



St. Joseph's Hamilton Joint Boards of Governors

October 2015

Open Agenda Package – Web Version

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

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

- Elected Members** Mr. Peter Tice (Chair), Mr. Carl Santoni, 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, Ms. Lynn McNeil, Mr. Rod Dobson.
- Ex-Officio Members** Dr. Cyndie Horner, Ms. Winnie Doyle, Dr. Ian Preyra, Dr. Tom Stewart, Dr. David Higgins, Dr. John Kelton, Dr. Kevin Smith.
- Senior Management Team** Mr. Derrick Bernardo, Mrs. Jane Loncke, Dr. Jack Gaudie.
- Resource** Ms. Jessica Fry, Mrs. Fadia Voogd, Ms. Sera Filice-Armenio, Ms. Maureen Ellis.
- Guest(s)** Dr. J. Farrell, Mr. M. Jurmain, Mr. R. Tiffin.

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

Time	Item	Topic	Motion	Values	Lead	Page
3:30pm	1.0	Call to Order				
	1.1 1.1.1	Opening Prayer and Reflection on SERVICE		R2	C. Santoni All	
	1.2	Approval of Agenda	All JBG Voting Members: THAT THE OPEN AGENDA OF THE OCTOBER 29, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS COMMITTEE BE APPROVED	R2	P. Tice	
	1.3	Declaration of Conflict of Interest		R2	P. Tice	
	1.4	Introduction of Guests		R1	P. Tice	
3:55pm	2.0	Consent Agenda				
	2.1	Approval of St. Joseph's Hamilton Joint Boards of Governors Open Minutes	All JBG Voting Members: THAT THE OPEN MINUTES OF THE SEPTEMBER 24, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS	R2	P. Tice	1-6

Time	Item	Topic	Motion	Values	Lead	Page
			OF GOVERNORS BE APPROVED			
	2.2	<i>Governance Mission and Values Committee Minutes and Motions</i>	<p><u>All JBG Voting Members</u> THAT THE MINUTES OF THE GOVERNANCE, MISSION AND VALUES COMMITTEE OF OCTOBER 6, 2015 BE ACCEPTED FOR INFORMATION</p> <p><u>All JBG Voting Members</u> THAT THE FOLLOWING TERMS OF REFERENCE BE APPROVED: -QUALITY COMMITTEE -CLINICAL TRANSFORMATION COMMITTEE -GOVERNANCE, MISSION AND VALUES COMMITTEE -NOMINATING COMMITTEE</p> <p><u>All JBG Voting Members</u> THAT THE FOLLOWING POLICIES BE APPROVED: -JBG #2 BOARD EVALUATION -JBG #4 JBG CHAIR DESCRIPTION EVALUATION -JBG#5 JBG COMMITTEE CHAIR POSITION DESCRIPTION -JBG#23 JBG EXIT INTERVIEW (AS AMENDED)</p> <p><u>All JBG Voting Members</u> THAT THE FOLLOWING MOTIONS FROM THE HHS BOARD OF DIRECTORS RELATED TO THE HEALTH INFORMATION SYSTEM (HIS) PLATFORM BE APPROVED: -THAT THE BOD RECEIVES FOR INFORMATION THE HEALTH INFORMATION TECHNOLOGY SERVICES (HITS) STRATEGIC DIRECTIONS PRESENTATION</p>	R2	S. Monzavi	<p>7-16</p> <p>17-28</p> <p>29-47</p>

Time	Item	Topic	Motion	Values	Lead	Page
			<p>-THAT HHS MANAGEMENT STAFF BE DIRECTED TO SEEK TO ESTABLISH A COMMON HIS PLATFORM WITH SJHH AND THE HNHB LHIN CONSISTENT WITH THE STRATEGIC DIRECTIONS PRESENTED IN APPENDIX A</p> <p>-THAT STAFF BE DIRECTED TO DEVELOP A GOVERNANCE STRUCTURE WITH SJHH AND THE HNHB LHIN THAT WOULD ALLOW FOR EFFECTIVE AND COLLABORATIVE DECISION MAKING IN THE CREATION OF A COMMON HIS PLATFORM</p> <p>-THAT STAFF BE DIRECTED TO ENGAGE WITH SJHH, ON A NON BINDING BASIS TO ENGAGE IN A REQUEST FOR PROPOSAL OR SIMILAR PROCESS, AS APPROPRIATE TO COMPLY WITH THE BPSAA TO SCOPE AND ASSESS THE REQUIREMENTS TO ACHIEVE A COMMON HIS PLATFORM AND</p> <p>-THAT STAFF BE DIRECTED TO REPORT BACK ON PROPOSED COMMITMENTS, INCLUDING A ROADMAP, BUDGET AND SUSTAINABILITY PLAN, GOVERNANCE STRUCTURE AND PROVIDE UPDATES TO THE PMC AT EACH COMMITTEE MEETING</p>			
	2.3	<i>Resource & Audit Committee Minutes and Motions</i>	<p><u>All JBG Voting Members</u> THAT THE MINUTES OF THE RESOURCE AND AUDIT COMMITTEE OF OCTOBER 21, 2015 BE ACCEPTED FOR INFORMATION</p> <p><u>SJHH Voting Members</u> THAT THE SJHH SIGNING</p>	R2	A.Korstanje	<p>48-158</p> <p>56-58</p>

Time	Item	Topic	Motion	Values	Lead	Page
			AUTHORITY – OPERATING AND CAPITAL EXPENDITURES POLICY (#117-ADM) BE APPROVED <u>All JBG Voting Members</u> THAT THE 2015-2016 RESOURCE AND AUDIT COMMITTEE TERMS OF REFERENCE AND WORK PLAN BE APPROVED			59-70
4:10pm	3.0	Quality & Patient Safety				
	3.1	<i>Quality Committee Minutes, Motions and Report</i>	<u>All JBG Voting Members</u> THAT THE MINUTES OF THE QUALITY COMMITTEE OF OCTOBER 13, 2015 BE ACCEPTED FOR INFORMATION	S	R. Rocci	159-165
	3.2	<i>Medical Advisory Committee Presentation</i>	<i>Dr. J. Farrell</i> <i>Chief, Department of Anesthesia</i>	E		
	4.0	Highlight Report				
	4.1	<i>There is no highlight report this month</i>				
4:20pm	5.0	Reports				
	5.1	<i>Report of Chair</i>		R2	P. Tice	
	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. Bernardo J. Loncke	166-170
	5.4	<i>Report of the Chief Nursing Executive</i>		R2/S	W. Doyle	
	5.6	<i>Report of the Vice President Research</i>		R2	J. Gauldie	
	5.7	<i>Report of President, Medical Staff Association</i>		R2	C. Horner	
	5.8	<i>Report of the President SJVD Foundation</i> <i>SJHH Foundation</i>		R2	M. Ellis S. Filice-Armenio	
4:40pm	6.0	Information / Education Items				

Time	Item	Topic	Motion	Values	Lead	Page
	6.1 6.2 6.3	JBG Closed Summary JBG Walkabouts - Education Schedule Articles – - Summary - Physician Assisted Suicide - From Courtroom to Bedside - CHAC – Physician Assisted Suicide and Euthanasia Briefing		R2 / E	P. Tice	171 172- 173 174- 188
4:45pm	7.0	Adjournment				
	7.1	<i>Motion to adjourn</i>	All JBG Voting Members: THAT THE OPEN SESSION OF THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE ADJOURNED		P. Tice	
4:45pm	8.0	Break followed by Closed Session				

Mission: Living the Legacy – Compassionate Care.
Faith. Discovery.

Vision: On behalf of those we are privileged to serve, we will: deliver an integrated high quality care experience, pursue and share knowledge, respect our rich diversity, always remaining faithful to our Roman Catholic values and traditions.

Values: We commit ourselves to demonstrate in all that we undertake, the vision and values that inspired our Founders, the Sisters of St. Joseph. These are: **Dignity, Respect, Service, Justice, Responsibility and Enquiry.**

JBG Values

Service – It is an Honour to Serve



Definition

Striving to meet the needs of those we serve with the highest level of quality, integrity and effective communication possible. Building trust with and taking ownership of the needs of those being served.

Behaviours

- Communicates effectively
- Is service-focused
- Has integrity



Committee: St. Joseph's Hamilton Joint Boards of Governors – OPEN SESSION Date: September 24, 2015
Called to order at: 1530 hours Adjourned: 1735 hours

- St. Joseph's Healthcare Hamilton Voting Members:**
Mr. P. Tice, Mr. S. Monzavi, Mr. A. Korstanje, Mr. J. LoPresti, Ms. L. McNeil, Mr. C. Santoni, Mr. D. Tonin.
- St. Joseph's Villa Dundas Voting Members:**
Mr. P. Tice, Mr. S. Monzavi, Mr. A. Korstanje, Mr. R. Rocci, Mrs. M. Taylor, Mr. T. Thoma, Mr. R. Dobson.
- St. Joseph's Homecare Hamilton Voting Members:**
Mr. P. Tice, Mr. S. Monzavi, Mr. A. Korstanje, Dr. M. Guise, Mrs. M. Taylor, Mrs. C. Milne, Mr. D. Tonin.

Location: Dofasco Boardroom – 2nd Floor Juravinski Innovation Tower
Present: Mr. P. Tice - Chair, Mr. T. Thoma, Dr. M. Guise, Mr. S. Monzavi, Ms. W. Doyle, Mr. C. Santoni, Mr. A. Korstanje, Mrs. M. Taylor, Mr. R. Dobson, Mr. J. LoPresti, Ms. L. McNeil, Mrs. C. Milne, Dr. C. Horner, Dr. I. Preyra.

Regrets: Mr. D. Tonin, Mr. R. Rocci.
Resource Staff: Dr. D. Higgins, Mrs. F. Voogd, Mr. D. Bernardo, Mrs. J. Fry, Dr. K. Smith, Ms. M. Ellis, Mr. J. Woods.
Guests: Dr. K. Gulenchyn.
NEXT MEETING: October 29, 2015

Subject	Discussion
1. PROTOCOL	
1.0 CALL TO ORDER	The meeting was called to order at 1530 hours by P. Tice
1.1 OPENING PRAYER	C. Milne opened the meeting with a prayer. There was reflection with respect to the value of RESPONSIBILITY.
1.2 APPROVAL OF AGENDA	<p>It was noted that items 2.2 and 2.3 would be discussed in reverse order.</p> <p style="text-align: center;"><u>All JBG Voting Members</u></p> <p>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</p> <p>THAT THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS AGENDA BE APPROVED AS CIRCULATED</p>
1.3 DECLARATION OF CONFLICT OF INTEREST	There was no declaration of conflict of interest. All JBG members were reminded to complete their confidentiality agreements and submit them to the President's Office.
1.4 INTRODUCTION OF GUESTS	All invited guests were introduced. R. Dobson was welcomed to his first meeting as a member of the JBG.
2. CONSENT AGENDA	<u>All JBG Voting Members</u>
2.1 APPROVAL OF ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS OPEN MINUTES	<p>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</p> <p>THAT THE OPEN MINUTES OF THE JUNE 25, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE APPROVED</p>

Subject**Discussion****2.2 GOVERNANCE,
MISSION AND VALUES
COMMITTEE MINUTES
AND MOTIONS**

- The report was overviewed.

