

Hamilton Board Committee

*Thursday, September 26, 2013
15:30 pm*

*Dofasco Boardroom – Juravinski
Innovation Tower*

Open Session

St. Joseph's
Villa  Dundas

St. Joseph's
Healthcare  Hamilton

St. Joseph's
Home  Care

Hamilton Board Committee – OPEN SESSION - Agenda

Date:	Thursday, September 26, 2013
Time	1530-1605 hours
Location:	Dofasco Boardroom, Juravinski Innovation Tower, Charlton Campus, St. Joseph's Healthcare Hamilton
Members:	C. Santoni, Chair, M. Dow, W. Doyle, H. Fuller, M. Guise, J. Kelton, J. LoPresti, S. Monzavi, R. Rocci, B. Gould, M. Taylor, T. Thoma, P. Tice, J. Gaudie, D. Tonin, C. Milne.
Resource:	D. Higgins, S. Filice-Armenio, M. Ellis, J. Fry, F. Ros.
Guests:	
Regrets:	

Item	Topic	Page	Responsibility	Time
1.0	PROTOCOL			1530-1535
1.1	Call to Order		Mr. C. Santoni	
1.2	Opening Prayer		Mr. B. Gould	
1.3	Introduction of Guests		Mr. C. Santoni	
1.4	Declaration of Conflict of Interest		All	
2.0	AGENDA & MINUTES			1-3
2.1	Approval of the Agenda		Mr. C. Santoni	
2.2	Additions to Agenda		Mr. C. Santoni	
2.3	Approval of Minutes – June 27, 2013		Mr. C. Santoni	
2.3.1	<u>Motion for Approval by Hamilton Board Committee: THAT THE OPEN MINUTES OF THE JUNE 27, 2013 HAMILTON BOARD COMMITTEE BE APPROVED</u>			
3.0	REPORTS			1535-1555
3.1	Chair's Report		Mr. C. Santoni	
3.2	President's Report	4-8	HBC Presidents	
3.3	President of the Medical Staff Association		Dr. G. Chaimowitz	
3.4	Presidents of SJH Foundation and SJV Foundation		Ms. S. Filice-Armenio Ms. M. Ellis	
4.0	NEW BUSINESS			1555-1600
5.0	INFORMATION ITEMS			
5.1	HBC Summary	9		
6.0	ADJOURNMENT			
	<u>Motion for Approval by Hamilton Board Committee: THAT THE OPEN SESSION OF THE HBC BE ADJOURNED</u>		Mr. C. Santoni	1600

Note: Trustees who wish to have items moved from the Consent Agenda to the Closed/Open Agenda should contact the SJHH President's Office prior to the Board Meeting. Trustees also have an opportunity to make this request when the open agenda is presented at the Board Meeting.



Committee: Hamilton Board Committee – OPEN SESSION Date: June 27, 2013

Called to order at: 1530 hours Adjourned: 1550 hours

Location: Dofasco Boardroom – 2nd Floor Juravinski Innovation Tower

Present: Mr. B. Gould, Chair, Mrs. M. Taylor, Mrs. M. Dow, Mr. R. Rocci, Mr. S. Monzavi, Mr. P. Tice, Mr. C. Santoni, Mrs. I. Schachler, Dr. J. Gauldie, Dr. T. Packer, Ms. W. Doyle, Dr. M. Guise, Mr. T. Thoma, Mr. J. LoPresti, Dr. J. Kelton.

Regrets: Dr. G. Chaimowitz, Dr. H. Fuller.

Resource Staff: Dr. D. Higgins, Ms. F. Ros, Ms. J. Fry, Mr. S. Gadsby, Mrs. S. Filice-Armenio, Mrs. K. Ciavarella, Dr. K. Smith..

Guests: Dr. M. Crowther, Ms. S. Hollis, Mr. D. Bakker.

NEXT MEETING September 26, 2013

Subject	Discussion
1. PROTOCOL	
1.1 CALL TO ORDER	The meeting was called to order at 1530 hours by B. Gould.
1.2 OPENING PRAYER	W. Doyle opened the meeting with a prayer.
1.3 GUESTS	All guests in attendance were introduced.
1.4 DECLARATION OF CONFLICT OF INTEREST	There was no declaration of conflict of interest.
2. AGENDA AND MINUTES	
2.1 APPROVAL OF AGENDA	It was MOVED by C. Santoni, SECONDED by R. Rocci, VOTED AND CARRIED: THAT THE HAMILTON BOARD COMMITTEE AGENDA BE APPROVED AS CIRCULATED
2.2 ADDITIONS TO THE AGENDA	There were no additions to the agenda.
2.3 APPROVAL OF THE MINUTES	It was MOVED by M. Dow, SECONDED by R, Rocci, VOTED AND CARRIED THAT THE (OPEN) MINUTES OF THE HAMILTON BOARD COMMITTEE OF MAY 30, 2013 BE APPROVED
3. REPORTS	
3.1 Chair's Report	B. Gould reported the following: <ul style="list-style-type: none"> All HBC members were thanked for their dedication and service to the HBC over the past year. Congratulations were extended to C. Santoni who begins as Chair of the HBC in September.

