

# Hamilton Board Committee

*Thursday, January 31, 2013*

*15:30 pm*

*Dofasco Boardroom – Juravinski  
Innovation Tower*

***Open Session***

St. Joseph's  
Villa  Dundas

St. Joseph's  
Healthcare  Hamilton

St. Joseph's  
Home  Care

**Hamilton Board Committee – OPEN SESSION - Agenda**

Date:	Thursday, January 31, 2013
Time	1530-1605 hours
Location:	Dofasco Boardroom, Juravinski Innovation Tower, Charlton Campus, St. Joseph's Healthcare Hamilton
Members:	B. Gould, Chair, M. Dow, W. Doyle, H. Fuller, M. Guise, J. Kelton, J. LoPresti, S. Monzavi, G. Chaimovitz, R. Rocci, C. Santoni, I. Schachler, M. Taylor, T. Thoma, P. Tice.
Resource:	D. Higgins, K. Ciavarella, S. Gadsby, S. Filice-Armenio, M. Ellis, J. Fry, F. Ros.
Guests:	M. Soth
Regrets:	

Item	Topic	Page	Responsibility	Time
1.0	<b>PROTOCOL</b>			1530-1535
1.1	Call to Order		Mr. B. Gould	
1.2	Opening Prayer		Mr. R. Rocci	
1.3	Introduction of Guests		Mr. B. Gould	
1.4	Declaration of Conflict of Interest		All	
2.0	<b>AGENDA &amp; MINUTES</b>			1535-1540
2.1	Approval of the Agenda		Mr. B. Gould	
2.2	Additions to Agenda		Mr. B. Gould	
2.3	Approval of Minutes – December 20, 2012	1-2	Mr. B. Gould	
2.3.1	<b><u>Motion for Approval by Hamilton Board Committee: THAT THE OPEN MINUTES OF THE DECEMBER 20, 2012 HAMILTON BOARD COMMITTEE BE APPROVED</u></b>			
3.0	<b>REPORTS</b>			1540-1600
3.1	Chair's Report		Mr. B. Gould	
3.2	President's Report	3-5	HBC Presidents	
3.3	President of the Medical Staff Association		Dr. G. Chaimovitz	
3.4	Presidents of SJH Foundation and SJV Foundation	6	Ms. S. Filice-Armenio Ms. M. Ellis	
4.0	<b>NEW BUSINESS</b>			1600-1605
5.0	<b>INFORMATION ITEMS</b>			
5.1	Article – Mental Maps to a new Governance Model	7-9		
5.2	HBC Summary	10-11		
6.0	<b>ADJOURNMENT</b>			1605
	<b><u>Motion for Approval by Hamilton Board Committee: THAT THE OPEN SESSION OF THE HBC BE ADJOURNED AND THAT THE HBC MOVE INTO THE CLOSED SESSION</u></b>		Mr. B. Gould	

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

Committee: Hamilton Board Committee – OPEN SESSION

Date: December 20, 2012

Called to order at: 1530 hours

Adjourned: 1550 hours

Location: Dofasco Boardroom – 2<sup>nd</sup> Floor Juravinski Innovation Tower

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


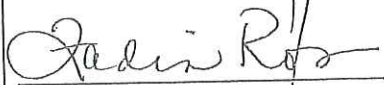
Regrets: Dr. J. Kelton, Mrs. I. Schachler.

Resource Staff: Dr. D. Higgins, Mr. S. Gadsby, Ms. F. Ros, Ms. J. Fry, Dr. K. Smith.

Guests: Dr. S. Seigel, Ms. S. Hollis.

