

**REGULAR MEETING
BOARD OF BLUEWATER HEALTH
April 27, 2011**

Directors:

Bryan Bouck√	Lorri Kerrigan(r)	Brent Steeves(r)
David Campbell√	Robert McKinley√	Cindy Thayer√
Bruce Davies√	Richard Newton-Smith√	Stéphane Thiffeault√
Sue Denomy√	Barb O'Neil√	Dr. Angela Wang√
Jim Elliott√	Wayne Pease√	
Dr. Michel Haddad(r)	Pasquale Rossi√	

Staff: Steve Anema√; Kim Bossy√; Connie Courtney√; Mike Lapaine√; Lynda Robinson√;
Dr. Mark Taylor√

Guests: Sheila Chappell, President, Bluewater Health Foundation

1. CALL TO ORDER – 6:03 p.m. (*attached in the minute record book)

1.1 Welcome/Opening Remarks

B. Davies welcomed everyone to the meeting. He advised that Dr. Haddad, L. Kerrigan and B. Steeves were not able to attend the meeting.

1.2 Approval of Agenda*

Motion (D. Campbell/S. Thiffeault) 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. McKinley/P. Rossi) and carried: to approve the minutes of March 23, 2011 as presented.*

3. REPORT FROM IN-CAMERA MEETING

B. Davies reported that some property matters regarding the Mitton site and personnel matters were discussed in the in-camera meeting.

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

4.1 Policy 5.105 – Director Expense Reimbursement*

R. Newton-Smith presented Policy 5.105 – Director Expense Reimbursement for approval. He provided an overview of the policy and advised that the policy was revised to comply with the Ontario government's Broader Public Sector Expenses Directive.

Motion (R. Newton-Smith/B. Bouck) and carried: to approve Policy 5.105 – Director Expense Reimbursement as presented.

4.2 Policy 4.75 – Expense Reimbursement*

R. Newton-Smith presented Policy 4.75 – Expense Reimbursement for approval. He advised that the policy was revised to comply with the Broader Public Sector Expenses Directive. The policy authorizes the CEO to ensure appropriate and effective processes exist that based on the following principles: accountability, transparency, value for money and fairness. The Board was advised that the expenses of the Board, CEO, CoPS and senior management will be posted to the hospital website in accordance with the *Excellent Care for All Act*.

Motion (R. Newton-Smith/D. Campbell) and carried: to approve Policy 4.75 – Expense Reimbursement as presented.

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

5.1 Quality Committee Terms of Reference*

R. Newton presented the revised Quality Committee Terms of Reference for approval. He reviewed the revisions highlighting the responsibilities, i.e., monitoring quality issues, oversight of the QIP, committee composition, and term of appointment et al. He advised that the Terms of Reference were amended to comply with the *Excellent Care for all Act*.

Motion (R. Newton-Smith/R. McKinley) and carried: to approve the revised Quality Committee Terms of Reference as presented.

5.2 Strategic Priorities Retreat: Summary Report and Revised Multi-Year Goals*

R. Newton-Smith provided an overview of the Strategic Priorities Retreat: Summary Report and Revised Multi-Year Goals draft report. He reviewed the 12 multi-year goals and sought the Board's approval of the multi-year goals to be the focus for the hospital for the remainder of the 2009-12 Strategic Planning cycle. A minor revision was suggested for Item 2.4 to read:

“By 2012 Bluewater Health will have developed updated professional staff and human resources plans that **align with the 2009-12 Strategic Plan** and the community needs, succession planning and emerging direction in health care delivery“.

It was agreed that the date of the February 11th and 12th Board retreat and the Board approval date should be added to the cover of the report.

Motion (R. Newton-Smith/J. Elliott) and carried: to accept Sara Lankshear's Strategic Priorities Retreat Summary Report and Revised Multi-Year Goals report dated March 28 2011 based on the February 11th and 12th Board retreat.

Motion (R. Newton-Smith/R. McKinley) and carried: to adopt the 12 Multi-Year goals as amended.

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

6.1 Department of Surgery Recommendations - Update

Deferred to the May meeting.

6.2 Chief Financial Officer - Certificate*

S. Anema presented the Chief Financial Officer's Certificate for the period ending March 31, 2011. He advised that the hospital provided the Canada Revenue Agency with the required information for the GST audit and that the hospital continues to work closely with PROcure. S. Anema noted that all information pertaining to the Public Sector Salary Disclosure was submitted by the March 31st deadline.

