

**REGULAR MEETING  
BOARD OF BLUEWATER HEALTH  
October 27, 2010**

Directors:

Bryan Bouck√ David Campbell√ Bruce Davies√ Sue Denomy√ Jim Elliott(r)	Dr. Michel Haddad√ Lorri Kerrigan√ Robert McKinley√ Richard Newton-Smith√ Wayne Pease(r) Dr. Alvaro Ramirez(r)	Pasquale Rossi√ Brent Steeves√ Cindy Thayer√ Stéphane Thiffault√ Dr. Angela Wang√
--	---	---

Professional Staff: Dr. Brian Hynes√; Dr. Anil Garach√

Staff: Steve Anema√; Kim Bossy√; Connie Courtney√; Mike Lapaine√; Barb O'Neil√

Guests: Sheila Chappell, President, Bluewater Health Foundation√  
Liz Kenny, Director, Bluewater Health Foundation√  
Dr. David Ng, Emergency Department Lead, ESC LHIN  
Ralph Ganter, Senior Director of Planning and Integration, ESC LHIN

**1. EDUCATION SESSION (\*attached in the minute record book)**

Dr. David Ng and Ralph Ganter from the ESC LHIN provided a presentation on the Reference Panel Report on Charlotte Eleanor Englehart Hospital (CEEH) Emergency Department (ED). R. Ganter provided an overview of EDs within the ESC LHIN, the purpose of the reference panel and reviewed the panel membership. They highlighted the community engagement activity which had occurred, the key themes from public input, the short-term options seen to be available and discussed the Reference Panel's recommendations and rationale to keep the CEEH ED open 24/7.

**2. CALL TO ORDER - 6:54 p.m. (\*attached in the minute record book)**

2.1 Welcome/Opening Remarks

B. Davies welcomed everyone to the meeting and advised that Dr. Ramirez, Wayne Pease and Jim Elliott were not able to attend the meeting.

2.2 Approval of Agenda\*

***Motion (R. McKinley/M. Haddad) and carried: to approve the agenda as presented.***

2.3 Declaration of Conflict of Interest

Dr. Wang declared a conflict of interest for Item 5.1 – CEEH Emergency Department - Update.

**3. APPROVAL OF MINUTES (\*attached in minute record book)**

3.1 ***Motion (R. McKinley/D. Campbell) and carried: to approve the minutes of September 22, 2010 as presented.***

**4. REPORT FROM IN-CAMERA MEETING**

B. Davies reported that some personnel matters, financial matters pertaining to the capital project and the Post Construction Operating Plan were discussed in the in-camera meeting. In addition, the Board had approved locum privileges for four physicians.

**5. ITEMS REQUIRING DECISIONS (\*attached in the minute record book)**

**5.1 CEEH Emergency Department Update\***

S. Denomy presented the CEEH Emergency physicians' request that the Board rescind its July 7, 2010 motion to reduce the hours of emergency department (ED) operation at CEEH to 12 hours each day. This request was made in recognition of the work of the ESC LHIN Reference Panel and the use of options to allow the physicians to be optimistic about continuing to provide 24/7 care at the CEEH ED. The CEEH Emergency physicians unanimously supported this request at their September monthly staff meeting.

In addition, S. Denomy presented the draft contingency plan which set out guidelines for staff in the event a decision was made to temporarily close the CEEH ED in the event that a shift could not be covered. The plan was forwarded to the hospital's lawyers and insurance carrier (HIROC) for their review and comments. She noted that both raised concerns with respect to what staff would be required to do in the event that patients were to show up at the ED door when the ED was closed. She advised that steps have been taken to address this concern (i.e. communications plan, installation of a phone).

The September motion (*J. Elliott/P. Rossi*): **to move that the Board recognize the work of the Reference Panel to provide options on the table and that the Board recognize a permanent resolution has not been found but as of September 29, the CEEH Emergency Department shall operate a 12 hour shift from 8:00 a.m. to 8:00 p.m. and close 8:00 p.m. to 8:00 a.m. daily until a solution is presented which would permit the ED to remain open 24/7** which had been tabled was called and defeated

Discussion ensued regarding the proper path forward at this time. The Board was advised that community engagement sessions were held and that the Reference Panel has recommended to ESC LHIN that:

- 1) the CEEH ED strive to remain open 24/7 with HFO and locum coverage while recruitment efforts continue, and
- 2) the creation of an ESC LHIN-Physician Locum Network, supported by HFO bonus structures

The Board was advised that the hospital has been able to cover the ED shifts to date with the assistance of HFO and that efforts are underway but not yet final to recruit new physicians for the ED.