All JBG Voting Members

ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:

THAT THE MINUTES OF THE GOVERNANCE, MISSION AND VALUES COMMITTEE OF SEPTEMBER 9, 2015 BE ACCEPTED FOR INFORMATION

All JBG Voting Members

ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:

THAT ALL EVALUATIONS SUBMITTED BY JBG AND COMMUNITY MEMBERS AT THE BOARD AND COMMITTEE LEVEL NOT BE ANONYMOUS BE APPROVED

All JBG Voting Members

ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:

THAT BOARD EXIT INTERVIEWS BE IMPLEMENTED AS A NEW JBG POLICY BE APPROVED

All JBG Voting Members

ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:

THAT THE FOLLOWING POLICIES BE APPROVED:

JBG #1 – CODE OF CONDUCT

JBG #3 – CONFLICT OF INTEREST

All JBG Voting Members

ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:

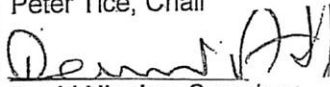
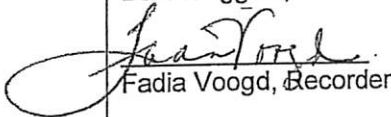
THAT THE NAME OF THE INFORMATION AND COMMUNICATIONS TECHNOLOGY COMMITTEE BE CHANGED TO THE CLINICAL TRANSFORMATION COMMITTEE

- It was noted that due to the summer recess of the Resource and Audit Committee, the motion was brought to the Governance, Mission and Values Committee through the Investment Subcommittee of the Resource and Audit Committee of the JBG for approval.

Subject	Discussion
<p>2.3 RESOURCE AND AUDIT COMMITTEE MINUTES AND MOTIONS</p>	<p style="text-align: center;"><u>SJHH Voting Members</u></p> <p>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</p> <p>THAT THE WITHDRAWAL OF THE CANADIAN INCOME STRATEGY FROM LEON FRASER INVESTORS AND THE INTERNATIONAL EQUITY STRATEGY FROM WHV INVESTORS AND THE TRANSFER OF THESE PORTFOLIOS TO CANSO, QV AND WALTER SCOTT INVESTORS BE APPROVED</p>
	<p style="text-align: center;"><u>SJHH Voting Members</u></p> <p>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</p> <p>THAT BROADENING LETKO BROUSSEAU'S MANDATE TO INCLUDE A MAXIMUM 10% EMERGING MARKET ALLOCATIO AND QV'S MANDATE TO INCLUDE A MAXIMUM 25% CANADIAN SMALL CAP EQUITY ALLOCATION BE APPROVED</p>
	<p style="text-align: center;"><u>All JBG Voting Members</u></p> <p>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</p> <p>THAT THE MINUTES OF THE RESOURCE AND AUDIT COMMITTEE OF SEPTEMBER 16, 2015 BE ACCEPTED FOR INFORMATION</p> <ul style="list-style-type: none"> • Extensive discussion ensued around the IT project including the history of the project, rationale for moving to RFP and status to date was provided. • All information will be vetted and approved at the various Committee levels. It is anticipated that the Health Information System (HIS) RFP will be issued in mid-October. Interviews are currently ongoing for a Project Director and Clinical Project Director. • It was noted that the motion will also be forwarded to the October SJHS Board of Directors Meeting for review and endorsement.
	<p style="text-align: center;"><u>SJHH Voting Members</u></p> <p>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</p> <p>THAT APPROVAL TO PROCEED TO ISSUE AN RFP FOR A HEALTH INFORMATION SYSTEM (HIS) REPLACEMENT FOR SJHH THAT 1) WOULD BE CAPABLE OF SUPPORTING THE VISION OF A SINGLE REGIONAL PLATFORM AND 2) WILL ALLOW HAMILTON HEALTH SCIENCES (HHS), AND HNHB LHIN HOSPITALS AND ST. JOSEPH'S HEALTH SYSTEM MEMBERS* TO CONVERT OR PURCHASE LICENCES AND MOVE ON TO THE SAME INSTALL IN FUTURE IF THEY CHOOSE BE APPROVED (for clarity, the RFP will be drafted to provide that SJHH will not be required to enter into a contract unless and until it receives the requisite approval from the JBG-SJHH voting members).</p> <p><i>*SJHH is the only committed Hospital in the RFP. HHS, HNHB LHIN Hospitals, and SJHS members are included on a non-committed basis. Issuing the RFP will be contingent on receiving approval for an exemption from the pause on procurement activities from the e-Health Investment and Sustainment Board</i></p>

Subject	Discussion
<p>3. QUALITY AND PATIENT SAFETY</p> <p>3.1 QUALITY COMMITTEE MINUTES, MOTIONS AND REPORT</p> <p>3.2 MEDICAL ADVISORY COMMITTEE GUEST PRESENTATION</p>	<p style="text-align: center;"><u>SJHH Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p>THAT THE CONTINUED PLANNING DISCUSSIONS WITH THE CITY OF HAMILTON REGARDING THE HERITAGE COMPONENT OF A POTENTIAL LAND DEVELOPMENT OF THE CHARLTON BLOCK AREA, INCLUDING 39, 43 AND 49 CHARLTON AVENUE PROPERTIES BE APPROVED</p> <ul style="list-style-type: none"> • M. Guise gave the report of the Quality Committee on behalf of R. Rocci. • A patient success story related to sepsis recognition and treatment rate was relayed. • An update on the Quality Improvement Plan scorecard was provided. • Recommendations from the Mesic report was discussed and a progress report was provided. <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>THAT THE MINUTES OF THE QUALITY COMMITTEE OF SEPTEMBER 8, 2015 BE ACCEPTED FOR INFORMATION</p> <ul style="list-style-type: none"> • K. Gulenchyn was thanked for her informative presentation on the Mi-Req System, designed to provide standardization and appropriate care to patients and streamline the process of requisitioning of tests in the Nuclear Medicine Department. This system has been implemented at SJHH over the past year. • The system provides improved patient safety as it results in no lost requisitions, access of requisitions from any site, and examinations are assigned a protocol. • In response to a question, it was noted that this system assists in supporting the hospital research base. • It is noted that this is a standalone system at this time and it will be important that the selected IT vendor incorporated feedback from all stakeholders.
<p>4. HIGHLIGHT REPORT</p> <p>4.1 HIGHLIGHT REPORT</p> <p>5. REPORTS</p> <p>5.1 REPORT OF CHAIR</p>	<p>There is no highlight report this month.</p> <ul style="list-style-type: none"> • P. Tice welcomed all members of the JBG to the new board year 2015-16. It is shaping up to be an exciting and busy year with many critical initiatives and priorities on the horizon. • P. Tice noted that he was able to attend a number of events over the past month including the announcement from the Minister of Health on the expansion of the ICC project and the Mission Legacy Awards for SJHH, where six exemplary individuals were recognized. • P. Tice attended most board committee meetings this month and thanked all committee Chairs and members for their ongoing work on the board sub-committees. • P. Tice commended all SJHH Senior Leadership and all staff for the outstanding result from the recent Accreditation Canada survey which granted JBG organizations Accreditation – Exemplary Standing, which is the highest designation that Accreditation Canada awards.

Subject	Discussion
<p>5.2 REPORT OF PRESIDENT AND CEO, ST. JOSEPH'S HEALTH SYSTEM</p>	<ul style="list-style-type: none"> • The JBG has registered a team for the Around the Bay Road Race and notes that it has challenged the SJHH Foundation Board for next year's race. • P. Tice noted that board orientation sessions and meetings relating to the Chief of Staff and the Clinical Transformation Committee were ongoing over the summer months. • Part II of the SJHS Retreat will be held on October 20th. Three overarching themes were identified from Part I of the Retreat which was held in February 2015 - 1) Integrating and Connecting Care 2) Innovations and Scholarship and 3) Care for People Marginalized by Disease and Poverty. • Discussions continue between the Government of Ontario and the OMA with respect to physician remuneration. • The report from the Auditor General with respect to home care services was released on September 23rd. The report primarily focuses on the 14 provincial Community Care Access Centres which are responsible for managing services such as nursing, physiotherapy, and help with personal care each year for clients in their homes and communities.
<p>5.3 REPORT OF PRESIDENTS</p>	<ul style="list-style-type: none"> • Wi-Fi is now available at SJVD for both residents and staff. • The HNHB LHIN recently hosted the Deputy Minister and two Associate Deputy Ministers of Health at a meeting of the LHIN Strategy Council. Many links to SJHH were identified during the visit and it was an informative and productive day for both the LHIN and the Ministry. • Dr. T. Stewart will begin as Chief of Staff at SJHH during the week of October 13th. A Medical Executive Lead will be identified shortly. • All JBG members are invited to the Inaugural Patient Engagement Open House "Partnering with Patients and Families: Current Successes and Future Opportunities". This half day event is being held for staff, patients and families to celebrate the work we have done through partnering with patients and families and build upon our shared vision of continuing to engage and collaborate with one another. An email invitation will be sent out shortly.
<p>5.4 REPORT OF PRESIDENTS</p> <p>SJVD FOUNDATION</p>	<ul style="list-style-type: none"> • "Enhancing Care" is the theme of the newly launched major gifts program. Fundraising is centered around the Villa's lengthy capital list of needs. • A new Director of Development and Communications has been recruited for the Foundation Office. • The Annual Neil McArthur Memorial Golf Tournament will be held on October 6th. • The Road2Hope will be held on October 31st and November 1st. SJV will be one of the participating charities. Participants can walk or run the 1K, 5K, 10K or the half or full marathon. All funds raised by SJV participants go to the Foundation. • The SJVF has received notification of two unexpected Estate Gifts. • A visit/tour with Associate MOHLTC Dipika Damerla was held on August 24th.
<p>SJHH FOUNDATION</p>	<ul style="list-style-type: none"> • Planning for the SJHH Foundation Gala is currently underway. The "Escape to the U.K.: A Proper Posh Gala" is well underway. The funds will support high priority equipment needs and research. A fundraising goal of \$350K has been set. The live auction will include a call for bids to support the purchase of three new maternal and fetal monitors for our Birthing Unit. • The 2014-15 Foundation Donor Impact Report is currently being printed and includes highlights of the past year as well as highlights of miles in SJHH's 125th anniversary year. It will appear in mailboxes over the next couple of weeks. • The communications launch of the Paris to Ancaster Cycling Race as a fundraiser specifically for Research at St. Joe's will take place in October. • New websites for both the fundraising related to the Around the Bay Race and the Paris to Ancaster Race will launch shortly. There will be enhanced tools to fundraise and simplicity in facilitating donations.

