

# St. Joseph's Hamilton Joint Boards of Governors

*Thursday, January 29, 2015*

*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

**St. Joseph's Hamilton Joint Boards of Governors – Open Agenda**  
**Thursday, January 29, 2015**  
**3:30 – 6:00 p.m.**

Dofasco Boardroom – St. Joseph's Healthcare Hamilton  
2<sup>nd</sup> Floor, Juravinski Innovation Tower  
50 Charlton Avenue East, Hamilton

- Elected Members** Mr. Carl Santoni (Chair), Mr. Peter Tice, Mr. Sonny Monzavi, Dr. Mary Guise, Mr. Jim LoPresti, Ms. Carolyn Milne, Mr. Ray Rocci, Ms. Moira Taylor, Mr. Tony Thoma, Mr. David Tonin, Mr. Adriaan Korstanje, Dr. Jack Gauldie, Ms. Lynn McNeil.
- Ex-Officio Members** Dr. Cyndie Horner, Ms. Winnie Doyle, Dr. Hugh Fuller, Dr. David Higgins, Dr. John Kelton, Dr. Kevin Smith
- Senior Management Team** Mr. David Bakker, Mrs. Jane Loncke
- Resource** Ms. Jessica Fry, Ms. Fadia Ros, Ms. Sera Filice-Armenio, Ms. Maureen Ellis.
- Guest(s)** Dr. D. Russell, Ms. S. Hollis, Mr. V. Singh.

VALUES: D = dignity, R1 = respect, S = service, J = justice, R2 = responsibility, E = enquiry

Time	Item	Topic	Motion	Values	Lead	Page
3:30pm	1.0	<b>Call to Order</b>				
	1.1 1.1.1	<i>Opening Prayer and Reflection on RESPONSIBILITY</i>		R2	D. Tonin All	
	1.2	<i>Approval of Agenda</i>	<u>All JBG Voting Members:</u> <b>THAT THE OPEN AGENDA OF THE JANUARY 29, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS COMMITTEE BE APPROVED</b>	R2	C. Santoni	
	1.3	<i>Declaration of Conflict of Interest</i>		R2	C. Santoni	
	1.4	<i>Introduction of Guests</i>		R1	C. Santoni	

<b>3:40pm</b>	<b>2.0</b>	<b>Consent Agenda</b>				
	2.1	<i>Approval of St. Joseph's Hamilton Joint Boards of Governors Open Minutes</i>	All JBG Voting Members: <b>THAT THE OPEN MINUTES OF THE DECEMBER 18, 2014 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE APPROVED</b>	R2	C. Santoni	1-4
	2.2	<i>Governance Mission and Values Committee Minutes and Motions</i>	All JBG Voting Members <b>THAT THE MINUTES OF THE GOVERNANCE, MISSION AND VALUES COMMITTEE OF JANUARY 6, 2015 BE ACCEPTED FOR INFORMATION</b>  All JBG Voting Members <b>THAT THE FOLLOWING POLICIES BE APPROVED: JBG#4 – CHAIR POSITION DESCRIPTION JBG#5 COMMITTEE CHAIR POSITION DESCRIPTION JBG#6 – OPEN/CLOSED/IN-CAMERA POLICY</b>  All JBG Voting Members <b>THAT THE BUSINESS OF THE HUMAN RESOURCES SUB-COMMITTEE BE CONDUCTED AS AN EXTENSION OF THE RESOURCE AND AUDIT COMMITTEE MEETING AT THE CALL OF THE CHAIR</b>	R2	P. Tice	5-20
	2.3	<i>Resource &amp; Audit Committee Minutes and Motions</i>	Highlight Report Item 4.1	R2	S. Monzavi	
<b>3:50pm</b>	<b>3.0</b>	<b>Quality &amp; Patient Safety</b>				
	3.1	<i>Quality Committee Minutes, Motions and Report</i>	All JBG Voting Members <b>THAT THE MINUTES OF THE QUALITY COMMITTEE OF JANUARY 13, 2015 BE ACCEPTED FOR INFORMATION</b>	S	R. Rocci	21-24
	3.2	<i>Medical Advisory Committee Presentation:</i>	<i>Dr. D. Russell Chief, Department of Medicine</i>	E		

