

**REGULAR MEETING
BOARD OF BLUEWATER HEALTH
May 25, 2011**

Directors:

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

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

Guests: Liz Kenny, Executive Director, Bluewater Health Foundation

1. CALL TO ORDER – 6:18 p.m. (*attached in the minute record book)

1.1 Welcome/Opening Remarks

D. Campbell welcomed everyone to the meeting and introduced Dr. Leslie Potts, President of the Professional Staff Association. He advised that B. Davies and Dr Wang were not able to attend the meeting.

1.2 Approval of Agenda*

Motion (B. Bouck/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. McKinley/R. Newton-Smith) and carried: to approve the minutes of April 27, 2011 as presented.*

3. REPORT FROM IN-CAMERA MEETING

D. Campbell reported that some credentialing matters and additional OR time to reduce cancer care wait times were discussed in the in-camera meeting.

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

4.1 Policy 5.40 - Resource Utilization and Audit Committee Terms of Reference*

S. Thiffault presented Policy 5.40 – Resource Utilization and Audit Committee Terms of Reference for approval. He provided an overview of the policy and advised that the policy was revised to address the Hospital and Community Accountability Planning submissions, the Hospital and Multi-Sectoral Service Accountability Agreements and the shared service organization (CHIS and PROcure). He advised that the changes were requirements of the *Excellent Care for All Act* and the *Broader Public Sector Accountability Act*.

S. Thiffault advised that the Committee Composition in the Terms of Reference was proposed to be amended to include the term "(or delegate)" beside the Chief of Professional Staff (CoPS). Clarification was sought regarding the circumstances under which the CoPS would name a delegate (i.e. per meeting or year). Discussion ensued regarding the wording for other Terms of Reference for consistency purposes and what happens in the event that the delegate and the CoPS attend the meeting. The Board was advised that the revision would be exclusive to the CoPS in the event

he/she is not able to attend a meeting. The Board was also advised that by-laws do not allow for proxy voting. It was suggested this request be considered in the next by-law review that the CoPS be allowed to designate a delegate to attend meeting on his/her behalf on a meeting to meeting basis and that the delegate cannot vote. If this is was not feasible to add the VP, Medical Affairs and Chief of Quality, Patient Safety and Risk Management to the composition so both the VP and the CoPS can attend the meetings. The Board agreed that the matter be referred to the Governance and Nominating Committee for further discussion as it is a governance matter.

Motion (S. Thiffeault/B. Bouck) and carried: that Policy 5.40 – Resource Utilization and Audit Committee Terms of Reference be referred to the Governance and Nominating Committee for review and consideration.

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

5.1 Patient Declaration of Values *

D. Campbell presented the Patient Declaration of Values (DoV) for approval. He reviewed the DoV and highlighted the Patient Rights and Responsibilities. He advised that adopting a DoV is a requirement of the *Excellent Care for All Act* and that the DoV were modified through an extensive public consultation of approximately 155 individuals.

Motion (B. Bouck//R. McKinley) and carried: to approve the Patient Declaration of Values as presented.

5.2 Quarterly Investment Report*

S. Anema presented the quarterly investment report as of March 31, 2011. He highlighted the investment for the hospital redevelopment project and advised that the \$33 million in Superbuild funding will be used to pay for the building project as it nears completion.

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

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

6.1 Department of Surgery Recommendations - Update

Dr. Haddad provided an update regarding the Department of Surgery recommendations. He advised that things are going well in the department. The department is standardizing protocols for infection control and implementing the Cancer Care Plan (i.e. protecting OR time in order to reduce wait lists and a nurse navigator has been hired). He noted that Department of Surgery recruitment opportunities have been identified in the 2011-12 Professional Staff Human Resources Plan.

6.2 Financial Statement*

S. Anema presented the Statement of Revenues and Expenses for the period ending March 31, 2011. The current statement shows year-to-date revenues of \$173.2 million and expenses of \$172.8 million. He advised that the hospital is projecting a year-end surplus of approximately \$428,000. S Anema advised that the surplus will be achieved without cutting services or programs while maintaining patient safety and quality care. He acknowledged the directors and managers for their continued support and hard work.

An inquiry was made regarding the use of surplus monies. S. Anema advised that the surplus will be applied to the working capital shortfall.

