



## **St. Joseph's Hamilton Joint Boards of Governors**

*November 2015*

*Open Agenda Package – Web Version*

**St. Joseph's Hamilton Joint Boards  
of Governors – Open Agenda  
Thursday, November 26, 2015  
3:30 – 6:00 p.m.**

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

- Elected Members** Mr. 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** Mrs. Jessica Fry, Mrs. Fadia Voogd, Ms. Sera Filice-Armenio, Ms. Maureen Ellis.
- Guest(s)** Dr. Rory McDonagh, Dr. Paul O'Byrne.

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

| Time   | Item  | Topic                                                                           | Motion                                                                                                                                                       | Values | Lead             | Page |
|--------|-------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------|------|
| 3:30pm | 1.0   | <b>Call to Order</b>                                                            |                                                                                                                                                              |        |                  |      |
|        | 1.1   | <i>Opening Prayer and Reflection on JUSTICE</i>                                 |                                                                                                                                                              | R2     | L. McNeil<br>All |      |
|        | 1.1.1 |                                                                                 |                                                                                                                                                              |        |                  |      |
|        | 1.2   | <i>Approval of Agenda</i>                                                       | <u>All JBG Voting Members:</u><br><b>THAT THE OPEN AGENDA OF THE NOVEMBER 26, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS COMMITTEE BE APPROVED</b> | R2     | P. Tice          |      |
|        | 1.3   | <i>Declaration of Conflict of Interest</i>                                      |                                                                                                                                                              | R2     | P. Tice          |      |
|        | 1.4   | <i>Introduction of Guests</i>                                                   |                                                                                                                                                              | R1     | P. Tice          |      |
| 3:55pm | 2.0   | <b>Consent Agenda</b>                                                           |                                                                                                                                                              |        |                  |      |
|        | 2.1   | <i>Approval of St. Joseph's Hamilton Joint Boards of Governors Open Minutes</i> | <u>All JBG Voting Members:</u><br><b>THAT THE OPEN MINUTES OF THE OCTOBER 29, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF</b>                                 | R2     | P. Tice          | 1-6  |



| Time | Item | Topic                                                     | Motion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Values | Lead        | Page   |
|------|------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|--------|
|      |      |                                                           | <p>SEEK TO ESTABLISH A COMMON HEALTH INFORMATION SYSTEM (HIS) PLATFORM WITH REGIONAL PARTNERS AND THE HNHB LHIN</p> <p>-THAT STAFF BE DIRECTED TO DEVELOP A GOVERNANCE STRUCTURE WITH REGIONAL PARTNERS AND THE HNHB LHIN THAT WOULD ALLOW FOR EFFECTIVE AND COLLABORATIVE DECISION-MAKING IN THE CREAETION OF A COMMON HIS PLATFORM</p> <p>-THAT STAFF BE DIRECTED TO ENGAGE WITH REGIONAL PARTNERS, ON A NONBINDING BASIS TO ENGAGE IN A REQUEST FOR PROPOSAL OR SIMILAR PROCESS, AS APPROPRIATE TO COMPLY WITH THE BROADER PUBLIC SECTOR ACCOUNTABILITY ACT (BPSAA), TO SCOPE AND ASSESS THE REQUIREMENTS TO ACHIEVE A COMMON HIR PLATFORM</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 JBG AT EACH COMMITTEE MEETING</p> |        |             |        |
|      | 2.3  | <i>Resource &amp; Audit Committee Minutes and Motions</i> | <p><u>All JBG Voting Members</u></p> <p>THAT THE MINUTES OF THE RESOURCE AND AUDIT COMMITTEE OF NOVEMBER 18, 2015 BE ACCEPTED FOR INFORMATION</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R2     | A.Korstanje | 34-122 |

| Time          | Item       | Topic                                                              | Motion                                                                                                                                                                                                                                                                                                                                                                                                                        | Values | Lead                                   | Page    |
|---------------|------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------|---------|
|               |            |                                                                    | <u>SJHH Voting Members</u><br><b>THAT THE COMMUNITY ACCOUNTABILITY PLANNING SUBMISSION BE APPROVED</b><br><u>SJVD Voting Members</u><br><b>THAT THE INTERNAL OPERING BUDGET FOR SJVD BE APPROVED</b><br><u>SJVD Voting Members</u><br><b>THAT THE COMMUNITY ACCOUNTABILITY PLANNING SUBMISSION BE APPROVED</b><br><u>SJVD Voting Members</u><br><b>THAT THE LONG TERM CARE ACCOUNTABILITY PLANNING SUBMISSION BE APPROVED</b> |        |                                        |         |
| <b>4:10pm</b> | <b>3.0</b> | <b>Quality &amp; Patient Safety</b>                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                        |         |
|               | 3.1        | <i>Quality Committee Minutes, Motions and Report</i>               | <u>All JBG Voting Members</u><br><b>THAT THE MINUTES OF THE QUALITY COMMITTEE OF NOVEMBER 10, 2015 BE ACCEPTED FOR INFORMATION</b>                                                                                                                                                                                                                                                                                            | S      | R. Rocci                               | 123-127 |
|               | 3.2        | <i>Medical Advisory Committee Presentation</i>                     | <i>Dr. R. McDonagh</i><br><i>Chief, Department of Obstetrics and Gynecology</i>                                                                                                                                                                                                                                                                                                                                               | E      |                                        |         |
| <b>4:20pm</b> | <b>4.0</b> | <b>Reports</b>                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                        |         |
|               | 4.1        | <i>Report of Chair</i>                                             |                                                                                                                                                                                                                                                                                                                                                                                                                               | R2     | P. Tice                                |         |
|               | 4.2        | <i>Report of the President and CEO, St. Joseph's Health System</i> |                                                                                                                                                                                                                                                                                                                                                                                                                               | R2     | K. Smith                               |         |
|               | 4.3        | <i>Report of Presidents</i>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               | R2/S   | D. Higgins<br>D. Bernardo<br>J. Loncke | 128-132 |
|               | 4.4        | <i>Report of the Chief Nursing Executive</i>                       |                                                                                                                                                                                                                                                                                                                                                                                                                               | R2/S   | W. Doyle                               |         |
|               | 4.5        | <i>Report of the Vice President Research</i>                       |                                                                                                                                                                                                                                                                                                                                                                                                                               | R2     | J. Gauldie                             |         |
|               | 4.5.1      | <i>Asthma – Then and Now</i>                                       |                                                                                                                                                                                                                                                                                                                                                                                                                               |        | P. O'Byrne                             |         |

| Time          | Item       | Topic                                                                                                            | Motion                                                                                                                                             | Values | Lead                              | Page        |
|---------------|------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------|-------------|
|               | 4.7        | <i>Report of President,<br/>Medical Staff Association</i>                                                        |                                                                                                                                                    | R2     | C. Horner                         |             |
|               | 4.8        | <i>Report of the President<br/>SJVD Foundation<br/>SJHH Foundation</i>                                           |                                                                                                                                                    | R2     | M. Ellis<br>S. Filice-<br>Armenio |             |
| <b>4:50pm</b> | <b>.0</b>  | <b>Information / Education Items</b>                                                                             |                                                                                                                                                    |        |                                   |             |
|               | 6.1        | JBG Closed Summary                                                                                               |                                                                                                                                                    | R2 / E | P. Tice                           | 133         |
|               | 6.2        | JBG Walkabouts -<br>Education Schedule                                                                           |                                                                                                                                                    |        |                                   | 134-<br>136 |
|               | 6.3        | Education Item – Summary<br>Article – Why Your Good<br>NFP Board needs to be<br>Great – 10 Steps to Get<br>there |                                                                                                                                                    |        |                                   | 137-<br>149 |
| <b>4:50pm</b> | <b>7.0</b> | <b>Adjournment</b>                                                                                               |                                                                                                                                                    |        |                                   |             |
|               | 7.1        | <i>Motion to adjourn</i>                                                                                         | <u>All JBG Voting Members:</u><br><b>THAT THE OPEN SESSION<br/>OF THE ST. JOSEPH'S<br/>HAMILTON JOINT BOARDS<br/>OF GOVERNORS BE<br/>ADJOURNED</b> |        | P. Tice                           |             |
| <b>4:50pm</b> | <b>8.0</b> | <b>Break followed by Closed Session</b>                                                                          |                                                                                                                                                    |        |                                   |             |

**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

**Justice** – for all in need



## Definition

Justice is synonymous with such words as fairness, fair-mindedness, even-handedness, and impartiality. In order to be just, one has to be able to serve everyone who needs health care without discriminating against anyone who needs health care.

