



St. Joseph's Hamilton Joint Boards of Governors

June 2015

Open Agenda Package – Web Version

St. Joseph's Hamilton Joint Boards of Governors – Open Agenda
Thursday, June 25, 2015
3:30 – 6:00 p.m.

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

Elected Members Mr. Carl Santoni (Chair), Mr. Peter Tice, 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.

Ex-Officio Members Dr. Cyndie Horner, Ms. Winnie Doyle, Dr. Ian Preyra, Dr. David Higgins, Dr. John Kelton, Dr. Kevin Smith

Senior Management Team Mr. Derrick Bernardo, Mrs. Jane Loncke, Dr. Jack Gauldie.

Resource Ms. Jessica Fry, Ms. Fadia Ros, Ms. Sera Filice-Armenio, Ms. Maureen Ellis.

Guest(s) Dr. V. Chaudhary, Sister A. Anderson, Mr. D. Pasquale, Ms. L. Clayborne, Mr. D. Allan.

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

Time	Item	Topic	Motion	Values	Lead	Page
3:35pm	1.0	Call to Order				
	1.1	<i>Opening Prayer and Reflection on JUSTICE</i>		R2	T. Thoma All	
	1.1.1					
	1.2	<i>Approval of Agenda</i>	<u>All JBG Voting Members:</u> THAT THE OPEN AGENDA OF THE JUNE 25, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS COMMITTEE BE APPROVED	R2	C. Santoni	
	1.3	<i>Declaration of Conflict of Interest</i>		R2	C. Santoni	
	1.4	<i>Introduction of Guests</i>		R1	C. Santoni	
	1.5	<i>Presentation CUPE 786</i>				
3:55pm	2.0	Consent Agenda				
	2.1	<i>Approval of St. Joseph's Hamilton Joint Boards of Governors Open Minutes</i>	<u>All JBG Voting Members:</u> THAT THE OPEN MINUTES OF THE MAY 28, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS	R2	C. Santoni	1-7

Time	Item	Topic	Motion	Values	Lead	Page
			BE APPROVED			
	2.2	<i>Governance Mission and Values Committee Minutes and Motions</i>	<u>See Highlight Report 4.1</u>	R2	P. Tice	
	2.3	<i>Resource & Audit Committee Minutes and Motions</i>	<p><u>All JBG Voting Members</u> THAT THE MINUTES OF THE RESOURCE AND AUDIT COMMITTEE OF JUNE 17, 2015 BE ACCEPTED FOR INFORMATION</p> <p><u>SJHC Voting Members</u> THAT THE ST. JOSEPH'S HOME CARE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2015 BE APPROVED (see pgs 17-56)</p> <p><u>SJHH Voting Members</u> THAT THE ATTESTATION FOR ST. JOSEPH'S HEALTHCARE HAMILTON FOR THE PERIOD APRIL 1, 2014 – MARCH 31, 2015 PREPARED IN ACCORDANCE WITH SECTION 15 OF THE BROADER PUBLIC SECTOR ACCOUNTABILITY ACT (BPSAA) BE APPROVED</p> <p><u>SJHH Voting Members</u> THAT THE APPROVAL AND PAYMENT OF 96.7% FOR THOSE GOALS ELIGIBLE AND ACHIEVED UNDER THE QUALITY IMPROVEMENT PLAN, BASED ON FOURTH QUARTER RESULTS AS CONFIRMED BY THE QUALITY COMMITTEE OF THE BOARD BE APPROVED</p>	R2	S. Monzavi	8-92

Time	Item	Topic	Motion	Values	Lead	Page
			<p><u>SJHH Voting Members</u> THAT THE EXECUTIVE PERFORMANCE PAY GUIDELINES ALIGNED WITH THE QUALITY IMPROVEMENT PLAN (QIP) BY THE QUALITY COMMITTEE BE APPROVED</p> <p><u>SJHH Voting Members</u> THAT THE NON-UNION/MANAGEMENT SALARY STRUCTURE ADJUSTMENT IN THE AMOUNT OF 1.4% EFFECTIVE SEPTEMBER 1, 2015 BE APPROVED</p>			
4:10pm	3.0	Quality & Patient Safety				
	3.1	<i>Quality Committee Minutes, Motions and Report</i>	<p><u>All JBG Voting Members</u> THAT THE MINUTES OF THE QUALITY COMMITTEE OF JUNE 9, 2015 BE ACCEPTED FOR INFORMATION</p> <p><u>All SJHH AND SJHC Voting Members</u> THAT THE 2014-15 QUALITY IMPROVEMENT PERFORMANCE REPORT FOR ST. JOSEPH'S HEALTHCARE HAMILTON AND ST. JOSEPH'S HOME CARE PROCEED TO THE RESOURCE AND AUDIT COMMITTEE FOR REVIEW OF EXECUTIVE COMPENSATION</p>	S	R. Rocci	93-114

