

**REGULAR MEETING
BOARD OF BLUEWATER HEALTH
September 22, 2010**

Directors: Bryan Bouck(r) Dr. Dr. Michel Haddad√ Pasquale Rossi√
 David Campbell√ Lorri Kerrigan√ Brent Steeves√
 Bruce Davies√ Robert McKinley√ Cindy Thayer√
 Sue Denomy√ Richard Newton-Smith√ Stéphane Thiffault√
 Jim Elliott√ Dr. Alvaro Ramirez(r) Dr. Angela Wang√

Professional Staff: Dr. Brian Hynes(r); Dr. Anil Garach(r)

Staff: Steve Anema√; Kim Bossy(r); Connie Courtney√; Mike Lapaine√; Barb O'Neil√

Guests: Sheila Chappell, President, Bluewater Health Foundation√
 Liz Kenny, Director, Bluewater Health Foundation√
 Mimi Edward Bradley, Communications and Public Affairs√

1. CALL TO ORDER - 6:50 p.m. (*attached in the minute record book)

1.1 Welcome/Opening Remarks

B. Davies welcomed everyone to the meeting and advised that Dr. Ramirez was not able to make the meeting due to the birth of his daughter.

1.2 Approval of Agenda*

Motion (R. McKinley/A. Wang) and carried: to approve the agenda with the following changes:

- *Add Item 4.1 – Update on the CEEH Emergency Department*
- *Move Item 8.4 – Medical Advisory Committee Report up after the In-Camera Meeting Update*

1.3 Declaration of Conflict of Interest

None declared.

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

2.1 *Motion (P. Rossi/W. Pease) and carried: to approve the minutes of August 25, 2010 with the following change:*

- Change B. O'Neil's attendance to absent.

3. REPORT FROM IN-CAMERA MEETING

B. Davies reported that Dr. Goldman and Ms. Taggar had presented the results of their external review of the Surgical Program in the in-camera meeting. He advised that the review was presented to the Medical Advisory Committee (MAC) prior to the Board and will be presented to the Surgery Program this evening. This external peer review was conducted in closed session as the Board anticipated potential human resource and patient information implications. He further advised that the Board asked the Acting Chief of Professional Staff and MAC to review the report in detail, develop an action plan to address the recommendations in the report and present the action plan at the October Board meeting. B. Davies advised that it is anticipated that the action plan may be discussed in the open session pending the recommendations from MAC.

In addition, some locum, courtesy and associate privileges were approved.

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

4.1 CEEH Emergency Department Update*

S. Denomy provided an update regarding the status of the CEEH Emergency Department (ED). She advised that the ESC LHIN Reference Panel continues to conduct community engagement sessions and that the public session is scheduled for October 13th.

The Board was advised that Dr. Riedl on behalf of the Petrolia physicians requested the Board to rescind its July 10th motion to reduce the hours of emergency operation at CEEH. This request is in recognition of the work of the Reference Panel and the utilization of options to allow the physicians to be optimistic about continuing 24/7 care. The Board was advised that the physicians had agreed to this request at their September 14th monthly staff meeting.

Concerns were raised regarding whether the optimism was appropriate and whether the Healthforce Ontario (HFO) resources would fill in the uncovered shifts for October. Clarification was sought regarding the number of uncovered shifts for October. The Board was advised that there are 10 vacant shifts for October with the first such shift being October 2nd, as well as a number for November. The physicians had agreed that 24/7 coverage would be extended from the September 29th deadline to the end of November at the request of the Reference Panel.

Discussion ensued regarding the Ministry and ESC LHIN's rejection of the July motion to realign the CEEH ED coverage to 12 hours in order to allow a 30-60 day review period before a decision can be made.

Discussion ensued regarding the status of the contingency plan. Concerns were raised regarding what was going to happen in October should shifts remain uncovered, and what would happen if a physician was unable to complete his/her shift. The Board was advised that the first draft of the contingency plan was submitted to the Reference Panel last night and that some shifts are uncovered for the first part of the month. The Board sought assurance that all shifts would be covered for October and November.

Concerns were raised regarding "brownouts" and the potential deterioration of the service for 24/7 care. A request was made to postpone the decision to rescind the motion until more information has been provided.

Motion (J. Elliott/P. Rossi): to move that the Board recognize the work of the Reference Panel to provide options on the table and that the Board recognize a permanent resolution has not been found but as of September 29, the CEEH Emergency Department shall operate a 12 hour shift from 8:00 a.m. to 8:00 p.m. and close 8:00 p.m. to 8:00 a.m. daily until a solution is presented which would permit the ED to remain open 24/7.

The Board was advised that the situation at CEEH is not unique and that many communities are in the same situation. The Board was informed that HFO have to date been able to fill required shifts and that "brownouts" have been avoided. Discussion ensued regarding the risks, providing 48 hour notice to the community and how it should be communicated. Concerns were raised regarding coverage for October and if the hospital has received confirmation from the other ED physicians to rescind the July motion.