## Behaviours

- Consistency in promoting justice and preventing injustice
- Is fair in practice
- Demonstrate impartiality



Committee: St. Joseph's Hamilton Joint Boards of Governors – OPEN SESSION Date: October 29, 2015  
Called to order at: 1530 hours Adjourned: 1655 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 – 2<sup>nd</sup> 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, Ms. L. McNeil, Dr. C. Horner, Dr. I. Preyra, Mr. D. Tonin, Mr. R. Rocci.  
Regrets: Dr. T. Stewart, Mr. J. LoPresti, Mrs. C. Milne.  
Resource Staff: Dr. D. Higgins, Mrs. F. Voogd, Mr. D. Bernardo, Mrs. J. Fry, Dr. K. Smith.  
Guests: Dr. J. Farrell, Mr. M. Jurmain, Mr. R. Tiffin.  
NEXT MEETING November 26, 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. Santoni opened the meeting with a prayer. There was reflection with respect to the value of SERVICE.                                                                                                                                                                        |
| 1.2 APPROVAL OF AGENDA                                                       | <p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p><b>THAT THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS AGENDA BE APPROVED AS CIRCULATED</b></p>                   |
| 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.                                                                                                                                                                                                                                            |
| 2. CONSENT AGENDA                                                            |                                                                                                                                                                                                                                                                                |
| 2.1 APPROVAL OF ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS OPEN MINUTES | <p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p><b>THAT THE OPEN MINUTES OF THE SEPTEMBER 24, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE APPROVED</b></p> |

**Subject**

**Discussion**

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

- The report was overviewed.
- It was clarified that the intent of the Health Information System motion is that all regional Boards of Directors join together to ensure full transparency and that management staff at all organizations work together to move towards a common Health Information System.

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 OCTOBER 6, 2015 BE ACCEPTED FOR INFORMATION**

All JBG Voting Members

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

**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)

All JBG Voting Members

**THAT THE FOLLOWING TERMS OF REFERENCE BE APPROVED:**

- QUALITY COMMITTEE
- CLINICAL TRANSFORMATION COMMITTEE
- GOVERNANCE, MISSION AND VALUES COMMITTEE
- NOMINATING COMMITTEE

All JBG Voting Members




**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
- 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
- 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
- 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
- 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

| Subject                                                                                                     | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>2.3 RESOURCE AND AUDIT COMMITTEE MINUTES AND MOTIONS</b></p>                                          | <ul style="list-style-type: none"> <li>• The Treasurer's Report was overviewed. It was noted that the 2015 funding letters have not yet been received.</li> <li>• Discussion ensued with respect to volume variance.</li> </ul> <p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p><b>THAT THE MINUTES OF THE RESOURCE AND AUDIT COMMITTEE OF OCTOBER 21, 2015 BE ACCEPTED FOR INFORMATION</b></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><b>THAT THE SJHH SIGNING AUTHORITY – OPERATING AND CAPITAL EXPENDITURES POLICY (#117 ADM) BE APPROVED</b></p> <p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p><b>THAT THE 2015-2016 RESOURCE AND AUDIT COMMITTEE TERMS OF REFERENCE AND WORK PLAN BE APPROVED</b></p> |
| <p><b>3. QUALITY AND PATIENT SAFETY</b></p> <p><b>3.1 QUALITY COMMITTEE MINUTES, MOTIONS AND REPORT</b></p> | <ul style="list-style-type: none"> <li>• A patient story with respect to neurosurgical intervention and treatment was overviewed. A special quality review is underway and a neurosurgery referral algorithm has been developed.</li> <li>• Several webex presentations were presented which included the LHIN wide mobile crisis rapid response model, semi-annual critical incidents report and the accreditation report.</li> </ul> <p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p><b>THAT THE MINUTES OF THE QUALITY COMMITTEE OF OCTOBER 13, 2015 BE ACCEPTED FOR INFORMATION</b></p>                                                                                                                                                                                                                                                                                                                                        |

| Subject                                                            | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3.2 MEDICAL ADVISORY COMMITTEE GUEST PRESENTATION</b>           | <ul style="list-style-type: none"> <li>• J. Farrell was thanked for her informative presentation on Point of Care Testing.</li> <li>• In response to a question, it was noted that equipment training was provided by laboratory staff. Opportunities for expansion of Point of Care Testing was discussed.</li> <li>• J. Farrell and members of the team were encouraged to publish their findings on the Point of Care initiative.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>4. HIGHLIGHT REPORT</b>                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>4.1 HIGHLIGHT REPORT</b>                                        | <p>There is no highlight report this month.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>5. REPORTS</b>                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>5.1 REPORT OF CHAIR</b>                                         | <ul style="list-style-type: none"> <li>• The JBG was reminded that the education session on credentialing will occur after the JBG meeting this evening.</li> <li>• For the November JBG meeting, there will be a presentation on the Enterprise Risk Management Process.</li> <li>• The generative discussion will focus on Physician Assisted Suicide, led by Dr. S. Abdool, Hospital Ethicist. The summary, written by C. Olsiak, and the articles will be circulated to the JBG prior to the meeting. The first quarterly research presentation – Asthma – Then and Now will also be circulated at the November JBG. Dr. P. O’Byrne will attend the JBG to lead the discussion.</li> <li>• Thanks were extended to S. Monzavi, C. Santoni and R. Dobson for their attendance at various events over the past month. M. Guise was thanked for leading our submission for the Leading Governance Excellence Award.</li> <li>• J. Gauldie was congratulated as he will be a recipient of the Community of Distinction Award at McMaster on November 6<sup>th</sup>.</li> <li>• P. Tice attended various meetings on behalf of the JBG this month.</li> </ul> |
| <b>5.2 REPORT OF PRESIDENT AND CEO, ST. JOSEPH’S HEALTH SYSTEM</b> | <ul style="list-style-type: none"> <li>• The Auditor General’s report on Community Care Access Centres has been released. The report highlights a number of opportunities for improvement. The Minister’s office has created a taskforce with internal and external representatives who will work towards the implementation of the recommendations and changes.</li> <li>• The SJHS Retreat was held on October 20<sup>th</sup>. The three key areas of foci moving forward are 1) Integrated Care 2) Caring for those in need and 3) Innovation and Scholarship.</li> <li>• Discussions with respect to End of Life care are very active across all SJHS organizations. An education session on this very important topic will be held in the near future for all member organizations.</li> </ul>                                                                                                                                                                                                                                                                                                                                                          |
| <b>5.3 REPORT OF PRESIDENTS</b>                                    | <ul style="list-style-type: none"> <li>• Dr. P. O’Byrne was congratulated on his induction as a Fellow of the Canadian Academic Health Sciences.</li> <li>• SJHH has received the 2015 Quality Healthcare Workplace Award – Gold Status.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Subject                                                                                           | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <p><b>5.4 REPORT OF THE CHIEF NURSING OFFICER</b></p>                                             | <ul style="list-style-type: none"> <li>W. Doyle updated the Board on the significant progress in the Mental Health Program in advancing quality improvement and research. At the Canadian Federation of Mental Health Nurses Conference this Program presented eight papers and two poster presentations.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>5.5 REPORT OF THE VICE PRESIDENT RESEARCH</b></p>                                           | <ul style="list-style-type: none"> <li>It was noted that J. Gaudie will present on research metrics at a future meeting of the JBG.</li> <li>D. Higgins reported that the Research Institute (RI) continues to evolve as a corporate entity. The RI currently held a "Celebrate Research Event" this past week and continues to plan for events and opportunities to bring the research, hospital and greater Hamilton community together. It was noted that the RI will have a new award this year thanks to a generous donation. The Constantine Douketis New Researcher Award has been established to provide new researchers with seed funding. Two grants of \$10K will be awarded annually by the RI.</li> </ul>                                                                                                                                                                                                                |
| <p><b>5.6 REPORT OF THE PRESIDENT MEDICAL STAFF ASSOCIATION</b></p>                               | <ul style="list-style-type: none"> <li>The Medical Staff Association Pulse, Volume 1, Issue 3 was circulated for information. It was noted that the incoming President of the Medical Staff Association (January 2016) will be Dr. Julie Lajoie.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>5.7 REPORT OF PRESIDENT</b></p> <p><b>SJVD FOUNDATION</b></p> <p><b>SJHH FOUNDATION</b></p> | <ul style="list-style-type: none"> <li>There was no report.</li> <li>The unveiling of the Teresa Cascioli Communication Station in the Women's and Infants Unit will take place on December 2<sup>nd</sup>. Invitations to the event will follow shortly.</li> <li>A new multi-million dollar gift to support the interventional radiology area as the Hospital has been secured. This donation will allow the purchase of new state of the art equipment and the redevelopment related to it.</li> <li>Tickets are still available for the St. Joseph's Healthcare Foundation - UK Themed Gala on November 7<sup>th</sup>.</li> <li>The 2014-15 Donor Impact Report has been mailed to the community. It highlights some of the activity during the last year and some milestones from the Hospital's 125 year legacy of caring.</li> <li>It was noted that the Walkabout Schedule will be circulated to all JBG members.</li> </ul> |
| <p><b>6. INFORMATION EDUCATION ITEMS</b></p>                                                      | <ul style="list-style-type: none"> <li>JBG Closed Summary</li> <li>JBG Walkabouts/Education Schedule</li> <li>Articles and Summary <ul style="list-style-type: none"> <li>Physician Assisted Suicide</li> <li>From Courtroom to Bedside</li> <li>CHAC – Physician Assisted Suicide and Euthanasia Briefing</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>7. OTHER BUSINESS</b></p>                                                                   | <p>There was no further business.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| Subject               | Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8. ADJOURNMENT</b> | <p><b>THAT THE OPEN SESSION OF THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE ADJOURNED</b></p> <p>Peter Tice, Chair<br/></p> <p>David Higgins, Secretary<br/></p> <p>Fadia Voogd, Recorder<br/></p> |