Action: S. Anema

Motion (B. Bouck/J. Elliott) and carried: to accept the Chief Financial Officer Certificate.

6.3 Hospital Service Accountability Agreement (H-SAA)*

S. Anema presented the Amending Hospital Service Accountability Agreement (H-SAA) for Board approval. He advised that the amending agreement extends the 2008-10 agreement and is effective April 1, 2011. S. Anema advised that some of the performance corridors in Schedule B2 are new

and are being incorporated into the Quality Committee balanced scorecard. He advised that the matrix of measure has also been changed. Some of the indicators tie into the Quality Improvement Plan.

Discussion ensued regarding the 90th Percentile ER length of stay for admitted and non-admitted patients. S. Anema advised that more information will be provided from the ESC LHIN and Ministry. Concerns were raised regarding how the quality of care will be affected in order to achieve the performance corridor targets. An inquiry was made regarding who set the targets and how they will be measured. It was agreed that an educational session will be required. An inquiry was made regarding the Operating Base Funding in Schedule C2 and the Wait Time Services in Schedule H2 for hip/knees.

Motion (S. Thiffeault/R. McKinley) and carried: to approve the Amending Hospital Service Accountability Agreement on behalf of the hospital.

6.4 Multi-Sector Services Agreement (M-SAA)

S. Anema provided an update regarding the Multi-Sector Service Agreement. He advised that further discussions are required with the ESC LHIN regarding the concerns raised in the CAP submission. It was recommended that the Agreement not be signed until the concerns have been addressed. Clarification was sought regarding the implications, if any, of not signing the Agreement and if any of the monies mentioned in the Ontario Budget for health care would be allocated to Mental Health programs. It was emphasized that the hospital's preference is not to cut any Mental Health services.

6.5 Financial Statement*

S. Anema presented the Statement of Revenues and Expenses for the period ending February 28, 2011. The current statement shows year-to-date revenues of \$155.4 million and expenses of 155.8 million. He advised that the hospital is projecting a year-end surplus of approximately \$81,000. S. Anema highlighted some concerns with co-payment and preferred accommodations. Discussion ensued regarding the number of ward rooms and options to address the accommodation concerns.

Motion (B. Bouck/C. Thayer) and carried: to accept the Financial Statement as presented.

6.6 Capital Project/Facilities Planning Report*

M. Lapaine provided an update regarding the Capital Redevelopment Project. He reported that no more change orders issued are expected for the Russell Site as the demolition phase of the project is complete. He advised that the hospital may have to use the 30-day schedule cushion due to some construction delays that have occurred. He noted that the hospital continues to meet with EllisDon to mitigate the delay to ensure that there will be no financial penalties incurred for the hospital as a result. No such consequences are presently anticipated. M. Lapaine reported that discussions are ongoing with the Ministry regarding covering the allocation of funds for the Mental Health change order. The hospital is seeking approval to have the change order covered under the "post construction contingency" (PCC) fund as opposed to "Own funds".

The Board was advised that the Ministry has approved the dialysis water system change order in the amount of \$175,000.

Motion (J. Elliott/R. Newton-Smith) and carried: to accept the Facilities and Planning Development Report as presented.

6.7 Balanced Scorecard

Resource Utilization and Audit Committee Report*

S. Thiffeault noted that the Resource Utilization and Audit Committee Indicator report was similar to the previous month. He highlighted the working capital indicator and advised that the indicator

continues to track red due to payments being made for the capital project. Clarification was sought regarding the medical supplies indicator. The Board was advised that a Director of Materials Services has been hired to address these concerns.

Quality Indicator Report*

D. Campbell provided highlights from the Quality indicator report. He noted that the C. Difficile numbers were down and that the Antibiotic Stewardship Committee will be addressing the multiple antibiotic use concerns in the three cases identified. He advised that the "Patients' Confidence that Caregivers Cleaned Hands" indicator went down this month which might be contributed to a recent article published in the Sarnia Observer. D. Campbell highlighted concerns with the colonoscopies and the "Improving Patient Confidence & Trust" indicators and advised that staff are taking the appropriate steps to address this concerns.

Motion (J. Elliott/C. Thayer) and carried: to accept the Resource Utilization and Audit Committee and Quality Committee indicator reports as presented.

7. ITEMS FOR DISCUSSION

7.1 Accreditation - Update

R. Newton-Smith provided an overview of the accreditation. He advised that the debriefing was well attended by staff and the Board. He reported that the surveyors were extremely complimentary of Bluewater Health and acknowledged the hospital's awareness of patient safety and quality agenda and initiatives. He noted that some recommendations were identified which will be highlighted in the formal report that will be issued in the near future.