J. Elliott acknowledged the work of the CEO and her staff for this accomplishment.

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

B. Steeves advised that the external financial statement will be presented at the AGM in June for approval. He advised that the internal and external financial statements differ slightly in appearance. He noted that the internal statement includes the reconciliation sheet whereas the external statement does not and highlighted the sections that will not be included in the external financial statement.

6.3 Capital Project/Facilities Planning Report*

M. Lapaine provided an update regarding the Capital Redevelopment Project. He reported that EllisDon has requested to use the 30-day schedule cushion due to some scheduling delays. He advised that all services and patients from the Mitton Site will be moved into the Russell Site on November 28th. M. Lapaine reported that discussions continue with the Ministry regarding covering the allocation of funds for the Mental Health change order. He advised that the Ministry is reviewing the schematic drawings for the unit and the Ministry architect was on site for a tour of the unit. He reported that he will have more details to provide at next month's meeting.

Motion (C. Thayer/S. Thiffeault) and carried: to accept the Facilities and Planning Development Report as presented.

6.4 Balanced Scorecard

Resource Utilization and Audit Committee Report*

S. Thiffeault presented the Resource Utilization and Audit Committee Indicator report. He highlighted the \$428,000 surplus in the Surplus(Deficit) YTD indicator and advised that the hospital is addressing the H-SAA Acute Inpatient Days and Rehab Inpatient Days indicators as these indicators are tracking red and the deficiencies are not financial. He noted that the hospital was slightly under the projected year-end target for PCOP funding in ER, oncology/ambulatory care clinics and day surgery. He advised that the hospital plans to maximize these funds on a go forward basis. S. Thiffeault highlighted the Human Resource indicators and advised that the hospital is addressing absenteeism and will be rolling out the new attendance management program.

An inquiry was made regarding the ability to use the unspent PCOP funding as the funding was not received until November. The Board was advised that the hospital has been allowed to combine Medicine and Surgery (Ambulatory Care and Endoscopy) in order to maximize the funds.

Quality Indicator Report*

D. Campbell provided highlights from the Quality indicator report. He noted that the report has been revised to reflect the Quality Improvement Plan (QIP) indicators and that these indicators will be tracked according to their priority in the QIP. He advised that the Committee had a discussion regarding the increase in the Ventilator Associated Pneumonia Rate indicator. He reported that a review of the incidents had taken place and steps were taken to address the incidents. D. Campbell noted that there have been significant improvements with the Medication Reconciliation, MRI/CT Wait Time indicators and hand hygiene at the new hospital. He noted that there was a slight decrease at CEEH and that steps are being taken to address the concerns.

Motion (B. Bouck/L. Kerrigan) 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 reported that the hospital achieved accreditation with a score of 97.7 percent. He reviewed highlights of the Accreditation Report noting that the hospital met 1866 of the 1947 required criteria. He advised that there were 42 criteria identified where recommendations were

made for improvement. He noted that these recommendations will be brought back to the Board for approval. R. Newton-Smith highlighted the community partners that provided positive feedback regarding their interactions with the hospital on a daily basis (paramedics, police, Foundation, LHIN et al).

Inquiries were made regarding the reconciliation standards and the next steps in the process. The Board was advised that steps are being taken to address the reconciliation standards (i.e. SBAR) and the recommendations will be met by the September deadline.

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

R. Newton-Smith advised that Dr. Jack Kitts, President and CEO of the Ottawa Hospital and the Chair of the Health Council of Canada and the OHA's Physician Provincial Leadership Council, has agreed to make a presentation to the Board on October 3, 2011. Dr. Kitts will also provide a session for the medical staff and business directors prior to the Board session. The Board session presentation will be entitled "Focus on Quality: The Ottawa Hospital Experience" and the medical staff, directors and senior managers presentation will be entitled "Leadership, Change and Quality". R. Newton-Smith asked that the Directors hold October 3rd in their calendars and that more details will be provided as they become available.

7.3 Revised Strategic Priorities*

R. Newton-Smith advised that the revised Strategic Priorities and the 2009-10 Board goals were provided for information purposes only. He advised that the Board goals will be discussed at the June Governance and Nominating Committee and will be brought to the Board for approval. He noted that the goals will be more objective on how the hospital will achieve the goals and indicate the measure. The Board was advised that if anyone had any feedback/comments to please provide their comments to Christine Murphy.