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

**Summary of October 29<sup>th</sup>, 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"> <li>▪ Minutes of the Medical Advisory Committee of October 1, 2015 be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members).</li> <li>▪ Recommendation(s) on Credentials of the October 1, 2015 Medical Advisory Committee be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members).</li> <li>▪ Recommendations of the Research Committee of the October 1, 2015 Medical Advisory Committee be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members).</li> </ul> |

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

There was no closed session generative discussion at the October Board 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 November 3<sup>rd</sup>, 2015 Meeting -

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**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:**

**Review and Recommend Committee TOR for approval**

- The Resource and Audit Committee Terms of Reference were brought forward for review and recommendation. Changes were highlighted and reviewed and minor wording changes noted.
- The following action resulted from the discussion: **ON MOTION DULY MADE AND SECONDED, THE FOLLOWING RESOLUTION WAS PASSED: That the Resource and Audit Committee Terms of Reference be approved to move forward to JBG for approval.**

**Review Committee Work Plans**

- The Resource and Audit Committee Work Plan was brought forward for information.
- The work plan was reviewed and it was noted some information is missing under CAPS/M-SAA.
- J. Fry to contact S. Hollis for clarification of missing information on work plan.

**Community Based Nomination Process Update/Recruitment Package for Board Members**

- The NHS Community Based Nominating Committee (CBNC) Terms of Reference and SBAR was brought forward for review and consideration for adoption at JBG.
- Recruitment options to consider include; leave the committee as is; hire an external board recruiting firm; consider expansion of the Board Nominating Committee to include well recognized leaders in the community who are not eligible for appointment to the JBG itself (Community Based Nomination process).
- It was recommended to continue outside advertising in the local papers to promote transparency;
- The following action resulted from the discussion:  
**ON MOTION DULY MADE AND SECONDED, THE FOLLOWING RESOLUTION WAS PASSED: That the JBG consider expansion of the Board Nominating Committee to include well recognized leaders in the community who are not eligible for appointment to the JBG itself.**

**The Committee discussed the following new business:**

**Enterprise Risk Management Update**

- M. Doma and J. Williams provided a presentation on the progress to date and next steps for our Enterprise Risk Management (ERM) programs for SJHH and SJVD. SJHC will be moving forward with their ERM process shortly.
- The ERM reporting structure was discussed and it was recommended to come to Governance each quarter, along with sending to Quality or R&A as appropriate and to bring to JBG once a year;
- M. Doma will provide JBG with ERM WebEx presentation in advance of the meeting

**Review/Renew JBG Policies**

- The following policies were brought forward for review and approval:
- **ON MOTION DULY MADE AND SECONDED, THE FOLLOWING RESOLUTION WAS PASSED: The following policies are approved for recommendation to the JBG:**
- **JBG#6 - JBG Open/Closed/In-Camera Policy**
- **JBG#7 - Community Representation (Non Board Members) on JBG Committees**
- **JBD#8 - JBG – Governance Approach**

|                                                                                                   |                                                                         |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Policy Name: JBG Open/Closed/In-Camera Policy</b>                                              |                                                                         |
| <b>Policy Number</b><br>(JBG or voting organization – number - approval year):<br>JBG - #6 – 2015 | <b>Cross Reference:</b><br>SJHH, SJVD, SJHC Administrative By-laws      |
| <b>Replaces:</b>                                                                                  | <b>Pages:</b> 1 of 4                                                    |
| <b>Approved by:</b> St. Joseph's Hamilton Joint Boards of Governors (JBG)                         | <b>Recommended by:</b> Governance Mission & Values Committee of the JBG |
| <b>Approved on:</b>                                                                               | <b>Recommended on:</b> November 3, 2015                                 |

## 1.0 Purpose

- 1.1** The St. Joseph's Hamilton Joint Boards of Governors (JBG) and member JBG's of Trustees conducts its JBG meetings in open, closed and in-camera sessions. The public and staff are welcome to observe the open session of a JBG meeting to:
- Facilitate the conduct of the JBG's business in an open and transparent manner;
  - Ensure the JBG and member organizations maintain a close relationship with the public, namely:
    - the community
    - media
    - stakeholder groups
  - Generate trust, openness and accountability
  - Open JBG meetings also provide a forum for members of the public to address the JBG concerning matters relevant to the organization.

## 2.0 Policy Statement

Members of the public are invited to attend the meetings of the JBG in accordance with the following policy:

### 2.1 Notice of meeting

- 2.1.1 A schedule of the date, location and time of the JBG's regular meetings will be available from the JBG Secretary's office and will be posted on the JBG's website. Changes in the schedule will be posted on the website.

### 2.2 Agendas, minutes and JBG material

- 2.2.1 Agendas will be distributed at the meeting and may be obtained from the JBG Secretary or delegate prior to the meeting. Supporting materials, including minutes of the Committees of the JBG, will be distributed only to the JBG.
- 2.2.2 Where a closed session of a Board meeting is required, a separate agenda from the open agenda shall be prepared, indicating the items to be dealt with during the closed session, and the agenda and any material in support of the agenda items shall be clearly identified as CONFIDENTIAL and handled and secured in a manner that respects the nature of the material.
- 2.2.3 Definitions
- Open** – is defined as the portion of the meeting and information that is open to public/media;
- Closed** – is defined as the portion of the meeting that is confidential to members of the JBG and designated resource staff.

**In-camera** – is defined as the portion of the meeting which is dealt with in two phases; the first phase are the site presidents together with members of the JBG, the second phase will include the JBG members only and all resource staff and designated ex-officio JBG members will be

excused.

### **2.3 Attendance**

2.3.1 Individuals wishing to attend shall provide at least 24 hours notice' notice to the JBG Secretary or delegate. The JBG may limit the number of attendees if space is insufficient.

### **2.4 Conduct during the Meeting**

2.4.1 Members of the public and/or delegation may be asked to identify themselves. Recording devices, videotaping and photography are prohibited. The Chair may require anyone who displays disruptive conduct to leave.

### **2.5 Guidelines for Delegations/Persons Wishing to Address the JBG**

2.5.1 Persons or delegation wishing to address the JBG concerning matters relevant to the organization must do so according to the following procedure.

2.5.1.1 Written notice of the request to address the JBG meeting must be provided to the JBG Secretary no later than 10 working days prior to the meeting date. A brief description of the specific matter to be addressed should be included in the request. Requests to address the JBG on a specific item will be granted (generally in order of the receipt of the requests) if approved by the Chair of the JBG. Persons not permitted to address the JBG shall be so notified.

2.5.2 The JBG may limit the number of presentations at any one meeting. Persons addressing the JBG will be required to limit their remarks to ten minutes. If a delegation wishes to make a presentation, a spokesperson for the group shall be identified. A maximum of 4 persons per delegation may attend, if space permits. The Chair is not obligated to grant a request to address the JBG and the JBG is not obligated to take any action on the Presentation it receives.

### **2.6 Closed Session**

2.6.1 The JBG may move to closed session or hold special meetings that are not open to the public where it determines it is in the best interest of the JBG to do so. The Chair may order the meeting to move to a closed session at any time at the Chair's discretion or any trustee may request a matter be dealt with in closed session in which case a vote will be taken and if a majority of the JBG agrees, the matter shall be dealt with in closed session.

2.6.2 Minutes of the closed session of the JBG meeting shall be recorded. The minutes of the closed session of a JBG meeting shall be clearly identified as CONFIDENTIAL and handled and secured in a manner, which respects the nature of the material. Minutes of a closed session of a JBG meeting shall be presented for approval at a closed session of a subsequent JBG meeting.