	<b>4.0</b>	<b>Highlight Report</b>				
	4.1	<i>Resource and Audit Committee Minutes and Motions</i>	<u>All JBG Voting Members</u> <b>THAT THE MINUTES OF THE RESOURCE AND AUDIT COMMITTEE OF JANUARY 21, 2015 BE ACCEPTED FOR INFORMATION</b>	R2		25-62
<b>4:10pm</b>	<b>5.0</b>	<b>Reports</b>				
	5.1	<i>Report of Chair</i>		R2	C. Santoni	
	5.2	<i>Report of the President and CEO, St. Joseph's Health System</i>		R2	K. Smith	
	5.3	<i>Report of Presidents</i>		R2 / S	D. Higgins D. Bakker J. Loncke	63-68
	5.4	<i>Report of President SJHH Foundation SJVD Foundation</i>		R2	S. Filice-Armenio M. Ellis	
	5.5	<i>Report of Chief Nursing Officer</i>		R2 / S	W. Doyle	
	5.6	<i>Report of President, Medical Staff Association</i>		R2	C. Horner	
<b>4:30pm</b>	<b>6.0</b>	<b>Information / Education Items</b>				
	6.1	JBG Closed Summary		R2 / E	C. Santoni	69
	6.2	JBG Walkabouts - Education Schedule				70-73
	6.3	The Value of System Thinking				74-76
<b>4:35pm</b>	<b>7.0</b>	<b>Adjournment</b>				
	7.1	<i>Motion to adjourn</i>	<u>All JBG Voting Members:</u> <b>THAT THE OPEN SESSION OF THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE ADJOURNED</b>		C. Santoni	
<b>4:35pm</b>	<b>8.0</b>	<b>Break followed by Closed Session</b>				



Committee: **St. Joseph's Hamilton Joint Boards of Governors – OPEN SESSION** Date: December 18, 2014  
 Called to order at: 1530 hours Adjourned: 1640 hours

**St. Joseph's Healthcare Hamilton Voting Members:**

Mr. C. Santoni, Mr. P. Tice, Mr. S. Monzavi, Mr. A. Korstanje, Mr. J. LoPresti, Dr. J. Gaudie, Ms. L. McNeil.

**St. Joseph's Villa Dundas Voting Members:**

Mr. C. Santoni, Mr. P. Tice, Mr. S. Monzavi, Mr. R. Rocci, Mrs. M. Taylor, Mr. T. Thoma.

**St. Joseph's Homecare Hamilton Voting Members:**


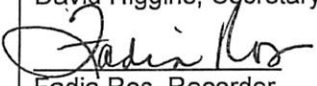
Mr. C. Santoni, Mr. P. Tice, Mr. S. Monzavi, Dr. M. Guise, Mrs. M. Taylor, Mrs. C. Milne, Mr. D. Tonin.

Location: Dofasco Boardroom – 2<sup>nd</sup> Floor Juravinski Innovation Tower  
 Present: Mr. C. Santoni - Chair, Mr. T. Thoma, Mr. P. Tice, Mrs. M. Taylor, Mr. A. Korstanje, Ms. W. Doyle, Dr. H. Fuller, Dr. M. Guise, Mr. R. Rocci, Mr. D. Tonin, Ms. L. McNeil, Mr. S. Monzavi, Ms. C Milne, Dr. J. Gaudie, Mr. J. LoPresti, Dr. J. Kelton.  
 Regrets: Dr. R. Amer.  
 Resource Staff: Dr. D. Higgins, Ms. F. Ros, Mr. D. Bakker, Mrs. J. Loncke, Ms. J. Fry, Dr. K. Smith.  
 Guests: Dr. I. Preyra.  
 NEXT MEETING: January 29, 2015

