

A Regular Meeting of the
Orillia Soldiers' Memorial Hospital Board of Directors
Was held on Tuesday, July 28th 2015
6:30 p.m. in the Dr. Brian McGugan Education Room

- OPEN SESSION -

Present:

Jeff French (Chair)
Paulette Wilson
Dan Germain
Al Scott
Ted Emond
Mike McMurter
Steve Clarke
Glenna Tinney
Jeffrey Holec
Jacques Boulet

Brian Sirbovan
Leigh Popov
Penny Bonner
Angelo Orsi
Dr. Anjana Chawla (President of the Medical Staff Association)
Pat Campbell (President & CEO)
Dr. Nancy Merrow (Chief of Staff & VP Medical Affairs)
Cheryl Harrison (VP Patient Services and Regional Programs/CNE)

Regrets: Paul Leskew, Dr. Ben McNaull (VP of the Medical Staff Association)

Staff Support: Angie Harwood (VP People Partnerships & Planning)
Doug Murray (VP Corporate Services & CFO)
Terry Dyni (Director, Community Relations)

Nicky Marchant, EA to the CEO and Board Liaison was present to record the minutes.

1. **Board Award of Excellence Awards**

The Board Award of Excellence awards were presented to the recipients.

2. **Education Session – Nursing Vision and Nursing Sensitive Outcome Measures at OSMH**

The attached presentation was provided to the Board.

It was highlighted that the Nursing Advisory Committee previously met every 2 months for about 4 hours but starting in September the committee will meet monthly for about an hour and a half. The committee is made of nurses from all areas of the hospital.

The Nursing Advisory Committee Scorecard will focus on those areas that nursing can have an impact such as falls or purposeful rounding.

The Board Chair asked if there is anything the Board could do to support the committee and it was identified that any nursing concerns can be provided to the Chief Nursing Executive to take back to the Nursing Advisory Committee.

3. **Call to Order & Opening Remarks from the Board Chair**

The meeting was called to order at 6:49 p.m.

4. **Agenda**

**Moved by Angelo Orsi
Seconded by Jacques Boulet**

Patient Story item 10.2 will be moved to the closed session to be done in conjunction with closed session agenda item 5.2 ALC.

THAT OSMH Board of Directors acknowledges that they have received, reviewed and approve the Board agenda package for the July 28th 2015 Board meeting as amended.

CARRIED

5. **Declaration of Conflict of Interest**

None.

6. **Consent Agenda**

7. **Motion to Approve Consent Agenda**

It was requested that the minutes of the June 23rd 2015 Inaugural Board meeting Open Session be amended to reflect that Glenna Tinney volunteered to be the OSMH Board of Directors representative on the OSMH Foundation Board of Directors.

**Moved by Ted Emond
Seconded by Al Scott**

THAT the consent agenda be approved. The consent agenda included the following:

- **APPROVAL of Minutes of May 26th 2015 Board Meeting Open Session.**
- **APPROVAL of Minutes of June 23rd 2015 Inaugural Board meeting Open Session**
- **APPROVAL of the 2015/16 Quality & Safety Committee Work Plan – Quality & Safety Committee meeting minutes July 14th 2015**
- **APPROVAL of new Board member orientation with the launch of an OSMH Mentorship Program for the 2015/16 year – Governance Committee meeting minutes June 17th 2015**
- **APPROVAL of the amended Open and In-Camera Sessions of the Board policy – Governance Committee meeting minutes June 17th 2015**
- **APPROVAL of the Conduct Expectations for attendees at open session of OSMH Board meetings to be implemented at the September 2015 Board meeting – Governance Committee meeting minutes June 17th 2015**
- **APPROVAL of the Resources Committee Terms of Reference – Resources Committee meeting minutes July 16th 2015**
- **APPROVAL of the 2015/16 Resources Committee Work Plan – Resources Committee meeting minutes July 16th 2015**
- **APPROVAL of the 2015/16 Resources Committee Scorecard together with appropriate targets relative to 14/15 results and benchmarks – Resources Committee meeting minutes July 16th 2015**

CARRIED

A Board member requested that when the pulse surveys for staff engagement are conducted that we ensure that one is completed prior to the implementation of the EMR and one post implementation. This will be dealt with by the Resources Committee.