Subject	Discussion
<p>5.5 REPORT OF CHIEF NURSING OFFICER</p>	<ul style="list-style-type: none"> W. Doyle reported that changes to the Baccalaureate Exam has resulted in an increase failure rate and a smaller pool of graduates due to the adoption of the US examination. The Schools of Nursing are very concerned with respect to this change in the examination process. This change for Canadian student nurses taking the same exam as students in the US may result in a higher number of Canadian nurses seeking work in the US.
<p>5.6 REPORT OF THE VP RESEARCH</p>	<ul style="list-style-type: none"> There was no report.
<p>5.7 REPORT OF PRESIDENT, MEDICAL STAFF ASSOCIATION</p>	<ul style="list-style-type: none"> The Quarterly Medical Staff Meeting will be held on Tuesday October 13th. A flu shot clinic will be offered at this meeting. Two presentations are scheduled - one on the IT - Patient Document Management System and one on Newcomer Health. The Annual Dinner of the Medical Staff Association will be held on Friday January 15 at the Hamilton Golf and Country Club. The guest speaker will be Robin McLeod, VP Clinical and Quality for Cancer Care Ontario. The next edition of the medical staff newsletter, The Pulse, will be distributed shortly. Extensive discussion continues with respect to the OMA and Government of Ontario on the issue of physician remuneration.
<p>6. INFORMATION EDUCATION ITEMS</p>	<ul style="list-style-type: none"> JBG Closed Summary JBG Walkabouts/Education Schedule Summer 2015 Edition - SJHH Innovator Research Publication
<p>7. OTHER BUSINESS</p>	<p>There was no further business.</p>
<p>8. ADJOURNMENT</p>	<p>THAT THE OPEN SESSION OF THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE ADJOURNED</p> <p>Peter Tice, Chair</p> <p> David Higgins, Secretary</p> <p> Fadia Voogd, Recorder</p>

St. Joseph's Hamilton Joint Boards of Governors (JBG)

Summary of September 24th, 2015 Closed Meeting Session

Motions Summary

Recommending Committee	Motion
The Medical Advisory Committee	<p>It was voted that the:</p> <ul style="list-style-type: none"> ▪ Minutes of the Medical Advisory Committee of September 3rd, 2015 be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members). ▪ Recommendation(s) on Credentials of the September 3rd, 2015 Medical Advisory Committee be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members). ▪ Recommendations of the Research Committee of the September 3rd, 2015 Medical Advisory Committee be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members).

Presentations and Reports to the JBG – Summary

There was no Generative Discussion at the September JBG meeting.



**GOVERNANCE, MISSION AND VALUES (GMV) COMMITTEE of the
St. Joseph's Hamilton Joint Boards of Governors (JBG)**

**GOVERNANCE, MISSION AND VALUES (GMV) COMMITTEE OF THE
St. Joseph's Hamilton Joint Boards of Governors (JBG)**

- Summary of the October 6th, 2015 Meeting -

The Committee discussed the following standing agenda items:

- Preview of Next Board Agenda
- Selection of Generative Topic for Next Board Meeting
- Review of Previous Board Meeting Evaluation
- Review of Previous GMV Meeting Evaluation
- Review of Board Closed Session Summary
- SJHS/NHS Update
- Tracking Tool: 2015/16 Governance Work Plan
- Education Item

The Committee discussed the following business arising:

Chief of Staff & Medical Staff Leadership Update

- Dr. Stewart will be commencing his role as of October 13th but did attend one of our Executive retreats which provided a good opportunity for introductions to our senior staff.
- Will be working with Dr. Stewart to craft job description for an in-house medical leader at SJHH with a target date of end of November.
- NHS has also decided to have a Deputy Chief as well.

Board Exit Interview Policy

- At the request of this committee, a new board exit interview policy has been developed and brought forward for approval.
- It was encouraged during exit interviews to engage in fewer questions and have more of a conversation
- Results of exit interviews will be consolidated into themes and reported back to JBG Chair.
- The following action resulted from the discussion: ON MOTION DULY MADE AND SECONDED, THE FOLLOWING RESOLUTION WAS PASSED: JBG Exit Interview Policy #JBG 23 be approved as amended to move forward to JBG for approval.

The Committee discussed the following new business:

Review/Renew JBG Policies

- The following policies were brought forward for review and approval:
 - o JBG#2 – Board Evaluation
 - o JBG#4 – JBG Chair Position Description
 - o JBD#5 – JBG Committee Chair Position Description

Orientation and Documentation Update

- A follow up orientation for new members will be scheduled in January, 2016.
- Documentation requesting JBG members signature should be submitted to Jessica via email or in person

Review & Recommend Committee TOR for Approval

- The following Terms of Reference for the JBG Sub-committees have been brought forward for approval: Quality Committee, Clinical Transformation, Governance, Mission and Values and Nominating Committee.
- Resource and Audit and Investment Monitoring Terms of Reference will be brought forward for review in the coming months after committee members have time to review in more detail.
- The following action resulted from the discussion: ON MOTION DULY MADE AND SECONDED, THE FOLLOWING RESOLUTION WAS PASSED: That the following Terms of Reference be approved as amended to move forward to JBG for approval:
 - o Quality Committee
 - o Clinical Transformation Committee
 - o Governance, Mission & Values Committee
 - o Nominating Committee

Review Committee Workplans

- The Work plans for the Quality Committee and Clinical Transformation Committee were brought forward for review.
- It was noted the Nominating Committee and Investment Monitoring Committee have not used work plans in the past as they meet on an as needed basis.

Policy Name: Board Evaluation	
Policy Number (JBG or voting organization – number - approval year): JBG - #2 – 2015	Cross Reference:
Replaces: Earlier Version	Pages: 1 of 3
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance Mission & Values Committee of the JBG
Approved on: October 29, 2015	Recommended on: October 6 th 2015

1.0 Preamble

1.1 The JBG has existing relationships and shared accountabilities associated with SJHH, SJVD and SJHC, namely: the community we serve, St. Joseph's Health System, Niagara Health System, the Faculty of Health Sciences, McMaster University and Mohawk College of Applied Arts and Technology for research and education; the Ministry of Health and Long Term Care (MOHLTC), LHIN 4 and regulatory bodies for efficiency, effectiveness, accessibility and quality of care.

2.0 Purpose

2.1 Accordingly, for the purposes of continuous improvement the JBG and Committees of the JBG will complete a formal, evaluation on an annual basis in order to assist the JBG and Committees of the JBG in meeting its responsibilities as stated in the JBG Terms of Reference and the Committees of the JBG Terms of Reference. The JBG Evaluation addresses areas, including but not limited to: specifics pertaining to governance, quality, succession planning.

3.0 Application

3.1 This policy applies to all JBG and Committees of the JBG members.

4.0 Evaluation Procedure

4.1 One of the mechanisms by which we demonstrate this accountability is through the completion of an annual evaluation survey by all trustees to obtain feedback on collective JBG and Committees of the JBG performance (attached in Appendix A).

4.2 The components of this survey include:

- Performing Board Roles
- Board Role and Management Relationship
- Board Quality
- Board Structure
- Meeting Processes
- Overall Board Functioning
- Individual Director Functioning
- Board Functioning in Relation to Organizational Mission (supplementary survey)

4.3 In addition, following each monthly JBG and Committee of the JBG meeting, a written evaluation of that meeting is conducted by attendees.

5.0 Process – Annual JBG and Committees of the JBG Evaluation

- 5.1** The OHA Governance Centre of Excellence Board Self-Assessment Tool as well as the supplementary Mission survey (Appendix A) will be provided to all members in June electronically.
- 5.2** The results of the evaluation and recommendations for improvements; if required will be presented at the September meeting of the JBG and Committees of the JBG for discussion and approval.
- 5.3** Results will be collated and reviewed by the JBG and Committees of the JBG and appropriate recommendations for action will be formulated. Follow-up plans will be determined in collaboration with the Committee Chair and the Executive Lead.
- 5.4** The follow-up action plans will be developed during July and August and will be incorporated in the JBG and Committees of the JBG objectives for the upcoming year.
- 5.5** Updates on progress in completing the action plans will be provided to the JBG and Committees of the JBG on a quarterly basis (September, November, February, April).

Appendix A

STEP #2: GCE BOARD SELF-ASSESSMENT TOOL

Instructions

Based on your experience and involvement with the board, rate the degree to which you agree that the statement is true for your board. In considering each statement, interpret it flexibly, recognizing that

organizations use different words for the same thing. For example, some use 'performance indicators', while others use 'measures'.

1. Performing Board Roles (Guide Chapter 4)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA / Don't Know
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Providing Strategic Direction

1.1	The current Strategic Plan for your organization provides a clear set of relevant and realistic goals and strategic directions to the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	The board is adequately involved in the process of developing the Strategic Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	The board considers the Strategic Plan in developing policies and making decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	The board regularly monitors and evaluates progress towards strategic goals and directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	The board provides meaningful direction to program/service quality in its Strategic Plan and annual goals and priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA / Don't Know
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Monitoring Financial Viability and Quality Performance

1.6	The board effectively oversees the development of the annual budget and financial plans for the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	The performance measurement system is helpful to board members and uses contemporary methods (e.g., dashboards and balanced scorecards).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	The performance measures and other information received by the board permit directors to monitor results and identify areas of concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	The board receives acceptable explanations for significant financial and quality performance variances, and management's plans for dealing with those variances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10	The board is informed about significant risk issues in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overseeing the CEO (and Chief of Staff if applicable)

1.11	There is an effective process for establishing the CEO's annual goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12	There is an effective process for measuring the CEO's performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	There is an effective process for establishing the Chief of Staff's annual goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14	There is an effective process for measuring the Chief of Staff's performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15	The board has a sound plan for the CEO's development and succession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.16	The board has a sound plan for the Chief of Staff's development and succession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA / Don't Know
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Overseeing Stakeholder Relations

1.17	The board ensures that the organization communicates its performance and plans to its key stakeholders in an effective and transparent fashion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.18	The board speaks with 'one voice' in all communications with stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.19	The board ensures that the organization engages relevant stakeholders when considering strategic planning and priority issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Board Role and Management Relationship (Guide Chapter 3)

2.1	The board understands and performs its governance role and does not become overly involved in operational issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	The board members are adequately informed about the programs, services, operations and administration of the organization in making governance decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	The board's goals, expectations and concerns are openly communicated to the CEO and management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	The CEO communicates with the board in an open, candid, respectful and timely manner. (*Select N/A for this question if you are the CEO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA / Don't Know
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3. Board Quality (Guide Chapter 7)

3.1	The board is the right size. It is small enough for effective board discussions, yet large enough to have an appropriate breadth of skills and experience and the ability to carry the committee workload.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	The membership of the board has sufficient diversity of skills, experience and backgrounds for good governance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	The board membership is sufficiently independent to ensure good governance of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	New board members receive adequate orientation to prepare them to contribute effectively to the board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	The board provides in-depth, ongoing continuing education to its board members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Board Structure (Guide Chapter 8)

