



The (**OPEN**) meeting of the **Board of Governors** of the Ross Memorial Hospital was held on **Thursday, September 26, 2019**, in the Boardroom of the Ross Memorial Hospital.

Present: Ms. W. Percival (Acting Chair), Mr. R. Ashmore, Dr. B. Chawla, Mr. J. Griepsma, Mr. L. Hope, Mrs. B. Kennedy, Mr. D. Kimmerly, Mr. B. Nielson, Mrs. C. Norris, Mrs. A. Overhoff, Ms. M. Saunders, Mrs. K. Ward, Ms. V. Nelson

Regrets: Mrs. P. Clarke, Ms. V. Harris, Dr. A. Knox, Mr. W. Levine, Dr. J. McNabb, Mrs. N. Rooney

By Invitation: Mrs. M. Charlebois, Mrs. E. Coons, Mr. B. Winder

1. CALL TO ORDER

Ms. W. Percival, Acting Chair, called the (Open) meeting to order at 5:59 pm. Ms. Percival invited members of the public in attendance to stand and introduce themselves and note any affiliations they have. Ms. Percival also welcomed new Board Members, Mr. J. Griepsma and Mrs. Karissa Ward.

1.1 Quorum – A quorum was confirmed.

1.2 Approval of Agenda – The agenda was reviewed. Thereafter, was a **MOTION: That the agenda be approved as presented.**

Mrs. C. Norris/Ms. M. Sanders, **CARRIED**

1.3 Declarations of Conflict of Interest – None declared.

1.4 Acknowledgement of the Hospital's Vision/Mission/Values – Acknowledged.

2. UNANIMOUS CONSENT – Items identified as part of the consent agenda were provided on a motion sheet in the unanimous consent portion of the meeting package and presented as follows:

1. MOTION: That the minutes of the (Open) Board of Governors meeting of June 26, 2019 be approved as circulated.

2. MOTION: That the minutes of the (Open) Board of Governors meeting of June 27, 2019 be approved as circulated.

3. MOTION: That the Board of Governors receives the minutes of the (Open) Quality/Governance & Planning Committee meeting of September 17, 2019.

4. MOTION: That the Board of Governors receives the minutes of the (Open) Resources Committee meeting of September 19, 2019.

Thereafter, there was a

MOTION: That the Board of Governors approves motions 1 through 4 as listed on the (Open) Unanimous Consent for September 26, 2019 as presented.

Ms. M. Saunders/Mr. D. Kimmerly, **CARRIED**

3. BOARD BUSINESS – EXECUTIVE COMMITTEE

No meeting held to report.

4. BOARD BUSINESS – QUALITY / GOVERNANCE & PLANNING COMMITTEE

4.1 RMH Patient Safety Culture Plan – Copies of a RMH Patient Safety Culture Survey Results & Plan slide deck, and related minutes of the Quality/Governance & Planning Committee meeting of September 17, 2019 were previously provided (copies attached). Vice President Quality & Chief Information Officer, Ms. M. Charlebois noted that staff were asked to complete the Canadian Patient Safety Culture Survey in the spring of 2019 as part of Accreditation Canada's Qmentum program. A total of 251 surveys were completed. While this exceeded the required minimum of 219, Ms. Charlebois acknowledged that overall a small percentage of staff completed the survey and different factors may have influenced staff responses.

Ms. Charlebois noted that the overall positive scores in 2019 are lower by an average of 10% from 2015 (from 66% to 56%). Ms. Charlebois then provided a high level review of the results for the six patient safety culture components as follows:

1. Organizational Senior leadership Support for Safety: 62% (7% decrease from 2015)
2. Judgement-Free Environment (Enabling open communication): 52% (13% decrease from 2015)
3. Job Repercussions of Error (Enabling open communication): 35% (12% decrease from 2015)
4. Incident follow-up: 58% (8% decrease from 2015)
5. Supervisory leadership for safety: 60% (11% decrease from 2015)
6. Unit learning culture: 71% (9% decrease from 2015)

The survey results were reviewed with a number of internal committees including the Patient and Family Advisory Council, Quality, Safety and Risk Council, Administrative Committee, etc. The results were also reviewed with individual units/departments, many of which indicated they did not feel the scores were an accurate reflection of how staff see the patient safety culture.

Ms. Charlebois noted that a corporate strategy has been developed to address the results, and includes the following key action plan items:

- Develop an RL6 Patient Safety Incident Management Working Group.
- Develop a Patient Safety/Quality Engagement and Communication Strategy.
- Develop a Patient Safety/Quality Education Strategy.