2.6.3 The following matters shall be dealt with in closed session:

- (a) the assessment, rewarding and disciplining of individuals;
- (b) discussions and dealing with other entities or persons where the information being discussed may compromise the relationship of the JBG with them or its relationship with its stakeholders;
- (c) discussions on governance matters including bylaws, nominating reports, audit reports, etc;
- (d) labour relations or human resources issues;
- (e) financial, personnel, contractual ( including Accountability Agreements) and any other matters for which a decision must be made in which premature disclosure would be prejudicial;
- (f) discussions regarding property matters;

- (g) discussions that may prejudice a person or entity involved in a criminal proceeding or a civil suit proceeding, including matters before administrative tribunals;
- (h) instructions given to, or opinions received from a solicitor(s) or consultants(s);
- (i) personal health information related to an individual;
- (j) discussions to ensure the development of plans to deal with emergency situations, failure to provide services and the disclosure of critical incidents;
- (k) discussions related to appointment and determination of privileges for professional staff;
- (l) Deliberations that may be necessary to decide whether the matter warrants being dealt with in a closed session of the Board.
- (m) Other matters the JBG seems appropriate

2.6.4 All matters before a closed session of the Board are confidential until such time that any of the matters may be moved by the Board to the open session of the Board. To that end, the JBG shall pass a resolution with respect to those items that are to be moved from a closed session of the JBG to an open session of the JBG.

2.6.5 During the closed session of the Board, all persons who are not members of the Board of Trustees shall be excluded, save and except members of the senior management team and the recording secretary, unless specifically asked to be excused. The Board may approve by resolution of the Board that individuals such as legal counsel, consultants, presenters, and hospital staff may be permitted to attend the meeting, but be asked to leave before a vote is taken.

### **2.7 Requests for Interviews**

2.7.1 Members of the public and/or delegations may not address the JBG or ask questions of the JBG without the permission of the Chair.

### **2.8 In-Camera Sessions**

2.8.1 In-camera sessions will take place following every JBG meeting.

### **2.9 Minutes**

2.9.1 Minutes of the open and closed sessions are producible under the Freedom of Information and Protection of Personal Privacy Act (FIPPA) for SJHH with the following exceptions:

- Personal health information (under PHIPA)
- Quality of care information (under QCIPA)
- Ecclesiastical records of an affiliated church or religious organization
- Records re: operations of a hospital foundation
- Administrative records of regulated health professional, re: personal practice
- Records re: charitable donations made to the hospital
- Records re: provision of abortion services
- Records re: certain labour relations, employment matters
- Records re: certain appointment, privileging matters
- Certain records respecting or associated with research (including clinical trials) certain records of teaching materials
- Records containing 3<sup>rd</sup> party information

### **2.10 Meetings of JBG Committee**

2.10.1 Meetings of JBG committees are not open to the public.

### **2.11 Contact Information**

David Higgins  
Secretary, JBG

St. Joseph's Healthcare Hamilton  
50 Charlton Ave E  
Hamilton, ON, L8N 4A6  
Telephone: 905- 522-1155 ext 32176  
Email: dhiggins@stjoes.ca

|                                                                                                  |                                                                         |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Policy Name:</b> Community Representation (Non Board Members) On JBG Committees               |                                                                         |
| <b>Policy Number – (JBG or voting organization – number - approval year):</b><br>JBG - #7 - 2015 | <b>Cross Reference:</b><br>SJHH, SJVD, SJHC Administrative By-laws      |
| <b>Replaces:</b>                                                                                 | <b>Pages:</b> 1 of 2                                                    |
| <b>Approved by:</b> St. Joseph's Hamilton Joint Boards of Governors (JBG)                        | <b>Recommended by:</b> Governance Mission & Values Committee of the JBG |
| <b>Approved on:</b>                                                                              | <b>Recommended on:</b> November 3, 2015                                 |

## 1.0 Purpose

- 1.1** We value input and feedback from community members who live and/or work in the communities served by the St. Joseph's Hamilton Joint Boards of Governors (JBG). We also value the perspective they bring from the broader community which enriches their contributions to the deliberations and policy planning of Committees of the JBG.

Committee members are expected to conduct themselves in an ethical and professional manner. This commitment includes proper use of authority and appropriate decorum in group and individual behaviour. They are expected to support decisions made at Board committees and comply with all bylaws and policies of JBG member organizations (SJHH, SJVD, and SJHC).

Community members must avoid any conflict of interest with respect to fiduciary responsibilities. Any conflict of interest must be declared either verbally or in writing at the beginning of any meeting. Community members shall refrain from discussing and voting in respect to the matter on which a conflict has been declared.

## 2.0 Recruitment

- 2.1** JBG Committees: Annually, the JBG determines the number of vacancies and expertise required to fill community member positions on JBG committees. Advertisements may be placed in local newspapers to recruit community members and various agencies may be approached to identify potential candidates. Individuals are asked to complete an application form and or curriculum vitae if they are interested in being a member of a particular Board committee. The Nominating Committee of the JBG then interviews candidates and recommends candidates to the JBG for approval. Should a community member vacate his/her position, the committee Chairs and resource persons may interview candidates to fill the vacated positions.
- 2.2** Ad Hoc Committees: Recruitment is focused on individuals with specific task related expertise needed to carry out the functions of the committee. Membership shall be reviewed on an annual basis to determine whether different skill sets are required as different phases of the committee work progresses.

### **3.0 Criteria Used in Selection of Community Members for JBG Committees**

- 3.1 Personal value system that would enable commitment to endorse, support and promote the values expressed in the Mission and Vision statement of the JBG and SJHH, SJVD, SJHC
- 3.2 Honesty and integrity
- 3.3 Broad based interest in volunteer community services
- 3.4 Appropriate skills and expertise
- 3.5 Interest in and commitment to healthcare and betterment of the community
- 3.6 Aptitude for group problem solving and decision making relative to complex and multifaceted issues
- 3.7 Ability to conceptualize significant issues affecting health care and SJHH, SJVD, SJHC
- 3.8 Ability to communicate effectively
- 3.9 An absence of potential conflicts of interest and ability to recognize and manage potential conflicts of interest
- 3.10 Ability to attend orientation and participate in continuing education
- 3.11 Abide by the Privacy and Confidentiality policies
- 3.12 Ability to attend at least 80% of all regularly scheduled committee meetings

### **4.0 Term of Appointment**

- 4.1 One two (2) year term which is reviewed on an annual basis
- 4.2 Option of a second two (2) year term

### **5.0 Voting**

- 5.1 Community members of the JBG Committees have full voting privileges at the Committee level.

### **6.0 Criteria Used in Selection of Community Members for Ad Hoc Committees of the Board**

- 6.1 Personal value system that would enable commitment to endorse, support and promote the values expressed in the Mission and Vision statement of the hospital
- 6.2 Honesty and integrity
- 6.3 Appropriate skills and expertise
- 6.4 Interest in and commitment to healthcare and betterment of the community
- 6.5 Ability to communicate effectively
- 6.6 An absence of potential conflicts of interest and ability to recognize and manage potential conflicts of interest
- 6.7 Abide by the Privacy and Confidentiality policies
- 6.8 Recognized expertise in his/her field as related to the purpose of the ad hoc committee
- 6.9 Team player and good interpersonal skills
- 6.10 Ability to attend at least 80% of all regularly scheduled committee meetings



| <b>Policy Name: JBG – Governance Approach</b>                                                     |                                                                         |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Policy Number</b><br>(JBG or voting organization – number - approval year):<br>JBG - #8 - 2015 | <b>Cross Reference:</b><br>SJHH, SJVD, SJHC Administrative By-laws      |
| <b>Replaces:</b>                                                                                  | <b>Pages:</b> 1 of 1                                                    |
| <b>Approved by:</b> St. Joseph's Hamilton Joint Boards of Governors (JBG)                         | <b>Recommended by:</b> Governance Mission & Values Committee of the JBG |
| <b>Approved on:</b>                                                                               | <b>Recommended on:</b> November 3, 2015                                 |

## 1.0 Policy Statement

**1.1** The JBG and member Boards of the JBG shall approach its task in accordance with the principles of good governance and the JBG Mission, Vision and Values. The JBG is committed to emphasizing outward vision; encourages diversity in viewpoints; provides strategic leadership; clearly distinguishes between JBG and Management roles; and, makes collective decisions which are proactive and future oriented.