B. Davies and R. Newton-Smith acknowledged the hospital's leaders and staff for all the work that went into preparing for the accreditation and making it a success. B. Davies advised that the surveyors used a checklist with over 2000 specific categories and that the hospital received a score of 97.7 percent. It was agreed that a formal letter be sent to staff on behalf of the Board.

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

The following updates and Committee reports were presented:

8.1 CEO/Management Reports*

S. Denomy reported that:

- the first Bridging Excellence Awards ceremony will be held on May 26th. She advised that 412 individuals will be recognized for service milestones. Of these 19 are 35 year recipients and 2 are 40 year recipients;
- the Royal College of Physicians and Surgeons of Canada recognized Kim Kraeft and Nadine Krasinkiewicz as part of the CRI Critical Care Education network;
- the volunteer appreciation luncheon was held on April 13th and 738 volunteers were acknowledged;
- the accreditation survey team acknowledged the Board's best practices and recommended that some of the leading practice initiatives be shared with the neighbouring LHINs.
- the hospital has taken steps to address the smoking concerns on hospital property; and,
- the hospital won the Chamber of Commerce Environmental Award.

8.2 Board Chair Report

B. Davies reported that:

- he attended the Volunteer Appreciation luncheon as a guest speaker and found the experience very uplifting and rewarding. He acknowledged the number of volunteers that serve the hospital at all sites in various capacities; and,

- the Nominating Committee held an information session for the 2011 Board recruitment tonight at CEEH and another was held on April 20th in Sarnia. He advised that the deadline for applications is Friday, April 29th followed by interviews and a recommendation to the Board.

8.3 Medical Advisory Committee – April 20*

Dr. Taylor highlighted that:

- the number of incomplete charts is significantly down and progress continues;
- the Ministry Most Responsible Physician initiative will focus on hand hygiene and will align with the QIP; and,
- the number of psychiatric patients visiting the Emergency Department has increased.

8.4 Quality Committee Report – April 7*

D. Campbell highlighted:

- the Pharmacy annual report and the changes made within the department from 2008-11 (i.e. best practices, audits and the Antibiotic Stewardship Committee);
- the Leadership Development framework which will centralize the corporate education budgets through a three year plan to align with Strategic Planning initiatives;
- the Whistleblower annual report was received with no incidents to report; and,
- the Terms of Reference were amended and concerns were raised regarding monitoring best practices.

8.5 Governance and Nominating Committee – April 12*

R. Newton-Smith highlighted:

- the *Freedom of Information and Protection of Privacy Act* changes under the ECFAA and the PHA - Reg. 965 and advised that a Board education session will be scheduled;
- that the by-law amendments will be presented to the Annual General Meeting for ratification; and,
- the Board Evaluation surveys will be circulated by May 6th. He encouraged Directors to complete the forms and provide feedback.

8.6 Resource Utilization and Audit Committee Report – April 14*

S. Thiffeault reported that:

- the Terms of Reference were amended to revised the composition of the committee to include the CoPS or delegate;
- the auditors provided an update regarding the interim audit.

S. Thiffeault sought feedback from the Board regarding the new accounting rule changes for approving the financial statements. He advised that the new rules require the auditors to audit up to the point of approval of the financial statements (i.e. AGM). Discussion ensued regarding determining what is the appropriate date for completion of the audit and if it was appropriate for RU&A to approve the financial statements in principle. The Board agreed that it would be appropriate to end the field work as of the date of RU&AC and recommend the statements to the Board for approval but not approve the statements.

Motion (R. Newton-Smith/D. Campbell) and carried: that the Resource Utilization and Audit Committee accept the draft financial statements and approve the cessation of the field work of the audit as of June 9th to receive the above reports as presented.

8.7 Foundation Report*

S. Chappell reported that the Bluewater Health Foundation golf tournament is scheduled for June 16, 2011.

Motion (C. Thayer/J. Elliott) and carried: to receive the above reports as presented.

9. OPEN FORUM

None issues and/or concerns were raised.

10. NEXT MEETING

May 25, 2011

11. ADJOURNMENT

There being no further items for discussion, the meeting adjourned at 8:28 p.m.

Bruce Davies
Chair
Board of Bluewater Health

Sue Denomy
Secretary
Board of Bluewater Health

Jacqueline McGregor
Senior Executive Assistant
Recorder