NEXT MEETING January 31, 2013

Subject	Discussion
<b>1. PROTOCOL</b>	
<b>1.1 CALL TO ORDER</b>	The meeting was called to order at 1530 hours by B. Gould.
<b>1.2 OPENING PRAYER</b>	M. Guise opened the meeting with a prayer.
<b>1.3 GUESTS</b>	All guests in attendance were introduced.
<b>1.4 DECLARATION OF CONFLICT OF INTEREST</b>	There was no declaration of conflict of interest.
<b>2. AGENDA AND MINUTES</b>	
<b>2.1 APPROVAL OF AGENDA</b>	It was MOVED by M. Guise, SECONDED by C. Santoni, VOTED AND CARRIED: <b>THAT THE HAMILTON BOARD COMMITTEE AGENDA BE APPROVED AS CIRCULATED</b>
<b>2.2 ADDITIONS TO THE AGENDA</b>	There were no additions to the agenda.
<b>2.3 APPROVAL OF THE MINUTES</b>	It was MOVED by J. LoPresti, SECONDED by M. Taylor, VOTED AND CARRIED <b>THAT THE (OPEN) MINUTES OF THE HAMILTON BOARD COMMITTEE OF NOVEMBER 29, 2012 BE APPROVED</b>
<b>3. REPORTS</b>	
<b>3.1 Chair's Report</b>	B. Gould reported the following: <ul style="list-style-type: none"> <li>The HBC Retreat will be held on January 16<sup>th</sup> at the Motherhouse.</li> <li>Thanks were extended to Dr. Tammy Packer as she completes her term as President of the Medical Staff. Her expertise, commitment and input are sincerely</li> </ul>

Subject	Discussion
	<p>appreciated.</p> <ul style="list-style-type: none"> <li>The IHI Conference took place in early December with both board members and members of the Senior Management Team in attendance. The IHI Conference focuses on health care quality. Many excellent sessions were offered to attendees.</li> </ul>
<b>3.2 President's Report</b>	<p><b><u>K. Ciavarella – President – St. Joseph's Home Care</u></b></p>
	<ul style="list-style-type: none"> <li>The St. Joseph's Home Care Staff Quarterly Newsletter was circulated for information.</li> <li>It was noted that nursing staff numbers have been declining in community nursing due to aging/retirements. There are currently some pressures being experienced in this sector.</li> <li>In response to a question, it was noted that Health Canada's national CT survey is a national initiative to review radiation exposure.</li> </ul>
<b>3.3 President of the Medical Staff Association</b>	<ul style="list-style-type: none"> <li>T. Packer thanked all members of the HBC for their support during her term as President of the Medical Staff Association (MSA). Dr. G. Chaimovitz will be the incoming President.</li> <li>The possibility of changing the term of the President of the MSA currently from January to September will be explored.</li> </ul>
<b>3.4 St. Joseph's Healthcare Foundation and St. Joseph's Villa Foundation</b>	<p><b><u>St. Joseph's Healthcare Foundation</u></b></p> <p>There was no report.</p> <p><b><u>St. Joseph's Villa Foundation</u></b></p> <p>There was no report.</p>
<b>4. NEW BUSINESS</b>	<p>There was no new business.</p>
<b>5. INFORMATION ITEMS</b>	<p>HBC Summary of Information – Closed Meeting Session – October 2012</p>
<b>6. ADJOURNMENT</b>	<p>There was no further business and the meeting adjourned at 1550 hours.</p> <p>It was MOVED by J. LoPresti, SECONDED by R. Rocci, VOTED AND CARRIED</p>
	<p><b>THAT THE OPEN SESSION OF THE HBC BE ADJOURNED AND THAT THE HBC MOVE INTO THE CLOSED SESSION</b></p> <p>Ben Gould, Chair</p> <p> David Higgins, Secretary</p> <p> Fadia Ros, Recorder</p>

## OPEN REPORT TO THE HAMILTON BOARD COMMITTEE – JANUARY 2013

### 1. Environmental Scan

#### 1.1 SJVD: Auditor General Releases Report on LTC Home Placement Process

The Provincial Auditor General, Jim McCarter released his 2012 Annual Report which included the results of his study on the placement process into long term care homes. He concluded that the MOHLTC needs to consider options for managing the increasing demand on LTC homes, focusing its attention on people in hospitals waiting for a LTC bed and for those aged 75 years and older. He also recommended that the Ministry streamline the health assessment process to avoid duplication of information, and provide more community alternatives and restorative and transitional care programs in LTC.

The Auditor General found that the median wait time for a LTC bed has almost tripled since 2005, from 36 days to 98 days. He suggested that if the placement process is not amended, wait times could increase as the population ages. He also reported that almost 20% of individuals waiting for a LTC bed in hospital had applied to only one home, despite that home having an already long wait list. Individuals who apply for preferred accommodation are placed more quickly than those who apply for basic.

#### 1.2 SJHC: HNHB CCAC Expanded Role

On January 25th 2013 SJHC along with other Seniors Supportive Housing providers will be meeting with representatives with the HNHB LHIN and HNHB CCAC to plan for the full implementation of the CCAC expanded role in Seniors Supportive Housing, which includes assessment, eligibility determination and waitlist management. These functions were previously carried out by the Supportive Housing provider.

