



The (**OPEN**) meeting of the **Board of Governors** of the Ross Memorial Hospital was held on **Thursday, November 28, 2019**, in the Boardroom of the Ross Memorial Hospital.

Present: Ms. V. Harris, (Chair), Dr. B. Chawla, Ms. P. Clarke, Mr. J. Griepsma, Ms. B. Kennedy, Mr. D. Kimmerly, Dr. J. McNabb, Mr. B. Nielson (via teleconference), Ms. C. Norris, Ms. A. Overhoff, Ms. W. Percival, Ms. N. Rooney (via teleconference), Ms. M. Saunders (via teleconference), Ms. K. Ward, Ms. V. Nelson

Regrets: Mr. R. Ashmore, Mr. L. Hope, Dr. A. Knox, Mr. W. Levine

By Invitation: Ms. E. Elley

1. CALL TO ORDER

Ms. V. Harris, Chair; called the (Open) meeting to order at 5:59 pm.

1.1 Quorum – A quorum was confirmed.

1.2 Approval of Agenda – The agenda was reviewed. Thereafter, was a **MOTION: That the agenda be approved as presented.**

Ms. P. Clarke/Mr. J. Griepsma, **CARRIED**

1.3 Declarations of Conflict of Interest – None declared.

1.4 Acknowledgement of the Hospital's Vision/Mission/Values – Acknowledged.

2. UNANIMOUS CONSENT – Items identified as part of the consent agenda were provided on a motion sheet in the unanimous consent portion of the meeting package and presented as follows:

- 1. MOTION: That the minutes of the (Open) Board of Governors meeting of October 24, 2019 be approved as circulated.**
- 2. MOTION: That the Board of Governors receives the minutes of the (Open) Quality/Governance & Planning Committee meeting of November 19, 2019.**
- 3. MOTION: That the Board of Governors receives the minutes of the (Open) Resources Committee meeting of November 21, 2019.**
- 4. MOTION: That the Board of Governors supports the Kawartha Lakes Health Care Initiative by appointing a Board member to sit on the Kawartha Lakes Health Care Initiative Board of Directors to ensure timely two-way communication, as recommended by the Resources Committee.**
- 5. MOTION: That the Board of Governors approves the revised Approval Authorizations policy, as recommended by the Resources Committee.**
- 6. MOTION: That the Board of Governors approves the proposed 2020/21 Community Accountability Planning Submission, as recommended by the Resources Committee.**

Thereafter, there was a

MOTION: *That the Board of Governors approves motions 1 through 6 on the (Open) Unanimous Consent for November 28, 2019 as presented.*

Ms. W. Percival/Ms. C. Norris, **CARRIED**

3. **BOARD BUSINESS – EXECUTIVE COMMITTEE**

No meeting held to report.

4. **BOARD BUSINESS – QUALITY / GOVERNANCE & PLANNING COMMITTEE**

4.1 Quality & Safety Management Report Q2 – Copies of the 2019/20 Q2

Quality/Safety Management Report, and related minutes of the Quality/Governance & Planning Committee meeting of November 19, 2019 were previously provided (copies attached). Vice President Clinical & Chief Nursing Executive, Ms. A. Overhoff provided a summary of the following Quality Improvement Plan (QIP) Q2 results.



Ross Memorial Hospital

Quality Improvement Plan (QIP): Dashboard 2019/20 Q2 (Jul – Sept 30 2019)

Indicator/Measure	Lead	Baseline	Target	Previous Performance (Q1)	Current Performance (Q2)	Status	
Timely and Efficient Transition	Discharge Summaries sent within 48 hours ↑	S.Tai-Young	78%	90%	79%	79%	Yellow
	Time to Inpatient Bed ↓	S.Grant/JB West	31.77 h	28.59 h	29.8 h	30.4 h	Red
	Number of inpatients in unconventional spaces or ED stretchers ↓	S. Grant	4.75	4.75	4	4.54	Green
	Alternate Level of Care (ALC) Rate ↓	S. Grant	32.23%	32.23%	33.1%	32.40%	Yellow
	Inpatient Length of Stay ↓	S. Grant	4.8 days	≤4.6 days	6.2 days	6.0 days	Red
	Wait Time for Long Term Care Placement ↓	S. Grant	Collect Baseline	Collect Baseline	45 days	81 days	Collect Baseline
Service Excellence	Patient Complaints acknowledged within 5 days ↑	S. Grant	Collect Baseline	80%	90%	90%	Green
	Patient Experience: Did you receive enough information ↑	S. Grant/ T. Carroll	57%	62.7%	63.7%	66.3%	Green
	Improve Overall Patient Experience (inpatient care) ↑	S. Grant/ T. Carroll	68.6%	70%	71.6%	64.2%	Red
Improve Overall Patient Experience (emergency care) ↑	S.Grant/JB West	68%	70%	43%	59.3%	Yellow	