Discussion ensued regarding the timing of the motion and if the motion should be tabled until the a subsequent Board meeting in order to allow further discussion to be held with the LHIN and HealthForce Ontario.

Motion (R. McKinley/S. Thiffeault) and carried: to table the above-mentioned motion be tabled until the October Board meeting in order to allow further discussions with the physicians, the ESC LHIN and HealthForce Ontario to resolve the matter.

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

5.1 Financial Statement*

S. Anema presented the Statement of Revenues and Expenses for the period ending July 31, 2010. The current statement shows the hospital's year-to-date revenues are \$53.7 million against expenses of approximately \$55.1 million. He advised that the hospital has an operating deficit of \$1.4 million and a year-end deficit of \$3.1 million as the hospital is awaiting the outcome of PCOP funding. S. Anema highlighted room differential as a contributing factor to the deficit and advised that the hospital is working on a plan to address this.

An inquiry was made regarding employee benefits being over budget at year end. S. Anema advised that the overage was due to transition costs (i.e. training/bringing in additional part-time staff) and will be recovered through the transition funding.

Motion (J. Elliott/B. Steeves) and carried: to accept the Financial Statement.

5.2 Capital Project/Facilities Planning Report*

M. Lapaine reported that Phase 2 of the Capital Redevelopment project renovations are underway and that the Human Resource and Finance departments will be moving into the Mitton Site at the end of September. He highlighted some operational concerns that have been raised (i.e. signage, doors, parking and patient flow) and advised that the hospital is working with the specific departments to remedy the concerns.

An inquiry was made regarding cracked floors in the new building and how is EllisDon at addressing deficiencies, and how much work was required to move staff temporarily into the Mitton site.

Motion (D. Campbell/R. Newton-Smith) and carried: to accept the Capital Project/Facilities Planning Report.

5.3 Chief Financial Officer Certificate – June 2010*

S. Anema reported that all commitments are up-to-date and paid for the period April 1 to June 30, 2010. He advised that the hospital submitted the GST rebate in May which included the large payment for the building project. He noted that the Canada Revenue Agency (CRA) conducted a spot audit in July prior to the payment of the 83% refund and that the CRA will be coming back in the near future to conduct a full audit. He reported that the audit of PST payments for IT projects is still pending.

S. Anema reported that the purchasing and account payable functions were transferred to PROcure and that the hospital continues to work with PROcure to ensure the necessary processes and controls are in place. Discussion ensued regarding an external audit firm testing the efficiencies.

An inquiry was made regarding litigation/claims and it was agreed that the discussion would be held in in-camera due to the subject matter.

Motion (J. Elliott/R. Newton-Smith) and carried: to move the discussion regarding claims against the hospital to in-camera.

The Board moved into *in camera* session at 8:32 p.m. and resumed open session at 8:39 p.m.

Motion (W. Pease/C. Thayer) and carried: to accept the Certificate of the Chief Financial Officer.

5.4 Quarterly Investment Report*

S. Anema provided an update regarding the hospital's investments. He reported that the current balance dropped from \$49 million in March to \$24 million in order to pay the interim costs of Phase 1 of the building project and that \$2.1 million was used towards additional Ministry Share costs of the building project. S. Anema advised that the hospital borrowed funds from the Superbuild investments to mitigate interest charges at the bank and that the funds will be restored with funds from the Bluewater Health Foundation. He advised that the September Investment report will reflect GST rebates.

Motion (J. Elliott/B. Steeves) and carried: to accept the Quarterly Investment Report.

5.5 Balanced Scorecard

Resource Utilization and Audit Committee Report*

S. Thiffeault presented the performance of the Resource Utilization and Audit Committee Indicator Report highlighting a deficit of \$1.3 million with a year-end forecasted deficit of \$6.3 million. He highlighted that the Overtime expense is tracking higher than normal due to the move and acknowledged the efforts of management in maintaining this indicator considering the activities of the move to the new building. He reported that concerns were raised regarding the Sick Time expense as it was tracking red and that the hospital is awaiting the 2009-10 OCDM (Ontario Cost Distribution Methodology) which advises where the hospital ranks in comparison to other LHIN peer hospitals. He advised that mechanisms are in place to monitor Sick Time and noted that the hospital received a WSIB rebate last year for managing Sick Time. S. Thiffeault highlighted the new Glossary of Terms that has been provided for information purposes.

Quality Indicator Report*

D. Campbell presented the Quality Committee indicators highlighting hand hygiene. He reported that a new approach is being taken at the hospital which will target physicians, nurses and support staff all at once. He advised that the Committee had an extensive discussion regarding the surgical site infection prevention rates and surgical safety checklist compliance. He further advised that the Committee will be provided with a presentation at the October meeting clarifying the surgical safety checklist. D. Campbell reported that the Committee reviewed the scorecard in detail and agreed not to remove any of the indicators at this present time. He advised that a review of the Confidence/Trust in Doctors indicator will be undertaken and a report will be prepared for the Medical Advisory Committee and the Committee. He noted that the Performance Indicator Taskforce will meet to review the indicators in order to determine what indicators can be reported publicly on the hospital website.