Time	Item	Topic	Motion	Values	Lead	Page
	3.2	Medical Advisory Committee Presentation	Dr. V. Chaudhary Chief, Eye Medicine and Eye Surgery	E		
	4.0	Highlight Report				
	4.1	Governance, Mission and Values	<p><u>All JBG Voting Members</u> THAT THE MINUTES OF THE GOVERNANCE, MISSION AND VALUES COMMITTEE OF JUNE 2, 2015 BE ACCEPTED FOR INFORMATION</p> <p><u>SJHH Voting Members</u> THAT THE FOLLOWING POLICY BE APPROVED: JBG#19 – CHAIR OF MAC/CHIEF OF STAFF EVALUATION</p> <p><u>All JBG Voting Members</u> THAT THE FOLLOWING POLICIES BE APPROVED: JBG#20 – EMERGENCY SUCCESSION PLAN FOR JBG SITE PRESIDENTS JBG#21- SITE PRESIDENTS EVALUATION POLICY AND PROCESS</p>	R2	P. Tice	115-131 132-135 136-139
4:20pm	5.0	Reports				
	5.1	Report of Chair		R2	C. Santoni	
	5.2	Report of the President and CEO, St. Joseph's Health System		R2	K. Smith	
	5.3	Report of Presidents		R2 / S	D. Higgins D. Bernardo J. Loncke	140-141
	5.4	Report of President SJHH Foundation SJVD Foundation		R2	S. Filice-Armenio M. Ellis	

Time	Item	Topic	Motion	Values	Lead	Page
	5.5	Report of Chief Nursing Officer		R2 / S	W. Doyle	
	5.6	Report of the Vice President Research		R2	J. Gaudie	
	5.7	Report of President, Medical Staff Association		R2	C. Horner	
4:40pm	6.0	Information / Education Items				
	6.1	JBG Closed Summary		R2 / E	C. Santoni	142
	6.2	JBG Walkabouts - Education Schedule				143-146
	6.3	Article and Summary – The No. 1 Boardroom Issue for 2015				147-148
4:45pm	7.0	Adjournment				
	7.1	Motion to adjourn	All JBG Voting Members: THAT THE OPEN SESSION OF THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE ADJOURNED		C. Santoni	
4:45pm	8.0	Break followed by Closed Session				

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: May 28, 2015
 Called to order at: 1530 hours Adjourned: 1615 hours

St. Joseph's Healthcare Hamilton Voting Members:

Mr. C. Santoni, Mr. P. Tice, Mr. S. Monzavi, Mr. A. Korstanje, Mr. J. LoPresti, Ms. L. McNeil.

St. Joseph's Villa Dundas Voting Members:

Mr. C. Santoni, Mr. P. Tice, Mr. S. Monzavi, Mr. R. Rocci, Mrs. M. Taylor, Mr. T. Thoma.

St. Joseph's Homecare Hamilton Voting Members:

Mr. C. Santoni, Mr. P. Tice, Mr. S. Monzavi, Dr. M. Guise, Mrs. M. Taylor, Mrs. C. Milne, Mr. D. Tonin.

Location: Dofasco Boardroom – 2nd Floor Juravinski Innovation Tower
 Present: Mr. C. Santoni - Chair, Mr. T. Thoma, Dr. M. Guise, Mr. R. Rocci, Ms. L. McNeil, Mr. S. Monzavi, Dr. C. Horner, Ms. W. Doyle, Mr. P. Tice, Mr. A. Korstanje, Dr. I. Preyra, Mr. D. Tonin, Mrs. C. Milne.
 Regrets: Mr. J. LoPresti, Mrs. M. Taylor.
 Resource Staff: Dr. D. Higgins, Ms. F. Ros, Mr. D. Bernardo, Mrs. J. Loncke, Ms. J. Fry, Mrs. S. Filice Armenio, Dr. J. Gaudie.
 Guests: Dr. S. Nesathurai, Mr. B. Wright, Ms. M. Jurmain, Dr. T. Packer.
 NEXT MEETING June 25, 2015

Subject	Discussion
1. PROTOCOL	
1.0 CALL TO ORDER	The meeting was called to order at 1530 hours by C. Santoni.
1.1 OPENING PRAYER	R. Rocci 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>THAT THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS AGENDA BE APPROVED AS CIRCULATED</p>
1.3 DECLARATION OF CONFLICT OF INTEREST	There was no declaration of conflict of interest.
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>THAT THE OPEN MINUTES OF THE APRIL 30, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE APPROVED</p>