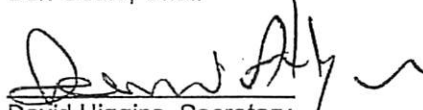
Subject	Discussion
<p>3.2 President's Report</p> <p>3.3 President of the Medical Staff Association</p>	<ul style="list-style-type: none"> • Thanks were extended to I. Schachler who will be leaving the HBC. Her thoughtful contributions and expertise in quality and safety of patient care will be missed. • The House of Commons passed the Not Criminally Responsible Reform Act (Bill C-54). This legislation ensures that public safety is the paramount consideration in the decision-making process with respect to accused persons found Not Criminally Responsible on Account of Mental Disorder (NCR). The three components of the legislation were outlined. • D. Higgins extended his thanks to all members for their commitment and guidance. In particular, he thanked B. Gould during his term as chair and I. Schachler for her contributions during her term as a board member. • A resident quality inspection of SJVD was recently carried out. Findings are expected to be made public mid-July. • SJVD will be undergoing accreditation next year through Accreditation Canada. It was noted that each HBC organization will be accredited separately. In response to a question, it was noted that accreditation of an academic institution with respect to academic mission is carried out separately by the Royal College. • Hand hygiene compliance was discussed. It was noted that 17 units were at or above 95% compliance and another 9 units were between 90-95% compliance. <ul style="list-style-type: none"> • The Quarterly Medical Staff Meeting was held on June 11th and was extremely well attended by members of the medical staff.
<p>3.4 St. Joseph's Healthcare Foundation and St. Joseph's Villa Foundation</p> <p>4. NEW BUSINESS</p> <p>5. INFORMATION ITEMS</p> <p>6. ADJOURNMENT</p>	<p>St. Joseph's Healthcare Foundation</p> <ul style="list-style-type: none"> • Multiple tours of the West 5th Campus have been organized and will be carried out shortly. • The Foundation recently held its Annual General Meeting, and two new members of the board have been appointed, bringing the total board membership to 16. <p>St. Joseph's Villa Foundation</p> <ul style="list-style-type: none"> • There was no report. • Discussion ensued with respect to wait times. SJHH has high wait times in two areas but otherwise wait times are at or below provincial expectations. It was noted that discussions between SJHH and physician offices with respect to further improving quality of data collected will provide even more accurate information. <ul style="list-style-type: none"> • HBC Summary • Article – Three Missions, One Future – Optimizing the Performance of Canada's Academic Health Science Centres • Article – Health Wait Times Still Fail to Meet Patient Demands • Annual Report to the Community – St. Joseph's Home Carr 2013 • St. Joseph's Villa Foundation Annual Report <p>It was MOVED by C. Santoni, SECONDED by M. Guise, VOTED AND CARRIED</p> <p>THAT THE OPEN SESSION OF THE HBC BE ADJOURNED AND THAT THE HBC MOVE INTO THE ANNUAL GENERAL MEETING – ST. JOSEPH'S HOME CARE</p>

Subject

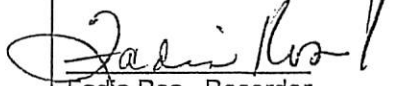
Discussion



Ben Gould, Chair



David Higgins, Secretary



Fadia Ros, Recorder

OPEN REPORT TO THE HAMILTON BOARD COMMITTEE – SEPTEMBER 2013

1. Environmental Scan

1.1 SJVD: Amendments to Long Term Care Homes Act Regulation

An announcement was issued on August 28th, 2013 from the Ministry of Health & Long Term Care outlining amendments to Regulation 79/10 under the Long Term Care Homes Act, 2007. The amendments pertain to Convalescent Care Program admissions, specialized unit admissions and discharge, staffing qualifications, critical incident reporting and locking doors. The amendments will come into effect as follows:

- September 15, 2013 – Amendments related to staffing qualifications, critical incident reporting and locking doors;
- November 1, 2013 – Amendments related to Convalescent Care Program admissions and specialized unit admissions and discharge.

