



MOTION/ACTION SHEET

From the

**BOARD OF DIRECTORS MEETING
November 03, 2016**

**RESOLUTION
NUMBER**

IT WAS RESOLVED THAT

16110301

the Board of Directors approves the formation of an ad hoc committee to develop and recommend a proposed policy, framework and work plan for implementation of an integrated enterprise risk management reporting system,
AND THAT the ad hoc committee will provide its recommendations to the Board no later than March 2017.

MINUTES of the **BOARD OF DIRECTORS** meeting held on **Thursday, November 03, 2016**, 17:00 hours, Auditorium, Met Campus, 1995 Lens Avenue, Windsor, Ontario.

PRESENT:

Lynne Watts, Chair

Arvind Arya

Patricia France

Dr. Laurie Freeman-Gibb

Dr. Maureen Muldoon

Ruth Orton

Bob Renaud (left 1740)

Leanne Leech

John Leontowicz

Pam Skillings

Dan Wilson

Anthony Paniccia

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

David Musyj (ex-officio, non-voting)

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

Karen McCullough (ex-officio, non-voting)

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

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

STAFF:

Executive Committee

REGRETS:

Yvan Poulin

Lisa Landry

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

1. CALL TO ORDER :

The meeting was called to order at 1705 hours with Ms. Watts presiding as Chair, and Ms. Clark recording the minutes.

2. PRESENTATION: Enterprise Risk Management (ERM)

Adam Paglione and Dan Wilson presented. Their presentation had been included in the Board packages.

- Mr. Wilson stated that from an accreditation standpoint, risk management was an area for improvement for our Board.
- We are managing risk now but Enterprise Risk Management will allow us to be more proactive. We will be able to rank, examine and predict future risks.
- Other hospitals are at various stages of ERM.
- The Board should be aware of financial/non-financial risks, determine the reporting frequency of risks to them, the types and quantity of risks (top 5 – 10) to be reviewed by the Board, and ensure that a framework exists in the organization to identify, assess and control risks.
- The key is to have dialogue at every level to review/discuss risk items and prioritize.
- Mr. Wilson reviewed the proposed next steps in order that we can move toward an ERM environment. The list of questions for the Board to determine are below.
 - The Board's objectives for ERM;
 - Risks it wants to know about;
 - How often does the Board want to review/evaluate high risks;
 - How many risks does the Board want to evaluate;
 - Does the Board want any risk monitoring report;
 - What will the Board do with the information it receives.
- Mr. Wilson reviewed the membership of the ad hoc committee and its mandate.

Board Questions:

Board: Staff may come forward and identify risks. At some level will this pertain to external risks – cyber attacks for instance? Will it cover that at some level?

Wilson: Yes, risks in the environment not just within the hospital. As part of this, the hospital will be developing contingency plans.

Board: The hospital already has a lot of risk management occurring, but this formalizes that.

Board: what does this look like currently? Centralized or decentralized?

Paglione: HIROC has a #1 risk; failure to see a change in patient status. This will allow us to customize this for our hospital. This is like a strategic plan for risks. Frame it, formalize it and come up with an action plan.

MOVED by Mr. D. Wilson, **SECONDED** by Mr. A. Paniccia and **CARRIED**

IT WAS RESOLVED THAT the Board of Directors approves the formation of an ad hoc committee to develop and recommend a proposed policy, framework and work plan for implementation of an integrated enterprise risk management reporting system, **AND THAT** the ad hoc committee will provide its recommendations to the Board no later than March 2017.

3. DECLARATIONS OF CONFLICT OF INTEREST:

None noted.

4. PREVIOUS MINUTES –October 06, 2016

The minutes of the October 06, 2016 Board of Directors meeting had been previously distributed.

MOVED by Dr. L. Freeman-Gibb, **SECONDED** by Ms. L. Leech and **CARRIED**

THAT the minutes from the October 06, 2016 Board of Directors meeting be approved.

5. REPORT OF THE PRESIDENT & CEO:

Mr. Musyj referred to his written report.

- **Patient Safety and Quality Refresh:** This has been communicated across all committees and we will now go hospital-wide with our communication. On the Patient Safety and Quality Report, Board members should be looking for a white area, which is the area that needs improvement. Our aim is to get 20% better than the previous year. It may be something that should be at zero (such as HAI's) and we hope to achieve that, or 100% depending on the goal. Our goal is to continually improve.
- **Sterilization Process at the Ouellette Campus:** The photo on page four shows the new steam to steam generators. They are now installed and running but we are still conducting some testing at the Ouellette Campus and we will hopefully be back to normal there sometime next week.
- **2016/17 Financial Projections:** As previously discussed, the finances have been getting better but, we are not where we want to be. The midway results are trending positively. It takes little to go from a slight surplus to a deficit. The MDRD issue has cost the hospital \$1.3 million. Booking of O.R.'s at the Met Campus was done with overtime to keep them running into the night and early morning. Windsor Regional Hospital had six years of surplus, but after re-alignment, the MOH changed the funding formula. As previously explained, there is a two year lag; work we do this year is based on 2014/15 data. We should hear about next year's funding shortly. The Provincial government is projecting a \$6-7 billion deficit this year and

they want to be balanced next year. Our situation would have been better had we not had the issues with MDRD.