Subject	Discussion
<p>2.2 GOVERNANCE, MISSION AND VALUES COMMITTEE MINUTES AND MOTIONS</p>	<ul style="list-style-type: none"> • There was no further update. <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>THAT THE MINUTES OF THE GOVERNANCE, MISSION AND VALUES COMMITTEE OF MAY 5, 2015 BE ACCEPTED FOR INFORMATION</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>THAT THE MEMBERSHIP OF THE CHIEF OF STAFF SEARCH COMMITTEE COMPRISED OF THE PARTICIPANTS LISTED IN THE GOVERNANCE MINUTES OF MAY 5, 2015 BE APPROVED</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>THAT THE UPDATED JOINT CHIEF OF STAFF DUE DILIGENCE WORK PLAN BE APPROVED</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>THAT THE FOLLOWING POLICIES BE APPROVED: JBG #2 – BOARD EVALUATION POLICY JBG #16 – ENVIRONMENTAL POLICY JBG #17 – TRAVEL POLICY: BOARD EXPENSE CLAIMS JBG #18 – SCHEDULE A – DECLARATION OF COMMITMENT TO MISSION AND CONFIDENTIALITY AND DISCLOSURE OF RELATIONSHIPS WITH MEMBER ORGANIZATION VENDORS</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>THAT THE 2015-16 NOMINATING REPORT BE APPROVED</p>
<p>2.3 RESOURCE AND AUDIT COMMITTEE MINUTES AND MOTIONS</p>	<p>See highlight report item 4.1.</p>

Subject**Discussion****3. QUALITY AND PATIENT SAFETY****3.1 QUALITY COMMITTEE MINUTES, MOTIONS AND REPORT**

- T. Packer gave an overview of a patient story. The story related to a maternal patient with social phobia, anxiety and limited financial supports. The services of the BANA Clinic at SJHH was utilized for mom and baby, and the baby was subsequently admitted the Neonatal ICU for treatment of severe dehydration and the mom received treatment in the Women's Health Concerns Clinic. Patients report that the programs and services offered at SJHH are "safety nets" and discussion ensued with respect to issues of coordination of patient care was overviewed. SJHH is very fortunate to have a solid continuum of care and a project initiative piloting a transitional model of community care is currently being trialed.
- Staff were thanked for their tremendous efforts during the recent hospital accreditation process.

All JBG Voting Members

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

THAT THE MINUTES OF THE QUALITY COMMITTEE OF MAY 12, 2015 BE ACCEPTED FOR INFORMATION

- It was reported that as part of the Excellent Care for All Act, the JBG is required to approve quality improvement policies for each organization.

SJHH Voting Members

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

THAT ADM #068 – QUALITY IMPROVEMENT PROCESS (SJHH) BE APPROVED

SJHC Voting Members

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

THAT ADM #036 – CONTINUOUS QUALITY IMPROVEMENT PROGRAM (SJHC) BE APPROVED

SJVD Voting Members

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

THAT POL #001 – QUALITY MANAGEMENT PROGRAM (SJVD) BE APPROVED

- Dr. S. Nesathurai gave an informative presentation on the implementation of fall prevention strategies within the Rehabilitation Program.

3.2 MEDICAL ADVISORY COMMITTEE GUEST PRESENTATION

Subject**Discussion****4. HIGHLIGHT REPORT****4.1 HIGHLIGHT REPORT**

- It was noted that the Rehabilitation Unit contributes to the governance of the Falls Prevention Program. There is no “optimal” number with respect to falls. Rather, it is important to ask whether every possible mode of prevention and treatment was exercised. Process measurements look at reasonable risk benefit assessments. When a patient review is completed, the huddle with the clinical team is conducted in real time, with falls being reported and included in the Falls Quality Council agenda.
- Extensive discussion ensued with respect to statistical expectations and the importance of standardizing the way of measuring these metrics. The Falls Committee reviews patterns and issues, and all clinical directors are provided with a report which overviews the data.

Resource and Audit Committee

- It was noted that a clean audit report has been received by KPMG.
- It was noted that revenues from preferred accommodations has decreased. In addition, the bed pressures and ensuing isolation issues which occurred during the months of January/February contributed to this decreased result in preferred accommodation revenue.