**1.2** More specifically, the JBG shall:

- 1.2.1 Operate in all ways mindful of its stewardship in the context of overall population health, education of health care professionals and research to advance the frontiers of health care
- 1.2.2 Be an initiator of policy
- 1.2.3 Direct and guide the establishment of organizational Values, Mission and Vision
- 1.2.4 Monitor organizational performance
- 1.2.5 Intentionally recruit expertise, as required, for committees to carry out the work of the JBG
- 1.2.6 Focus on long term outcomes including recruitment and retention of health professionals, and the health of the community
- 1.2.7 Use the expertise of individual JBG members to enhance performance of the Board
- 1.2.8 Be responsible for JBG performance and JBG evaluation

## Resource and Audit Committee of St. Joseph's Hamilton Joint Boards of Governors (JBG) Terms of Reference

### I. PURPOSE

1. To assist the St. Joseph's Hamilton Joint Boards of Governors (JBG) in ensuring the ongoing viability of St. Joseph's Healthcare Hamilton, St. Joseph's Villa Dundas and St. Joseph's Home Care
2. To provide a communication link between Management, the JBG and the external auditors regarding financial and human resource matters affecting St. Joseph's Healthcare Hamilton, St. Joseph's Villa Dundas and St. Joseph's Home Care

### 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**
2. From this point forward St. Joseph's Hamilton Joint Boards of Governors will be referred to as the **JBG**

### III. REPORTING STRUCTURE:

1. Reports to the JBG

### IV. RESPONSIBILITIES

1. **Fiscal Strategy**
  - a) Review and refine the overall fiscal strategy for the member organizations. This fiscal strategy takes into consideration sustainable service provision, capital investment and prudent management of its assets and liabilities
  - b) Review the impact of strategic changes and/or significant operational decisions on each Member Organization's fiscal strategy
2. **Utilize a Quality Framework at Resource & Audit Committee**
  - a) The Resource & Audit Committee dedicates time on each agenda to purposefully discuss the quality implications of issues or decisions being reviewed.
  - b) The Member Organizations will provide care that is Safe, Effective, Accessible and Kind (SEAK). The Resource and Audit Committee will consider potential funding opportunities, potential budget balancing strategies and other issues as appropriate in comparison to this framework
3. **Ongoing Financial Planning and Management**
  - a) Ensuring the three JBG member organizations have a formal process to establish an annual operating budget within the parameters and funding allocations provided by the MOHLTC and other funding organizations as appropriate

- i. Review process and timeline and provide feedback and guidelines with respect to strategy
  - b) Provide strategic guidance to the Member Organizations with respect to their annual planning submissions and/or contracts with the LHIN or other funders
    - i. St. Joseph's Healthcare Hamilton – endorses the strategic approach to the Hospital Annual Planning Submission (HAPS) and ensure alignment with the St. Joseph's Healthcare Hamilton Strategic Plan
    - ii. St. Joseph's Home Care – endorses the strategic approach to the Multi-Sector Annual Planning Submission (MAPS), monitor contract compliance with funders and ensure alignment with the St. Joseph's Home Care Strategic Plan
    - iii. St. Joseph's Villa Dundas – endorses the strategic approach to the Long-Term Care Annual Planning Submission (LAPS) and Community Annual Planning Submission (CAPS) and ensures alignment with the St. Joseph's Villa Dundas Strategic Plan
    - iv. Recommend for approval to the JBG the final Hospital Service Accountability Agreement (H-SAA), Long-Term Care Service Accountability Agreement (L-SAA) and the Multi-Sector Service Accountability Agreement (M-SAA) for signature
    - v. Formal motion from Resource and Audit Committee to JBG
  - d) Ensure processes are in place to facilitate the quarterly monitoring and review of financial performance and Accountability Agreement indicators by Management, Resource and Audit Committee and the JBG
    - i. Review of information and approve ongoing financial statements of each member organization
    - ii. To review and recommend to the JBG the required annual operating budgets and major capital budgets to allow each member organization to meet its Mission and Strategic Plans
    - iii. To review and recommend to the JBG any significant changes in accounting policies
    - iv. To review and recommend for approval to the JBG any changes to Board policies affecting financial resources

#### **4. Financial Risk Management**

- a) Ensure the Member Organizations are monitoring and mitigating known financial risks through the application of properly established and maintained systems of internal control or other mechanisms as appropriate
  - i. To review and recommend for approval major contractual arrangements as per JBG policy such as: CCAC contracts and Accountability Agreements
  - ii. To periodically request and review Management's tender of services through St. Joseph's Health System. This includes insurance, banking, legal services, audit services and the provision and administration of employee benefit plans
  - iii. To review information related to the creation and negotiation of significant service agreements or contracts
  - iv. To review and recommend to the JBG any significant costs related to new capital construction and major renovation projects
  - v. To confirm annually member organization's compliance with Broader Public Sector Accountability Act (BPSAA) Procurement, Expense & Perquisite Directives
  - vi. To review at least annually the compliance with the debt covenants for each Member Organization if applicable

- b) Ensure that a process exists to assess the financial impact of the new or changing risks on the overall fiscal strategy and performance of the member organizations, on a quarterly basis or more frequently if required
  - i. Bring to the attention of the JBG information related to new funding models and/or funding opportunities in an effort to meet the demands of our community
  - ii. Review St. Joseph's Home Care compliance with CCAC required performance standards and alert the JBG to any significant variations
- 5. **Human Resources Strategy and Management Responsibilities – See Appendix A.**
- 6. **Audit Committee – Liaison with External Auditors – See Appendix B.**
- 7. **Investment Strategy – See Appendix C.**
- 8. **Facility Planning and Redevelopment – See Appendix D.**
- 9. **Clinical Transformation Committee – See Appendix E.**
- 10. **Terms of Reference**
  - a) To formally review compliance with the Terms of Reference on an annual basis

## **V. MEMBERSHIPS & OPERATIONS**

### **1. Membership:**

- a) Committee members (Voting Members):
  - i. Chair of the Resource and Audit Committee of the JBG shall be a member of the JBG
  - ii. Vice-Chair of the Resource and Audit Committee of the JBG shall be a member of the JBG
  - iii. Chair of the JBG
  - iv. Three (3) board members of the JBG
  - v. At least one (1) and up to a maximum of three (3) community members
- b) Resource members – (Non-voting Members):
  - i. Site Presidents of the Member Organizations or delegates
  - ii. Executive Leads of the Resource and Audit Committee of the JBG will be the Chief Financial Officers of each member organization
  - iii. Deputy Chief Financial Officer of St. Joseph's Healthcare Hamilton
  - iv. Vice President of People and Organization Effectiveness
  - v. One (1) Resource staff
  - vi. One (1) St. Joseph's Health System Resource staff
  - vii. Other Board or staff members as invited by the Chair of the Resource and Audit Committee of the JBG

### **2. Meeting Quorum:**

- a) Currently there are seven (7) voting members within the Resource and Audit Committee Chair, a minimum of 50% +1 (simple majority) are required for meeting quorum

**3. Committee Resource:**

- a) The committee shall be resourced by the Chief Financial Officers of each member organization

**4. Frequency of Meetings:**

- a) Minimum of eight (8) meetings from September to June

**5. Meeting Attendance:**

- a) Members are required to attend 80% of all meetings
- b) Members cannot be absent for more than three consecutive meetings

**6. Distribution of Minutes:**

- a) Minutes will be circulated to all Committee members and the JBG

## **RESPONSIBILITIES - Appendix A.**

### **4. Human Resources Strategy and Management**

- a) Provide oversight of the human resources strategy, monitoring and mitigating known human resources risks for the member organizations
- b) Monitoring the impact of strategic changes on each member organization's human resources strategy
- c) Ensure all member organizations are able to attract and retain the staff they require to deliver on their Mission, Vision, Values and Strategic Plan
- d) Ensure processes are in place to facilitate the quarterly monitoring and review of human resources performance indicators by Management, Human Resources Subcommittee of Resource and Audit Committee of the JBG.
- e) Develop a Quality Framework as it relates to Human Resources

## **RESPONSIBILITIES - Appendix B.**

### **6. Audit Committee – Liaison with External Auditors**

- a) The Resource and Audit Committee has responsibility to act as the Audit Committee and is the Liaison with the external auditors
  - i. Review the terms and scope of work for the external auditors engagement, along with the proposed audit fees
  - ii. To review with Management and the external auditor any proposed changes in major accounting policies, the presentation and impact of significant risks and uncertainties, and key estimates and judgment of Management that may be material to financial reporting
  - iii. To review the Audit Findings Report and any recommendation for improvements to internal controls. To monitor the implementation of the recommendations if any
  - iv. To review the annual Audited Financial Statement in conjunction with the Auditor's Report and to recommend approval of the Audited Financial Statements to the JBG. The Treasurer and Chair of the JBG will sign the annual Audited Statements of each Member Organization
  - v. To pre-approve additional work assignments given to the auditors during the course of the year

