewater Health

Jacqueline McGregor
Senior Executive Assistant
Recorder