Ross Memorial Hospital

Quality Improvement Plan (QIP): Dashboard 2019/20 Q2 (Jul – Sept 30 2019)

Safe and Effective Care	Proportion of patient receiving Medication Reconciliation on admission ↑	T. Carroll	95%	95%	91.3%	95.9%	
	Proportion of patients receiving Medication Reconciliation on transfer ↑	T. Carroll	58%	65%	71.4%	90%	
	Proportion of patients receiving Medication Reconciliation on discharge ↑	T. Carroll	96%	96%	86.2%	78.6%	
	Number of Medical Emergency Team (MET) call patients transferred to the ICU with a noted deterioration 24 hours prior to the call ↓	C. McBride	12	10	5	2	
	Proportion of all patients admitted to the Palliative Care Unit where ESAS, a validated palliative assessment tool, was completed ↑	E. Bruce/K. Parson	Collect Baseline	Collect Baseline	95%	100%	Collect Baseline
	Number of workplace violence incidents reported by hospital workers within a 12 month period	E. Elley/ M. Eivers	160	No Target	30	29	No Target
Equity	30 day Mental Health and Addictions Readmission Rate ↓	M. Coombs/ K. Cearns	12.3%	10%	5.3%	3%	

With regard to the status of performance on the Time to Inpatient Bed indicator, Ms. Overhoff noted the Hospital remained in surge for most of Q2 with the exception of some occasional weeks with no surge such as when the Operating Room was on summer slowdown. A significant improvement in performance was realized in October.

With regard to the status of performance on the indicators related to the Alternate Level of Care (ALC) Rate and Inpatient Length of Stay (LOS), Ms. Overhoff noted the ALC rate remained status quo in Q2 and numbers in Q3 have been trending positively. RMH continues to implement the ALC avoidance leading practices and improvement strategies for the acute population. The Transitional Care Connector pilot continues to show positive outcomes in respect to reduced length of stay and ALC rate.

Ms. Overhoff then reviewed the Patient Safety Incident Volumes spanning Q3 2018/19 to Q2 2019/20. 470 Incidents were reported in Q2 2019/20, a 20% decrease compared to Q1. The most prevalent safety incidents reported in Q2 were Provision of Care (98), Medication/Fluid (91), Falls (72), Diagnostic Imaging (66) and Lab/Specimen (60). Ten percent of the incidents resulted in some level of harm.

With regard to publicly reported safety indicators, Ms. Overhoff noted the Infection Prevention and Control (IPAC) Program has seen a dramatic decrease in Hospital Acquired Infections (HAI), despite the infectious burden being high due to high patient volumes. There were only 10 cases of hospital acquired Clostridium Difficile Infection (CDI) from April 1 to October 31, compared to 17 for the same time period in 2018/19. There was only one hospital acquired case of Vancomycin Resistant Enterococcus (VRE), and zero hospital acquired cases of Methicillin Resistant Staphylococcus Aureus (MRSA).

4.2 Special Act Update – Copies of the related excerpt from the minutes of the Quality/Governance & Planning Committee meeting of November 19, 2019 were previously provided (copy attached). Interim President & CEO, Ms. V. Nelson noted the following with regard to the status of the Hospital's Special Act.

The Hospital's application to update its Special Act was received by the Clerk of the Legislative Assembly of Ontario on November 15, 2019.

A letter of support was received from the City of Kawartha Lakes on November 19, 2019 and forwarded to the Clerk of the Legislative Assembly of Ontario for inclusion with the Special Act application.