## RESPONSIBILITIES - Appendix C.

### 7. Investment Strategy

- a) The Resource and Audit Committee, through the Investment Monitoring Committee, is responsible for monitoring the performance of the investment portfolio and ensuring the objectives of each of the investment policy are achieved
  - i. The Investment Monitoring Committee for St. Joseph's Healthcare Hamilton is composed of the following members: Chair of the Resource and Audit Committee, up to two (2) members of the JBG and one (1) community Member of the Resource and Audit Committee. Each member will serve an initial 3-year term and a plan and process to renew membership on an ongoing basis will be established through the Committee
  - ii. Through the Investment Monitoring Committee, The Resource & Audit Committee will:
    - 1) Recommend for approval the overall investment advisor for St. Joseph's Healthcare Hamilton
    - 2) Recommend for approval the selection of/or changes to individual investment Managers
    - 3) To monitor and review the performance of investment portfolio(s)
    - 4) To recommend investment strategies given current market trends and risk tolerance
    - 5) To recommend the approval of changes to the Investment Policy for St. Joseph's Healthcare Hamilton



## RESPONSIBILITIES - Appendix D.

### 8. Facility Planning and Redevelopment

- a) The Resource and Audit Committee will ensure processes such as Master Planning are in place to support the Member Organizations in fulfilling their long term strategic direction over a 0-5 year, 10-20 year and 25 year time frame
- b) Provide strategic oversight to the ongoing monitoring and mitigating of risks associated with new capital projects including:
  - i. The impact of significant risks and variations during the building process
  - ii. The impact of program or facility changes on the project agreement during the operating period (30 years)
  - iii. Ongoing monitoring of Development Accountability Agreement (DAA) obligations and
  - iv. reporting requirements
- c) Play a role in bringing to the attention of decision makers information related to new capital construction and significant renovation projects
  - i. Members will act as advocates for the ongoing projects at St. Joseph's Healthcare Hamilton,
  - ii. St. Joseph's Villa Dundas and St. Joseph's Home Care with colleagues and community members
  - iii. Serve as a resource to the community, communicating and advising on the process and decisions relating to planning/building projects

## RESPONSIBILITIES - Appendix E.

### 9. Clinical Transformation Committee

#### I. PURPOSE

1. Reporting to the Resource and Audit Committee of the Board, the Clinical Transformation 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 ICT 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 31<sup>st</sup>, 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 approved contingency, where appropriate to a maximum threshold of 5% of the total budget
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 within the approved project envelope to a maximum threshold of 5%
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, ICT
    - vi. 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 <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 (Nov. 18, 2015)

### 4.1 Journey to Fiscal Sustainability

A high level overview of the SJHH Journey to Fiscal Sustainability was provided to the Committee.

- SJHH has a long history of balanced budgets, but with increasing inflationary pressures and a change in the funding formula, SJHH is now facing a \$26M budget gap over two years (2015-2016 & 2016-2017). Work continues in a values based way to ensure that the quality of care continues at SJHH.
- after the last budget cycle, focus groups with our managers and directors provided SJHH leadership with clear themes on how to improve the budget process
  - using a targeted approach rather than across the board reductions
  - a longer timeline to develop saving strategies
  - 3<sup>rd</sup> party support/assistance is needed to develop strategies to balance the budget
- as an organization, SJHH considered the changing environment and in particular funding changes experienced with HSFR (HBAM & QBP funded rates) in response to the targeted approach requested through the focus group process
- HSFR education sessions were held with Executive, Administrative and Clinical leadership across the organization to assist with their understanding of funding changes and their impact to SJHH
- the budget gap was identified for 2 years and was reported to the HNHB LHIN in February 2015. This initial estimate was \$30M and included \$2M of incremental debt service related to the IT project. The 2 year approach was developed by the Executive in response to the focus group recommendation to have a longer time period to develop strategies and to ensure stability in the 2<sup>nd</sup> year so that the organization could focus on the IT replacement project.
- the multi year budget gap was allocated using a targeted methodology to various programs and departments. The targets were released at the end of June. Prior to the release of specific targets, one on one meetings with the Clinical Directors and Chiefs were held to review the multi year budget gap, Clinical Planning Framework Principles and the process and timeline for the Journey to Fiscal Sustainability.
- programs and departments were given an opportunity to access 3<sup>rd</sup> party supports to assist them in preparing an environmental scan and identifying practical and implementable strategies that have been implemented in other organizations across Ontario
- two progress updates were held with all Senior Leadership Team members including Chiefs. Each of the targeted areas provided an overview of potential opportunities and identified key enablers.
- target allocations were re-released after the 2<sup>nd</sup> progress update (October 9, 2015) with a revised timeline for strategy submission (November 16, 2015)
- strategies have now been submitted and will be undergoing a Leadership review the week of November 23<sup>rd</sup>, 2015
- the 2014/2015 approved budget, service volume and funding was carried forward for 2015/2016 until budget balancing strategies are identified and approved
- a Clinical Operations/Utilization Committee has been formed with strong physician engagement

### 5.1 Insurance Legal & Property Report – Claims Experience & Critical Incidences

A high level review of the claims and incident experience for St. Joseph's Healthcare Hamilton – all sites - was provided.

- annual review of insurance claims experience summarizing all activity demonstrating volume in its entirety and as a snapshot of files, both open and closed, and total statement of claims or incident reports
- our insurer has stated that they have confidence in the SJHH Risk Management Program and relationship formed with staff and members of the professional staff

### 5.2 Community Accountability Planning Submission (MOTION)

- a brief overview of the pre-circulated Community Annual Planning Submission (CAPS) was provided
- CAPS is a 3 year planning document for the years 2014-15, 2015-16, 2016-17 effective April 1<sup>st</sup>, 2014 until March 31, 2017

- new funding was received as it relates to the administrative costs to implement the LHIN wide ICC project

### **5.3 Hospital Accountability Planning Submission (HAPS)**

This information was pre-circulated in the agenda package. The HAPS will be submitted November 23<sup>rd</sup>, 2015. It does not require Board approval at this stage.

### **6.1 SJVD Internal Operating Budget (MOTION)**

The SJVD internal operating budget was pre-circulated in the agenda package. The only question raised was whether SJVD had the ability to consider additional payments to pay down the debt. Additional funds could be put on deposit with the lender which would eliminate the quarterly covenant requirements, but due to Capital requirement needs, this may be considered in 1-2 years' time.

### **6.3 SJVD Foundation Fundraising Update**

The Villa Foundation President provided an overview of fundraising activity, commitments and challenges. The Committee expressed appreciation and support for the Foundation's work.

### **6.4 SJVD Community Accountability Planning Submission (CAPS) (MOTION)**

The Community Annual Planning Submission (CAPS) for SJVD was pre-circulated in the agenda package.

### **6.5 SJVD Long Term Care Accountability Planning Submission (LAPS) (MOTION)**

The Long Term Care Accountability Planning Submission (LAPS) for SJVD was pre-circulated in the agenda package



**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 November 10, 2015 Meeting -

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**The Committee discussed the following new business:**

**St. Joseph's Villa Dundas' Quality Report – Presentation by J. Wilson**

Highlights from the presentation included:

- A profile of the Long Term Care (LTC) Program at St. Joseph's Villa Dundas; there are currently 390 LTC beds: the Orchid Garden 12 bed unit opened in January 2015 and construction is currently underway of the Retired Priest Wing, opening Spring 2016.
- The Quality Improvement plan for 2015-16 was shared; indicators include:
  1. Reducing falls: efforts are underway to achieve the 17% target which would represent a year-over-year improvement of 25%.
  2. Reduce Worsened Bladder Continence: target has been achieved and exceeded, representing a 40% improvement over the previous year.
  3. Appropriate Prescribing of Antipsychotics: Anticipating a 33% improvement
- Achieved Accreditation with Commendation, with 94% of Standards met.
- Residence Enhancement Project was completed on the two secured locations; have seen a reduction in residents seeking to exit.

**Q2 Scorecard – Presentation by W. Doyle**

Highlights from the presentation included:

- The Q2 Scorecard indicators were shared for St. Joseph's Healthcare Hamilton, St. Joseph's Villa Dundas and St. Joseph's Home Care.
- “85% of patients referred to Anxiety Research Treatment Clinic (ARTC) are seen in 60 days” – we are not currently meeting this target; however it is highly dependent on staffing. This requires further analysis.
- St. Joseph's Villa is focusing on increasing hand hygiene as the hospital sector has done recently
- St. Joseph's Villa has also implemented a falls reduction strategy call the “Falling Leaf” program

**Health Quality Transformation Conference – Presentation by M. Joyner**

Highlights from the presentation included:

- Health Quality Transformation is a 1-day conference sponsored by Health Quality Ontario.
- Purpose is to learn about the direction of healthcare in Ontario as well as share and learn from one another.
- This year a major focus was the release of “Quality Matters” document which is intended to stimulate discussion and bring everyone in the health system to a shared understanding of what quality in health care means.
- Vision for quality: a health system that delivers world-leading safe, effective, patient-centered services, efficiently and in a timely fashion, resulting in optimal health status for all communities.
- St. Joseph's Healthcare Hamilton is in alignment with the best practices shared at the Conference.