Subject	Discussion
<b>1. PROTOCOL</b>	
<b>1.0 CALL TO ORDER</b>	The meeting was called to order at 1530 hours by C. Santoni.
<b>1.1 OPENING PRAYER</b>	C. Milne opened the meeting with a prayer. There was reflection with respect to the value of JUSTICE.
<b>1.2 APPROVAL OF AGENDA</b>	<p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p><b>THAT THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS AGENDA BE APPROVED AS CIRCULATED</b></p>
<b>1.3 DECLARATION OF CONFLICT OF INTEREST</b>	There was no declaration of conflict of interest.
<b>1.4 INTRODUCTION OF GUESTS</b>	Dr. I. Preyra was introduced as the guest for the Open Session.
<b>2. CONSENT AGENDA</b>	<p style="text-align: center;"><u>All JBG Voting Members</u></p>
<b>2.1 APPROVAL OF ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS OPEN MINUTES</b>	<p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p><b>THAT THE OPEN MINUTES OF THE NOVEMBER 27, 2014 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE APPROVED</b></p>

Subject	Discussion
<b>2.2 GOVERNANCE, MISSION AND VALUES COMMITTEE MINUTES AND MOTIONS</b>	<p>See Item 4.1 Highlight Report</p> <p style="text-align: center;"><u>All JBG Voting Members</u></p>
<b>2.3 RESOURCE AND AUDIT COMMITTEE MINUTES AND MOTIONS</b>	<p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p><b>THAT THE MINUTES OF THE RESOURCE AND AUDIT COMMITTEE OF DECEMBER 17 , 2014 BE ACCEPTED FOR INFORMATION</b></p>
<b>3. QUALITY AND PATIENT SAFETY</b>  <b>3.1 QUALITY COMMITTEE MINUTES, MOTIONS AND REPORT</b>	<p>There was no December meeting of the Quality Committee.</p>
<b>3.1.1. IHI Update</b>	<ul style="list-style-type: none"> <li>• R. Rocci gave an update on the Annual IHI National Forum on Quality Improvement which was held in the first week of December. Key themes included the velocity of change equals increased pace of improvement, building staff resilience, working collaboratively amongst staff, and improving safety and quality is to improve culture. A key theme question “what matters to you as a patient” was discussed. A debrief session with the JBG members who attended will be held in January and a briefing note will be sent to all JBG members for their information.</li> </ul>
<b>3.2 MEDICAL ADVISORY COMMITTEE GUEST PRESENTATION</b>	<p>The following was reported:</p> <ul style="list-style-type: none"> <li>• There was extensive discussion with respect to the improvements in the delivery of patient care and the reporting of data in the Emergency Department. ED leaders meet regularly with members of the Executive Team to discuss improvement plans, initiatives and the management of resources in the ED. The new changes in the delivery of care have brought positive improvements. The Board emphasized the importance of data to drive improvement.</li> <li>• There was fulsome discussion with respect to the importance of delivering care in a kind and compassionate manner. Discussion occurred on how the Department might be able to capture data on this important metric.</li> </ul>
<b>4. HIGHLIGHT REPORT</b>  <b>4.1 HIGHLIGHT REPORT</b>	<p><u>Governance, Mission and Values Committee</u></p> <ul style="list-style-type: none"> <li>• An update on the legislative compliance listing was provided. A summary report will be brought forward to the JBG in January.</li> <li>• A Nominating Sub-Committee meeting was held in December. Finalization of committee assignments for the next year are currently underway. Two external candidates have been vetted for membership on the JBG and community membership on the board sub-committees.</li> <li>• General orientation of new JBG members was discussed.</li> <li>• It was noted that monitoring of SJHS initiatives occurs as a regular item on the meeting agenda.</li> </ul>