Discussion ensued regarding the balanced scorecards and if a summarized version of the scorecard is shared with the Medical Advisory Committee for clinical input. Concerns were raised regarding the Committee Chairs ability to identify what the clinical impacts are as the impacts are operational. It was suggested that administration should report on the scorecard at the Board as they are more aware of the actions being taken within the departments to address the indicators tracking in red.

Motion (L. Kerrigan/R. McKinley) and carried: to accept the Resource Utilization and Audit and Quality Indicator Reports.

6. **POLICY FORMATION** – none

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

7.1 Board Meeting Evaluation Results*

R. Newton-Smith highlighted the results of the Board Meeting Evaluation. He advised that there was overall satisfaction with the Board's performance and that overall the results were positive. He inquired if there was anything the Board would like the Governance and Nominating Committee to consider in terms of restructuring the meetings or do differently. He reminded Directors that the next evaluation is scheduled for November and that it will be administered via Survey Monkey.

7.2 Director Evaluation Results*

R. Newton-Smith provided an overview of the Director Evaluation results highlighting policy solidarity, attendance, participation and confidentiality. He reported that attendance at Board and committee meetings was 85%. He noted that the Governance and Nominating Committee discussed some potential educational presentations (i.e. financial issues, balanced scorecards, policies, Bill 46) and more information was requested to be made available on the Board website.

R. Newton-Smith noted that the Committee Evaluation results have been shared with the committees for their information and they will be posted on the Board website. He noted that the evaluation surveys are done annually in order to assist committees in preparing their work plans.

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

The following updates and Committee reports were presented:

8.1 CEO/Management Reports*

- S. Denomy advised that the Physician Appreciation Day will be held on Wednesday, September 29th.

8.2 Board Chair Report

- B. Davies reminded the Board that the Board retreat is scheduled for November 12th and 13th and that Dr. Ross Baker will be facilitating the sessions on quality of care.

8.3 President of Professional Staff Report – defer to October.

8.4 Medical Advisory Committee – August 25*

- Dr. Haddad reported that the Committee recommended privileges for a number of professional staff members. He advised that the Committee had discussed representation on the Pandemic Planning Committee, incomplete charts, three month probation time for Medical Director and Chief of Professional Staff positions, recruitment and that departments were encouraged to use residents from the University of Western of Ontario. He advised that the hospital expected to perform epidurals for women delivering babies by February 1, 2011. He noted that the Department of Anaesthesia representation on MAC was deferred pending the results of the external peer review. He advised that a new pathologist and psychiatrist have been recruited and that discussions are underway regarding expanding the hospitalist program to cover surgery, mental health.

8.5 Quality Committee Report – September 2*

- D. Campbell reported that the Committee received a presentation on Rural Health and an update on the Releasing Time to Care. He advised that the Committee reviewed the indicator report, the concerns and compliments, and proposed changes to the work plan. He noted that clarification is being sought regarding the medication reconciliation indicator, the struck by/punctured by indicator and the percentage of the NCR questionnaires completed. He advised that the next accreditation section has commenced and that it should be completed December.

- 8.6 Governance and Nominating Committee – September 8*
- R. Newton-Smith reminded the Board that the next Board evaluation is scheduled for November and that the committee draft work plans will be finalized at the October Board meeting. He noted that information pertaining to Bill 46, *Excellent Care for All Act* can be found on the Board site and that an educational session will be provided in the near future.
- 8.7 Resource Utilization and Audit Committee Report – September 9*
- S. Thiffeault reported that the Committee reviewed draft policies, the decommissioning of the Mitton Site as a motion was presented to City Council Site and defeated regarding the Mitton Site redevelopment. He advised that discussions with the City are ongoing. He noted that the Committee agreed to keep the composition of the Joint Building Committee the same and that the hospital will be scheduling a meeting in the near future with Infrastructure Ontario.
- 8.8 Foundation Report*
- L. Kenny reminded the Board that this year's gala will be held on October 23rd. She advised that the Foundation sought the Board's support to donate bottles of wine to be auctioned off at the gala. The bottles of wine can be brought to the Mitton Site Administration office or the Foundation. She reported that the OHA golf tournament is scheduled for August 9th, 2011 at the Sarnia Golf and Curling Club.

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

9. OPEN FORUM

- J. Elliott provided feedback regarding the September 15th webcast for Bill 46, *Excellent Care for All Act*.

10. NEXT MEETING

October 27, 2010

11. ADJOURNMENT

There being no further items for discussion, the meeting adjourned at 9:20 p.m.

Bruce Davies
Chair
Board of Bluewater Health

Sue Denomy
Secretary
Board of Bluewater Health

Jacqueline McGregor
Senior Executive Assistant
Recorder