**Motion (R. McKinley/B. Steeves) and carried: to rescind the July motion which had approved the CEEH physicians' proposal that the CEEH Emergency Department be open from 8 a.m. to 8 p.m. and closed permanently overnight from 8 p.m. to 8 a.m. effective September 29, 2010.**

**Motion (R. McKinley/B. Steeves) and carried: that Bluewater Health endorse the Reference Panel's recommendations to:**

- **Consider the feasibility and the impact of the Reference Panel's recommendations;**
- **Provide a confirmation on the state of the short-term (0 to 6 months) and medium-term (7 to 18 months) physician staffing resources at Petrolia CEEH, and**
- **Provide a written response with regard to the above two items within a two week period.**

**Motion (B. Steeves/D. Campbell) and carried: to direct management to implement the short-term (0 to 6 months) and medium-term (7 to 18 months) physician staffing resources recommendations and the contingency plan.**

The Board agreed to leave the draft in the title of the contingency plan as it continues to evolve.

An inquiry was made regarding what if other hospitals are in the same situation, do they have contingency plans and what would happen to patients if their EDs were closed as well. The Board was advised that the nurse or security would call 911 and would be aware of closure if patients were to arrive at the ED.

5.2 Draft 2010-11 Board and Board Committee Work Plans\*

R. Newton-Smith presented the draft 2010-11 Board and Board committee work plans for review and approval. He advised that the format is consistent with the 2009-10 work plans and that the work plans are based on the strategic directions for 2010-11. He reported that the committee work plans have been vetted by the Governance and Nominating Committee, the Quality Committee and the Resource Utilization and Audit Committee and that they will be modified as the meeting cycle progresses.

***Motion (R. Newton-Smith/B. Steeves) and carried: to approve the 2010-11 Board, Governance and Nominating Committee, Quality Committee and Resource Utilization and Audit Committee work plans as presented.***

5.3 Mental Health Business Case\*

S. Thiffault presented a Change Order for the Mental Health Unit to redesign the two floor model to a one floor model at a one-time cost of \$1.5 million. The Board was informed that the two floor model is no longer considered the best option for in-patient acute mental health care. S. Thiffault noted a number of safety issues and concerns and discussed the changing patient demographics. The Board was informed that there will be a cost avoidance of \$800,000 per year which will be reinvested into the unit. The Board was advised that the Change Order also addresses recent Coroner's recommendations and provides better accessibility for patients with disabilities.

5.4 Banking Arrangements\*

The Board was advised that the current banking agreement with the CIBC is scheduled to expire in October. S. Anema advised that the hospital is required to review the banking arrangements of the corporation and recommend revisions to the bank resolution if required. He noted that as a member of the CKLAG, the hospital is able to get better interest rates and reduced service fees. S. Anema sought Board approval for the hospital to continue to participate in the CKLAG group banking arrangement with the CIBC and that management be directed to renew the contract for an additional five years.

***Motion (S. Thiffault/B. Bouck) and carried: to approve management to enter into a new agreement with the CIBC for an additional five years.***

5.5 Post Construction Operating Plan look at the wording from the in-camera minutes

The Board was informed that the hospital received a letter dated September from the ESC LHIN announcing \$8.6 million in additional Post Construction Operating Plan funding for 2010/11. This is in addition to the \$2.3 million in transitional funding announced on March 31, 2010. The funding will support service expansions and other costs incurred with the redevelopment project over the next three years.

The meeting was informed that a motion had been passed in the in-camera meeting to allow the Board Chair and CEO to endorse the September sign back agreement back to the ESC LHIN.

6. **MONITORING/OVERSIGHT (\*attached in minute record book)**

6.1 Financial Statement\*

S. Anema presented the Statement of Revenues and Expenses for the period ending August 31, 2010. The current statement shows the hospital's year-to-date revenues are \$68.4 million against

expenses of approximately \$69.9 million. He advised that the hospital has an operating deficit of \$1.5 million. S. Anema highlighted co-payment revenue, drug costs, the decline in room differential and OHIP revenue, employee benefits and medical staff remuneration and transportation of dialysis patients as contributing factors to the deficit.

On behalf of the Board, B. Davies acknowledged the work of management, the Ministry and the leadership of the ESC LHIN in getting the much needed PCOP funding to help operate the new hospital. He advised that this funding will alleviate operational pressures.

S. Denomy acknowledged growth potential for volumes in surgery, medicine and CCU that will allow them to accept new patients and repatriate patients who have had to be referred elsewhere. She advised that this funding will help enhance services in Sarnia Lambton.