## **INFORMATION ITEMS**

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

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

### 1. Environmental Scan

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#### **SJHC: Wesley Urban Ministries**

The SJHC Community Support Services (CSS) Director continues to be part of a working group to develop a program and processes for Wesley Urban Ministries (WUM) Transitional Bed Program. Twelve beds for patients with responsive behaviours will be opening on November 11. Initial fill of these beds will be taking from the transitional bed wait list for the First Place location, if patients are appropriate.

#### **SJHC: HQO Report on Consistency of Home Care Services Across Province**

Health Quality Ontario (HQO) recently released a report entitled *Measuring Up: A yearly report on how Ontario's health system is performing in October 2015*. The Home Care sector revealed the following key findings:

- The percentage of people who enter a long-term care home with low to moderate care needs varies substantially across the province.
- One-third of informal caregivers are distressed, twice as many as four years ago.
- While the majority of home care patients with complex needs receive personal support services within the five-day target, it varies substantially across Ontario.

Breakdown of specific indicators is reported. An example, aligned with the SJHC's QIP, is the patients with complex needs who required personal support services within five days of authorization. The provincial average in 2013/14 was 83.6%, and the HNHB CCAC average is 88.0%.

The Home Care section of this report can be found on pages 63 to 69 in the following link (<http://www.hqontario.ca/portals/0/Documents/pr/measuring-up-2015-en.pdf>).

#### **SJHC: Minister Hoskins' speech at Health Achieve**

During his speech at the OHA Health Achieve event in early November, Minister Hoskins' touched upon relevant information to the community care sector.

Specifically his words were *"It's time to up-end the status quo. In hopes of bringing services closer to those who need them by breaking the cycle of poor health outcomes, and addressing inequities across the province. Now the time has come for us to have a conversation about the structure of the system."*

Media reports have concluded that the statement is a reference to an end to CCACs. CCACs are responsible for co-ordinating access to home and community care services, including nursing, physiotherapy and personal care. While there are no details on what a future structure would look like without CCACs, any changes to the structure of home and community care would have a significant impact on SJHC.

#### **SJHH: St. Joe's Research Demonstrates Differences between Cancer Surgery Care Across Canada**

A new study commissioned by the Canadian Partnerships Against Cancer and led by St. Joseph's Healthcare Hamilton researchers shows that there are "tremendous" differences between complications and death rates for patients undergoing high-risk cancer surgery.

Dr. Christian Finley, thoracic surgeon at St. Joseph's Healthcare Hamilton and one of the study's lead authors, states that "patients requiring complex surgeries can benefit from having their procedure performed at a regional centre of excellence, where these types of surgery would be performed more often."

The Thoracic Surgery division at St. Joseph's Healthcare Hamilton (SJHH) is one of the largest thoracic centres in Ontario. We are the designated Regional Thoracic Centre for the Hamilton-Niagara-Haldimand-Brant Local Health Integration Network (LHIN 4), with a total service population of 1.8 million people. This story was featured in the Hamilton Spectator and on CTV News.

### **SJHH: Researchers Improve Safety and Decrease Risks of New Blood Thinners**

Researchers at St. Joseph's Healthcare Hamilton and McMaster University have successfully tested an antidote that reverses the effects of two new blood thinners named apixaban and rivaroxaban. By reversing the effects of blood thinners within minutes, this new antidote may help to save the lives of patients taking blood thinners that experience major bleeding complications.

The study, published online today in *the New England Journal of Medicine*, is led by Dr. Deborah Siegal and Dr. Mark Crowther, both of McMaster University and St. Joseph's Healthcare Hamilton.

"Bleeding complications present the most common risk for patients taking blood thinners. Without an antidote, there is no way to quickly reverse the effects of a blood thinner in emergency situations," said Siegal. She is a hematologist at St. Joseph's Healthcare Hamilton and a clinical scholar at McMaster's Michael G. DeGroot School of Medicine. "The findings of this study are an advance towards resolving major bleeding complications effectively within minutes."

Blood thinners are used to prevent and treat blood clots in a number of conditions including atrial fibrillation — an irregular heart rhythm that increases the risk of stroke and affects an estimated 350,000 Canadians. As many as three to seven per cent of patients taking blood thinners will experience major bleeding complications in their lifetimes, some of which can be fatal. "The availability of an antidote may reassure patients who need to take these blood thinners regularly that these drugs can be stopped safely in emergency situations," said Siegal. Further research by Siegal and Crowther hopes to test this antidote in different situations and population groups.

This story was featured in The Hamilton Spectator.

### **SJHH: VP Research Dr. Jack Gauldie named to McMaster's Community of Distinction**

Dr. Jack Gauldie, Vice-President Research of the St. Joseph's Healthcare Hamilton, has been named to McMaster University's Faculty of Health Sciences Community of Distinction. The Community of Distinction recognizes alumni, faculty and staff from McMaster's Faculty of Health Sciences who have made significant contributions in research and scholarship. Dr. Gauldie will be named to the Community alongside Drs. Peter Dent and Peter George at a presentation and reception held this month.

Dr. Gauldie's primary area of focus, molecular manipulation for the treatment of diseases including cancer, arthritis and chronic lung diseases, has earned him international recognition as a leading expert in the field of gene therapeutics. In addition to his research, Dr. Gauldie has served as the Chair of McMaster's Department of Pathology and Molecular Medicine from 1989 to 2004.

His excellence in both research and academic leadership has resulted in his appointment as Distinguished University Professor at McMaster University in 1998. Today, Dr. Gauldie draws upon his wealth of experience and knowledge to lead the Research Institute of St. Joe's Hamilton.

We congratulate Dr. Gauldie on receiving the highest honours bestowed by McMaster's Faculty of Health Sciences.

### **SJVD: Attending Nurse Practitioners Improving Care in Long Term Care Homes**

Ontario is providing funding for up to 75 new attending nurse practitioners in long-term care homes (LTCH) over three years, including 30 starting the fall of 2015. The attending nurse practitioners will play a key role in addressing the complexity of challenges that many LTCH residents face by providing proactive assessments, follow-up care, timely specialist referrals, ongoing chronic disease management and end-of-life care. The attending nurse practitioners will be an onsite primary care provider and will contribute to:

- Continuity of care as the most responsible provider.
- Increased access to and quality of health care for LTCH residents through the development, implementation and monitoring of proactive care plans, medications, screening and/or diagnostic tests.
- Creation/implementation of evidence-based practices.
- Increased knowledge capacity of staff and programming the LTCH to meet the needs of short and long-term residents.
- Improved care coordination and collaboration across the care continuum among health care providers within the LTCH and in the community.

SJVD currently has one nurse practitioner led by the outreach team who is onsite every Wednesday and assists with wound rounds and assessments.

## **2. Mission, Vision and Values Update**

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### **SJVD: Mission Legacy Awards**

The SJVD Mission Legacy Event was held on October 22, 2015 in the Chapel. Bishop Douglas Crosby provided the prayer for the event. There were nine recipients that were honoured with this prestigious award in the legacy of the Sisters of St. Joseph. There have been 70 recipients of this prestigious award since 2007.

The recipients for 2015 were as follows:

- John Harris - Maintenance Staff Member (Retired)
- Cathy Rielly - Former Housekeeping Staff Member (Posthumously)
- Lori Carey - Foundation Staff Member
- Nancy Castura - Volunteer
- Eda Cipolla - Volunteer
- Terry and Mark Hamelin - Volunteers
- Suneeta Mahal - Former SJVD Board Member
- Jeannette Gilkes - Former Foundation Board Member
- Don Davidson - Former Foundation Board Member

### **SJVD: Staff Appreciation BBQ Event**

SJVD held a BBQ for all staff on all shifts in appreciation of the quality work that they provide to residents, clients and patients. This event celebrated the organization's many recent successes, for example; Accreditation with commendation for 4 years; our organizational compliance record has improved; our indicators for our Quality Improvement Plan have improved. The complimentary BBQ was provided by Nutritional Management Services, the SJVD Food Services Company.

