

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

Directors:

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

Staff: Steve Anema(r); Kim Bossy√; Connie Courtney(r); Mike Lapaine√; Lynda Robinson√

Guests Sheila Chappell, President of the Bluewater Health Foundation  
Christine Murphy, Special Projects Administrator

**1. CALL TO ORDER – 6:15 p.m. (\*attached in the minute record book)**

1.1 Welcome/Opening Remarks

B. Davies welcomed everyone to the meeting and introduced Lynda Robinson, Vice President, Operations. He advised that Dr. Wang, P. Rossi and C. Thayer were not able to attend the meeting.

1.2 Approval of Agenda\*

*Motion (R. Newton-Smith/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 (S. Thiffault/R. McKinley) and carried: to approve the minutes of December 15, 2010 as presented.*

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

B. Davies reported that some credentialing matters and financial matters with respect to the capital project were discussed in the in-camera meeting. He noted that the capital project remains on time and on budget.

**4. EDUCATION SESSION (\*attached in minute record book)**

4.1 Journey to Engagement\*

C. Murphy and K. Bossy provided a presentation entitled “Journey to Engagement”. They addressed the following:

- Why Community Engagement? (legislative requirement, accreditation, fit with mission, vision and values)
- What is Community Engagement? (rationale, definition, challenges)
- Community Engagement at Bluewater Health (objectives, definition, principles, stakeholders, priorities, process, resources and evaluation)

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

5.1 Policy 6.10 – Community Engagement Resource Planning\*

R. Newton-Smith presented Policy 6.10 – Community Engagement for approval. He advised that the CE Strategy is founded upon ten guiding principles which are intended to orient the Board,

management, staff and volunteers and all stakeholders to the focus that the hospital will take with community engagement. The Governance & Nominating Committee will provide oversight for the Community Engagement strategy by monitoring its implementation and effectiveness and reporting to the Board on a regular basis.

An inquiry was made regarding the recommended annual budget for this work and whether the amount funding will be reflected separately in the operating budget. Discussion ensued regarding the costs to undertake community engagement activities.

***Motion (R. Newton-Smith/B. Steeves) and carried: to approve Policy 6.10 – Community Engagement as presented.***

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

6.1 Chief Financial Officer Certificate\*

M. Lapaine presented the Chief Financial Officer quarterly certificate for the period ending December 31, 2010 for approval. No concerns were raised.

***Motion (B. Bouck/R. McKinley) and carried: to accept the Chief Financial Officer Certificate.***

6.2 Request for Bridge Loan\*

M. Lapaine sought Board approval for the hospital to establish a short-term bridge loan of \$7.5 million in order to maintain liquidity. He advised that every year the Ministry claws back the operating grant advance in February and March and that the loan is required to cover this period until the new funding for the next fiscal year is advanced in April. The bridge loan was increased three years ago from \$5 million to \$7.5 million.

***Motion (S. Thiffeault/J. Elliott) and carried: to approve management to establish a bridge loan of up to \$7.5 million through the CIBC for the period March to May 2011.***

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

7.1 Department of Surgery Recommendations – Update\*

Dr. Haddad provided an update regarding the Department of Surgery's recommendations that were implemented as a result of the Goldman report. Recommendations 1-3, 5, 6, 8 are completed and recommendations 4, 7, 9-30 are underway or in progress.

Inquiries were made regarding the morale in the department, sick time, infection rate and reporting. Dr. Haddad advised that there is full attendance at meetings now and improvements have been made. He noted that the surgeons are working as a team covering for each other if one is absent. Discussion ensued regarding the cancer care plan. Dr. Haddad reported that the hospital intends to grow the program and repatriate patients back to Sarnia.

7.2 Financial Statement\*

M. Lapaine presented the Statement of Revenues and Expenses for the period ending November 30, 2010. He advised that the hospital is projecting a \$96,000 surplus for year end and reported on variances from forecast. An increase in medical/surgical supplies expenses has been offset by the NEER rebate as well as improvements to the room differential revenues. He noted that the hospital is forecasting to recognize \$2.6 million of PCOP expansion revenue for various clinical programs and those expenses incurred due to PCOP expansion will be offset.