All JBG Voting Members

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

THAT THE MINUTES OF THE RESOURCE AND AUDIT COMMITTEE OF MAY 20, 2015 BE ACCEPTED FOR INFORMATION

All SJHH Voting Members

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

THAT THE AUDITED FINANCIAL STATEMENTS FOR ST. JOSEPH’S HEALTHCARE HAMILTON FOR THE YEAR ENDED MARCH 31, 2015 BE APPROVED

All SJHH Voting Members

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

THAT KPMG CHARTERED ACCOUNTANTS BE APPOINTED AS AUDITORS FOR ST. JOSEPH’S HEALTHCARE HAMILTON FOR THE YEAR ENDING MARCH 31, 2016 BE APPROVED

All SJHC Voting Members

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

THAT KPMG CHARTERED ACCOUNTANTS BE APPOINTED AS AUDITORS FOR ST. JOSEPH’S HOME CARE FOR THE YEAR ENDING MARCH 31, 2016 BE APPROVED

Subject	Discussion
<p>5.4 REPORT OF PRESIDENTS</p> <p>SJHH FOUNDATION</p> <p>SJVD FOUNDATION</p> <p>5.5 REPORT OF CHIEF NURSING OFFICER</p>	<ul style="list-style-type: none"> • JBG members were thanked for their participation and attendance at the announcement from the Teresa Cascioli Foundation on May 27th. • The Foundation has received a clean audit from KPMG. • The Foundation has recruited Mark Brogno as Director, Special Events and Community Partnerships. • The 14th Annual Gala was held on May 1st and over \$140K was raised with approximately 500 attendees. • The Annual Neil McArthur Memorial Golf Tournament will be held on Tuesday October 6th. • A contract with the architect has been signed and a committee formed with 3 representatives of the Diocese and our Villa project team from Orchid Garden. This partnership project will see the renovation of first floor east wing for eight suites for retired priests. • SJVD will again be one of the participating charities in the 2015 Road2Hope run which will be held October 31st and November 1st. • The Foundation will be launching a major gifts program for funds to support the Villa's priority items on the capital list. • An update was provided on the collaborative model with respect to nursing skill mix changes. It was noted that this model has been adopted on most units and 30% of worked hours has shifted from RNs to RPNs. It was noted that a team captain is assigned to each nursing cluster to provide support and for the most part the nursing experience has been positive and the initiative has been successful. It is truly a collaborative initiative with strong engagement from all clinicians, including physicians. <p>ACTION: A PRESENTATION WILL BE BROUGHT TO THE JBG IN THE FALL TO REVIEW FURTHER TRENDS AND COMPARATORS</p>
<p>5.6 REPORT OF THE VP RESEARCH</p>	<ul style="list-style-type: none"> • J. Gaudie reported that he has been working with an excellent team in the Research Administration since he began as VP. It was noted that there is a national movement which will bring huge investment in the research sector across Ontario and indeed across Canada to increase the profile of clinical research. An asset compendium has been assembled and SJHH is part of this initiative. • SJHH is a member of the Council of Academic Hospitals of Ontario (CAHO) Research Committee. There is a provincial movement to consolidate Research Ethics Boards, develop common clinical trial forms, etc. It was noted that the Ministry of Innovation and the Ministry of Health are heavily involved in all these discussions.
<p>5.7 REPORT OF PRESIDENT, MEDICAL STAFF ASSOCIATION</p>	<ul style="list-style-type: none"> • May 1st was Doctor's Day with coffee being offered at all three sites and was well attended. • June 16th is the date of the next Quarterly Medical Staff Meeting. The President of the College of Physicians and Surgeons of Ontario will be the presenter at this meeting. • Copies of the 2nd Medical Staff Newsletter will be distributed to all JBG members.

Subject	Discussion
<p>6. INFORMATION EDUCATION ITEMS</p> <p>7. OTHER BUSINESS</p> <p>8. ADJOURNMENT</p>	<ul style="list-style-type: none"> • JBG Closed Summary • JBG Walkabouts – Education/Walkabout Schedule • Destination Quality (separate enclosure) • Strategic Director Recruitment for Building Better Boards <p>There was no further business.</p> <p>THAT THE OPEN SESSION OF THE ST. JOSEPH’S HAMILTON JOINT BOARDS OF GOVERNORS BE ADJOURNED</p> <p>_____ Carl Santoni, Chair</p> <p>_____ David Higgins, Secretary</p> <p>_____ Fadia Ros, Recorder</p>

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

Summary of April 30th, 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"> ▪ Minutes of the Medical Advisory Committee of April 2nd, 2015 be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members). ▪ Recommendations on Credentials of the April 2nd, 2015 Medical Advisory Committee be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members). ▪ Recommendations of the Research Committee of the April 2nd, 2015 Medical Advisory Committee be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members).

Presentations and Reports to the JBG – Summary

Dr. David Higgins provided an update on the Strategic Planning progress to date. Key principles and desired outcomes were reviewed with reference to our external strategic planning website refresh: <http://www.mappingourfuture.ca/>

Detailed progress was outlined on each of our strategic directions, including what we said we would do at the outset of the plan and what we have accomplished to date.