Subject	Discussion
5. REPORTS	<p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p><b>THAT THE MINUTES OF THE GOVERNANCE, MISSION AND VALUES COMMITTEE OF DECEMBER 2, 2014 BE ACCEPTED FOR INFORMATION</b></p>
5.1 REPORT OF CHAIR	<p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p><b>THAT THE FOLLOWING JBG POLICIES BE APPROVED:</b></p> <p><b>JBG #1 – CODE OF CONDUCT</b>  <b>JBG #2 – BOARD EVALUATION</b>  <b>JBG #3 – CONFLICT OF INTEREST</b></p>
5.2 REPORT OF PRESIDENT AND CEO, ST. JOSEPH'S HEALTH SYSTEM	<ul style="list-style-type: none"> <li>• C. Santoni attended the MAC as the guest from the JBG. Presentations at the MAC included The Case for Self Care for Patients with End Stage Kidney Disease and the Choosing Wisely Canada movement. JBG members were advised that the choosingwiselycanada.org website has some excellent information on the initiative.</li> <li>• The Health Quality Ontario Report was presented as an educational item, and it was noted that a summary was provided by M. Guise.</li> <li>• R. Amer was thanked for her membership and contribution to the JBG during her term as President of the Medical Staff Association. The incoming President is Dr. Cynthia Horner from the Department of Anesthesia.</li> </ul>
5.3 REPORT OF PRESIDENTS	<ul style="list-style-type: none"> <li>• K. Smith reported that the OMA Negotiation Teams have now completed their work. It is hoped that by the end of January, the OMA and the Government will have a deal which is acceptable to all parties.</li> <li>• The System has been asked to assist the MOHLTC in gauging 10 expressions of interest in the Integrated Comprehensive Care Model (ICC).</li> <li>• The MOHLTC initiative with respect to the Home Care Panel, Chaired by Dr. Gail Donner, will be completed by January 29<sup>th</sup>.</li> <li>• The Renal Partnership between the NHS and SJHH is progressing. The Mental Health Partnership is currently underway.</li> </ul>
5.3 REPORT OF PRESIDENTS	<ul style="list-style-type: none"> <li>• D. Higgins highlighted the story in The Toronto Star on the Concurrent Disorders Program.</li> <li>• Discussion occurred with respect to carpet removal and flooring replacement at SJVD.</li> <li>• Congratulations were extended to the SJVD Volunteer Program and the new program roll out which will begin in January 2015.</li> </ul>

Subject	Discussion
<p><b>5.3.1. ANTI-STIGMA CAMPAIGN</b></p>	<ul style="list-style-type: none"> <li>• D. Higgins gave an overview on the Anti-Stigma Program. It was noted that the webex link was provided to JBG members and all members were encouraged to view the webex. A copy of the promise statement was made available to all JBG members.</li> </ul>
<p><b>5.4 REPORT OF PRESIDENTS</b></p>	
<p><b>SJHH FOUNDATION</b></p>	<ul style="list-style-type: none"> <li>• There was no report.</li> </ul>
<p><b>SJVD FOUNDATION</b></p>	<ul style="list-style-type: none"> <li>• There was no report.</li> </ul>
<p><b>5.5 REPORT OF CHIEF NURSING OFFICER</b></p>	<ul style="list-style-type: none"> <li>• An update on the patient flow issue with respect to the demand for inpatient beds was discussed. The ALC patient flow has been relatively steady. Strategies to address this situation were outlined. It was noted that it is a very challenging time for many staff at all levels of the organization.</li> </ul>
<p><b>5.6 REPORT OF PRESIDENT, MEDICAL STAFF ASSOCIATION</b></p>	<ul style="list-style-type: none"> <li>• There was no report.</li> </ul>
<p><b>6. INFORMATION EDUCATION ITEMS</b></p>	<ul style="list-style-type: none"> <li>• JBG Closed Summary</li> <li>• JBG Walkabouts – Education Schedule</li> <li>• Article – Health Quality Ontario Report “Measuring Up”</li> </ul>
<p><b>7. OTHER BUSINESS</b></p>	<p>There was no further business.</p>
<p><b>8. ADJOURNMENT</b></p>	<p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p><b>THAT THE OPEN SESSION OF THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE ADJOURNED</b></p> <p>_____ Carl Santoni, Chair</p> <p> David Higgins, Secretary</p> <p> Fadia Ros, Recorder</p>