4.1	The board has the appropriate number of committees to support the work of the board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Committee meetings involving board members and staff are constructive and there is open communication, meaningful participation, critical questioning and timely resolution of issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	The board respects the work of its committees and does not redo committee work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Committee reports are effective in providing the necessary information to the board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	The Finance Committee or equivalent (Resources, Stewardship) effectively performs its role and fulfills the responsibilities of its terms of reference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6	The Quality Committee effectively performs its role and fulfills the responsibilities of its terms of reference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7	The Governance Committee (or equivalent) effectively performs its role and fulfills the responsibilities of its terms of reference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA / Don't Know
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5. Meeting Processes (Guide Chapter 8)

5.1	Board meetings are well organized and the Chair manages them to allow sufficient time for discussion of major issues and to ensure appropriate participation by all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	The board has a well conceived and realistic annual work plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Board materials are sufficiently informative so that board members can participate in discussions and make decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Board materials arrive sufficiently in advance to allow for board members to prepare properly for the meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	The board uses <i>in-camera</i> sessions appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6	The board uses a consent agenda practice that conserves board time without compromising board oversight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.7	Minutes accurately reflect board discussions and decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.8	The board's 'meetings without management' focus on the governance process and support from management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Overall Board Functioning (Guide Chapters 6 to 8)

6.1	Directors work well together, seeking consensus, and treat each other with respect and courtesy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Directors ask constructive questions and express their views in a respectful manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Once decisions are taken by the board, all members support the position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Directors respect the confidentiality of board <i>in-camera</i> discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.5	Directors declare conflicts of interest, where appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA / Don't Know
6.6	The board has sufficient opportunities to go into adequate depth on critical issues from time to time (retreats or 'deep dives' at regular meetings).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.7	The board has effective evaluation tools to help it make modifications in its governance processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.8	The board balances its time well between considering future issues and dealing with current governance matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.9	The board addresses important issues and decisions at a sufficiently early stage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.10	On balance, the board allocates its time effectively between important issues and those of lesser importance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Individual Director's Functioning

7.1	I have a good understanding of the difference between the board's governance role and the role of the CEO and management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	I have a good understanding of the organization's strategic plans, activities and operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	I have a good understanding of the challenges in the external environment affecting the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	I feel good about my level of contribution to the board's deliberations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supplementary Mission Survey Questions

To be administered by each SJHS member organization using member organization survey software

Board Functioning in Relation to Organizational Mission

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA/ Don't Know
1	All Board Members understand and make decisions within the Mission, Vision and Values and priorities of the SJHS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The Board is able to communicate the Mission of the organization to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	The Board understands and embraces the organization's Mission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Policy Name: JBG Chair Position Description	
Policy Number (voting organization – number - approval year): JBG - #4 – 2015	Cross Reference: SJHH, SJVD and SJHC Administrative By-laws
Replaces:	Pages: 1 of 3
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance Mission & Values Committee of the JBG
Approved on: October 29, 2015	Recommended on: October 6, 2015

1.0 Purpose

- 1.1** The JBG Chair shall provide leadership to the JBG, in the provision of effective governance by the JBG which supports the Mission of SJHH, SJVD and SJHC governance best practices as described in the following sections of the By-laws:
- SJHH Administrative By-laws – Article 10
 - SJHC Administrative By-laws – Article 4.4
 - SJVD Administrative By-laws – Article 10

2.0 Application

- 2.1** This policy applies to all JBG and Committees of the JBG.

3.0 Policy Statement

To facilitate the achievement of JBG goals, the JBG Chair is responsible for the following:

3.1 Governance:

- a. Ensuring that the JBG performs a governance role that respects and understands the role of management.
- b. Ensuring a process is in place for establishing and evaluating an annual workplan that is consistent with the member organization's strategic directions, mission and vision.
- c. Ensuring that the work of the Committees of the JBG is aligned with the JBG's role, priorities and annual work plan and that the JBG respects and understands the role of Committees of the JBG and does not redo committee work at the JBG level.
- d. Ensuring JBG succession by ensuring there are processes in place to recruit, select and train trustees with the skills, experience, background and personal qualities required for effective governance.
- e. Ensuring that the JBG and site organization trustees have access to ongoing development and education.
- f. Overseeing the JBG's evaluation processes and providing constructive feedback to individual Committee Chairs and trustees as required.
- g. Ensuring that the JBG's governance structures and processes are reviewed, evaluated, and revised from time to time.
- h. Ensuring the relevance of the member organization bylaws and JBG policies.
- i. Ensuring both the in-camera sessions with Executives and JBG only take place after each JBG meeting.

3.2 Meetings:

- a. To preside over JBG meetings, and any special meetings, ensuring each meeting functions effectively and achieves the objectives.

- b. To encourage participation and input from all trustees.
- c. To report to the St. Joseph's Health System Board of Directors as required.
- d. The Chair has ex-officio voting status on all committees of the JBG.

3.3 Board Members:

- a. To ensure that the mandate of Committees of the JBG and individual Trustee assignments are effective in supporting the JBG's Mission, Vision and Values.

3.4 Representation:

- a. To be the spokesperson for the JBG at public and official functions.
- b. To represent the JBG effectively to its various constituencies and in LHIN governance related matters.
- c. To respond on behalf of the JBG as required.
- d. To represent SJHH, SJVD and SJHC in the community and to its various stakeholders.
- e. To represent the JBG, SJHH, SJVD and SJHC by attending and participating in events as required.
- f. To represent the SJHH, SJVD and SJHC in dealings with government and regulatory authorities.

3.5 JBG Education:

- a. To ensure the ongoing development and education of Trustees in their role.

3.6 JBG By-law and Policies:

- a. To uphold and ensure the relevance of the SJHS, SJHC, SJHH, SJVD and JBG policies. The Chair may not authorize any variance from JBG approved policy or operating plans.

3.7 Relationship with Management:

- a. On behalf of the JBG, and the site President and CEO of SJHS, to ensure a process is in place for the establishment of site President performance expectations and to ensure the evaluation process for the site Presidents.
- b. To establish and maintain an effective working relationship with the site Presidents and SJHS President and CEO.
- c. With the site Presidents, ensure an understanding by all Trustees of the different roles of Trustees and management in leadership of the organization.

3.8 Delegation:

- a. To delegate the responsibilities of the Chair, as appropriate, to the Vice Chair, Committee Chair, Trustees and the site Presidents.

3.9 Linkages to St. Joseph's Health System:

- a. To represent SJHH, SJVD and SJHC as a member of the JBG to the St. Joseph's Health System Board of Directors.

3.10 Communication:

- a. To report to the JBG and to ensure the availability of JBG and Committees of the JBG meeting minutes and any other relevant material necessary to fulfill their governance responsibilities.
- b. To maintain an effective working relationship with the site Presidents, the other Officers of the JBG, Trustees, and the Board of Directors, St. Joseph's Health System.

3.11 Duties of the Chair:

- a. As Chair, set agendas for JBG meetings and ensure matters dealt with at meetings appropriately reflect the JBG - role and annual work plan.
- b. Ensure that meetings are conducted according to applicable legislation, member organization by-laws, and JBG policies.
- c. Facilitate the business of the JBG, including preserving order at meetings.
- d. Encourage input and ensure that the JBG hears both sides of a debate or discussion.
- e. Encourage all trustees to participate.
- f. Facilitate the JBG in reaching consensus.
- g. Ensure relevant information is made available to the JBG in a timely manner and that external advisors are available to assist the JBG as required.
- h. Rule on procedural matters during meetings.

3.12 Relationships:

- a. Maintain effective relationships with JBG and Committees of the JBG membership, management and stakeholders.
- b. Establish a relationship with individual trustees to ensure that each trustee contributes his/her special skill and expertise effectively.
- c. Provide assistance and advice to Committees of the JBG Chairs to ensure they understand expectations and have the resources that are required for performance of their Terms of Reference.
- d. Maintain a constructive working relationship with the JBG Secretary and JBG site Presidents, providing advice and counsel as required.
 - i) Participate in the process established by the SJHS President and CEO to ensure that JBG Secretary and JBG site Presidents annual performance objectives are established and an annual evaluation of the JBG Secretary and JBG site Presidents is performed.
- e. Maintain a constructive and supportive relationship with the Boards of Directors of the St. Joseph's Healthcare and St. Joseph's Villa Foundations in support of their fundraising efforts on behalf of the JBG.
- f. Maintain external relationships as may be required.

3.13 Other Duties:

- a. The Chair performs such other duties as the Board determines from time to time.

Policy Name: JBG Committee Chair Position Description	
Policy Number (voting organization – number - approval year): JBG - #5 – 2015	Cross Reference: SJHH, SJVD and SJHC Administrative By-laws JBG Committees Terms of Reference
Replaces:	Pages: 1 of 2
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance Mission & Values Committee of the JBG
Approved on: October 29, 2015	Recommended on: October 6, 2015

1.0 Purpose

1.1 To clarify roles and responsibilities of the JBG Committee Chair's Position.

2.0 Application

2.1 This policy applies to all JBG and Committees of the JBG members.

3.0 Policy Statement

3.1 Presiding Trustee

The Committee Chair is responsible for:

- a. Setting agendas for committee meetings with management and ensuring matters dealt with at meetings appropriately reflect the committee's role and annual work plan.
- b. Ensuring that meetings are conducted according to applicable legislation, hospital by-laws, and Governance policies.
- c. Facilitating the business of the committee, including preserving order at meetings.
- d. Encouraging input and ensuring that the committee hears all sides of a debate and/or encourages full discussion.
- e. Encouraging all committee members to participate.
- f. Facilitating consensus at committee meetings.
- g. Ensuring relevant information is made available to the committee in a timely manner and that external advisors are available to assist the committee as required.
- h. Ruling on procedural matters during meetings.

3.2 Goal Setting:

The Committee Chair is responsible for ensuring processes are in place for goal setting:

- a. The Committee Chair will work with management to ensure that a process is in place to establish an annual work plan for the committee, and that this work plan is synchronized with the annual goals and objectives of the JBG, and with the terms of reference of the committee.
- b. The Committee Chair will also ensure that the committee reviews its terms of reference annually and submits for approval to the JBG.

3.3 Report to JBG:

- a. The Committee Chair will ensure that the minutes of the meeting go before the JBG for information following each meeting and any motions or actions are presented to the JBG for approval as appropriate. The Committee Chair will also respond to inquiries of the JBG on the proceedings and accomplishments of the Committee.

3.4 Feedback to Committee:

- a. Where applicable, Committee Chair will provide feedback to the Committee from the JBG.

3.5 Committee Member Orientation:

- a. The Committee Chair will work with management to plan for and assist in the orientation, mentoring and ongoing education of new Committee members and the incoming Committee Chair as required.

3.6 Agenda Setting and Minutes

- a. The Committee Chair and management will review the draft agenda prior to each Committee meeting and sign the approved set of committee minutes.