There was extensive discussion and general consensus that progress and cultural changed is significant. Next steps include Board approval of the proposed measurement and oversight system for the strategic plan.



**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 June 2nd, 2015 Meeting -

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
- Tracking Tool: 2014/15 and 2015/16 Governance Work Plan
- Education Item: The No. 1 boardroom issue for 2015 by Beverly Behan

The Committee discussed the following business arising:

Chief of Staff Recruitment Update

- As per Board bylaws, a Chief of Staff Search Committee has been struck. Interview questions are being generated. The interview process will commence in June.

Board Evaluation Results

- The results of the 2014/15 SJHH Joint Boards of Governors Evaluation using the OHA Governance Self-Assessment Tool and supplementary Mission Questionnaire were brought forward for review and discussion on results as well as next steps to address any areas for improvement.
- Results will be shared with the Board.

Review of SJHC AGM Materials

- The draft agenda for the June 25, 2015 SJHC Annual General Meeting was brought forward for information.

The Committee discussed the following new business:

Board & Committee Orientation Update

- As part of our work plan, we have a board and committee orientation taking place in July. We have also reminded committee Chairs to provide committee level orientation to new members. Mentors have also been assigned to new members.
- It was noted that the OHA has developed a new toolkit for board orientations and will provide us with copies

Board Exit Interviews

- Further to discussions at the May GMV meeting, a draft Board Exit Interview Questionnaire was brought forward for review and discussion. Interview questions were taken from examples posted online as well as from our SJHH Human Resources Exit Interview Questionnaire.

- The questionnaire was reviewed and it was decided to use 5 or 6 foundational questions as a starting point and also include a page with guidelines or themes important to the interviewer

Review/Renew JBG Policies

- The following policies were brought forward for review and approval:
- JBG#19 – Chair of MAC/Chief of Staff Evaluation (SJHH Only)
- JBG#20 – Emergency Succession Plan for JBG Site Presidents
- JBG#21 – Site Presidents Evaluation Policy & Process

Research Presentations at RSJ and JBG Meetings

- The Chair of Research St. Joseph's would like to provide a presentation to JBG on a quarterly basis; this would be the same presentation they provide at their quarterly RSJ meetings.
- The committee recommended a Research WebEx presentation be made available to the JBG on a quarterly basis.

Policy Name: Chair of MAC / Chief of Staff Evaluation (SJHH Only)	
Policy Number (JBG or voting organization – number - approval year): JBG - #19 - 2015	Cross Reference: SJHH Administrative By-laws
Replaces:	Pages: 1 of 4
Approved by: St. Joseph's Healthcare Hamilton Board of Trustees	Recommended by: Governance Committee of the JBG
Approved on: June 25 th , 2015	Recommended on: June 2 nd , 2015

1.0 Policy Statement

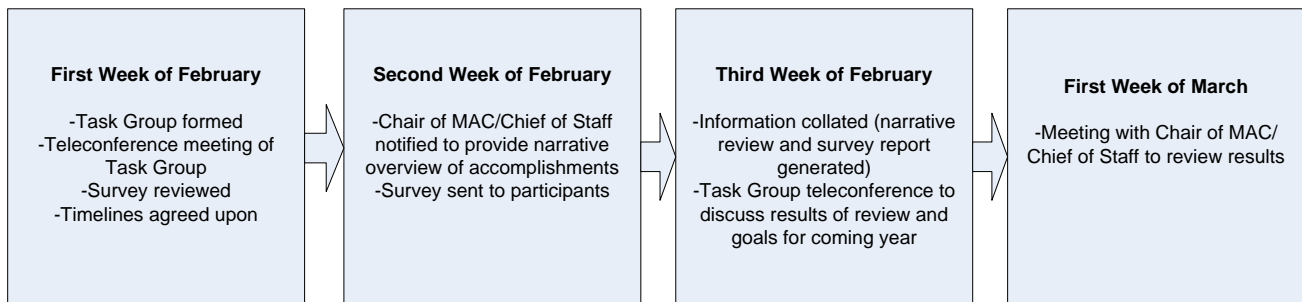
- 1.1** The St. Joseph's Hamilton Joint Boards of Governors (JBG) is committed to governance best practices. The performance of members of the Board will be reviewed to identify areas of strength as well as areas for development and to determine the most appropriate committee membership.
- 1.2** The Chair of the MAC/Chief of Staff is subject to annual reappointment by the JBG. As a part of the annual reappointment and as a member of the Board, the Chair of the MAC/Chief of Staff will undergo performance appraisal on an annual basis.