Additional detail on the amendments and implications will be provided by David Bakker at the HBC meeting.

1.2 SJVD and SJHC: Physiotherapy Funding Update

As previously noted, the Ministry of Health and Long-Term Care (MOHLTC) has announced a restructuring for publicly-funded physiotherapy (PT) services in Ontario as part of their *Action Plan for Senior's*. Changes took effect in August of 2013.

The new /enhanced physiotherapy funding model includes:

- \$33M – CCAC (for in-home PT)
- \$58.5M – LTCH (for one-one PT) * *Opportunity for SJHC*
- \$10.1M – LTCH exercise/activation classes
- \$10M – Community Exercise Classes/Falls Prevention
- \$44.5 – PT clinics
- \$2M – Family Health Care Settings

Synopsis of impact on each sector:

- Hospital and Rehab Centres – No impact
- Home Care – CCACs will receive \$33M for in home PT services, including visits in retirement homes and assisted living facilities.
- Primary Care – PT will be integrated into interdisciplinary health care settings, including Family Health Teams, Nurse Practitioner-led clinics, Community Health Centres.
- LTCH – will receive \$68.5M in funding for PT and exercise directly. The new funding system is based on an allocation model that provides \$750 per bed per year. The funding will be transferred directly to the home and dedicated for the provision of physiotherapy. *This would be an opportunity for SJHC to collaborate with SJLC in Brantford and the Villa in Dundas to provide PT services.*

Summary of Impact on SJVD:

- Prior to the change, staff from *Centric Health* provided physiotherapy services to SJVD residents and billed OHIP directly for those services. As such, all the billing and payments for SJVD have been solely between the government and Centric Health. Effective August 22, 2013, all long term care homes will receive funds directly from the government to pay for physiotherapy services for resident in their care. The funding amount is capped at \$750 per bed per year (\$283,500 for the Villa). The \$750 per bed funding is designated for one-to-one physiotherapy.
- SJVD Residents will receive one-to-one therapy only after they have been assessed and meet the new criteria for this service. This will mean that some of the residents may no longer meet the criteria and will not receive one-to-one physiotherapy services under the new rules or may receive fewer or different treatments. In order to mitigate the impact of this change, the Villa will continue to offer exercise classes to individuals who would be able and willing to participate. Centric Health continues to provide the current services.
- SJVD is working with the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), to urge the government to conduct a formal evaluation of the changes and ensure that Ontarians who require physiotherapy services will receive the services under this new funding model.

1.3 SJHC: Home and Community Case Management Policy

The MOHLTC has a mandate to work with LHINs, CCACs and the Community Support Services (CSS) sector, to develop a policy framework for Home and Community Case Management. The initial meetings of representatives from these groups occurred on May 13 and June 10, 2013, to discuss the goals and the process to develop the policy and regulatory framework. Possible Implications for SJHC include:

- Framework will allow select CSS agencies to provide personal support worker (PSW) services to clients with low or moderate care needs while optimizing CCAC capacity in supporting community care and hospital discharge for clients with complex care needs.
- SJHC already has a Multi-Sector Service Accountability Agreement (MSAA) with the HNH B LHIN to provide PSW service to low acuity clients in Hamilton and we hope to be able to expand on this.

1.4 SJHC: Quality and Value in Home Care (QVHC) Update

- Implementation of Outcome-Based Pathways (OBP) and Outcome-Based Reimbursement (OBR) pathways for wound, hip and knee has been deferred until January 2014.
- The home care sector market analysis was completed over the summer months (SJHC was asked to participate).
- Fee and wage structures have been developed by Accenture (a consulting group procured by OACCAC) which are being vetted through the Pricing & Payments Table with a final recommendation by September 30, 2013. New pricing and payment will be implemented sector wide with the renewal of CCAC contracts scheduled for September 30, 2014.
- Service provider eligibility criteria for OBP / OBR contracts have not been finalized. The template submitted for review is the one used in the HNH B CCAC for the palliative care pilot awarded to Bayshore.
- Current timelines are very tight to implement required IT changes and no additional resources are available for hardware and software upgrades.

- Clinical pathway development for palliative care and stroke are underway and expected to be completed by the spring of 2014.
- The OBR development has been stalled until the fee and pricing structures have been finalized in September 2013.
- New fee and pricing structures are due to be finalized in September and contract templates and performance measures have been drafted and are being reviewed by the associations.
- Kim Ciavarella will briefly review implications for SJHC at the HBC meeting.