### 2. Mission, Vision and Values Update

#### 2.1 SJHC: Quality and Value in Home Care Project

The Quality and Value in Home Care Project (QVHC) was established in April 2012 to develop a solution for moving the home and community care sector from the current competitive contract framework to a performance-based framework. On December 3rd, the QVHC Project released its report on the implementation and signing of new home care contracts (Phase One of this project).

Key results of the October 1, 2012 signing of new contracts are as follows:

- 100% of the 264 contracts offered for October 1, 2012 were signed.
- By combining all services delivered by a Service Provider into a single contract, the total number of contracts was reduced by 40%.
- 22 of the contracts signed included the new consolidated services schedule which allows for the introduction of new integrated care delivery models.
- Revisions to the performance standards schedule were made to evolve the contract performance indicators from the previous transaction-based indicators to more outcome and client focused indicators.

Key areas highlighted for future improvement include improving the relationship between Community Care Access Centres (CCACs) and Service Provider Organizations (SPOs) and increasing the level of consistency in the contract management processes.

Phase Two of this project will introduce Evidenced-based Outcome Based Pathway (OBPs) and reimbursement (OBRs) models for delivery of home care services. This will be done in collaboration with the SPOs across the province.

The pilot sights for the OBPs / OBRs will be rolled out in 2 phases. The first phase includes 6 CCACs and the 12 care paths. In order to qualify for CCAC OBP / OBR contracts, the SPO must be able to provide bundled home care which includes nursing, PT, OT, and PSW services.

### **2.2 SJHS: Don Drummond Presentation**

Don Drummond led an interactive session with SJHS and Member Organisations' Board Members on January 22<sup>nd</sup>, 2013 at the SJHH Charlton Campus. Don spoke on key aspects of his report to the Government of Ontario (Public Services for Ontarians: A Path to Sustainability and Excellence) with a focus on the health care sector. He also shared his views on how Boards and Executive Teams can function in challenging fiscal times, while meeting their social contract with the Community. An invitation to this event was extended to Chairs and CEO's of partner organization from HNHB and WW LHINS.

### **2.3 SJHH: SJHH & HHS Address Short Term Community Tamiflu Shortage**

The supply of Tamiflu in local pharmacies in Hamilton was limited due to increased demand across the country. St. Joseph's Healthcare Hamilton and Hamilton Health Sciences agreed to support our local partners by providing supply of Tamiflu from our inventory as a short term solution to the current community shortage.

## **3. Planning and Development**

### **3.1 SJHH: West 5th Site Update**

- West 5th Construction

- Construction continues to proceed on schedule.
- In December PCL had approx 544 trades people on site.
- Building commissioning activities are ongoing
- Work will begin in December for Keying and Security Card planning.
- We are currently working the Honeywell on integration of IT systems.

- West 5th Project Budget

- Project Budget remains on target.
- We are currently reviewing the Transition, Trailing and Ancillary budgets.

- West 5th Communications

- Multiple tours will be taking place in the coming months for staff and stakeholders to view the new facility as we near completion.
- A staff event will take place on February 14<sup>th</sup>, celebrating one year till the building opens. Plans for the event include the submission of items to be included in the time capsule for the new building.

- West 5th Transition

-We are working with our provider teams and patient groups to define optimal transition to our new building.

#### **4. Operational Information**

##### **4.1 SJVD:**

###### **Outbreaks**

We have experienced 2 outbreaks at St. Joseph's Villa since mid December, a Gastro-Enteric outbreak as well as Influenza A outbreak. We continue to work closely with staff and public health to monitor the situation and impact on patients and staff.

##### **4.2 SJHC:**

###### **CCAC Pre-Qualification Submission:**

SJHC has submitted its Prequalification renewal to the Ontario Association of Community Care Access Centres. Prequalified service providers are required to update their experience, financial information, legal history and corporate information on an annual basis, for CCAC to confirm or adjust the prequalification status and Prequalification Level.

**Report to the Hamilton Board Committee  
St. Joseph's Healthcare Foundation  
January 31, 2013**

We are in full swing with this year's Around the Bay Race, which we hope will be bigger and better than ever. Race day is March 24, 2013. Our Media Launch for the Race took place on January 23, our Community Partnership ads are starting this month in The Spectator, and an 8-week ATB program begins on CHML January 31, airing each Thursday at 7 p.m.