***Motion (B. Steeves/W. Pease) and carried: to accept the Financial Statement as presented.***

7.3 Capital Project/Facilities Planning Report\*

M. Lapaine reported that the Capital Redevelopment project is 93 percent complete and Phase 2 of the project is on schedule. He advised that there are potential schedule concerns related to

unforeseen building conditions (i.e. elevator machine room and shaft wall) and that meetings are being held to mitigate any additional schedule delays. The Palliative Medicine program will be relocated back to their renovated unit on February 2<sup>nd</sup> and that the Continuing Care patients will be temporarily relocated on February 3<sup>rd</sup>.

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

7.4 Balanced Scorecard

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

S. Thiffeault presented the Resource Utilization and Audit Committee Indicator report. He reported that there were no significant changes from last month. He highlighted rehab in-patient days, acute in-patient days and colonoscopy indicators which are tracking below target. He noted that the rationale for overtime and sick time expenses remains the same as the previous month. The overtime hours are up due to training and orientation of staff to the new facility. The Committee proposed some changes to the balanced scorecard which will be reflected in next month's scorecard.

**Quality Indicator Report\***

D. Campbell presented the Quality Committee Indicator report. He advised that the Committee received an update from Diagnostic Imaging. He noted that the MRI wait time is currently 40 days and the CT wait time is only 7 days which are the best in the ESC LHIN. A patient incident occurred (a level 3 fall) and a QCIPA review is being completed as a result. With respect to the complaints report, two complaints were over target in terms of timeliness of response. In one case the delay resulted from a delay in determining the appropriate manager to respond to the complaint. He reported that administration is working on implementing the ECFAA requirements pertaining to Quality.

D. Campbell also advised that the coding for the scorecard for the "Number of Health Care Claims" indicator was inaccurate. The scorecard shows that it is tracking red; however, it should be green.

***Motion (B. Bouck/R. Newton-Smith) and carried: to accept the Resource Utilization and Audit Committee and Quality Committee indicator reports as presented.***

**8. ITEMS FOR DISCUSSION**

8.1 Bridging Excellence Awards Launch

K. Bossy advised that the Bridging Excellence Awards have now been launched and the deadline for nominations is February 25<sup>th</sup>. She reported that the awards ceremony will be held on May 26<sup>th</sup>. Directors were encouraged to submit a nomination form and that if they had any questions to contact Michelle Laird at 519-464-4400 Ext. 5538 or mlaird@bluewaterhealth.ca.

8.2 Board Retreat Survey Results\*

R. Newton-Smith presented the Board retreat survey results. He advised that overall the comments were very positive. Directors were encouraged to complete the surveys as the Board is interested in receiving feedback for areas of improvement. He noted that the February 11<sup>th</sup> and 12<sup>th</sup> Board Strategic Planning Retreat will tie in the strategic goals to the quality initiatives in order to advance the Board's quality agenda.

8.3 Board Meeting Effectiveness Survey Results\*

R. Newton-Smith highlighted the November Board Meeting Effectiveness survey results. He advised that there was a 50 percent response rate and that overall the results were positive. He noted that the timeliness of the background information remains the top concern.

8.4 Rural and Northern Health Care Challenges – Public Consultations\*

B. Davies sought the Board's input regarding whether the hospital should submit a formal response to the MOHLTC's Rural and Northern Health Care report. A public consultation has been scheduled for February 2<sup>nd</sup> in Petrolia. S. Denomy discussed the format for the consultation session. It was agreed that the hospital would not submit a separate response but would complete the OHA survey. The Board agreed that the response to the report should come from the OHA as a collective response from all hospitals as the recommendations were province wide and general in nature. Directors were encouraged to complete the surveys and attend the session if they wished to do so.