2.0 Process

The Process for the Chair of MAC/Chief of Staff Evaluation is as follows:

- 2.1** A Task Group shall be appointed by the Governance Committee of the JBG and will be responsible for the following:
- Overseeing an annual process for Chair of MAC/Chief of Staff performance evaluation
 - Developing mutually agreed upon goals and objectives with the Chair of MAC/Chief of Staff, based in part on the Public Hospitals Act, the SJHH Professional Staff Bylaws and Academic responsibilities.
- 2.2** The Task Group shall consist of the following representation:
- JBG Representative (Co Chair)
 - SJHH President (Co-Chair)
 - JBG Chair
 - McMaster University Representative
 - Department Chiefs (2)
- 2.3** The review will be completed in February of each year.
- 2.4** Two (web based) versions of the Chair of MAC/Chief of Staff Survey will be circulated to the following participants for feedback (see survey below):
- SJHH Executive Team members, Department Chiefs, Department Chairs
 - JBG Members

- 2.5** Additional information will be collected including:
- A narrative detailing the Chair of MAC/Chief of Staff accomplishments, goals and indicators for current year
- 2.6** Information will be collated and reviewed within the committee. A meeting will be scheduled where the results of the review are communicated to the Chair of MAC/Chief of Staff and goals for the coming year are discussed and agreed upon.
- 2.7** The results of the review will be taken into account when considering renewal of terms.
- 2.8** The President shall report to the JBG and the Medical Advisory Committee when the evaluation of the Chair of the MAC/Chief of Staff has been completed.



Chair of MAC/Chief of Staff Review Form

JBG Member Version

Position of Participant Completing Review: _____ Date: _____

Performance Indicators	1	2	3	4	N/A	Comments
1. How effective has the Chair of the MAC/Chief of Staff been in advising the Board on the quality of medical care provided by the medical staff?						
2. Has the Chair of the MAC/Chief of Staff been an effective Board member and kept the Board well advised regarding the activities of the Medical Advisory Committee?						
3. Has the Board been well advised regarding the credentials process of the hospital?						
4. Other comments						
Scoring	Scoring Definitions					
1 = Does not meet expectations	<i>Rarely/never</i>					
2 = Partially meets expectations.	<i>Occasionally/sometimes</i>					
3 = Meets expectations	<i>Consistently/regularly</i>					
4 = Exceeds expectations	<i>Always</i>					
N/A = Unable to assess	<i>Don't know/not observed</i>					

Please provide any additional comments you wish to make on any of your evaluations.

Chair of MAC/Chief of Staff Review Form

SJHH Executive Team members, Department Chiefs, Department Chairs
Version

Position of Participant Completing Review: _____ Date: _____

Performance Indicators	1	2	3	4	N/A	Comments
1. How effective has the incumbent been as the Chair of the MAC/Chief of Staff and its component parts and subcommittees, including bringing forward to the MAC the decisions and policies of the Board of Directors?						
2. How effective has the Chair of the MAC/Chief of Staff been in demonstrating strategic leadership to the MAC, including quality of care?						
3. How effective has the Chair of the MAC/Chief of Staff been in providing leadership in the establishment of an interdisciplinary approach to patient care?						
4. Has the Chair of the MAC/Chief of Staff developed collaborative relationships with other health disciplines, other organizations, partners and the Medical Staff Association? Please provide examples.						
5. Other comments						
Scoring	Scoring Definitions					
1 = Does not meet expectations	<i>Rarely/never</i>					
2 = Partially meets expectations.	<i>Occasionally/sometimes</i>					
3 = Meets expectations	<i>Consistently/regularly</i>					
4 = Exceeds expectations	<i>Always</i>					
N/A = Unable to assess	<i>Don't know/not observed</i>					

Please provide any additional comments you wish to make on any of your evaluations.

Policy Name: Emergency Succession Plan for JBG Site Presidents	
Policy Number (JBG or voting organization – number - approval year): JBG - #20 - 2015	Cross Reference: SJHH, SJVD, SJHC Administrative By-laws SJHS Policy #7-SYS-MO & #13-SYS-MO
Replaces: Earlier Versions	Pages: 1 of 2
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance, Mission & Values Committee of the JBG
Approved on: June 25 th , 2015	Recommended on: June 2 nd , 2015

1.0 Policy Statement

The JBG recognizes that this is a plan for contingencies due to the disability, death or departure of the site Presidents of SJVD, SJHH and SJHC. If the organization is faced with the event of an untimely vacancy, the SJHS President and CEO ("CEO") has in place the following emergency succession plan to facilitate the transition to both interim and longer-term leadership.

The CEO in consultation with the JBG has reviewed the job description of the site Presidents, and has a clear understanding of the President's role in organizational leadership, program development, program administration, operations, JBG relationships, financial operations, resource development and community presence.