***Motion (B. Bouck/R. McKinley) and carried: to accept the Financial Statement.***

6.2 Chief Financial Officer Certificate – September 2010\*

S. Anema reported that the purchasing and account payable functions were transferred to PROcure and that the hospital continues to work with PROcure to ensure the necessary processes and controls are in place. He advised that PROcure is developing a plan for an interim review of its processes as no external reviews have been conducted to date either by the hospital or by a third party.

***Motion (B. Steeves/R. McKinley) and carried: to accept the Certificate of the Chief Financial Officer.***

6.3 Quarterly Investment Report\*

S. Anema provided an update regarding this quarter's investments. He reported that the current balance as of September 30 is \$27 million. S. Anema advised that the hospital borrowed funds from the Superbuild investments to mitigate interest charges at the bank. He noted that the hospital received the GST rebate for the capital project and that \$3.4 million was re-invested in the Superbuild investments. He reported that there were no changes to the CEEH and joint venture investments.

***Motion (A. Wang/B. Steeves) and carried: to accept the Quarterly Investment Report.***

6.4 Capital Project/Facilities Planning Report\*

M. Lapaine reported that Capital Redevelopment project is 93 percent complete and highlighted the Mental Health Change Order which was discussed in more detail above. He noted that the value of the contemplated change order under the Pipeline Change Order Own Funds includes the Mental Health Charge Order; however, this amount does not include the ancillary and design fees.

An inquiry was made regarding the hospital receiving occupancy of the Russell Building as the renovations are completed. The Board was advised that occupancy will not take place until all renovations are complete as the HVAC system for the building must be retrofitted.

***Motion (M. Haddad/C. Thayer) and carried: to accept the Capital Project/Facilities Planning Report.***

6.5 Balanced Scorecard

**Resource Utilization and Audit Committee Report\***

S. Thiffeault presented the Resource Utilization and Audit Committee Indicator report highlighting the improvement in the Financial Health section as a result of the funding announcements. He noted some of the incremental volumes (i.e. hips and knee and CT hours) are tracking red due to the slow down over the summer for the move but that they should be caught up by year-end. He

noted that the Committee will review indicators for the public indicator report at the November meeting.

***Motion (L. Kerrigan/C. Thayer) and carried: to accept the Resource Utilization and Audit Indicator Report.***

**Quality Indicator Report\***

R. McKinley presented the Quality Committee Indicator report on behalf of D. Campbell. He noted that a number of the indicators are tracking green and that there was not a lot of change from the previous month. He advised that B. O'Neil provide clarification regarding the medication reconciliation, the struck by/punctured by, and the confidence/trust in doctor indicators.

***Motion (R. McKinley/M. Haddad) and carried: to accept the Quality Indicator Report.***

**7. POLICY FORMATION – none**

**8. ITEMS FOR DISCUSSION**

**8.1 Board Retreat - Update**

R. Newton-Smith provided an update regarding the November Board retreat. He advised that the full day session originally scheduled for November has been deferred until January or February. He advised that the November retreat was based on the Quality and Patient Safety theme which was identified in the Board evaluation. S. Denomy provided an overview of Dr. Ross Baker, Professor at the University of Toronto, background.

R. Newton-Smith sought the Board's input regarding items for the January session. He advised that the Strategic Plan will be discussed and that the Board goals for 2010-11 will be re-affirmed; however, if there was anything specific that the Board would like to be addressed to please forward their items/ideas to him directly (i.e. ECFAA).

**8.2 Hospital Insurance Coverage**

The Board was advised the PROCure Finance Committee will be issuing a request for proposal for liability insurance in the last quarter of 2011/12 in accordance with the Resource Utilization and Audit Committee Terms of Reference and as part of the hospital reciprocal agreement. The Board was reminded that the hospital increased the liability coverage to \$30 million last year.

**9. ITEMS FOR INFORMATION & ANNOUNCEMENT (\*attached in minute record book)**

The following updates and Committee reports were presented:

**9.1 CEO/Management Reports\***

- S. Denomy reported that the Ontario Laboratory Accreditation Assessment was completed August 27- and that the lab received accreditation. She advised that the hospital's accreditation survey is scheduled for April 10-14, 2011. She highlighted the Strategic Plan Implementation Executive Summary and advised that the changes to the roles of the Chief of Professional and Vice-President, Medical Affairs will be added to the list.

**9.2 Board Chair Report**

- B. Davies highlighted the release of Auditor General's report and the government's response to it, in particular hospital procurement practices regarding the use of lobbyists. He advised that the hospital does not use lobbyists as consultants.

**9.3 President of Professional Staff Report**

- 
- Dr. Hynes, on behalf of Dr. Ramirez, advised the Professional Staff Presidents of Ontario hospitals had held a teleconference regarding their concerns with respect to the ECFAA legislative changes to Board membership.