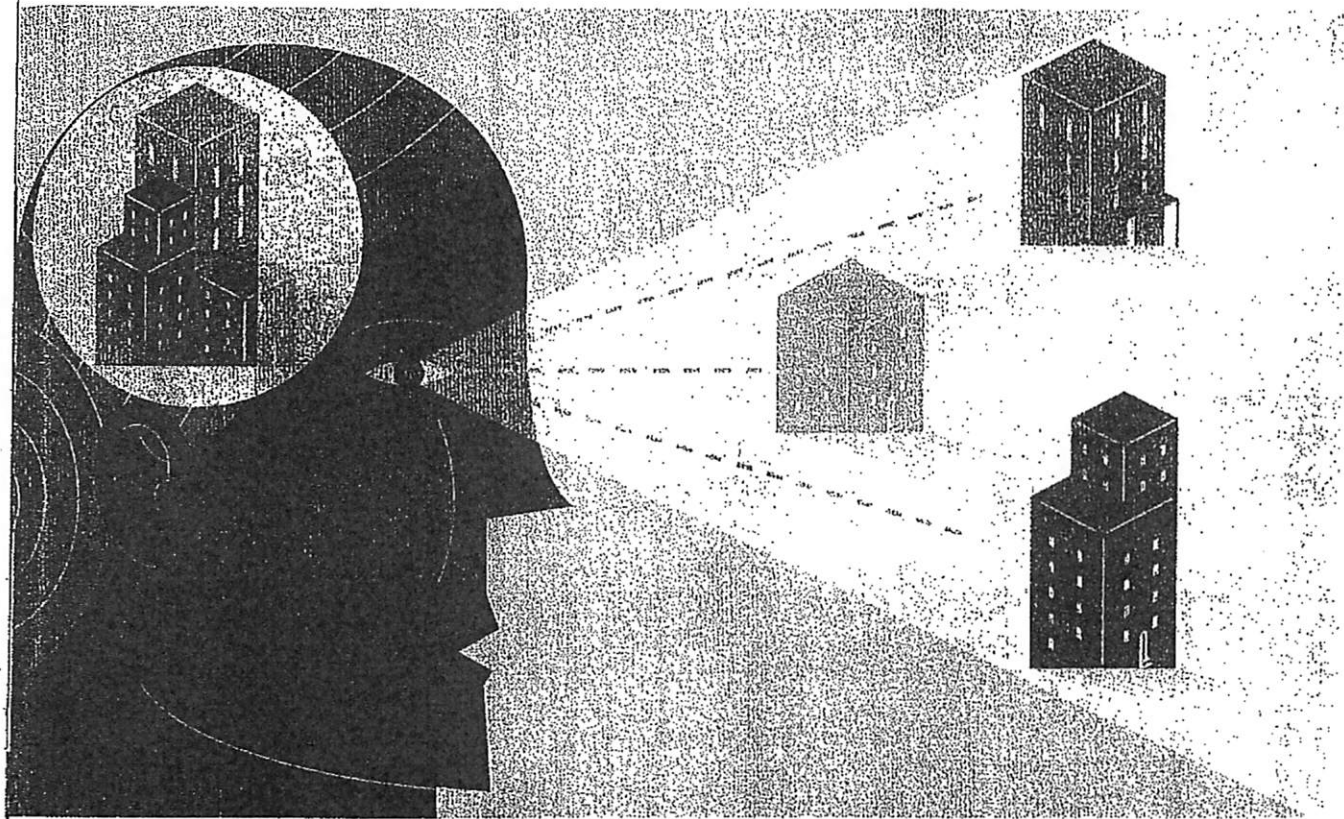
**St. Joseph's Hamilton Joint Boards of Governors (JBG) – Summary of November 27<sup>th</sup>, 2014 Closed Meeting Session**