2.0 Succession Plan In the Event of an Unplanned Absence: Short-Term

A short-term absence is one of less than three months in which it is expected that the site President will return to his/her position once the events precipitating the absence are resolved. An unplanned absence is one that arises unexpectedly, in contrast to a planned leave, such as a vacation or a sabbatical. The CEO and JBG authorize the site Executive Team to implement the terms of this emergency plan in the event of the unplanned absence of the President.

In the event of an unplanned absence of the site President, the site Executive Team is to immediately inform the CEO and JBG Chair of the absence. As soon as it is feasible, the CEO and Chair should convene a meeting of the Officers of the Board and Executive Team to appoint an individual to the position of Acting President.

The CEO/Officers of the JBG may also consider the option of splitting executive duties among the designated appointees.

3.0 Authority and Compensation of the Acting President and CEO

The person appointed as Acting President shall have the full authority for decision-making and independent action as the regular President.

The Acting President may be offered one of the following three options for compensation. 1) A temporary salary increase to the entry-level salary of the executive position. 2) A stipend during the Acting President period. 3) No additional compensation.

The CEO and JBG will be sensitive to the special support needs of the Acting President in this temporary leadership role.

4.0 Communications Plan

Immediately upon transferring the responsibilities to the Acting President, the CEO or JBG Chair will notify staff members, members of the JBG, the Foundation Boards and key volunteers of the delegation of authority.

As soon as possible after the Acting President has begun covering the unplanned absence, the CEO, JBG Chair and the Acting President shall communicate the temporary leadership structure to the following key external supporters of St. Joseph's Healthcare Hamilton. This may include (but not be limited to) St. Joseph's Health System, partner organizations (ex: Hamilton Health Sciences, Niagara Health System) the Public at large, Ministry of Health and LHIN and CCAC offices, Ontario Hospital Association, Council of Academic Hospitals of Ontario, etc.

5.0 Completion of Short-Term Emergency Succession Period

The decision about when the absent site President returns to lead the organization should be determined by the CEO, returning site President and the JBG Chair. They will decide upon a mutually agreed upon schedule and start date. A reduced schedule for a set period of time can be allowed, by approval of the CEO and JBG Chair, with the intention of working their way back up to a full-time commitment.

6.0 Succession Plan In the Event of an Unplanned Absence: Long-Term

A long-term absence is one that is expected to last more than three months. The procedures and conditions to be followed should be the same as for a short-term absence with one addition:

The CEO/JBG will give immediate consideration, in consultation with the Acting President, to temporarily filling the management position left vacant by the Acting President. This is in recognition of the fact that for a term of more than three months, it may not be reasonable to expect the Acting President to carry the duties of both positions. The position description of a temporary position would focus on covering the priority areas in which the Acting President needs assistance.

7.0 Completion of Long-Term Emergency Succession Period

The decision about when the absent site President returns to lead the organization should be determined by the CEO, President and the JBG Chair. They will decide upon a mutually agreed upon schedule and start date. A reduced schedule for a set period of time can be allowed, by approval of the CEO/JBG Chair, with the intention of working the way up to a full-time commitment.

8.0 Succession Plan in the Event of a Permanent Change in President and CEO

A permanent change is one in which it is firmly determined that the site President will not be returning to the position. St. Joseph's Health System Policy on site President Recruitment (#7-SYS-MO), outlines the search process. St. Joseph's Health System Policy on Succession Planning (#13-SYS-MO) outlines parameters for proactive succession planning at a Senior Management level.

Policy Name: Site Presidents Evaluation Policy & Process	
Policy Number (JBG or voting organization – number - approval year): JBG - #21 - 2015	Cross Reference: SJHH, SJVD, SJHC Administrative By-laws SJHS Policy #14-SYS-MO
Replaces:	Pages: 1 of 2
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance, Mission & Values Committee of the JBG
Approved on: June 25 th , 2015	Recommended on: June 2 nd , 2015

1.0 Purpose

To provide guidelines for the performance evaluation process and determination of compensation of the Site Presidents ("Presidents").

2.0 Procedure

- 2.1** The lead responsibility for performance evaluation and determination of compensation for Presidents rests with the SJHS President and CEO ("CEO");
- 2.2** The evaluation will be performed by an Evaluation Committee ("Committee") which will be chaired by the CEO and will include the Officers of the Board of Trustees, and the Chair of the Medical Advisory Committee for SJHH or Professional Advisory Committee for SJVD and SJHC, where applicable, consistent with the Memorandum of Understanding (MOU) between the site Board and SJHS;
- 2.3** Goals and objectives for the President will be developed and mutually agreed to by the Committee and incumbent President and will be based on:
- the existing position description;
 - the site and SJHS Strategic Plan;
 - the site and SJHS Board goals;
 - personal career development goals for the President;
 - the site and SJHS succession planning goals;
 - the Quality Improvement Plan (QIP)
- 2.4** It is the expectation that goals and objectives will be in the form of measurable performance indicators with defined timelines;
- 2.5** Ongoing communication and feedback to the President is the responsibility of the CEO and Chair of the site Board;
- 2.6** Following completion of the evaluation process, the Committee will review the results of the evaluation, current "market" conditions for comparable positions, the cost of living index, industry trends, any legislation that may apply to compensation for the position and make a recommendation to the CEO. The final decision related to compensation rests with the CEO.