8. **Quality & Safety Committee**

8.1 Quality and Safety Committee Scorecard

Paulette Wilson advised the Board that based on information received when she and Angela Harwood attended the OHA Governance Centre of Excellence education session - Quality as a Strategic Priority for the Board the recommendation to the Board is that the following publically reported indicators related to quality be added to the scorecard for monitoring:

- C-Difficile
- MRSA
- Ventilator Acquired Pneumonia (VAP)
- Hand Hygiene

A Board member asked if there was external validation for the indicators on the scorecard as the majority appeared to be self-assessment indicators. Some of the indicators are valeted by lab testing, for example Ventilated acquired pneumonia.

**Moved by Dan Germain
Seconded by Jacques Boulet**

THAT the OSMH Board of Directors approve the indicators to be monitored for the 2015/16 Quality & Safety Committee Scorecard.

CARRIED

Quality & Safety Committee meeting report received by the Board.

9. Resources Committee Report

9.1 Financial Statements

Dan Germain reviewed the statements for the OSMH Board of Directors indicating that the organization was presenting a deficit of \$383K for the first 2 months which was below the budgeted amount of \$600K. It is still early in the year however it is anticipated that the organization will still finish the year with a balanced budget.

It was highlighted for the board that we received the final of our 3 installments of funding from the working capital relief fund and we now have covenants in place that we have to adhere to in order to retain this funding.

Moved by Al Scott

Seconded by Paulette Wilson

THAT the OSMH Board of Directors accepts the financial statements to May 31st 2015.

CARRIED

9.2 Update on Funding Letter for 2015/16

Doug Murray provided the attached presentation to the Board highlighting how the assumptions the organization made for the 2015/16 Budget align with the funding letter now received from the NSM LHIN.

The Board was advised that we currently have a shortfall of approximately \$2M for the Regional Kidney Care Program. The funding letter was based on Q3 volumes and volumes increased in Q4. The ORN has traditionally funded for volumes completed so we are confident that we will receive funding to cover the volumes that are completed by the program.

Discussion ensued with respect to how we can identify our variable and fixed costs for QBP funding and it was highlighted that we are doing proxy case costing and the hope is that we will be able to better define the fixed and variable costs through this process.

Resources Committee report was declared received.

10 Business Arising

None.

11 New Business

11.1 CEO Report

Pat Campbell advised that in addition to those items covered in her report she wanted to highlight the following items:

- We are in the process of working with the OSMH Foundation to apply for capital funding from the District Municipality of Muskoka to assist with funding of the NICU renovation.
- Cheryl Harrison has been working hard with Collingwood Dialysis Satellite who have been challenged with capacity issues both facility and staffing. A plan is now in place to address these patient needs.
- NSM LHIN announced three new Directors – Maureen Wilkinson as Director People and Strategy Management, Jeff Kwan as Director Financial Health & Accountability and Sherri Huckstep as Director Planning, Integration, Evaluation & Community Engagement.
- The Auditor General is now completing a review of the LHINs' (as committed to when the LHINs were introduced) and is seeking input from health providers across the sector.
- The support of Garfield Dunlop as MPP was acknowledged and the significance of his resignation and the potential impact to OSMH was highlighted.
- CCAC review by the Auditor General has been delayed and will be reported on in the Fall.
- The Board asked if there are any implications for OSMH and its patients with respect to the announcement regarding RVH providing cardiac care. The Board was advised that the Minister announced a partnership between RVH and Southlake. We will still depend on Southlake to provide the higher level cardiac care services however can potentially use RVH to provide primary coronary intervention once the joint program is established.
- The Board asked for clarification on the statement about 'Never Events' in the CEO Report. This is something that describes an adverse event that the industry is committed to prevent from ever occurring.
- The Board was advised that for the first time in 20 years we now have collaboration agreements signed with all of the satellite units within the Regional Kidney Care Program.

11.2 Patient Stories


Moved to Closed Session.

12. **Adjournment to Closed Session**

**Moved by Jacques Boulet
Meeting moved to closed session.**

CARRIED

Chair



Recording Secretary



Nursing Vision & Nursing Sensitive Outcome Measures at OSMH

July 28, 2015

Presented by: Cheryl Harrison, CNE & Michelle Cook, Co-Chair NAC



Overview of Presentation

- Nursing Advisory Committee
 - who they represent
 - Purpose
 - Accomplishments
- Nursing Vision
 - How it was developed
 - How it has been used
 - Benefits
- Nursing Sensitive Indicators
 - Go forward approach

The Nursing Advisory Committee

- Composition of Nurse representatives from all areas of the hospital:
 - RNs
 - RPNs
 - Nurse Practitioners
 - Navigators (Focus on patient transition in and out of hospital)
 - Diabetes Educators
 - Performance Excellence (Quality Improvement, Professional Practice and Risk Management)
 - Nurse Managers
 - Nurse Directors
 - Chief Nursing Executive

Our Purpose:

- The Nursing Advisory Council provides a forum and process to support nursing professional practice, leadership, and family/patient-centered care at OSMH.
- The Council embraces the spirit of inquiry, inter-professional collaboration and innovation while **acting as the voice for all nursing staff** on hospital wide initiatives.