3.7 Responsibilities of JBG Committee Vice Chair Position

- a. The JBG committee Vice Chairs will act for and assume all responsibilities of the committee Chair in her/his absence.

3.8 Term

- a. Term of Committee Chair and Vice Chair is for two years with option for renewal for one additional term.

Policy Name: JBG Exit Interviews	
Policy Number (JBG or voting organization – number - approval year): JBG - #23 – 2015	Cross Reference: SJHH, SJVD, SJHC Administrative By-laws
Replaces:	Pages: 1 of 3
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance Mission & Values Committee of the JBG
Approved on: October 29, 2015	Recommended on: October 6 th , 2015

1.0 Policy Statement

The St. Joseph's Hamilton Joint Boards of Governors (JBG) is committed to governance best practices. In order to gain insights into areas of strength as well as areas of improvement in Board and committee processes, structure and dynamic, Exit Interviews will be conducted for any Board or Board Committee member leaving the Board or a committee of the Board (including ex-officio appointments).

2.0 Process

The Process for the Exit Interviews is as follows:

- 2.1 Each member (JBG members and Committee members) who is completing the final year of a non-renewable term will be interviewed. Members who voluntarily leave the Board for other reasons or who have not had their terms renewed will also be interviewed.
- 2.2 The review will be completed in-person in June of each year by a non-Board member of the SJHS Senior Management Team or an external resource appointed by the Board.
- 2.3 The interview questions and themes found in Appendix A will guide conversations and will be provided in advance to the Board or Committee member.
- 2.4 Themes of the interview will be summarized and provided to the Governance, Mission and Values Committee in September of the following Board year. No individual responses will be "quoted" or identified without the prior approval of the interviewee.
- 2.5 The results of the individual Exit Interviews will be taken into account for the purposes of future Board and Governance, Mission and Values Committee planning.

Appendix A – Board Exit Interview Questions:

- What did we do well in your experience as a Board member or Committee member of the JBG?
- What didn't we do well in your experience as a Board member or Committee member of the JBG?
- What are key opportunities to improve good governance at the JBG?
- Would you recommend membership on the JBG or a committee of the JBG to other leaders in the community?
- Is there any other feedback that you would like to provide related to your experience as a Board member or Committee member of the JBG?

Additional Themes/Questions to Consider During Exit Interview:

Coming on to the Board

- What attracted you to become a member of the JBG or Committee member of the JBG?
- How were you asked to join the Board? Do you think this was an appropriate way of approaching potential Board members? Is there another approach we should consider?
- Which skills or attributes do you feel that the Board was looking for in you when you were asked to join the Board? Was this made clear to you when you asked to join?
- When you were recruited, were the obligations of being a Board member clear to you? (meetings, committee assignments, other events). In what way, if any, have they changed or should they change?
- Did you attend an orientation when you began with the Board? What, if anything, do you wish had been included? What else might be useful to members coming on to the Board?

Board use of Skills and Board Functioning

- Did your committee assignments and other roles use your skills and knowledge appropriately?
- Does the Board use members' skills as fully as it should? Do you have any suggestions for alternative ways to better use the Board members?
- Does the Board, through its committees and overall Board meetings, efficiently and effectively use members' time? In your opinion, in which ways does the Board use time well: committee work, committee meetings, full Board meetings, pre- and post-meeting communications, other? In what ways may they be improved?
- Is the Board culture welcoming to all voices during Board meetings? Why or why not?
- Does the Board function effectively with Management?
- How do you feel the Board work addressed the fiduciary, strategic and generative aspects of its work? Which of these, if any, did the Board spend too little or too much time on?

Overall Picture of Operations

- During your time on the Board, did you understand how the Boards' work fit into the work of the organizational leadership and other members of the community to meet the needs of the organizations' long term plan? What were strengths here? What were weaknesses?
- Do you feel that the organization's current plan or vision is appropriate? If so, why? If not, why not?

Overall assessment questions

- What were moments of the Board's strength during the time that you served? What were moments that you felt the Board could have done better or you wished that more could have been done?
- What upcoming projects or challenges do you see for the organizations most clearly? What are projects or other areas that are receiving too much Board attention?
- Would you recommend involvement with the JBG as a member of the Board or Committee member to others?

- Is there anything else that we should know about your time on the Board or anything else related to your valuable service?

Governance, Mission and Values Committee of the JBG - Terms of Reference

I. PURPOSE

1. To ensure that the St. Joseph's Hamilton Joint Boards of Governors (JBG) fulfils its obligation related to the Mission, Vision, Values and Strategic Directions of all three St. Joseph's Hamilton Joint Boards of Governors organizations.
2. To ensure the St. Joseph's Hamilton Joint Boards of Governors fulfils to standards of public accountability, enacted legislation, governance structure and processes; recruitment, education and evaluation of board members.
3. To focus on implementation of current Governance, Mission and Values best practices.

II. DEFINITIONS

1. From this point forward St. Joseph's Healthcare Hamilton, St. Joseph's Villa Dundas and St. Joseph's Home Care will be referred to as the **Member Organizations**.

III. REPORTING STRUCTURE:

1. Reports to the St. Joseph's Hamilton Joint Boards of Governors.

IV. RESPONSIBILITIES

1) Performance and Composition

- a) Ensure the Board of Trustees structures support requirements for public accountability
 - i. Undertake annual review of existing and proposed legislated requirements from the MOHLTC and other regulatory bodies and corresponding developments impacting governance of JBG organizations
 - ii. Review regular health care legal updates from Hospital legal advisors
- b) Develop and monitor governance performance measures for each standing Committee of the Board with emphasis on continuous improvement
 - i. Annual review of Committee Goals and Work Plans including measures of success
 - ii. Ensure periodic review and evaluation of committee performance and Terms of Reference; make recommendations to the Board of Trustees as required
- c) Monitor the size and composition of the Board of Trustees and its committees to ensure effective decision-making
 - i. Review and make recommendations to the Board of Trustees concerning board: composition, size, structures, policies and procedures, by-law amendments, attendance and other
- d) Ensure effective succession planning for the Board of Trustees in addition to point 3 (JBG Governance Matters):
 - ii. Develop recommendations for Board of Trustees approval; a description of the skills, experience, diversity and qualities of potential trustees; in alignment with current board needs by May of each year

- iii. Oversee Board of Trustees recruitment and nomination process and recommend the candidates for election at the annual meeting
 - iv. Ensure succession planning and make recommendations for the office of JBG chair, vice-chair and board officers
- e) Ensure that processes are in place for orientation and education of JBG and Committee Members
- i. Ensure orientation of new Board of Trustees members has occurred by every September, and review their feedback
 - ii. Ensure all members of the Board of Trustees receive appropriate orientation materials including the Catholic Health Alliance Health Ethics Guide
 - iii. Ensure that a Board of Trustees Retreat occurs at least once annually with the aim of:
 - A) education on strategic matters,
 - B) developing and monitoring of action items, goals and strategy and
 - C) focus on Quality and Patient Safety education
 - iv. Encouraging Board members to participate in CAHO, OHA, OANHSS, CCSA, IHI and other external education programs

2) Strategy, Risk, and Partnership

- a) Oversee the vision and strategic directions of the organization and identify new strategic goals
- i. Keep abreast of healthcare and industry developments through reports from management, the press, journals, and other personal and professional experiences
 - ii. Review the Strategic Plan process, implementation and advise of potential new foci
- b) Explore and foster strategic partnerships to support the Mission, Vision and Strategic Directions of the St. Joseph's Hamilton Joint Boards of Governors Member Organizations
- i. Request ongoing updates and evaluation from Management on status of significant partnerships, leadership changes, current and upcoming projects within the LHIN
 - ii. Monitor and review integration priorities of the LHIN and the Ministry of Health and Long Term Care on an ongoing basis
- c) Ensure consistency and compliance with SJHS Corporate Processes, Protocols, and Philosophy
- i. Receive regular updates from the President and CEO of SJHS and other SJHS Board of Trustees members as required
- d) Identify and oversee the management of the principal strategic risks that could impact the organization; and review and monitor the processes in place for identifying principal risks.
- i. Receive an annual report of pending legal cases and resolutions
 - ii. Review and approve quarterly and annual reports from Member Organizations to SJHS
 - iii. Receive regular reports from management on impending risks (including clinical/safety reports, legislation, retention/recruitment/succession, mission and ethics, etc.)
- e) Develop, modify and recommend policies and by-laws to the Board of Trustees for approval
- i. Review of the Bylaws is undertaken every three years or as required by the Governance, Mission and Values Committee of the JBG, with input from SJHS
 - ii. Review and recommend policies to the JBG for approval, reflecting good governance and consistency with SJHS and System partners

3) JBG Governance Matters

- a) As necessary, exercise the full power of the JBG in all governance matters arising between regular meetings of the Board of Trustees, and to reporting every action at the next meeting.
 - i. Where an issue arises between meetings of the full JBG requiring Board of Trustees approval, the Governance, Mission and Values Committee may vote upon the issue
 - ii. These votes will be ratified at the following meeting of the Board of Trustees
- b) Ensure the adaptability of the Board of Trustees to best governance practices as deemed appropriate according to the needs of the organization
 - i. Review corporate governance principles applicable to St. Joseph's Hamilton Joint Boards of Governors member organizations, and recommend any change that should be made to the Board of Trustees
 - ii. Committee members will follow developments at the OHA, OANHSS and CCSA in the Governance-related academic literature, through the media, and other bodies (e.g. Conference Board of Canada)
 - iii. Members will forward pertinent information and articles to the committee as they deem appropriate
 - iv. Members are encouraged undertake training in governance through external agencies, or invite speakers as required to build core capacity in governance

4) Mission, Vision and Values

- a) To develop, implement and monitor strategies to ensure that the JBG governs and operates within the Mission, Vision and Values of the JBG and SJHS
- b) To review best practices related to integration of Mission and Values into the culture of the organization
- c) To ensure that the legacy of the Sisters of St. Joseph and guiding principles of Catholic Health Care are celebrated and integrated into orientation, continuing education and decision making at all levels of the organization

V. MEMBERSHIPS & OPERATIONS

1. Membership:

- a) Chair of the Governance, Mission and Values Committee shall be a member of the St. Joseph's Hamilton Joint Boards of Governors (voting)
- b) The Vice-Chair of the Governance, Mission and Values Committee shall be a member of the St. Joseph's Hamilton Joint Boards of Governors (voting)
- c) Chair of the St. Joseph's Hamilton Joint Boards of Governors (voting)
- d) A maximum of three Board members of the St. Joseph's Hamilton Joint Boards of Governors (voting)
- e) A maximum of three Community members (voting)
- f) Other Board or staff members as invited by the Chair of the Governance, Mission and Values Committee of the JBG (non-voting)

2. Senior Executive Membership:

- a) President, St. Joseph's Healthcare Hamilton (non-voting)
- b) Two Presidents of the Member Organizations as requested (non-voting)
- c) SJHS Executive Resource (non-voting)

3. Committee Resource:

- a) Executive Assistant, St. Joseph's Healthcare Hamilton (non-voting)
- b) Strategy and Special Projects Manager, St. Joseph's Healthcare Hamilton (non-voting)

VI. Quorum:

- a) A minimum of 50% +1 are required for quorum

VII. Frequency of Meetings:

- a) Minimum of eight meetings from September to June

VIII. Meeting Attendance:

- a) Members are required to attend 70% of all meetings
- b) Member cannot be absent for more than three consecutive meetings.