A new component of our fundraising is David Sauve's 5K Squared Challenge. Former Tiger Cat, community leader and Tim Hortons franchisee, David Sauve, is challenging five of his contemporaries to join him in running the 5K and raising \$5,000 each in support of research at St. Joe's. In addition, we are aiming to recruit 20 fundraising teams which will strive to raise \$10,000 each.

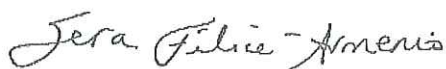
The 14<sup>th</sup> Annual McArthur Research Award Dinner will be held at the Hamilton Golf & Country Club on April 4, 2013. This year's award recipient is St. Joseph's own world-renowned clinician and researcher Dr. Deborah Cook, Professor of Medicine, Clinical Epidemiology and Biostatistics and Academic Chair of Critical Care. Her talk is entitled *Patient Centred Critical Care in a Technologic World*.

On May 7, 2013 at Carmen's, the Foundation is hosting *Mental Health Morning*, a breakfast to support St. Joe's mental health and addiction program. The keynote speakers are well-known journalist, broadcaster, and mental health advocate Valerie Pringle along with her daughter Catherine who speaks frequently as someone living with mental illness and also on the vital need to eradicate the stigma around mental illnesses. It is our hope to make this an annual event to raise awareness about the prevalence of mental illness and St. Joseph's role in the provision of mental health services as well as to raise funds for the mental health program.

Our Board members and management team are working to develop the Foundation's five-year Strategic Plan, to be completed over the next few months. The Strategic Plan will lead to creation of a Balanced Scorecard to track and measure our progress and growth.

The Foundation will be recruiting a new Vice President, Development who will oversee the major gifts and gift planning departments. It is our goal to fill this post early in the new fiscal year.

Respectfully submitted,



Sera Filice-Armenio  
President & CEO



# Mental Maps to a New Governance Model

In today's increasingly demanding health care environment, boardroom conversations need to be more than just an exercise in reviewing data and allocating resources.

BY CATHY TROWER

The role of health care boards is complicated and undergoing a significant transition.

In conversations with boards I work with, I often hear that governance as usual simply doesn't apply anymore. There was a time when playing the fiduciary role was good enough. But the complexities of the issues facing health care as we know it today have led to closer scrutiny, greater demand for accountability and transparency, and growing pressure to meet increasingly demanding regulatory, environmental, quality and safety requirements.

Rather than simply fulfilling their fiduciary responsibilities, boards now have a significant opportunity to steer meetings away from straight reporting and more towards an adaptive leadership model.

Adaptive doesn't mean leadership on the fly. In reality, it's about adapting how the organization responds as circumstances change – and it all starts with asking the right questions and having the right conversations. Ron Heifetz, public leadership specialist and author of *Leadership Without Easy Answers*, notes that great leadership occurs when boards and management work together, striving to be proactive and reflective at the same time.

In order to do that, boardroom conversations need to be more than just an exercise in reviewing data and allocating resources. Those talks now need to include more abstract but equally critical ideas such as mission and values. They're more about bringing potential sources of conflict into view to ensure that decisions stay focused on the public good.

The key to achieving adaptive leadership and good governance is having the basics in place to combine oversight, foresight and insight. These can be categorized into three "mental maps": fiduciary, strategic and generative. By paying heed to all three, boards can ultimately ensure that fiduciary obligations are met more effectively, that the right questions are asked and answered, and that the underlying values of an organization stay true to their roots.