4.2 Quality/Safety Management Report Q1 – Copies of the 2019/20 Quality/Safety Management Report, and related minutes of the Quality/Governance & Planning Committee meeting September 17, 2019 were previously provided (copies attached). Vice President Quality & Chief Information Officer, Ms. M. Charlebois noted the report provides the first progress report for the 2019/20 Quality Improvement Plan (QIP). The 2019/20 QIP areas of focus are: 1. Timely and Efficient Transition; 2. Service Excellence; 3. Safe and Effective Care; and 4. Equity.

The 2019/20 Quality Improvement Plan Q1 outcomes are as follows:



Ross Memorial Hospital

Quality Improvement Plan (QIP): Dashboard 2019/20 Q1 (Apr – June 2019)

Indicator/Measure		Lead	Baseline	Target	Current Performance (Q1)	Status
Timely and Efficient Transition	Discharge Summaries sent within 48 hours ↑	S.Tai-Young	78%	90%	79%	
	Time to Inpatient Bed ↓	S.Grant/JB West	31.77 h	28.59 h	29.8 h	
	Number of inpatients in unconventional spaces or ED stretchers ↓	S. Grant	4.75	4.75	4	
	Alternate Level of Care (ALC) Rate ↓	S. Grant	32.23%	32.23%	33.1%	
	Inpatient Length of Stay ↓	S. Grant	4.8 days	≤4.6 days	6.2 days	
	Wait Time for Long Term Care Placement ↓	S. Grant	Collect Baseline	Collect Baseline	45 days	Collect Baseline
Service Excellence	Patient Complaints acknowledged within 5 days ↑	L. Green	Collect Baseline	80%	90%	
	Patient Experience: Did you receive enough information ↑	S. Grant/ T. Carroll	57%	62.7%	63.7%	
	Improve Overall Patient Experience (inpatient care) ↑	S. Grant/ T. Carroll	68.6%	70%	71.6%	
	Improve Overall Patient Experience (emergency care) ↑	S.Grant/JB West	68%	70%	43%	
Safe and Effective Care	Proportion of patient receiving Medication Reconciliation on admission ↑	K. Kenning	95%	95%	91.3%	
	Proportion of patients receiving Medication Reconciliation on transfer ↑	K. Kenning	58%	65%	71.4%	
	Proportion of patients receiving Medication Reconciliation on discharge ↑	K. Kenning	96%	96%	86.2%	
	Number of Medical Emergency Team (MET) call patients transferred to the ICU with a noted deterioration 24 hours prior to the call ↓	C. McBride	12	10	5	
	Proportion of all patients admitted to the Palliative Care Unit where ESAS, a validated palliative assessment tool, was completed ↑	E.Bruce/K. Parson	Collect Baseline	Collect Baseline	95%	Collect Baseline
	Number of workplace violence incidents reported by hospital workers within a 12 month period	E. Elley/ M. Eivers	160	No Target	30	No Target
Equity	30 day Mental Health and Addictions Readmission Rate ↓	M. Coombs/ K. Cearns	12.3%	10%	5.3%	

Status Legend:

- Improved performance and met target.
 - Room for improvement—performance has improved but did not meet target.
 - Room for improvement—did not meet target and performance has declined.
- (↑ Higher is better) (↓ Lower is better)

Ms. Charlebois noted that the appendices at the end of the report provide details for each indicator.

With regard to Patient Safety, Ms. Charlebois noted that 585 incidents were reported in Q1 2019/20, a 25% increase compared to Q4 2018/19. The most prevalent safety incidents reported in Q1 were Diagnostic Imaging (195), Provision of Care (112), Falls (82), Lab/Specimen (58) and Medication/Fluid (55).

Ms. Charlebois also noted that a Quality of Care Review was completed in Q1. Quality of Care Reviews are completed for all critical incidents and are considered for occurrences, incidents or adverse outcomes that give rise to quality of care concerns. The Quality of Care Review was not in response to a critical incident, but rather was initiated to identify opportunities for quality and practice improvements following a particular case. Three contributing factors were identified and eight recommendations put forth.

4.3 2019/20 Board Education Plan – Copies of a draft 2019/20 Board Education, and related minutes of the Quality/Governance & Planning Committee meeting of September 17, 2019 were previously provided (copies attached). Interim President & CEO, Ms. V. Nelson reviewed the proposed Board education topics and schedule.