At this time it is understood that MPP Gila Martow will introduce the Private Bill to the Legislature. Ms. Nelson has been in communication with MPP Scott and MPP Martow to confirm the Application status and to confirm process and timing moving forward. Ms. Nelson will also ensure the MPPs are aware of the issues raised by the Kawartha Lakes Health Coalition and the Hospital's position on these issues.

The Office of Legislative Counsel has advised that the Special Act will go to the Commissioners of Estate Bills which may delay the process somewhat. The 2000 amendment to the Special Act proceeded in this manner.

It is expected the Bill will be presented during the current sitting of the Legislature, however no firm timelines have been provided to-date.

In response to a question regarding whether the Health Coalition's actions continue to negatively impact Hospital fundraising, Ms. Nelson noted she would follow up with the Foundation.

5. BOARD BUSINESS – RESOURCES COMMITTEE

5.1 RMH People Plan – Copies of a slide deck related to the 2019/2021 People Plan, and related minutes of the Resources Committee meeting of November 21, 2019 were previously provided (copies attached). Chief Human Resources Officer / Interim Integrated Chief Information Officer, Ms. E. Elley noted the goal of the Hospital's final 2019/2021 People Plan is to ensure staffing facilitates the delivery of safe, competent and high quality care now and in the future. The People Plan will consider service delivery to meet future population demands. A People Plan poster was developed and has been posted throughout the Hospital. In addition, a booklet was also developed that details the Plan's objectives, identified challenges, strengths, priorities, etc. Ms. Elley noted that measures will be developed to monitor the Plan's success.

6. BOARD BUSINESS – AUDIT COMMITTEE

No meeting held to report.

7. **REPORTS:**

7.1 Report of the Chief of Staff – Copies of the Report of the Chief of Staff dated November 2019 were tabled (copy attached). Chief of Staff, Dr. B. Chawla, presented a high level overview of items referenced in the report.

There was a

MOTION: That the November 2019 Report of the Chief of Staff be received.

Mr. D. Kimmerly/Ms. B. Kennedy, **CARRIED**

7.2 Report of the Hospital Foundation – Copies of the Foundation CEO's Report to the Board of Governors dated November 2019 were previously provided (copy attached).

There was a

MOTION: That the November 2019 Foundation Report to the Board of Governors be received.

Ms. W. Percival/Ms. P. Clarke, **CARRIED**

7.3 Report of the Hospital Auxiliary – Copies of the Auxiliary Interim President's Report to the Board of Governors dated November 27, 2019 were tabled.

There was a

MOTION: That the November 2019 Auxiliary Report to the Board of Governors be received.

Ms. P. Clarke/Ms. B. Kennedy, **CARRIED**

7.4 Report of the Interim President & CEO – Copies of the Interim President & CEO's Report to the Board of Governors dated November 28, 2019 were previously provided (copy attached). Interim President & CEO, Ms. V. Nelson provided a high level overview of items referenced in the report.

With regard to the status of the City of Kawartha Lakes Ontario Health Team, Ms. Nelson reported that a progress report is due to the Ministry of Health on January 20, 2020. The progress report will be appended to the original self-assessment submitted in May 2019. It is anticipated that next steps will include community stakeholder sessions.

There was a

MOTION: That the President & CEO's Report to the Board of Governors dated November 28, 2019 be received.

Ms. C. Norris/Ms. W. Percival, **CARRIED**

8. **CLOSED MEETING:** The Closed meeting of the Board of Governors commenced at 6:45 pm and is recorded separately.

9. **OTHER BUSINESS:**

9.1 Monday Reports – Provided for information.

9.2 MEETING DATES TO REMEMBER

Quality/Governance & Planning Committee – January 21, 2020, 8:00 am
Resources Committee – January 23, 2020, 8:00 am
Board of Governors – Thursday, January 30, 2020, 5:30 pm

10. MOTION FOR ADJOURNMENT:

There being no further business, the OPEN meeting adjourned at 8:18 pm on a motion of Ms. B. Kennedy.

Manda Perival Vice
for the Chair Chair

[Signature]
Secretary

January 30, 2020.
Date