IX. Distribution of Minutes:

- a) Minutes will be circulated to the St. Joseph's Hamilton Joint Boards of Governors

Approved by the St. Joseph's Hamilton Joint Boards of Governors on (insert date).

Clinical Transformation Committee Terms of Reference

I. PURPOSE

1. Reporting to the Resource and Audit Committee of the Board, the Clinical Transformation (CT) Committee of the Board has a primary responsibility to foster the successful execution of the St. Joseph's Healthcare Hamilton, St. Joseph's Home Care and St. Joseph's Villa Dundas CT strategies. As projects expand, the committee will explore possible collaboration with LHIN 3 and 4 partners in the interest of continuity of care. The committee will be considered temporary to support the strategies and the requirement for it to continue will be evaluated by December 31st, 2018.

II. REPORTING STRUCTURE:

1. Reports to the Resource & Audit Committee of the St. Joseph's Hamilton Joint Boards of Governors (JBG).

III. RESPONSIBILITIES

1. Providing private sector and/or international implementation and operations experience and advice.
2. Optimizing opportunities for effectiveness and certainty for project deliverables of scope and function, capital and operating costs, schedule, quality, communication and risk management.
3. Monitor project performance for projects and make recommendations with respect to:
 - a) Reporting and progress updates
 - b) Risk mitigation strategies on project deliverables
 - c) Benefits realization and return on investment
 - d) Innovation and further intellectual capital development opportunities
4. Approve the use of expenditures from each project's contingency, where appropriate.
5. Provide regular progress updates to the Resource and Audit Committee.
6. Oversight of the capital financing strategy regarding required debt or alternate financing models, when appropriate.
7. Approval of any project change requests.
8. Endorsing changes to existing policies and the creation of new policies as a result of the associated IT projects which have an impact on patient safety and/or quality of care.

IV. MEMBERSHIPS & OPERATIONS

1. Membership:

- a) Committee members (Voting Members)
 - i. Chair of the St. Joseph's Hamilton Joint Boards of Governors (JBG)
 - ii. Chair of the Resource and Audit Committee of the JBG
 - iii. Two (2) Board Members of the JBG
- b) Committee Resource (Non-Voting Members)
 - i. President & CEO of SJHS
 - ii. President of SJHH
 - iii. Vice President Business and Therapeutic Services and CFO
 - iv. Vice President, CIO
 - v. Director, CT
 - vi. Deputy CFO
 - vii. Clinical Representative

2. Meeting Quorum:

- a) There are four (4) voting members, a minimum of 50% +1 (simple majority) are required for quorum.

3. Frequency of Meetings:

- a) Minimum of four (4) meetings per year.

4. Meeting Attendance:

- a) Members are required to attend 75% of all meetings.
- b) Members cannot be absent for more than three (3) consecutive meetings.

5. Distribution of Minutes:

- c) Minutes will be circulated to all Committee members and the Resource and Audit Committee of the JBG.

Approved by the St. Joseph's Hamilton Joint Boards of Governors on: _____

Quality Committee of the St. Joseph's Hamilton Joint Boards of Governors Terms of Reference

I. PURPOSE

The purpose of the St. Joseph's Hamilton Joint Boards of Governors (JBG) is to govern the St. Joseph's continuum of care in Hamilton to deliver excellence in care and sustain the Mission while driving the opportunities for integration and capitalizing on the uniqueness of each entity St. Joseph's. In this context the purpose of this committee is to assess and evaluate the quality of care at the Member Organizations and ensure that improvement processes are in place.

The committee shall do this by:

- a) Promoting quality improvement and ensuring that processes are in place to maintain high standards in patient safety, clinical care, education, research and corporate services.
- b) Ensuring that our mission and values are embodied and sustained in the Member Organization's quality improvement, monitoring and policy setting.
- c) Ensuring a suitable alignment of governance reporting for quality and patient safety and Mission across the Member Organizations.

II. DEFINITIONS

- a) From this point forward St. Joseph's Healthcare Hamilton, St. Joseph's Villa Dundas and St. Joseph's Home Care will be referred to as the **Member Organizations**.
- b) The term '**patients**' is used to represent 'patients, clients, residents and customers' of Member Organization services and also people that the JBG would expect to access Member Organization Services but do not for reasons of poor accessibility.

III. REPORTING STRUCTURE:

- a) Reports to the JBG

IV. RESPONSIBILITIES

1. Quality and Patient Safety

- a) To promote quality improvement and ensure that processes are in place to:
 - maintain high standards of service that meet established evidence based benchmarks and consider emerging evidence
 - incorporate the journeys and experiences of patients in design and performance

- b) To ensure ongoing review from a governance perspective of the processes to sustain our Mission and Values in the organization's work to improve quality of care.
- c) To ensure improvement processes are in place which support the development and implementation of a patient safety program.
- d) To receive and provide feedback to reports related to outcomes of patient care, patient journeys and experiences, ethical issues, patient safety, risk management and utilization trends for the purpose of ensuring quality of care.
- e) To recommend policies and processes which enhance patient safety and experience, and minimize risk in provision of client/patient care and service.
- f) To examine how the Mission is accomplished through the quality and patient safety choices and made at a corporate and programmatic level.
- g) To examine quality, patient safety, patient experience, and Mission at the 'point of transfer', at which patients move between the different care settings that exist within the three divisions under the auspices of the St. Joseph's Hamilton Joint Boards of Governors.
- h) To contribute to, and align with, the development by St. Joseph's Health System of an overarching philosophy and framework for quality, patient safety, patient experience, and Mission.
- i) To ensure that processes are in place to comply with the legislation and regulation of quality and patient safety in the Member Organizations.
- j) To ensure the board has met its quality reporting requirements as mandated by external bodies such as the Ministry of Health & Long Term Care and the Hamilton-Niagara-Haldimand-Brant Local Health Integration Network (LHIN).

2. Terms of Reference and Committee Work Plan

- a) To formally review compliance with the Terms of Reference and Committee Work Plan on an annual basis.

3. Executive Compensation

- a) To review and recommend for approval by the St. Joseph's Hamilton Joint Boards of Governors the Quality Improvement Plans (QIPs) required by Bill 46 or undertaken voluntarily by the Member Organizations.
- b) On an annual basis to review and endorse reports of the performance of the Member Organizations against their QIP.

V. MEMBERSHIPS & OPERATIONS

1. Voting Membership:

- a) A sufficient number of members to ensure that one third of the members are voting members of the Board*

- Chair of the Quality Committee shall be a member of the JBG (1)
- Chair of the JBG shall be a member of the Quality Committee (2)
- Three JBG members (3, 4, 5)
- b) Three Community members (voting)
- c) Two Patient/Family Representatives (voting)
- d) Chief Nursing Executive, St. Joseph's Healthcare, Hamilton* (voting)
- e) Chief of Staff/Chair of the MAC, St. Joseph's Healthcare, Hamilton* (voting)
- f) The President, St. Joseph's Healthcare Hamilton*(voting)
- g) Representative from the Medical Staff Association, St. Joseph's Healthcare, Hamilton (voting)
- h) One person who works for St. Joseph's Healthcare Hamilton who is not a physician or RN* (voting)

**required by ECFAA*

2. Senior Executive membership:

- a) Presidents of the Member Organizations as required (non-voting)

3. Committee Resource:

- a) Director of Quality Planning and Performance Improvement (non-voting)
- b) Administrative Assistant to the Director of Quality Planning and Performance Improvement, St. Joseph's Healthcare Hamilton (non-voting)
- c) Resources of the Member Organizations as required (non-voting)
- d) Other Board or staff members as invited by the Chair of the Quality Committee of the St. Joseph's Hamilton Joint Boards of Governors (non-voting)

4. Quorum:

- a) There are fifteen voting members, a minimum nine (9) are required for quorum

5. Frequency of Meetings:

- a) Minimum of five meetings from September to June

6. Meeting Attendance:

- a) Members are required to attend 70% of all meetings
- b) Members cannot be absent for more than three consecutive meetings

7. Distribution of Minutes:

- a) Minutes will be circulated to the JBG

Approved by the St. Joseph's Hamilton Joint Boards of Governors (JBG) Quality Committee on September 8, 2015.

Approved by the St. Joseph's Hamilton Joint Boards of Governors (JBG) on XXX XX, 2015

Nominating Sub-Committee of the Governance, Mission and Values Committee of the JBG - Terms of Reference

1. PURPOSE

- 1.1 To identify and establish a recruiting process for new members of the JBG and JBG Committees;
- 1.2 To nominate the Officers of the JBG and Chairs of Committees of the JBG;
- 1.3 To develop and monitor evaluation, mentoring and education processes for JBG and Committees of the JBG members.
- 1.4 To ensure an optimal skill/ability matrix is developed for the JBG with expertise in a variety of areas including but not limited to accounting, human resources, strategic development, mission integration and quality.

2. RESPONSIBILITIES

- 2.1 Establish and implement an annual process (ex: evaluation survey or community based nominations) to gather feedback with regards to nominations for JBG Chair, Vice-chair, Treasurer and Committee Chairs for the Committees of the JBG Develop and ensure compliance with annual work plan and timeline for filling of vacancies on the JBG and succession planning for Officers of the JBG and Committee Chairs.
- 2.2 Develop an JBG Chair "Description of Responsibilities" document for the JBG Chair and Committee Chair positions for the Committees of the JBG (consists of description of responsibilities, expectations, skills required, etc.)
- 2.3 Distribute and collate responses to an annual evaluation (in March); evaluation will aid in nomination of members to committees, committee Chairs and to JBG Officer positions.
- 2.4 Revise and approve on an annual basis the content of annual orientation session for new JBG and Committees of the JBG members.
- 2.5 Revise and approve on an annual basis the content of annual orientation session specific to Committee Chairs of the JBG and new JBG Officers.
- 2.6 Provide and annually revise the nomination process for JBG and Committees of the JBG.
- 2.7 Monitor and revise the criteria for Terms of Appointment for JBG Chair and JBG Committee Chairs.
- 2.8 Ensure members of JBG and Committees of the JBG are being mentored; encourage and provide opportunities for skills development and education.
- 2.9 As appropriate, recommend Committee Members alternate between JBG Committees to provide additional experience in a variety of JBG governance responsibilities.

