



MINUTES of the **BOARD OF DIRECTORS** meeting held on **Thursday, March 02, 2017**, 17:00 hours, Auditorium, Met Campus, 1995 Lens Avenue, Windsor, Ontario.

PRESENT:

Lynne Watts, Chair

Patricia France

Dr. Laurie Freeman-Gibb

Dr. Maureen Muldoon

Anthony Paniccia

Lisa Landry

Pam Skillings

Ruth Orton

Bob Renaud

Dr. Gary Ing (ex-officio, non-voting)

David Musyj (ex-officio, non-voting)

Dr. Abdelrahman Elashaal (ex-officio, non-voting)

Dr. Kristen Gyetvai (ex-officio, non-voting)

STAFF:

Executive Committee

REGRETS:

John Leontowicz

Leanne Leech

Dr. Minesh Singh (ex-officio, non-voting)

Yvan Poulin

Arvind Arya

Karen McCullough (ex-officio, non-voting)

Dr. Gerry Cooper (ex-officio, non-voting)

1. CALL TO ORDER :

The meeting was called to order at 1706 hours with Ms. Watts presiding as Chair, and Ms. Clark recording the minutes.

2. PRESENTATIONS:

QIP – Rosemary Petrakos:

Ms. Petrakos referred to the draft QIP that had been included in the Board package. The QIP is an annual requirement from the MOH. Ms. Petrakos noted the new measurement – three different types of indicators that the Ministry has provided to all hospitals in order to guide their choices for the indicators they select to track, monitor and report.

The types of indicators are Priority, Additional, and Legacy.

Priority and Priority New Indicators are those that are mandatory and must be reported. The majority of these indicators have been reported across the province for one or more years and are considered to be “mature” indicators.

Those included in the **Priority** Indicators are:

- ED length of stay for admitted and high acuity non-admitted;
- Number of ALC patients in acute;
- 30 day re-admission rate for congestive heart failure;
- 30 day re-admission rate for chronic obstructive pulmonary disease (COPD);

- 30 day re-admission rate for stroke;
- Medication reconciliation at admission;
- Medication reconciliation at discharge.

Those included in the **Priority New Indicators** are:

- Home Support for Discharged Palliative Patients;
- Patient Experience: Did you receive enough information when you left the hospital?
- Patient Experience: Would you recommend in-patient care at WRH?
- Patient Experience: Would you recommend the Emergency Department at WRH?

Then there are the **Additional Indicators**, which offer us a choice whether we do or do not want to report on them.

Those included in the **Additional Indicators** are:

- Re-admission rates for a mental health issue or addiction;

The third category is the **Legacy Indicators**. These indicators have previously been reported on by the hospital and it is up to the hospital's discretion whether we report them or not. They are not on the list of those indicators that are considered a priority in the province at this time. As an example, we are no longer required to report on the Surgical Safety Checklist and Falls with Injury but we do want to report on both of those. We identify which ones we want to follow.

Those included in the **Legacy Indicators** are:

- Hospital Standardized Mortality Ratio (HSMR);
- Use of a Surgical Safety Checklist;
- Fall with Injury to in-patients;
- Hospital acquired infections (MRSA, VRE, and C-Diff).

TOTAL: 16 indicators.

MOVED by Mr. D. Wilson, **SECONDED** by Ms. P. France and **CARRIED**
IT WAS RESOLVED THAT the Board of Directors approves the 2017/18 Quality Improvement Plan.

Hospital Codes: Mark Fathers and Michael Broderick:

Michael Broderick, Manager of Security presented the emergency codes and reviewed each one for the Board members.

- Code Blue – Medical Emergency in Adult or Child
- Code Pink – Medical Emergency in Infant
- Code White – Violent Person
- Code Yellow – Missing Patient
- Code Purple – Hostage Situation
- Code Silver – Person with Weapon
- Code Red – Fire

Code Brown – Chemical Spill
Code Grey – Infrastructure Loss or Failure
Code Black – Bomb Threat
Code Orange – Disaster in the Community
Code Green – Internal Evacuation

Mr. Fathers stated that Mr. Broderick is part of the core group that reviews new releases that come out from OHA.

A copy of the presentation will be sent to the Board via e-mail.

3. DECLARATIONS OF CONFLICT OF INTEREST:

None noted.

4. PREVIOUS MINUTES – February 02, 2017

The minutes of the February 02, 2017 Board of Directors meeting had been previously distributed.