## **3. Planning and Development**

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### **SJVD: LHIN Proposal: Seniors Wellness Suites**

In collaboration with Vickie Baird, LHIN Consultant, Management is presently in the midst of drafting a proposal to the LHIN regarding Seniors Wellness Suites to be located on one of the floors in the East Wing. The goals of this unique model of care are as follows:

- To keep seniors longer in the community and prevent admissions to ER, Hospital and LTC
- To refine the continuum of care
- To create seamless transitions in health care delivery
- To improve the quality of life of seniors living in the community
- To provide alternative options of residential care for seniors in the community

Options for capital funding are currently being explored.

### **SJHH: The Centre for Interventional Radiology and Oncology (CiRO)**

The new Centre for Interventional Radiology & Oncology (CiRO) at St. Joseph's Healthcare Hamilton's Charlton Campus provides minimally invasive treatments or procedures that offer less risk, less pain and less recovery time compared to open surgery. Approximately 50% of patients who come to CiRO are receiving cancer related tests or procedures.

CiRO is part of the Diagnostic Imaging Department and is one of the 12 projects prioritized for radical transformation as part of St. Joseph's Healthcare Hamilton's five year strategic plan, Mapping Our Future. CiRO's multidisciplinary team performs a vast range of procedures ranging from angioplasty to embolization to radiofrequency ablation of tumors.

Before the centralization of Ultrasound, CT and Angio-Interventional procedures, arriving patients would be received in Day Surgery, then a porter would guide the patient down to a procedure room in Bishop Dowling, followed by the patient being led back to Day Surgery for observation and recovery. Some procedures were even completed in the building across the street from Charlton Campus. This previously disjointed service was confusing for patients, for clinicians, and for porters.

The goal was to redesign and streamline the service to make it patient and family centred. Today, when patients come into CiRO, they are greeted by reception, prepared for their procedure, the procedure is completed and the patient recovers – all in the same space. Also in this new centralized model, there is now one number to call for interventional radiology services, one fax number for referral and one location for patients and families to locate when they arrive.

### **SJHH: St. Joseph's Healthcare Hamilton Ranks #19 Among Canada's Top 40 Research Hospitals**

St. Joseph's Healthcare Hamilton was ranked as #19 among Canada's Top 40 Research Hospitals, an annual survey conducted by Research Infosource Inc.

While our institution has consistently ranked among Canada's Top 40 Research Hospitals, this year marks the first time that St. Joe's has been featured in the top 20 – moving up two spots from last year's ranking as #21. Over the last few years, St. Joe's has experienced growth in the research enterprise not only in funding, but also in the quality and impact. St. Joe's is also very fortunate to have close partnerships with McMaster University and Hamilton Health Sciences, which helps to foster research collaborations across Hamilton and around the world.

Ontario hospitals as a whole have been represented well in the survey, making up 20 of the Canada's Top 40 Research Hospitals. [View the survey findings here.](#)

## 4. Operational Information

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### **SJVD: Thank You to the SJVD Foundation**

Thank you to the SJVD Foundation for providing the funds to move forward with purchasing 125 new 'Hi Lo' bed systems (bed frame and mattress) during the months of November and December. This initiative allows SJVD to have a new bed system for all Residents and addresses a compliance concern that was previously identified.

The 'Hi Lo' bed systems allow a maximum height of 26 inches which makes it easier to care for Residents; the low height of 7.25 inches makes it ideal for any residents at risk of a fall. The bed's battery back-up feature will allow the bed to function in the event of a power outage.

## **Education Item – November**

The education item for this month can be found at the following link or is included below:

[http://www.longwoods.com/content/24254?utm\\_source=eLetter&utm\\_campaign=5f630b8127-Longwoods+eLetter+July+21%2C+2015&utm\\_medium=email&utm\\_term=0\\_0f88455429-5f630b8127-%5BLIST\\_EMAIL\\_ID%5D&ct=t%28July+21%2C+2015%29](http://www.longwoods.com/content/24254?utm_source=eLetter&utm_campaign=5f630b8127-Longwoods+eLetter+July+21%2C+2015&utm_medium=email&utm_term=0_0f88455429-5f630b8127-%5BLIST_EMAIL_ID%5D&ct=t%28July+21%2C+2015%29)

### **Why Your Good NFP Board Needs To Be Great – And 10 Steps To Get There**

Anne Wojtak, Christopher Neuman and Brad Quinn

As home and community care plays an increasingly central role in our healthcare system, the role of CCAC (Community Care Access Centre) boards of directors is also becoming more critical. CCACs (as well as non-profit community groups involved in the provision of home and community care) need boards that are effective, efficient and offer strategic value to their organizations.

Four years ago, Toronto Central CCAC (TC CCAC) was at a crossroads. We had a new CEO, a new Board Chair, and a new strategic plan. And we were facing a radically changing external environment: home and community care was growing in prominence in Ontario's health system, and new government policy agendas required transformation in the sector.

However, there was a feeling by the senior team and a few board members that the organization had a high-performing senior team but the board struggled to add a similar level of value and contribute meaningfully. Board members had varying perspectives on the role and functioning of the Board: several believed they needed to know more about operations. We found the senior team was spending a lot of time on board support without getting sufficient return on our investment.

We knew our Board wanted to add value, but we had to help them figure out how. During the past three years, we've made substantive progress. Today, we are realizing the early benefits of a cultural shift in how board members see their role – board work and senior team support has been streamlined, and discussions have been elevated to a much more strategic level.

Here is our ten step plan for shifting from a 'good' board to a 'great' board:

#### **1. Communicate expectations from the beginning.**

We've revamped our orientation for new board members to include not only an introduction to the organization, but also training in NFP (not-for-profit) governance and their role in providing oversight and strategic counsel to the executive team (not in reviewing operational decisions). We also discuss our governance culture, decision-making, and approach to meetings.

#### **2. Determine what model of governance makes sense.**

As our organization grew in size and complexity, we determined that a community representative board no longer suited our needs. We now do targeted recruitment of skilled professionals based on an assessment of what our changing organization needs at a governance level. This shift from a community representative

board to professional skills-based board has enabled us to leverage greater strategic value.

**3. Right-size the number of meetings.**

Between board and committee meetings, we discovered we held 47 meetings in a single year(!). The Board Chair and CEO attended each one. This was a significant investment of time and effectively meant that someone still in the workforce could not take on the position of Board Chair. We developed an annual workplan that identified when input or decisions were required (budgets approved, strategic planning discussions, financial reporting) and scheduled board meetings accordingly.

**4. Share leadership.**

Because our Board Chair attended all committee meetings, the role of the committee chairs was weakened. This was changed, so the Board Chair only exceptionally attends committee meetings by request of the Committee Chair. A new targeted orientation for committee chairs ensures they are fully able to direct the activities and meetings of the committees.

**5. Reduce the time committed to procedural work.**

We standardized the formats of agendas, minutes, presentations and briefing notes for the board and committees to make them easily read and understood. A consensus agenda was adopted so limited valuable meeting time is spent reviewing agendas, minutes or materials that are provided for information only. Briefing notes and presentations are identified as being for consultation, decision, approval, or information only and include key questions for consideration.

**6. Assess meeting materials for appropriateness.**

Although our senior team was concerned about time spent addressing operational questions from Board members, when we looked at the material we were providing, it was very often operations-related. We needed to take a step back to identify what we wanted from the board, and engage in mutual discussion about what constituted oversight. Once we increased focus on strategic information, conversations started to shift accordingly.

**7. Use external experts as appropriate.**

It can be tricky for Executive Team members to try to make changes to governance work. It may appear self-serving. We engaged a governance expert who provided an informed third-party view on our governance effectiveness work. With the consultant, we agreed upon a change plan focussed on: people, culture, structure, and process.

**8. Understand that Board members not only want to add value, but they also want to receive value.**

We began to feature guest speakers as part of board meetings: patients, caregivers, partners and funders. Topics range from the front-line care experience to health system policy. This helps Board members better understand our organization, and provides stimulating learning opportunities, re-engaging many in the value of volunteering on the board.

**9. Evaluate your progress and improve continuously.**

After every meeting, board members complete a 5-minute survey to identify what's working in the meetings and what needs to be improved. The Governance Committee uses the feedback to make improvements. Three meetings this year have been called "The best meeting yet!" In addition, we have annual Board, Board Chair, and Committee Chair evaluations. This year, we are introducing peer-to-peer evaluations of individual



Board members.

10. Board term limits should allow a balance of experience and new thinking, and we now engage in early identification of potential leaders, starting from the recruitment phase. Training and coaching are being put in place to develop the leaders we will need for tomorrow.

A final point of reflection – we chose not to wait until there was a problem to make improvements. Instead, we used the opportunity of leadership changes to rethink our Board effectiveness. Governance needs to evolve within each organization and with the emerging changes in health care. We are fortunate to have many volunteer Board members across the health system; it is our responsibility as senior leaders to ensure we are optimizing their value to us, to patients, and to the system as a whole.

**About the Authors:**

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