Hamilton Niagara Haldimand Brant Communicate Care Access Centre (HNHB CCAC): Outcome-Based Pathways (OBP) / Outcome-Based Reimbursement (OBR) Work to Date

- The Terms of Reference have been finalized and membership for the HNHB OBP/OBR Implementation Committee and all 4 working groups has been established.
- SJHC has representation on all the committees and working groups.
- It was suggested that 3 providers volunteer to be test sites for the OBP/OBR/ Fee for Service (FFS) starting in mid Sept. SJHC is considering becoming a test site (pending meeting all the IT requirements)
- The various committees continue to fine tune the financial and clinical elements of the care paths projects. The IT committee has determined there will be very little impact beyond some additional training required in utilizing the Procura system for the new processes.
- An internal steering committee is ensuring coordination amongst the committees and overall planning for January 14, 2014 implementation.
- Kim Ciavarella will update the Board through the Resource & Audit committee as needed with respect to implications

2. Mission, Vision and Values Update

2.1 SJHC: SJHS Integrated Comprehensive Care Pilot Project (ICCP)

In addition to the LHIN funded proposals for the ICC, the St. Joseph's Health System (SJHH / SJHC) received year 2 pilot funding from the LHIN to continue evaluating the outcomes of the Hamilton project and expand the pilot to St. Mary's in Kitchener. St. Mary's is a community hospital under the St. Joseph's umbrella with the goal to test the pilot within other health care settings to determine the degree of transferability and success the model has outside the Hamilton project. The St. Mary's project went live August 27, 2013. The patient population groups for this project include Thoracic surgery, COPD/CHF and cardiac surgery.

3. Operational Information

3.1 SJHH: Employee Engagement Initiative Update (Engaged People Strategy)

The results for the SJHH Employee Engagement survey were delivered to the senior leadership team in the last week of January. Following that, results were disseminated to all directors (by March 20, 2013) and managers (by April 15, 2013). The Employee and Organizational Development (EOD) team delivered 16 training sessions to 101 directors and managers to interpret their results and consequently share team results with employees. Furthermore, managers were asked to create at

least two action plans with their teams to further improve employee engagement. 83% of managers submitted the action plans for their departments to Employee and Organizational Development by May 31, 2013.

Since then, the EOD team has reviewed the submitted action plans and identified the key drivers that the largest proportions of departments aim to work on. In addition, the EOD team has identified emergent themes that suggest specific areas that a majority of departments at SJHH will be focusing on. The EOD team will be submitting these results to the senior leadership team which will help ascertain next steps at the corporate level. The EOD team, along with other members of People and Organization Effectiveness, will support the successful completion of action plans through departmental interventions and the launch of corporate initiatives that will support engagement initiatives for the greatest proportion of departments.

3.2 SJVD: Resident Quality Inspection – Update

- **Background:**

As previously noted, SJVD underwent the annual *Resident Quality Inspection* (RQI) by the Ministry of Health and Long Term Care Compliance Advisors from April 22 through May 24, 2013. The Exit Report was received on June 13, 2013 with various directors and managers in attendance. There were 36 non-compliances, 11 of which were Compliance Orders. A comprehensive summary was shared with the HBC in June.

- **Action:**

SJVD has since created a media and communications strategy with the assistance of Victoria Rabb, Director of Public Affairs (SJHH), which has been posted on the SJVD website and in posting binders at the three SJVD facility entrances. The SJVD Director of Care (DOC) has also communicated and reviewed the information with staff, Family Council and Residents' Council members.

Meetings are underway with the Management Team and Medical Director to ensure that SJVD will be in compliance with the orders by the agreed upon dates. After initial auditing, some extensions to the timelines have been requested and granted by the Ministry. Action plans have been updated to reflect the improvements/changes that have occurred since the RQI. As the DOC is the lead for compliance, she continues to meet with departments involved to ensure process or practice changes occur to meet the LTCHA and regulations. Staff meetings are held with frontline staff every 5 weeks and compliance is a standing item in order to ensure frontline staff are educated and on board with plans. Information on action plans is also included in staff newsletter and via email. Communication continues with the Ministry to address compliance results.

3.3 SJHC: Accreditation

In the previous President's Report, SJHC informed that it has received confirmation from Accreditation Canada that the dates for our 2014 accreditation survey. The dates have since been changed by Accreditation Canada and the survey has now been set for April 28-30, 2014.

3.4 SJHH: West 5th Redevelopment Update

Construction

- Construction is 95% complete.
- Training on building systems (PAS, Nurse Call) will begin in September and carry on through to November.

Project Budget

- Project Budget remains on target.