MOVED by Dr. L. Freeman-Gibb, **SECONDED** by Ms. P. France and **CARRIED**
THAT the minutes from the February 02, 2017 Board of Directors meeting be approved.

Ms. Watts stated that the hospital had recently undergone a challenging couple of months with the over-capacity issues. She thanked Mr. Musyj, Dr. Ing and the senior team for their work.

5. REPORT OF THE PRESIDENT & CEO:

Mr. Musyj referred to his written report:

He stated he wanted to update the Board on the Strategic Plan and the status on the communication of that across the corporation. At the retreat, we had presentations from each portfolio.

Over one year ago, the Board decided to start our Strategic process. After the re-alignment in October 2013, we needed a couple years of operations to see what we were doing as a new acute care organization. Included in that, we also had an important milestone – Accreditation in 2015. It was agreed that we would use that accreditation as a way to inform ourselves where we sat in comparison with other organizations. In January 2016, we started the strategic planning process. We went to the community in late 2015 to see what we were doing right and wrong from their perspective and we received hundreds of responses. We asked them about our services. We also worked with LDMH because they are the other acute care hospital in the LHIN. We rely on each other and we wanted to ensure our two strategic plans meshed. We met with them and the teams created the strategic directions.

The six strategic directions are as follows:

1. Strengthen the culture of patient safety and quality care
2. Champion accountability and transparency
3. Develop a sustainable corporate financial strategy
4. Create a vibrant workplace

5. Strategically engage with external partners
6. Continue the pursuit of new state-of-the-art acute care facilities

Under each of the above six, there were strategic directives. Then by program, we looked at directions and initiatives, and how to bring those to light. All the programs are working together to achieve the same initiative. As an example, patient flow is not just in Medicine or Surgery, but across many departments.

On March 03, each program in the hospital will get a stack of the Strategic Plan 2016-2020 brochures that Mr. Musyj distributed at the meeting. There will be a brochure for each program that reported at the retreat on their strategic objectives. These will be put at nurses' stations and in waiting areas. This will also be on the website. This is for 2017/18, and as objectives change, this will be updated on the site.

The content of the brochures is identical regardless of what program is on the cover, but the last page is unique to that specific program.

Mr. Musyj collected the brochures at the end of his report.

6. UPDATE – SCHULICH SCHOOL OF MEDICINE & DENTISTRY:

Dr. Cooper was absent but had submitted his written report.

7. FINANCIAL SUMMARY & TREASURER'S REPORT:

Mr. Paniccia referred to the power point presentation, which had been included in the Board package, highlighting the following:

- Our revenue has a variance of about \$2.5 million. We are expecting the one time funding of \$5 million from the Ministry in the coming weeks/months.
- Salaries/wages are close to budget.
- There is a negative variance in Other Supplies.
- The hospital did an excellent job budgeting for the new year. Individual departments are doing a good job.
- Our YTD margin shows a \$2.225 million loss.
- MDRD costs of \$1.48 million contributed greatly to the loss.
- Our YTD deficit excluding MDRD is \$745,000.

Mr. Paniccia also reviewed in detail:

- Revenue
- Expenses
- Patient Volumes at Met and Ouellette Campuses
- Acute average LOS at Met and Ouellette Campuses
- Staff sick time and overtime at Met and Ouellette Campuses
- Our new annual base funding of \$1.6 million is being recognized

Mr. Fathers reported that the LHIN Board recently approved \$500,000 toward our year end.

8. CONSENT AGENDA:

i) **Finance/Audit & Resources – February 21, 2017**

MOVED by Mr. A. Paniccia, **SECONDED** by Ms. L. Landry and **CARRIED**
THAT the report from the February 21, 2017 Finance/Audit & Resources Committee meeting be accepted.

9. NEW BUSINESS: None

10. BUSINESS ARISING: None

11. CORRESPONDENCE/PRINTED MATTER:

- i) Media Report
- ii) “The Standard”
- iii) SOP Dashboard

12. BOARD member Questions, Comments or Notices of Motions: None

13. DATE OF NEXT MEETING:

Thursday, April 06, 2017, Met Auditorium

14. ADJOURNMENT:

There being no further business to discuss, it was

MOVED by Mr. A. Paniccia, **SECONDED** by Mr. R. Renaud and **CARRIED**
THAT the March 02, 2017 Board of Directors meeting be adjourned at 1758 hours.

Lynne Watts, Chair
Board of Directors

Cheryle Clark
Recording Secretary

/cc