9.4 Medical Advisory Committee – October 22\*

- Dr. Haddad highlighted the CPSO letter regarding mobility of physicians and the Medical Director Lead for the Cancer Care program and morbidity and mortality rounds.
- Dr. Haddad advised that Medical Advisory Committee (MAC) agreed to endorse all of the external review team's recommendations pertaining to the Surgical Program. He advised that MAC sought Board approval to implement the recommendations as soon as possible.

Dr. Haddad presented a restructuring plan of the Surgical Department to the Board for review and consideration. He provided an overview of the changes and advised that the program will be divided into two main departments (Surgery and Anaesthesia). The two departments will have their own Chief who would sit on MAC and one of them would be the Medical Director (which includes responsibility for resource management). He reported that a selection committee will be established to fill these positions as both are leadership positions. The successful candidate will be appointed by the Board just like all other program/department leadership selection.

He advised that the Department of Surgery would consist of two divisions (teams). Team A will include General Surgery, CVT and Urology and Team B will include Orthopedics, ENT, Dental, Plastics and Ophthalmology. He noted that these teams could be changed later upon the discretion of the Chief of Surgery and that each team will have a team leader appointed by the Chief of Surgery with consultation with the CoPS. The team leaders would be responsible to chair their team meetings; organize morbidity and mortality reviews, ensure quality of care delivery, deal with patients and physician-related complaints and report to the MAC through the Chief of Surgery. He advised that MAC would like to move forward with these teams in early November and that two senior physicians have been identified. He noted that the process would be reviewed in six months and the leaders may rotate and that resource issues such as OR blocks etc will be directed by the overall Program Director who co-Chairs the Program Council with the Business Director.

Dr. Haddad advised the Maternal/Infant/Child program would also be restructured into two departments, Pediatrics and Obstetrics/Gynecology. Each department would have their own Chief who would sit on MAC and one of them would be the Medical Director. These positions are also leadership positions and would be selected by the selection committee and appointed by the Board.

The Board was advised that MAC agreed with these proposals and feels that the recommendations can be dealt with in the next six months. The Board reviewed the implementation plan. Dr. Haddad noted that the implementation plan target/implementation dates will be populated as the recommendations are rolled out. Dr. Haddad advised that the hospital is looking to recruit an anaesthetist.

Inquiries were made regarding the timeframe for the implementation of the recommendations and if there were any budget implications as a result of the implementation. The Board was advised MAC would like to have the roles filled as soon as possible with meetings commencing in January and every other month thereafter until the recommendations are complete.

Dr. Hynes advised that the Surgery Program supports the recommendations and the implementation plan presented by Dr. Haddad. The Board commended Dr. Haddad and the MAC for the amount of work that has been done in the short period of time.

---

***Motion (S. Thiffeault/R. McKinley and carried: to adopt the Implementation Action Plan submitted to address the 30 recommendations in the Goldman review and that the hospital seek mediation with the Surgery Program to see if there are any outstanding issues that need to be addressed.***

9.5 Quality Committee Report – October 4\*

- R. McKinley reported on behalf of D. Campbell. He advised that the Committee received a presentation from the Department of Medicine regarding CCU/Palliative and Medicine annual reports, an update on the Releasing Time to Care initiative. He advised that the Committee discussed medicine reconciliation and the Mental Health Change Order.

9.6 Governance and Nominating Committee – October 13\*

- R. Newton-Smith highlighted the Board and committee work plans, Board retreat, the November HIROC webcast and accreditation.

9.7 Resource Utilization and Audit Committee Report – October 14\*

- S. Thiffeault reported that the Committee reviewed draft policies and highlighted some recent labour arbitration awards for unionized employees which will have impacts on all hospitals in the province.

9.8 Joint Conference Committee – October 19\*

- B. Davies reported that a good discussion had occurred with respect to meeting processes and proposed legislative changes.

9.9 Foundation Report\*

- L. Kenny advised that the Physician Appreciation date was great success. She noted the Donor Wall ceremony is scheduled for November and that the ribbon cutting ceremony for the Dream Home is scheduled for November with open houses scheduled every Saturday until the lottery draw. She highlighted the Foundation Strategic Planning session and the food catering.

***Motion (R. McKinley/R. Newton-Smith) and carried: to receive the above reports as presented.***

**10. OPEN FORUM**

- No items were discussed.

**11. NEXT MEETING**

November 24, 2010

**12. ADJOURNMENT**

There being no further items for discussion, the meeting adjourned at 8:47 p.m.

---

Bruce Davies  
Chair  
Board of Bluewater Health

---

Sue Denomy  
Secretary  
Board of Bluewater Health

---

Jacqueline McGregor  
Senior Executive Assistant



---

Recorder