Schedule

- Project is on schedule to meet December 6, 2013 substantial completion.
- Phase 2 planning meetings between SJHH and PCL began in August
- In order to ensure schedule dates are met PCL have started two shifts on site and are contemplating a third.
- Operational readiness meetings with reporting to senior staff continue to occur weekly
- Emerging risk with respect to recruitment of staff is being monitored and will be reported to the Board through HR and Resource & Audit Committees.
- Senior staff have met with LHIN to update on PCOP and emerging issues.

Communications

- On August 16, staff, physicians and volunteers gathered for a time capsule ceremony honouring the history and future of the campus. Media attended and captured the time capsule being placed on Level 2 of the new building beside the main elevator bank.
- The first draft of the Staff Welcome Guide (for general training to the new building) was completed and has started to go through approval.

Signage Update

- Signage installation continues. The building directory format has been finalized and incorporated some of the suggestions made by the Patient and Family Council.

Operational Readiness

- Work plan meetings for programs and services were held on site in August. These meetings were successful in affirming readiness of both clinical and support service departments. New issues for resolution, not previously identified, were also brought to light.
- The Information Desk in the new main lobby has been renamed to the "Welcome Centre".
- Formal meetings between the hospital, Honeywell and PCL began in August regarding the new Security Systems.
- An all-day meeting was held for managers (Snap Shot Meeting) where a number of redevelopment matters were presented and the opportunity for Q & A was provided.

3.5 SJHH: LHIN Clinical Services Plan Leadership

SJHH has been asked to take leadership role in development of the LHIN Clinical Services Plan for Mental Health and Addictions Services. D. Higgins and R. Cercone have developed plan and structure and which has been accepted by LHIN and major stakeholder groups. The strategic directions and plans for the structure of the program will be presented at a subsequent meeting.

Hamilton Board Committee (HBC) – Summary of May 30th, 2013 Closed Meeting Session

Motions Summary

Recommending HBC Committee	Motion Summary
Governance, Mission and Values Committee	<p>It was voted that the:</p> <ul style="list-style-type: none"> ▪ Minutes of the Governance, Mission and Values Committee of May 7th, 2013 be accepted for information (Hamilton Board Committee).
Quality Committee	<p>It was voted that the:</p> <ul style="list-style-type: none"> ▪ Minutes of the Quality Committee of May 14th, 2013 be accepted for information (Hamilton Board Committee).
Resource and Audit Committee	<p>It was voted that the:</p> <ul style="list-style-type: none"> ▪ Minutes of the Resource and Audit Committee of May 22nd be accepted for information (Hamilton Board Committee). ▪ St. Joseph's Healthcare Hamilton Audited Financial Statements for the year ended March 31, 2013 be approved (Hamilton Board Committee – St. Joseph's Healthcare Voting Members). ▪ Approval be granted to proceed with the process for establishing an eligible research institute. Specifically to convert Research St. Joseph's – Hamilton by applying to CRA to become a SH&ED eligible research institute and to apply for charitable status (Hamilton Board Committee – St. Joseph's Healthcare Voting Members). ▪ Investment policy statement incorporating the revisions described in the summary of changes document be approved as amended (Hamilton Board Committee – St. Joseph's Healthcare Voting Members). ▪ St. Joseph's Home Care Audited Financial Statements for the year ended March 31, 2013 be approved (Hamilton Board Committee – St. Joseph's Home Care Voting Members).
	<p>It was voted that the:</p> <ul style="list-style-type: none"> ▪ Minutes of the Medical Advisory Committee of May 2nd 2013 be approved (Hamilton Board Committee – St. Joseph's Healthcare Voting Members) ▪ Recommendations on Research from the Medical Advisory Committee of SJHH of May 2nd 2013 be approved (Hamilton Board Committee – St. Joseph's Healthcare Voting Members) ▪ Recommendations on Credentials of the May 2nd 2013 Medical Advisory Committee be approved (Hamilton Board Committee – St. Joseph's Healthcare Voting Members)

Presentations and Reports to the HBC – Summary

- The Board heard an update from Dr. Higgins on the HBC Strategic Planning Process with detail on our four strategic directions; 1) Transforming How We Work; 2) Research and Innovation; 3) Engaged People; and 4) Breaking Down Barriers. These directions will ultimately guide the cultural change required to radically transform care for our community. At the core of this plan are 12 foundational projects within each of our clinical 'clusters'. Detailed discussion ensued with respect to ensuring rigour in implementation, communication, evaluation and Board governance of the strategic plan. Further detailed discussion will take place over the summer and a final document for sign off will be provided to the HBC at the September Governance and HBC meetings.