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:

- A letter was sent to the Mayor of Sarnia regarding pain management services offered at the hospital;
- the CEEH garden unveiling was held on Saturday, May 14th;
- the first Bridging Excellence Awards and the Service Recognition ceremony will be held tomorrow, May 26th. The event is sold out;
- the hospital's Communications and Public Affairs department won the Astra Award for the history book as well as the gold Vitruoso Award from the International Associate of Business Communicators for the grand opening Communication Plan for Occupancy Planning;
- the conference materials from the Excellent Care for All: Effective Governance for Quality and Patient Safety conference were available for viewing; and,
- the OHA's invitation to Board Chairs and CEOs regarding upcoming Member Consultations with respect to planning for the pending election is scheduled for Friday, June 24th.

8.2 Board Chair Report

D. Campbell reported that:

- CEO and CoPS evaluation surveys will be distributed electronically next week; and,
- the Nominating Committee consisting of: Richard-Newton-Smith, Wayne Pease, Sue Denomy, Tony Hanlon, Mary-Pat Gleeson and Bruce Davies will be meeting on Tuesday, May 31st to interview several qualified candidates for upcoming vacancies on the Board.

8.3 Medical Advisory Committee – May 18*

Dr. Haddad highlighted that:

- Dr. Leslie Potts was elected the President of the Professional Staff Association and Dr. Joy Singh was elected as the Secretary-Treasurer. Dr. Wang remains the Vice President for Petrolia and the Vice President Sarnia position remains vacant;
- the Ministry Most Responsible Physician initiative will focus on hand hygiene and will align with the QIP; and,
- the OHA/OMA Prototype by-laws have been issued for consideration by all Ontario hospitals;
- the number of incomplete charts is at its lowest it has been in a number of years;
- the CEEH site has been selected as a Family Medicine Residency training site for the University of Western; and,
- a number of sessions have been held for physicians regarding coding in order to bring awareness to uncaptured codes.

8.4 Quality Committee Report – May 5*

D. Campbell highlighted:

- the Laboratory annual report presentation and some issues the department is currently addressing with respect to recruitment and turn-a-round times with the Emergency department;
- the Laboratory accreditation is conducted separately from the hospital accreditation process and the lab received accreditation in the summer. The Board was invited to tour the lab if they have not already done so;
- the Concerns and Compliments report relating to the triage system and how the system works.
- a concern raised by a patient complaint regarding peanut products being sold in the vending machines and the steps that were taken to address this matter; and,
- the process of what to do if a Board member receives a complaint from a community member. The complaint should be directed to Lynn McEwen so it can be entered into RiskPro to be addressed within the required timeframe.

8.5 Governance and Nominating Committee – May 10*

R. Newton-Smith reported:

- the Annual General Meeting will be held June 22nd at the Lambton Meadowview Villa in Petrolia;
- Dr. Rob Annis will be the guest speaker and will discuss rural health care issues. Dr. Annis has run a Family Practice in Listowel since 1994 and presently works in association with the North Perth Family Health Team;
- the by-law amendments will be presented at the Annual General Meeting for ratification; and,
- the Nominating Committee will meet on May 31st to conduct interviews for the 2011-12 Board vacancies.

8.6 Resource Utilization and Audit Committee Report – May 12*

S. Thiffeault reported that:

- the Committee received an update regarding the Capital Project; and,
- a Joint Building Committee meeting will be scheduled with Infrastructure Ontario to discuss the Mental Health Change Order.

8.7 Foundation Report*

L. Kenny reported that:

- four presentations for the website RFP were held. The Foundation will be making its decision next week regarding which company to select;
- the hospital history book received an Astra Award;

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- a "Seniors Day" has been scheduled for September 30th in the hospital's auditorium and that the Foundation will be sponsoring the event;
 - the 2nd annual Lab Symposium, sponsored by Nova, through the Foundation, was a success. 110 lab employees from across the LHIN and Southwest Ontario attended;
 - the memorial wall ceremonies were held on May 4th and 450 people attended the two services; and,
 - the 2012 Dream Home will be built in the Maples subdivision in Brights Grove.

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

9. OPEN FORUM

No other issues and/or concerns were raised.

10. NEXT MEETING

June 22, 2011

11. ADJOURNMENT

There being no further items for discussion, the meeting adjourned at 7:29 p.m.

David Campbell
Vice-Chair
Board of Bluewater Health

Sue Denomy
Secretary
Board of Bluewater Health

Jacqueline McGregor
Senior Executive Assistant
Recorder