**Motions Summary**

<b>Recommending JBG Committee</b>	<b>Motion Summary</b>
The Medical Advisory Committee	<p>It was voted that the:</p> <ul style="list-style-type: none"> <li>▪ Minutes of the Medical Advisory Committee of November 6, 2014 be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members).</li> <li>▪ Recommendations on Research of the November 6, 2014, 2014 Medical Advisory Committee be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members).</li> <li>▪ Recommendations on Credentials of the November 6, 2014, 2014 Medical Advisory Committee be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members).</li> </ul>

**Presentations and Reports to the JBG – Summary**

Mr. Brian Guest, Senior Vice-President, St. Joseph's Health System provided a presentation on the rationale, vision, framework and accomplishments to date on recruitment of a joint President of Eldercare for the three applicable St. Joseph's Health System organizations (St. Joseph's Villa Dundas, St. Joseph's Lifecare Brantford, and St. Josephs' Health Centre Guelph). Discussion ensued on strategic implications of this position, next steps, and goals for change. The broader implications of this initiative and related strategic partnerships were discussed in detail to the satisfaction of the Board. Regular updates will be provided from the SJHS on strategic initiatives as they evolve.



# The Value of System Thinking

Merged hospitals need to promote technology on an enterprise level

By Anthony J. Montagnolo

In the same way “It’s the economy, stupid,” took hold during the 1992 presidential campaign, “It’s the system, stupid,” has become conventional wisdom in health care. As in: “Our provider network will now become a truly integrated health care system” or “Our health care system must undergo a shift to patient-centeredness.”

The ongoing consolidation of hospitals into ever-larger systems presents an opportunity to improve care by managing technology more effectively. To achieve these improvements in care, ECRI Institute proposes that an area of “systemness” that should get more attention is what we refer to

as “technology systemness.”

Contrary to initial impressions, technology systemness does not refer simply to connecting technology to interconnected systems, though that goal remains critical. Instead, it represents a larger context. In essence, it promotes the consideration of technology issues in the context of the overall enterprise systems of care

## SNAPSHOT

When clinical and information technologies are implemented in the service of an enterprisewide strategy, they can unify newly merged organizations.

and how they are used within the organization. While the idea of perfectly interconnected technology has huge value, true technology systemness has even greater potential.

Why is this? Simply, health care technology, both clinical and informational, has the potential to act as an integrating force for all of the people and processes within health care organizations. Too often, technology is more of a balkanizing, rather than integrating force. For example, clinical technology requests as expressed in the capital budgeting process typically pit the needs of one department against another in a battle of who needs what most urgently. Likewise, in a multihospital system, capital budget needs frequently pit one hospital's

Standardizing for the sake of price discounts misses the larger opportunity to use technology to help drive more efficient and higher quality care. If your organization standardizes to fewer or even one supplier and increases volume, it likely will get a better price — whether it is buying pacer-makers or pickup trucks. But more importantly, it will reduce technology variation across hospital systems, which has the potential to reduce errors, create standardized training on the technology for the entire system of locations, improve reliability and improve service options. Just imagine consistent use and maintenance of physiologic monitoring systems across multiple facilities and the advantages that would provide.

## BOARDS MUST UNDERSTAND THE TECHNOLOGY NEEDS AT AN ENTERPRISE LEVEL IN THE SAME WAY THEY UNDERSTAND ENTERPRISE FINANCES.

needs against another.

In our experience, this aggressive, disconnected advocacy often distorts the best prioritization of capital needs. The right mindset, for boards and executives alike, seeks to view technology not simply as pieces of equipment or computer servers that departments use to do their jobs. Rather, it reflects an attitude that the entire enterprise must adopt an enterprise technology "system" that first prioritizes, manages and understands needs at a global level and second at a department or individual hospital level.

### Tenets of System Thinking

This new way of thinking requires adoption of two basic tenets of technology systemness. First, organizations should always attempt to standardize technology where possible. Standardization must become a critical component of enterprise technology planning. Unfortunately, the primary objective of technology standardization often has the wrong goal in mind — that of short-term acquisition cost saving.