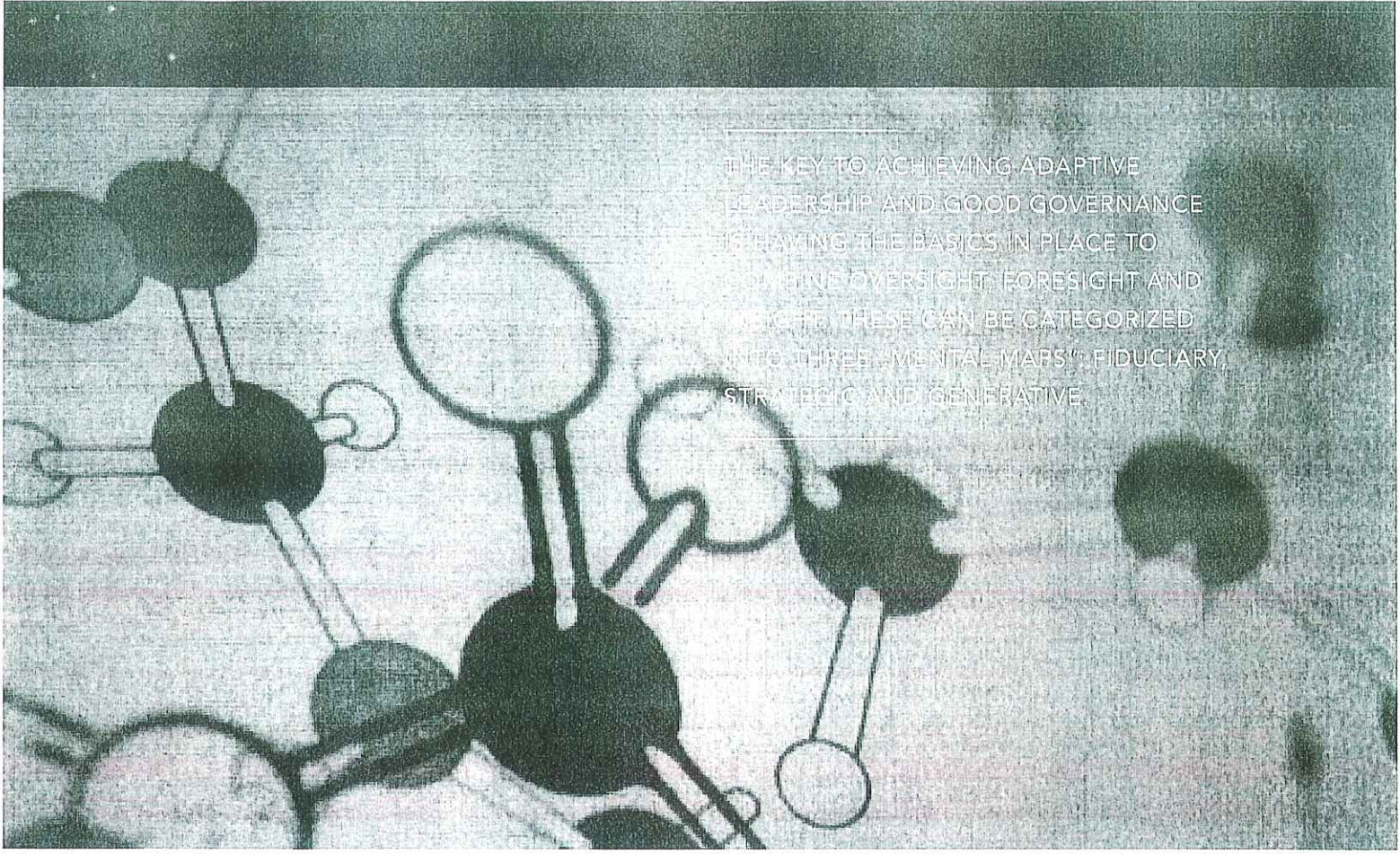
Regardless of a board's makeup or purpose, these three mental maps offer a remarkably simple approach to tackling a very complex role. While it may be impossible within a rapidly changing sector to predict how long-term trends will play out, the three mental maps will at least keep board members on the right path and help them to plan – and think – accordingly.

Following is an overview of the three mental maps that comprise good governance, and their role in creating a sustainable model.

## **Mental map #1: The Board as Fiduciaries**

Whether a private or public entity, a board serves as the steward for ensuring that the fiduciary obligations are met effectively. As guardians of the organization's assets, the board needs to be aware of the financial, legal, ethical and accountability issues that go hand in hand with overseeing operations, compliance and risk.

It only stands to reason that a baseline requirement for any governance initiative is a strong fiduciary core, so that's where most boards have naturally focused the lion's share of their attention. In addition, given the fact that



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fiduciary responsibilities are very much a natural focus for individuals who have experience running their own business operations, it isn't surprising that many boards gravitate to this work.

That being said, boards are facing increased scrutiny on this front. At one time, it was a given that the decision-making process was designed to support the public good. Recent scandals in the non-profit sector however, have undermined that public faith and heightened the sensitivity of boards to their fiduciary roles. As concerns grow, CEOs and senior staff are responding with volumes of fiduciary data to the point where boards are literally drowning in data.