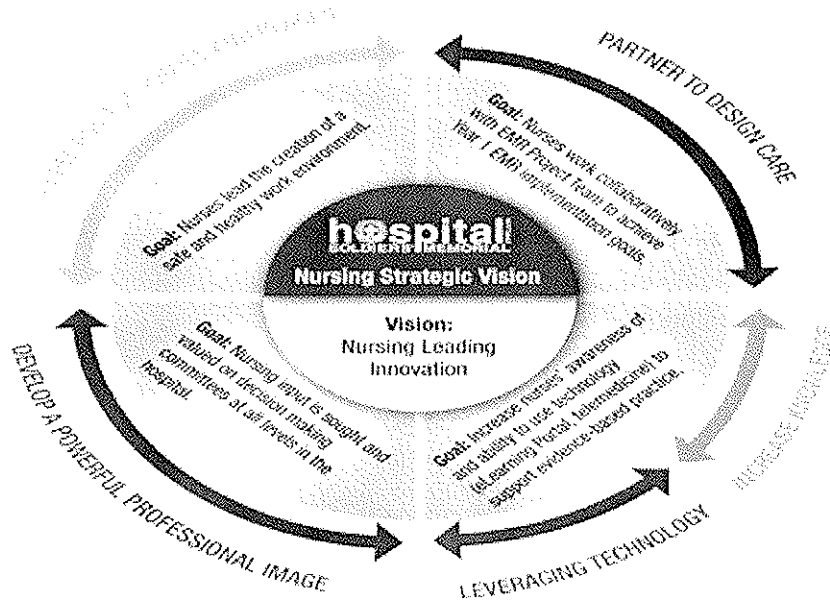
Impacts We have Had

- RN- RPN skill mix – decisions and tools to assist in determining appropriate assignments
- Bring forward changes in practice and legislation
- Discuss Hospital Acquired Pressure Ulcers – what is occurring what more can be done
- 5P rounding – adoption and continued monitoring
- Consultations:
 - Mobile Device policy
 - Resuscitation and Patient wishes, Plan of care
 - Documentation
 - Discharge Standard of Care
- Creating the Nursing Vision for OSMH

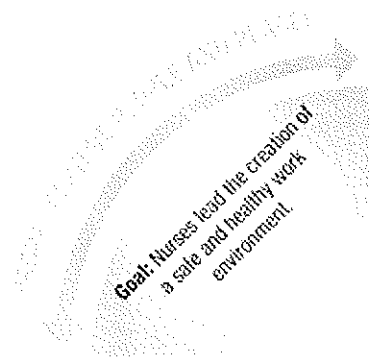
Nursing Strategic Vision

- The vision was created for nurses by nurses
 - Nursing Advisory Committee (NAC)
 - Point of care staff nurses
 - Nursing managers and directors
 - Chief Nursing Executive
- Developed between October 2013 and May 2014
- Complements and aligns with the corporate strategic plan and helps to drive it forward
- Helps OSMH nurses work together to maximize the impact of nursing

Nursing Vision on A Page

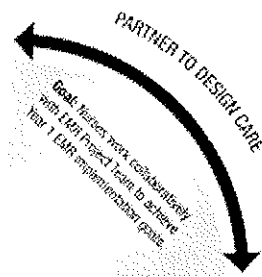


Propel Positive People and Places



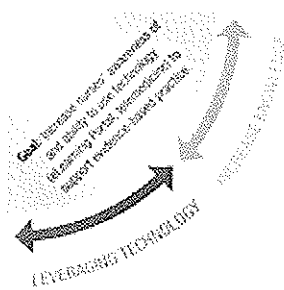
- Creating a healthy and safe work environment
 - NAC representatives report back to their unit councils and care teams.
 - Education occurred around collegial relationships and communication.