- **Quality of Life Survey:** The results will be shared with the Board shortly after the closing date of the survey.
- **Engaging with External Partners:** Mr. Musyj read the list of community partners who support our patients with programming and fundraising.
- **New Acute Care Hospital:** We continue to work with the Ministry of Health (MOH) and are in a holding pattern at this time. The MOH has informed us that they have all of the information they need to make the decision. Mr. Musyj read the “common myths” on page 10 of his report. Highlights are below, with full details in the report:
 - i) **Fewer beds in the new system.** The new system contains the same number of acute beds as there currently are in the system. There will be room to expand acute and sub-acute beds based on future needs.
 - ii) **Nothing for residents in the city’s core:** There will be \$300 million in investment in healthcare facilities in the downtown area.
 - iii) **Urgent Care Centre no different than a walk-in clinic:** The Centre will be staffed by hospital emergency room staff and physicians and contain a CT scanner, pharmacy and lab.
 - iv) **New acute care hospital is inaccessible:** The new site is more accessible for patients, staff, physicians and their offices than the current two sites. Transit Windsor will also provide service when the new hospital opens.
 - v) **The public did not have a say in this plan:** The amount of public consultation has been unprecedented. There have been over 55 town hall discussions. The public were invited to ask questions and give feedback. We knew four and a half years ago that not everyone would be happy.
 - vi) **Roads and infrastructure will range from \$200-\$400 million:** Roads required at County Road 42 and the Ninth Concession will cost approximately \$22.9 million.
 - vii) **Patients will be charged more for private rooms:** Hospitals today must have 80% private rooms to limit the spread of infection and increase patient privacy. If your insurance does not cover private rooms, patients will receive a free upgrade if there are no semi-private or ward rooms available.
 - viii) **Region needs to re-think existing plan:** We serve the region. Both Sarnia and Chatham patients come here for cancer care. Our residents benefit from those coming in from outside the community, adding to the volume. If we don’t have those volumes, we don’t have those programs for our own residents. We have to recognize we need a hospital for our residents but also other residents. Hospitals that are now being built, are near expressways and highways.

6. UPDATE – SCHULICH SCHOOL OF MEDICINE & DENTISTRY:

Dr. Cooper referred to his written report.

- The City of Windsor has a physician recruitment committee. At the last meeting, there was a discussion about putting together a video that would help to attract physicians to the area. Seven physicians agreed to be interviewed for that.
- There was an interesting meeting on October 7 regarding aboriginal health issues.

- Windsor Campus Clerkship Award Recipients from 2015/16 were announced on October 12.
- Margaret Trudeau is scheduled to speak in Windsor on October 12. This was put together by Dr. Patrick Smith, to try to encourage medical students to specialize in psychiatry.
- Two, year 2 medical students have been selected to participate in a DaVinci robot workshop at Windsor Regional Hospital on November 26. This is a program for high school students to give them an idea of what it would be like to be a medical student.

7. TREASURER’S REPORT:

Ms. Leech reported, referring to the Treasurer’s Report.

- The Statements are as of September 30.
- YTD deficit is \$5.6 million.
- We are still waiting for the \$5 million one-time funding from the Ministry of Health.
- If we exclude the one time costs for the sterilization issue, we have a \$4.3 million deficit.
- We will try to recover the sterilization costs from the Ministry or our insurance company.

8. CONSENT AGENDA:

i) Finance/Audit & Resources –October 24, 2016

MOVED by Ms. L. Leech, **SECONDED** by Mr. A. Paniccia and **CARRIED**

THAT the report from the October 24, 2016 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
- iv) The 2016-2020 Strategic Plan (hard copy also distributed at meeting)

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

13. DATE OF NEXT MEETING:

Thursday, December 08, 2016, Met Auditorium

14. ADJOURNMENT:

There being no further business to discuss, it was

MOVED by Mr. A. Arya, **SECONDED** by Ms. P. France and **CARRIED**

THAT the November 03, 2016 Board of Directors meeting be adjourned at 1801 hours.

Lynne Watts, Chair
Board of Directors

Cheryle Clark
Recording Secretary

/cc