Ethnographer Elizabeth Lindsey once said, "We live in a society bloated with data but starved for wisdom." This is a very real dilemma in health care governance, where wisdom is getting lost as board members become so busy looking at data points that they miss the big picture. A mental map can prevent board members from becoming obsessed and overwhelmed, and help them discern what's really important, ask the right questions of management and become more strategic.

Boards should ask, "What do we know? What do we need to know? How do we close the gaps between the two?"

#### **Mental map #2: The Board as Strategists**

This brings us to the second mental map: the board as strategists. This is a simple enough concept: how to get board members to the table ready to discuss and ask good questions about the direction of the organization. As strategists, boards should have the foresight (as opposed to the oversight of fiduciaries) to work in partnership with senior management teams to develop sensible, feasible strategies that encompass their internal, external and regulatory environments.

The strategic role does not end there by any means. Monitoring the progress and performance of the management plan is also a critical part of the strategist's role. Management for its part needs to be forthcoming with information on both successes and failures as the plan progresses. By offering up a comprehensive measure of what works, what doesn't, and why, there's less risk that the board will get mired in unnecessary details and greater opportunity to engage in constructive support. *continued >*

For some, this is a radical change in thinking on management's part. All too often CEOs feel compelled to deliver glowing reports to board members. Experience has shown, however, that the most effective CEOs are willing to admit where they've stumbled and the setbacks they've encountered.

To apply health care terms to the process, strategist boards need to work with management to conduct post-mortems to determine what happened when something has gone wrong, as well as pre-mortems to develop best-case scenarios and what can be done proactively to ensure better outcomes.

### **Mental map #3: The Board in Generative Mode**

The generative mode is perhaps the most elusive and overlooked mental map. Yet it's essential for maintaining a strong governance model. Generative thinking looks outside the usual framework of overall operations to get at the organization's purpose, and helps boards question assumptions and identify the underlying values that drive strategic and tactical decisions.

In simple terms, the generative mindset is "deciding what to decide," or alternatively, a framing approach that factors into the entire decision-making process. How do we want to think about the issues we're facing? What are the problems, challenges and opportunities, and where do the organization's identity, mission and values come into play? How will stakeholders view our decisions? What's at stake and for whom?

Agreement on how issues should be looked at and the value proposition for stakeholders will ensure that the right questions are being asked so a consensus on solutions can be achieved more quickly. This is a discipline where a board can impart tremendous wisdom and insight (vs. oversight and foresight).

Once again, if we consider a health care analogy, this is much like having the correct diagnosis of a problem before you decide on the treatment. The best physicians are those who ask a lot of questions up front to ensure they've pinpointed the right problem and identified the optimal course of action.

From a board's perspective, the right questions would be: have we got the right problem? How else might we look at it? How will different stakeholders view the situation? Once you can answer those questions, you can better weigh

the options and then say this is the answer (strategy) and here are the resources we can put to it (fiduciary). After all, a great answer to the wrong question won't get you far.

What's particularly fascinating about the generative mode is that it's something we do instinctively in our everyday lives, but is often a foreign concept to boards, simply because they've never had a dialogue about how to look at a problem before making decisions. Rather, individuals have often tended to draw on personal assumptions, leading to disagreement and less than ideal outcomes. Boards need to learn to think together before they act together.

This is not to say that the health care community hasn't already embraced this mental map approach. We have in fact seen considerable progress in moving beyond the wholly fiduciary mindset to a system that's more adaptable, collaborative and proactive.

It's imperative that organizations continue to push the envelope on critical thinking in the boardroom, because the dynamics have changed. To paraphrase Heifetz, good management may be enough to solve technical problems, but adaptive problems require a different type of leadership. ■

Note: This article was originally published in the September 2012 issue of *Canadian Healthcare Manager*



CATHY ANN TROWER is a senior researcher at the Harvard Graduate School of Education. She has studied non-profit board governance, faculty employment issues, policies, and practices since 1996. Cathy provides governance

consulting services to hospital and healthcare systems, independent schools, colleges and universities, foundations, and community service organizations.

As a board coach, she combines her knowledge of nonprofit governance, strategic and critical thinking, and building high performance teams to create an experience for boards and executives that translates into energy, action, a shared commitment to excellence, and sustained consequential governance.