Partner to Design Care



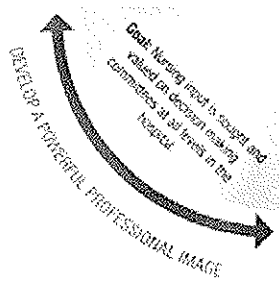
- Linkages created with the EMR team, through Super Users involvement
- Representation on EMR Steering Committee
- NAC receives updates on EMR implementation

Leveraging Technology, Increase Knowledge



- Education on the e-learning portal
- Education on telemedicine, how can it be used in our practice
- Partner with Performance Excellence in promotion of the e-learning portal for specific standards this year – delirium, geriatric care, pressure ulcer prevention.

Develop a Powerful Professional Image



- Nurses voice exists throughout the hospital on various committees/processes/projects
 - Unit councils
 - Care teams
 - Joint Health & Safety
 - Critical incident reviews
- Supporting Shared Governance has had a direct impact on increased staff engagement results are with shared governance of which NAC plays a role.

What is the impact of having a Nursing Vision? – Co - Chair

- Nursing Vision was an essential communication tool that portrays our organization's uniqueness and image
- It helps deliver high level of motivation and inspiration to nurses, which supports increased job satisfaction, commitment and job performance
- Nursing engagement and improved nursing performance leads to better patient outcomes, decreased sick time and improved morale

Nursing Sensitive Indicators

- Development of a Nursing Balanced Scorecard
- Comprised of quality and safety indicators that are directly related to nursing practice
- Examples include:
 - Falls
 - Hospital Acquired Pressure Ulcers
 - Pain
 - Medication errors
 - Patient satisfaction with Nursing Care
 - Nursing education support
 - Nursing engagement activities

Questions?



Funding Update

Board of Directors
July 28, 2014



15/16 Funding Highlights

- Overall Funding Letter is close to 15/16 Budget (0.19%)((\$175,000)
- Pediatric Bariatric Services at \$147,300 vs. \$294,000 annualized
- Some Physiotherapy Clinic Volumes not in LHIN/MOHLTC Funding Letter \$181,584
- Summary includes adjustments to base for carve-out and Quality Based Procedures (QBP) revenue
- Annualized funded CKD patient volume at the start of 15/16 is much higher than funded rates (277 vs. 320) or approximately \$2 M



Category	2015 2016 Funding Agreement (\$)(A)	2015 2016 Internal Budget (\$)(B)	Variance (\$) (A-B)	Variance (%) (A-B)/B
HBAM (pre-mitigation)	30,056,464	30,941,151	(884,687)	(2.86%)
HBAM Contingency		(911,999)	911,999	
HBAM Funding	30,056,464	30,029,152	27,312	0.09%
Total QBP (excluding CKD & Chemo)	8,382,890	7,178,741	1,204,149	16.77%
HBAM + QBP Total (excluding CKD and Chemo CCO Funding)	38,439,354	37,207,893	1,231,461	3.31%
Total Base Funding	50,173,721	51,441,888	(1,268,167)	(2.47%)
MOHLTC/LHIN Total Funding	88,613,075	88,649,781	(36,706)	(0.04%)
CCO QBP funding (Endo & Cancer Surgery)	1,427,222	815,635	611,587	74.98%
Chemotherapy	998,700	998,700		
14/15 Reconciliation Estimate	399,848	0	399,848	
Total Funding (excluding CKD)	90,639,149	90,464,116	175,033	0.19%

LHIN Agreement

CCO Agreement

SMRCC Agreement

15/16 NSM CKD Agreement Funding Highlights

CKD Funding Summary	ORN 2015/16	OSMH 2015/16 Budget	OSMH 2014/15YE
<u>Volume Funding Summary</u>			
Bundled Services (Home & In-Facility)	\$ 19,815,210	\$ 18,482,483	\$ 19,541,659
Unbundled Services (Home & In-Facility)	\$ 952,340	\$ 958,250	\$ 1,013,164
Other Volume Related Funding Adjustments	\$ -		\$ -
Subtotal Target Volume Funding Allocation	\$ 20,767,550	\$ 19,440,733	\$ 20,554,824
<u>Non-Volume Funding Summary</u>			
Leases & Infrastructure	\$ 185,467		\$ 92,049
Quality & Strategic Initiatives	\$ 122,989	\$ 109,392	\$ 122,989
Subtotal Non-Volume Funding Allocation	\$ 308,456	\$ 109,392	\$ 215,038
Total Volume and Non-Volume Funding Allocation	\$ 21,076,005	\$ 19,550,125	\$ 20,769,861
Regional Director	\$ 130,000	\$ 130,000	\$ 130,000