Now, some believe that standardization stifles innovation. How can your organization avoid getting trapped by a bad technology decision or falling behind the new technology curve? Use small, well-defined pilot technology innovation projects to test different opportunities. The solution to the innovation quandary is not to have a constant supply of different technologies at every location. It is to do targeted technology experiments to keep new ideas on the forefront.

The second tenet is to implement proactive technology planning on a system level. If health care technology is important to the future of health care, it is important to the future of every health care system. Thus, boards and system executives must understand the technology needs at an enterprise level in the same way they understand the enterprise finances. This is critical to creating a link between technology acquisition and enterprise system strategy. Though perhaps an overused word, strategy matters to success. Yet, in systems everywhere, corporate strategy underplays the role

of technology in success. This should not be confused with using technology as strategy — which generally will not work — but, rather linking capital budgets, resource allocation, technology directions and choices, as well as people's time and energy, more closely with overall strategic organizational objectives.

Every manager should have a technology plan within his or her area's strategic plan. Priorities for technology procurement should align with the strategic imperatives of the system. Every health care strategic plan should address and include how information and clinical technology will enable and advance strategy. If a plan barely mentions technology or focuses only on electronic health records, it should raise a red flag. Is the organization missing an opportunity to build its technology platform to advance its cause more effectively? Is the organization missing an opportunity to improve care by improving its investment in and deployment of all of its clinical and information technology?

### Choosing a Solution

How will boards and leaders know if they are on the right track? Reflect on a slight variation in the time old line we often say to each other: If you are not part of the solution, you are part of the problem. The board's job should always be to check technology decisions in the same way. When faced with a decision, first ask: Are these technology choices consistent with our systemness mindset? If not, well, they will be part of the problem.

The opportunity at health care systems large and small to use technology systemness as a basic principle of improving overall quality and productivity has become low-hanging fruit. But even low-hanging fruit requires picking. So, when it comes to those next big technology choices, pick well. T

Anthony J. Montagnolo, M.S. ([amontagnolo@ecri.org](mailto:amontagnolo@ecri.org)), is executive vice president and chief operating officer of ECRI Institute, Plymouth Meeting, Pa.



From: Bill Tidbalt

**Thoughts on the article of Anthony J. Montagnolo entitled "The Value of System Thinking":**

As a member of the Governance Committee, I was asked to review this article and provide a brief summary. This article basically deals with "technology systemness". The article expresses a concern that clinical technology in the capital budgeting process often pits the needs of one department against another and in a multi-hospital system, the capital budget sometimes pits one hospital's needs against another. The author feels a board should not simply look at pieces of equipment or computer services but should adopt a system that prioritizes, manages and understands the needs at a global level and then on a department or individual level.

The author explains that there are two major tenets of technology systemness. The first is an attempt to standardize technology where possible. The second is to implement pro-active technology planning on a system level. He believes that it is the wrong objective to standardize technology if the main concern is short term acquisition cost savings. He then comments that it would be better to use a few or only one supplier and increase the volume. In that event, he believes that prices would likely be reduced so that the prices would compete if there were several suppliers.

Members of the Governance Committee, including myself, felt that there were significant problems with this point of view given numerous possibilities including the bankruptcy of a supplier and lack of competition. It was felt that there would likely be no reduction in costs.

The author felt that if technology variation was reduced across hospital systems, it would reduce errors, promote standard training, improve reliability and improve service options. Once again, there would be some question as to whether liability would be improved as well as service options.

With regard to the second tenet, Mr. Montagnolo felt that boards needed to understand technology at a major level just as they try and understand the financing aspects. He felt that a board should attempt to link capital budgets, resource application, technology directions and choices as well as people's time and energy more closely with overall strategic organizational objectives. He believes that any strategic plan should address and include how information and clinical technology would enable and advance strategy.

In summary, it seems like a wonderful objective to have one provider who will always be in business, consistently provide excellent service at low cost, always be able to provide replacement parts and provide maintenance individuals available on short notice, at reasonable cost, for serious difficulties. It sounds great in theory however it may be very difficult to bring into practice.

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