She is author of *The Practitioner's Guide to Governance as Leadership: Building High Performing Nonprofit Boards* (Jossey Bass/A Wiley Imprint, December 10, 2012) and *Govern More, Manage Less* (BoardSource, 2010). Cathy is a trustee at Wheaton College, MA, has an MBA and a BBA from the University of Iowa, and a Ph.D. in higher education administration from the University of Maryland, College Park.

## Hamilton Board Committee (HBC) – Summary of November 29, 2012 Closed Meeting Session

### Motions Summary

Recommending HBC Committee	Motion Summary
Governance, Mission and Values	<p>It was voted that the:</p> <ul style="list-style-type: none"> <li>▪ Minutes of the Governance, Mission and Values Committee of November 7, 2012 be accepted for information (Hamilton Board Committee).</li> <li>▪ HBC approve the addition of two patient members to the quality committee of the HBC on a pilot basis until June 2013. Pilot results will be evaluated by the Quality Committee and a recommendation provided to the HBC (Hamilton Board Committee)</li> </ul>
Quality Committee	<p>It was voted that the:</p> <ul style="list-style-type: none"> <li>▪ Minutes of the Quality Committee of November 13, 2012 be accepted for information (Hamilton Board Committee)</li> <li>▪ Revised terms of reference of the Quality Committee of the HBC be approved (Hamilton Board Committee)</li> <li>▪ Quality Committee work plan be accepted as a working document (Hamilton Board Committee)</li> </ul>
Resource and Audit Committee	<p>It was voted that the:</p> <ul style="list-style-type: none"> <li>▪ Minutes of the Resource and Audit Committee of November 21, 2012 be accepted for information (Hamilton Board Committee).</li> <li>▪ 2013-2016 Long Term Home Accountability Submission (SJVD) be approved (Hamilton Board Committee – St. Joseph’s Villa Voting Members )</li> <li>▪ Community accountability planning submission (CAPS) for SJVD be approved (Hamilton Board Committee – St. Joseph’s Villa Voting Members )</li> <li>▪ Community accountability planning submission (CAPS) for SJHC be approved (Hamilton Board Committee – St. Joseph’s Home Care Voting Members )</li> <li>▪ Community accountability planning submission (CAPS) for SJHH be approved (Hamilton Board Committee – St. Joseph’s Healthcare Voting Members )</li> </ul>
The Medical Advisory Committee	<p>It was voted that the:</p> <ul style="list-style-type: none"> <li>▪ Minutes of the Medical Advisory Committee of November 1, 2012 be approved (Hamilton Board Committee – St. Joseph’s Healthcare Voting Members )</li> <li>▪ Recommendations on research from the Medical Advisory Committee of SJHH of November 1, 2012 be approved (Hamilton Board Committee – St. Joseph’s Healthcare Voting Members )</li> <li>▪ Recommendations on credentials of the November 1, 2012 Medical Advisory Committee be approved (Hamilton Board Committee – St. Joseph’s Healthcare Voting Members )</li> <li>▪</li> </ul>

### Presentations and Reports to the HBC - Summary

- An informative presentation was made to the HBC on seclusion and restraint in the SJHH Mental Health and Addictions program. As well a request was made to have all HBC members receive a risk report on a monthly basis.
- The SJHH department of Anesthesiology presented to the HBC on a series of successful culture and process changes that have led to fewer delays for patients going to the OR for surgery. The OR team was very engaged in the process and tremendous teamwork and collaboration amongst staff occurred throughout this process. The success of this project is being shared with other departments to disseminate learnings and processes for improving patient care.

- It was noted that with respect to Sandoz drug shortages, reduced availability to certain medications is being managed at SJHH. Changes have taken place with respect to prescription ordering and this has had minimal effect on patients. The process and supply chain continues to be monitored vigorously on a daily basis.
- It was noted that SJHH average sick days is trending downwards. A staff engagement survey and staff engagement sessions are taking place – as encompassed in our renewed strategic plan.
- The LHIN Strategic Plan was provided to the HBC for information. It was noted that this plan will be a 3-5 year project which will bring hospital and home care providers together to bring more cohesion, increase efficiency and produce better outcomes for patients.
- The St. Joseph's Health System (SJHS) updated on the SJHS corporate renewal process. A fulsome discussion took place with regards to opportunities for integration across the sector and the increasing importance of partnerships to improve the patient experience.