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

The following updates and Committee reports were presented:

9.1 CEO/Management Reports\*

S. Denomy reported that:

- Bluewater Health had the honour of hosting the Minister of Health and Long-Term Care, Deb Matthews. She advised that the Minister toured the Complex Continuing Care and Emergency departments and the Pat Mailloux Eye Centre in Petrolia and the Emergency, Diagnostic Imaging, Laboratory, Dialysis, ICU, Medicine departments and the donor wall in Sarnia and seemed very pleased and impressed.
- the hospital continues to show improvement in the collection of revenues associated with preferred accommodations.
- the hospital has enrolled in the Institute for Healthcare Improvement Passport Membership. This membership allows 38 managers to participate in the on-line Leading Quality Improvement: Essentials for Managers Program and entitles the hospital to save a significant amount in registration costs as each course typically costs \$1,500.
- the hospital introduced a tiered parking system for staff effective January 4<sup>th</sup>. She advised that a shuttle bus is provided for parking lots D and E. She noted that staff appear to be very pleased with the shuttle as they get picked up in the lots and dropped off at the front door of the hospital. She advised that feedback has been very positive. She acknowledged the work of the Parking Committee and advised that the Committee continues to meet weekly to address parking for those staff on the waiting list.
- the official kick off for the celebrations of the 100<sup>th</sup> Anniversary of CEEH was scheduled for Saturday, January 29<sup>th</sup> at the Victoria Playhouse.

9.2 Board Chair Report

B. Davies reported that:

- he had the privilege to tour the hospital with the Minister of Health and Long-Term Care and attend a short meeting with the Minister during her visit to Bluewater Health. He noted that he appreciated the opportunity to meet the front line staff first hand and hear the positive feedback regarding the RTC program and ICU/CCU.
- he attended the Elected Officials meeting held on January 24<sup>th</sup>. These meetings are held every six months and are well attended by the MP, MPP and municipal officials.

9.3 Medical Advisory Committee – January 19\*

Dr. Haddad advised that:

- Dr. Haddad advised that the Committee received presentations on accreditation and the Cancer Care Plan. He reported that MAC will be developing a policy as to whether to granting access

to the hospital's computer system to family physicians who do not have hospital privileges. He provided an update regarding the initiative to offer epidurals to women in labour. Plans are underway to implement this service on April 1, 2011.

- he hoped to present an incomplete chart policy at the February Board meeting. He indicated that it is not always the physician's fault that charts are not completed in a timely fashion. For example, Health Records fell behind because of the demands of moving from one site to the other. However, there are eight to nine physicians whose charts are regularly overdue.

9.4 Quality Committee Report – January 6\*

- D. Campbell reported on various matters, including a patient experience video on surgical site infections, the Diagnostic Imaging Unit wait times and improvements for a standardized booking system, the limited number of psychiatrists currently providing service for the Mental Health Unit and a compliments letter praising a staff member in the Occupational Therapist. He noted that the Releasing Time to Care© pilot is completed and will be featured in the accreditation process. Hand hygiene was identified through the RTC project and that staff in Medicine along with the Infection Control team will be leading this initiative. The Committee received an organizational chart reflecting the committee structure.

9.5 Governance and Nominating Committee – January 11\*

- R. Newton-Smith advised that the regulations under ECFAA and the amendments to Regulation 965 under the PHA have passed. He reported that the Committee will be discussing amendments to the hospital's by-laws at the February meeting. Directors were encouraged to take advantage of educational opportunities (conferences, webinars) and were reminded about the February 11<sup>th</sup> and 12<sup>th</sup> Strategic Planning Retreat.

9.6 Resource Utilization and Audit Committee Report – January 13\*

- B. Bouck reported the 2008-10 Hospital Service Accountability Agreement has been extended to cover the 2011-12 fiscal year.

9.7 Foundation Report\*

S. Chappell reported that:

- the Foundation recently held a strategic planning session and intends to change its approach for seeking donors as the hospital building project is almost complete.
- the Foundation's website will be upgraded to include on-line donations including the ability to issue instant receipts when purchasing event tickets on-line.
- the 2011 Dream Home Lottery is coming to a close and that the February 18<sup>th</sup> draw will be held in the atrium and broadcasted locally. She thanked Connie Courtney, Barb O'Neil and Dr. Pasqualucci for participating in the radio commercial promoting the lottery.

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

**10. OPEN FORUM**

No concerns were raised.

**11. NEXT MEETING**

February 23, 2011

**12. ADJOURNMENT**

There being no further items for discussion, the meeting adjourned at 8:35 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