3. MEMBERSHIPS & OPERATIONS

3.1 Membership:

- JBG Chair (voting)
- Chairs of the standing Committees of the JBG (voting)
- Additional members of the JBG or JBG Committees as appropriate (voting)
- President of St. Joseph's Healthcare Hamilton / Secretary of the JBG (non-voting)
- Presidents of St. Joseph's Home Care and St. Joseph's Villa, Dundas as needed (non-voting)
- One St. Joseph's Health System Resource staff (non-voting)
- One Resource staff (non-voting)
- Chair of Nominating Committee to be determined by the Governance Committee from the voting members of the Committee

3.2 Quorum:

- A minimum of 50% +1 members are required for quorum

3.3 Committee Resource:

- The committee shall be resourced by Secretary of the JBG or designate

3.4 Frequency of Meetings:

- As determined by the Chair with the initial meeting to be held January of each year

3.5 Meeting Attendance:

- Members are required to attend 70% of all meetings
- Member cannot be absent for more than three consecutive meetings.

3.5 Distribution of Minutes:

- Minutes will be circulated to all Committee members and the Governance, Mission and Values Committee of the JBG.

4. REPORTING STRUCTURE:

- 1.5 Reports to the St. Joseph's Hamilton Joint Boards of Governors through the Governance, Mission and Values committee.

Approved by the St. Joseph's Hamilton Joint Boards of Governors on (insert date)



**RESOURCE & AUDIT COMMITTEE of the
St. Joseph's Hamilton Joint Boards of Governors (JBG)**

Treasurer's Report to the JBG Resource and Audit Committee Meeting (Oct. 21, 2015)

4.1 Signing Authority Policy (Motion)

A newly revised/updated Signing Authority – Operating and Capital Expenditures policy (117-ADM) was pre-circulated in the agenda package.

- the proposed changes will not only align with the Procurement Policy and the fewer number of thresholds, it will streamline the authorization process.
- current approval stream is non-linear and moving to linear approval will:
 - improve the overall approval process so that ordering is not delayed
 - prepare SJHH for implementation of the new LHIN-wide AP implementation project that will require a linear approach and online authorization

5.1 R&A – Terms of Reference / 2015/2016 Workplan (Motion)

In follow-up to the September meeting, further discussion around the content of both the Terms of Reference (TOR) and the Work Plan for 2015/2016 took place.

- suggested changes noted at the September R&A meeting were incorporated into the current TOR document

5.2 Detailed Financial Reports – Sept. 2015 SJHH

The Committee reviewed the financial report for the period ending September 30, 2015 that was pre-circulated with the agenda.

- for the Q2 reporting period (ending September 30th, 2015), SJHH was in a deficit position which is very similar to the 2014 Q2 results
- Committee members may recall that in September 2014, SJHH received their funding letter identifying a significant reduction from the original planned level of QBP funding. This funding reduction resulted in the deficit position, but subsequently in December 2014 received some one time renal funding placing SJHH back into a balanced position
- 2015 funding letters have not yet been received, but SJHH has been told the funding will be in line with the workbooks and to expect the same QBP volumes as 2014
- the Q2 deficit has been generated due to inflation pressures not volume pressure
- there has been no significant increase in volumes

5.2.2 St. Joseph's Villa Dundas

The Committee reviewed the financial report for the period ending September 30, 2015 that was pre-circulated with the agenda.

- no significant changes with SJVD continues in a surplus position
- all debt requirements have been met

5.2.3 St. Joseph's Home Care

The Committee reviewed the financial report for the period ending September 30, 2015 that was pre-circulated with the agenda.

- trending forward although in a slightly better financial position than Q1

Waterloo Wellington ICC Project – last fiscal year the program was fully funded

- the WWCCAC had indicated that they would provide some funding capped at a specific threshold for the current fiscal year. Discussion meetings have occurred, but no agreement has been reached related to any additional funding beyond this threshold.

HNHB LHIN CCAC – meetings and discussions have occurred related to moving to a flat rate per case rather than the current rate per eligible visit

5.3 Human Resources – Quarterly Report (SJHH, SJVD, SJHC)

A combined quarterly Human Resources update was provided to the Committee as current issues are similar across all SJHS sites where the workforce has been segmented and continues to evolve.

- workplace/workforce measurements of the SJHS sites are benchmarked against comparator organizations with SJHH having established a comprehensive Patient Safety Program
- from the strategic perspective, a segmented workforce model was developed assisting to not only understand current state and trends from the WSIB and long-term disability claim experience, but also the drivers, enablers, barriers and clues that can help predict future experience
- key performance indicators have been aligned to the workforce model segments and a cross functional team was brought together to address the continuum of circumstances that combine to result in a safe, healthy workplace
- key goal is that over time, individuals will be moved to the right end of the continuum

General discussion occurred particularly as it relates to the specific types of health claims, their impact on absenteeism and its overall effect on the System as a whole. Ultimately, the Corporate priorities include:

- a reduction in slip, trips and falls by 22% (over the current year)
- a reduction in health claims to below the industry median (over a 3 year period)

6.1 Building Services Infrastructure Renewal Plan

In response to ensuring that the necessary funding would be in place for the impending Clinical Transformation Project, the Building Services Department has put together an Infrastructure Renewal Plan for the Charlton and King St. sites.

- a risk analysis is performed on every project which are subsequently ranked highest to lowest
- HIRF funding was increased for SJHH and funds received for this fiscal year must be spent and paid by March 31, 2016
- the main objective of the Building Services Department is to ensure that the process is streamlined where possible to ensure all projects are completed and funds are fully utilized

6.2 Clinical Transformation (CTC) Update

A brief high level update was provided as to the current CTC process. Various meetings and teleconferences have taken place throughout the month of October between all engaged stakeholders. Discussion continues and it is anticipated that SJHH will receive permission to post the RFP.

6.4 Journey to Fiscal Sustainability Update

A brief update was provided as to where SJHH is currently in the Journey to Fiscal Sustainability with the following being noted:

- significant work continues, but the Hospital anticipates a \$26M pressure over the next two years
- cost containment strategies are being worked through, but currently being considered are long, medium and immediate strategies
- the challenge for the organization remains work arounds, rework and waste, but this has the greatest opportunity for savings while at the same time requiring a significant amount of engagement by all throughout the organization
- the General Internal Medicine (GIM) team have referenced key enablers to an optimal GIM unit. Engagement of the clinical teams is critical to transforming our processes and driving savings
- opportunities currently being pursued include:
 - supply utilization
 - service utilization/technology adoption
 - clinical utilization
 - other opportunities including frontline engagement and a desire to improve the current state



**QUALITY COMMITTEE of the
St. Joseph's Hamilton Joint Boards of Governors (JBG)**

**QUALITY COMMITTEE OF THE
St. Joseph's Hamilton Joint Boards of Governors (JBG)**

- Summary of the October 13, 2015 Meeting -

The Committee discussed the following new business:

LHIN-wide mobile crisis rapid response model – Presentation by Jodi Younger, Chief Glen De Caire & Terry McGurk

Highlights from the presentation included:

- In 1997, the Crisis Outreach and Support Team (COAST) was created.
- In 2006, Crisis Intervention Team (CIT) began; a 40-hour mental health training program is currently being offered to frontline police officers. 400 of the 800 officers have been trained thus far.
- In 2013, the Mobile Crisis Rapid Response Team (MCRRT) was created which pairs a mental health worker with a front line officer. Initial goal was to respond to 250 calls a year; 228 calls were answered during the first 16 weeks.
- While there is evidence that both CIT trained police & COAST type models reduce unnecessary apprehensions and improve access to service, the MCRRT ride along model is providing better outcomes to individuals in crisis.
- Current MCRRT outcomes: there were 997 contacts with individuals; 49.5% reduction of individuals who would normally have been brought to ED with uniform response only.

Fiduciary Incidents & Risk 1, Semi-Annual Critical Incidents Report – Presentation by Margaret Doma

Highlights from the presentation included:

- There were nine level 5 and 6 incidents over this six month period; five of which were falls; two were documentation/consent; one medication error and one aggression to self or others.
- Recommended improvements pertained to communication and continuous staff training.
- The Excellent Care for All Act (ECFAA) and the Public Hospital Act has been under review by the Ministry of Health and Long-Term Care of Ontario.
- For The Excellent Care for All Act, 1 of the 5 requirements is under review. Hospitals are required to provide an update of the review of a complaint within 5 days. This requirement is still under review as to whether it will be 5 days or 5 business days.
- The Ministry of Health and Long-Term Care of Ontario proposed The Public Hospital Act stress the importance of having the patient and family be a part of the quality of care review process.
- There were 105 complaints and 38 compliments over the six month period.
- The three primary improvement opportunities pertain to communication, attitude and care/treatment.

Accreditation Review – Presentation by Yelena Potts, Gurjot Jassy & Julie Wilson

Highlights from the presentation included:

- St. Joseph's Home Care received accreditation with exemplary standing, meeting 19 of the 19 Required Organizational Practices (ROPs).
- St. Joseph's Villa received accreditation with commendation, meeting 22 of the 24 ROPs.
- St. Joseph's Healthcare Hamilton received accreditation with exemplary standing, meeting 31 of the 31 ROPs.



INFORMATION ITEMS

St. Joseph's Hamilton Joint Boards of Governors (JBG)

OPEN REPORT TO THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS
OCTOBER 2015

1. Environmental Scan

SJHC: Community Care Access Centres – Financial Operations and Service Delivery Report

The Office of the Auditor General of Ontario (OAGO) has released its special report on the CCACs entitled “Community Care Access Centres – Financial Operations and Service Delivery Report”. SJHC collaborated with requests for information from the OAGO in late 2014. The report a series of sixteen recommendations to the Minister of Health and Long-Term Care to improve the delivery of home care services. Some of the recommendations are:

- Determine funding for CCACs prior to the start of each fiscal year
- Revisit the model of delivering home and community care in the province
- Study compensation of CCAC direct-nursing and therapies and determine whether CCAC direct provision is best option economically for the Rapid Response Nursing Program, Mental Health and Addictions Nursing Program, and Palliative Care Nurse Practitioner Program
- Measure the effectiveness of the direct-nursing programs
- Establish performance targets for missed care
- Harmonize billing rates
- Confirm best practices regarding the various clinical care protocols and consider standardizing home care clinical care protocols (including which medical supplies should be used for the most prevalent conditions).

The Minister's response to the report has been positive and points to *Patients First: A Roadmap to Strengthen Home and Community Care* released in May 2015 to address the recommendations in the AGO's report and the needed reforms to the home and community care system.

At this time it is difficult to determine the extent of the impact on SJHC, but we are aware that our sector will likely undergo profound changes in the coming years. SJHC is particularly keen on how the recommendation to harmonize billing rates will be implemented, as our current reimbursement rate is unsustainable.

2. Mission, Vision and Values Update

SJVD: Physician of the Year Award

Dr. Kamal Shankardass, long time physician at St. Joseph's Villa has received the Physician of the Year Award given by the Ontario Long Term Care Physicians. The Ontario Long Term Care Physician of the Year Award recognizes a member who demonstrates exemplary patient care in the long term care setting. The physician commits vision, knowledge and passion to improve quality in the organization. The physician is a leader and an inter-professional collaborator. He/she must have good standing within the community and profession; be a member of the Ontario Long Term Care Physicians for a minimum of three years; be an experienced physician in long term care for at least three years; be a proven team leader; and be an effective educator.