5. BOARD BUSINESS – RESOURCES COMMITTEE

5.1 2019-2023 Energy Conservation and Demand Management Plan – Copies of an Energy Conservation and Demand Management (ECDM) Plan report, the Hospital's draft 2019-2023 Plan, and related minutes of the Resources Committee meeting of September 19, 2019 were previously provided (copies attached). Interim President & CEO, Ms. V. Nelson noted that the Ministry of Energy developed Ontario Regulation 387/11 Energy Conservation and Demand Management Plans to help public agencies better understand how and where they use energy and to develop conservation plans to guide energy savings. Under the regulation, public agencies are required to:

1. Report annually to the Ministry of Energy on their energy use and greenhouse gas emissions and publish the reports on their websites, starting July 1, 2013.
2. Develop and publish on their websites a conservation and demand management plan every five years, starting July 1, 2014.

The Hospital posted its first Strategic Energy Management Plan (SEMP) on July 1, 2014, and recently posted its draft ECDM Plan on July 1, 2019 with the intention of posting the final Plan with Board approval.

The Plan is composed of two parts:

1. a summary of the Hospital's annual energy consumption and greenhouse gas emissions for its operations; and
2. a description of previous, current and proposed measures for conserving and otherwise reducing the amount of energy that the Hospital consumes; and for managing the Hospital's demand for energy.

The Hospital's stretch goals for the next five years (2019 to 2023) are to reduce energy use by 30.8% and to cut water consumption by 16.2%, all measured against the new 2018 baselines. With sufficient funding and resources, RMH could likely meet these

targets. However, without clarity on funding sources, the initial goals for the next five years are more modest – to reduce energy use by 12.9% and to cut water consumption by 16.2%, all measured against the new 2018 baselines. Work can be accelerated as and when funding commitments are received.

Manageable work packages will be prioritized and scheduled over the 5-year period based on capital availability and project management capacity. These projects are anticipated to bring in \$141,894 of one-time utility incentives and yield electricity and natural gas savings worth \$266,576 annually at current utility rates once all work is completed.

There was a

MOTION: That the Board of Governors approves the Energy Conservation and Demand Management (ECDM) Plan as presented and that it be publicly posted on the Hospital's website and intranet site in compliance to the Green Energy Act, 2009 and O. Reg 397/11.

Ms. M. Saunders/Mr. D. Kimmerly, **CARRIED**

6. BOARD BUSINESS – AUDIT COMMITTEE

No meeting held to report.

7. REPORTS:

7.1 Report of the Chief of Staff – Copies of the Report of the Chief of Staff dated September 2019 were previously provided (copy attached). Chief of Staff, Dr. B. Chawla, presented a high level overview of the report. Of highlight was the status of the Hospitalist Department staffing and recruitment.

There was a

MOTION: That the September 2019 Report of the Chief of Staff be received.

Mrs. B. Kennedy/Ms. M. Saunders, **CARRIED**

7.2 Report of the Hospital Foundation – Copies of the Foundation Executive Director's Report to the Board of Governors dated September 2019 were previously provided (copy attached). Foundation Executive Director, Ms. E. Coons provided a high level overview of items referenced in the report.

There was a

MOTION: That the September 2019 Foundation Report to the Board of Governors be received.

Mrs. C. Norris/Mr. J. Griepsma, **CARRIED**

7.3 Report of the Hospital Auxiliary – Copies of the Auxiliary Vice President's Report to the Board of Governors dated September 26, 2019 were tabled (copy attached).

There was a

MOTION: That the September 26, 2019 Auxiliary Report to the Board of Governors be received.

Mrs. B. Kennedy/Mr. D. Kimmerly, **CARRIED**

7.4 Report of the Interim President & CEO – Copies of the Interim President & CEO's Report to the Board of Governors dated September 26, 2019 were previously provided (copy attached). Interim President & CEO, Ms. V. Nelson provided a high level overview of items referenced in the report. Of highlight were the articles related to the Ministry of Health's plan to address hallway medicine.

There was a

MOTION: That the President & CEO's Report to the Board of Governors dated September 26, 2019 be received.

Mrs. B. Kennedy/Ms. M. Saunders, **CARRIED**

8. CLOSED MEETING: The Closed meeting of the Board of Governors commenced at 6:57 pm and is recorded separately.

9. OTHER BUSINESS:

9.1 Monday Reports – Provided for information.

9.2 Long Service Awards Ceremony – November 6, 2019 – Provided for information.

9.3 MEETING DATES TO REMEMBER

Quality/Governance & Planning Committee – Tuesday, October 15, 2019, 8:00 am

Resources Committee – Thursday, October 17, 2019, 8:00 am

Board of Governors – Thursday, October 24, 2019, 5:30 pm

10. MOTION FOR ADJOURNMENT:

There being no further business, the OPEN meeting adjourned at 7:19 pm on a motion of Ms. M. Sanders.



Chair



Secretary

October 24, 2019

Date