Dr. Shankardass was also awarded the Villa Legacy Award in 2009. He was one of the physicians who made the Villa Transitional Care unit a success upon opening and continues to be a physician on the now Convalescent Care Unit. He has been with the Villa over 30 years.

SJHH: 125th Anniversary

This year marks the 125th anniversary of St. Joseph's Healthcare Hamilton. In honour of this important milestone, we are holding a campaign to raise awareness to our staff and community of our long standing commitment to caring for our community. Please take a moment to read the excerpt below and visit the following link to view a video highlighting a few key milestones at St. Joe's <http://www.stjoes.ca/about/get-to-know-st.-joe-s/our-history/our-125th-year-anniversary>

In 1890, our founders, the Sisters of St. Joseph of Hamilton opened a 25-bed general hospital. Now, 125 years later, with over 700 beds and an established reputation as a leading academic, multi-site hospital, St. Joseph's Healthcare Hamilton is celebrating 125 years of caring for our community and beyond.

As an academic health sciences centre with three campuses and a significant research institute, we have the great privilege of living the legacy of our founders in tangible and meaningful ways every day. As teachers, we are educating the next generation of health care providers. As researchers, we are seeking answers to questions that have the potential to improve the quality of life for thousands in our community, our country – and throughout the world.

Our pioneering spirit at St. Joseph's Healthcare began in 1854 when the Sisters of St. Joseph of Hamilton arrived to care for those most in need, a commitment that only intensified with the outbreak of cholera. Compassionate care for all is their legacy when they opened the doors of our hospital in 1890, and this continues to be infused in the foundation of the work that we do each day at St. Joseph's Healthcare.

For over 125 years, each one of our employees, physicians, learners and volunteers continue to drive that legacy and focus on collaboration, education, research and partnerships within and around our community. It inspires the future of healing – the mind, body and spirit - that will renew the promise of health care for the 21st Century as we move forward in today's health care setting.

While our history is deeply rooted in the Catholic faith, it is our people that reflect the best of Canada's multicultural, multi-faith and diverse community. Regardless of faith or culture, the one characteristic our employees share is a deep belief in the values of our founders.

If you'd like to support the growth of St. Joseph's Healthcare Hamilton as we continue to provide exemplary care for our community, please visit our Foundation to give a gift and help honour another 125 years: <https://stjoesfoundation.ca/125>

SJHH: Anti-Stigma Conference

One in five Canadians will experience a mental health problem in their lifetime. Sixty per cent of people who live with mental illness or addiction do not seek treatment for fear of being stigmatized. Almost half of Canadian mental health service users reported they had been treated unfairly or had their rights denied during care because of their mental illness.

These statistics force us to ask: what can we do better? How can we transform the patient experience to ensure that those we serve have access to kind, compassionate care for the mind, body and spirit? How can we ensure there is no stigma at St. Joe's?

To that end, SJHH launched a hospital-wide Anti-Stigma Campaign in 2014, making a bold promise that will place St. Joe's as a leader in rejecting stigma. As we continue on this journey to end the stigma associated with mental health St. Joseph's held our inaugural Anti-Stigma conference on October 7th. The event brought together a diverse group of healthcare providers, community members, individuals with lived experience of

mental illness and/or addiction and their families to explore themes, challenges and opportunities surrounding the stigma associated with mental health and addiction. The conference was a success with over 300 in attendance and included a plenary keynote address by Dr. John Bradford on Post Traumatic Stress Disorder as an Occupational Hazard for Mental Health and Other Professionals. The conference also hosted a panel discussion, concurrent sessions on a variety of topics as well as marketplace. The evening programming included a performance by Laura Burke, drama therapist and mental health advocate who presented a unique performance entitled: "Heartwood: A Self-Revelatory Exploration of one Woman's Recovery Journey".

SJHH: Research Day

On Wednesday October 21st, SJHH hosted our 'Celebrate Research' event to recognize the achievements of the 2015 Research Institute Award Program recipients. This year's award recipients were:

- Ms. Katherine Radford (Supervisor: Dr. Parameswaran Nair)
Research Institute Studentship
- Ms. Jenna Boyd (Supervisor: Dr. Margaret McKinnon)
Research Institute Studentship
- Dr. Deborah Siegal (Supervisor: Dr. Mark Crowther)
Research Institute Post-Doctoral Fellowship
- Dr. Pierre-Simon Bellay (Supervisor: Dr. Martin Kolb)
Teresa Cascioli Charitable Foundation Research Award in Women's Health
- Dr. Damu Tang
Teresa Cascioli Charitable Foundation Research Award in Women's Health
- Dr. Benicio Frey
SJH Foundation Research Collaboration Grant
- Drs. Christian Finley, Anne Boyle and Forough Farrokhyar (co-applicants)
These awards help aspiring and established researchers to continue to develop novel diagnostics and treatments, along with new understandings of the human body and mind.

In addition to the award presentations, researchers representing the four major research programs at St. Joe's held interactive display booths where attendees engaged with research and learned more about the type of studies taking place at St. Joe's.

SJHH: Dr. Paul O'Byrne Inducted as Fellow of the Canadian Academic Health Sciences

St. Joe's respirologist and research leader Dr. Paul O'Byrne has been elected a Fellow of the Canadian Academy of Health Sciences (CAHS). Considered one of the highest honours for Canadians in the health sciences community, CAHS fellows are recognized for their innovative leadership, research excellence and commitment to advancing academic health sciences.

Dr. O'Byrne is the executive director of the Firestone Institute for Respiratory Health (FIRH) at St. Joseph's Healthcare Hamilton, and Chair of Medicine at the Michael G. DeGroot School of Medicine at McMaster University. He is internationally recognized for his contributions to understanding the causes and treatment of asthma, including the first studies of the central role of airway inflammation in its initiation and persistence.

Dr. O'Byrne's studies of asthma have influenced treatment guidelines worldwide. His recent research at St. Joe's successfully tested a new, antibody-based treatment for mild allergic asthma.

We congratulate Dr. O'Byrne on this outstanding accomplishment, and we look forward to his future contributions to respiratory care.

SJHH: 2015 Quality Healthcare Workplace Awards – Gold Recipient

SJHH recently received notification from the Ontario Hospital Association (OHA) and Ministry of Health and Long Term Care (MOHLTC) that we are the recipient of the 2015 Quality Healthcare Workplace Award – Gold

Level. In 2014 we were awarded the Silver award and are pleased to be recognized with this honour. This awards program recognizes organizational efforts to improve healthcare workplaces in ways that contribute to providers' quality of work life and the quality of the care and services they deliver. The award has four levels (bronze, silver, gold, platinum) which encourage self evaluation, learning and improvement. Award winners will be honoured at this year's OHA Health Achieve event on November 3rd.

3. Planning and Development

SJVD: Research at the Villa

SJVD would like to highlight the following research projects taking place within our organization:

- The Probiotic Study to prevent influenza and other respiratory infections began in 2013. Dr. Mark Loeb, Principal Investigator began the study with 44 participants from long term care in 2013; attempted to get 200 participants in 2014 and will to proceed through 2015. The goal of the study is to determine if probiotics can boost the immune system and provide increased protection against influenza.
- The Appropriate Prescribing Demonstration Project has been initiated by the Ministry of Health and Long Term Care. Appropriate Use of Antipsychotics is one of the Villa's quality indicators for the Quality Improvement Plan for 2015-16. Over the next year and a half, providers working in long term care homes will be supported through one-on-one visits with an Academic Detailer from the Ministry, who will work to deliver objective, evidence-informed information on best practices to optimize clinical care. The first clinical topic focuses on drug therapy decision-making related to antipsychotic prescribing for residents with behavioral and psychological symptoms of dementia. The Villa's Academic Detailer will be Margaret Jin. Academic Detailers are licensed healthcare professionals, primarily Pharmacists or Nurse Practitioners, who have received specific training in the relevant clinical evidence and in communication effectively.
- The Villa is also involved in the Timely Assessment Continence Research Study that has involved the other St. Joseph's Health System organizations.

SJHC: ICCP

SJHC is the lead agency for the ICC program as it expands throughout the HNHB region for the Chronic Obstructive Pulmonary Disease (COPD) patient group. SJHC has hired a PSW to support expansion of the ICCP program at Joseph Brant Hospital. Training is underway and first patient scheduled for the week of September 28, 2015. For the next phase, which is the expansion in Hamilton (to Hamilton Health Sciences), a PSW Job Fair will be held in October-November, in order to meet the demand (3 full-time and 4 part-time staff).

4. Operational Information

SJVD: Resident/Family Satisfaction Surveys

A new methodology for completing resident satisfaction surveys will commence in the three SJHS LTC homes. This comes as a response to the Ministry of Health and Long Term Care legislation which no longer supports "resident satisfaction focus groups" as a means of collecting this important information, used for the purpose of quality improvement. Going forward a full length resident satisfaction survey must now be completed annually, using the NRC Pickr tool. This will be conducted via one to one resident satisfaction survey interviews with residents who are able and willing to participate. This new methodology was brought to Family and Residents' Councils with no concerns brought forth by members.

In the summer of 2015, two resident satisfaction interviewers were hired for interviews between St. Joseph's Villa, St. Joseph's Lifecare in Brantford and St. Joseph's Health Centre in Guelph. They will visit residents during the day and evening and visit for approximately 20-30 minutes based on the resident's availability and willingness to complete interviews. Over the course of one year, approximately 115 residents will be approached with a goal of completing 75 surveys here at the Villa.

The Family Satisfaction Surveys will follow the format used in the past whereby surveys are mailed to the Family Members and POAs for completion.

SJVD and SJHH: Federal Election

SJHH and SJVD patients and residents who are under our care and require special advance polling or who have a SJHH or SJVD address were offered the opportunity to vote in the recent federal election. Assistance was provided by both Elections Canada staff as well as internal staff to support the process.

The SJVD auditorium is used for both provincial and federal elections as a polling station – which is convenient and helpful for the 390 residents who make SJVD their home. Two of the local candidates for the Dundas area - Filomena Tassi (Liberal) and Vincent Samuel (Conservative) came to the Villa to meet and greet some of the Residents. .

SJHC: Marketed Services for St. Joseph's Healthcare Hamilton (SJHH)

The SJHC Care Coordinating Supervisor is now collecting data on a daily basis regarding shifts filled, shifts cancelled and shifts that SJHC was not able to fill at SJHH. This data will be reconciled with the information that SJHH sends SJHC on a monthly basis. The end goal is to have a greater understanding in order to maximize our partnership: to determine staffing needs and to improve acceptance rates.

SJHC: Upcoming Conferences

SJHC will be presenting at the following upcoming conferences: Health Quality Transformation (October 14, 2015) and Ontario Community Supports Association Annual Conference (October 21, 2015); Hamilton Falls Prevention event (November 17, 2015).