3.0 Process

The Process for the Site Presidents Evaluation Policy is as follows:

- 3.1** The President performance goals and objectives are to be completed by the President and presented to/approved by the Committee by March of each year;
- 3.2** The performance goals and objectives are to be presented to the site Board of Trustees for information and feedback;
- 3.3** The Committee will meet with the President semi-annually to discuss progress made in achieving the current goals and objectives and to consider possible revisions including additions and deletions;
- 3.4** The President will complete a written self evaluation based on the previous year's approved goals and objectives;
- 3.5** Evaluation of the President will occur in May of each year. The SJHS standard panoramic evaluation tool will be utilized. Input solicited from internal and external stakeholders, including site Board members, will consider the achievement of goals and objectives established for the previous year;
- 3.6** The CEO and Chair of the site Board will receive all evaluation results and collaboratively complete a written summary for review with the President;
- 3.7** The Chair of the site Board will report to the site Board in-camera on the results of the evaluation process for information;
- 3.8** Following steps 1-7 as outlined above, the CEO will review with the Committee and then the President considerations related to compensation adjustments. NOTE: Any changes in compensation that are necessary in order to comply with provincial/federal directives and/or legislation will not be considered as changes in the terms of employment.

**GCE Board Self-Assessment
Board Report 2015**

Board Name: St. Joseph's Healthcare Hamilton

Report Date: May 26, 2015

Number of Respondents: 11

Assessment Criteria	St. Joseph's Healthcare Hamilton Board Average	Average (All Participating Boards) n=25	Distribution of Scores (St. Joseph's Healthcare Hamilton)					
			1- Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree	N/A – Not Applicable/ Don't Know
#1. Performing Board Roles								
Providing Strategic Direction								
1.1 The current Strategic Plan for your organization provides a clear set of relevant and realistic goals and strategic directions to the organization.	4.3	4.4	0	0	0	8	3	0
1.2 The board is adequately involved in the process of developing the Strategic Plan.	4.4	4.5	0	0	0	7	4	0
1.3 The board considers the Strategic Plan in developing policies and making decisions.	4.7	4.5	0	0	0	3	7	1
1.4 The board regularly monitors and evaluates progress towards strategic goals and directions.	4.6	4.3	0	0	0	4	7	0
1.5 The board provides meaningful direction to program/service quality in its Strategic Plan and annual goals and priorities.	4.2	4.4	0	0	0	9	2	0
Monitoring Financial Viability and Quality Performance								
1.6 The board effectively oversees the development of the annual budget and financial plans for the organization.	4.3	4.5	0	0	1	6	4	0
1.7 The performance measurement system is helpful to board members and uses contemporary methods (e.g., dashboards and balanced scorecards).	4.5	4.4	0	0	0	6	5	0
1.8 The performance measures and other information received by the board permit directors to monitor results and identify areas of concern.	4.4	4.4	0	0	0	6	4	1
1.9 The board receives acceptable explanations for significant financial and quality performance variances, and management's plans for dealing with those variances.	4.6	4.5	0	0	0	4	7	0
1.10 The board is informed about significant risk issues in a timely manner.	4.4	4.4	0	0	1	5	5	0

Assessment Criteria	St. Joseph's Healthcare Hamilton Board Average	Average (All Participating Boards) n=25	Distribution of Scores (St. Joseph's Healthcare Hamilton)						N/A – Not Applicable/ Don't Know
			1- Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree		
Overseeing the CEO (and Chief of Staff if applicable)									
1.11 There is an effective process for establishing the CEO's annual goals.	4.4	4.2	0	0	0	5	4	2	
1.12 There is an effective process for measuring the CEO's performance.	4.4	4.2	0	0	0	5	4	2	
1.13 There is an effective process for establishing the Chief of Staff's annual goals.	3.9	4.0	0	0	2	6	1	2	
1.14 There is an effective process for measuring the Chief of Staff's performance.	4.0	4.0	0	0	2	5	2	2	
1.15 The board has a sound plan for the CEO's development and succession.	3.9	3.8	0	0	2	6	1	2	
1.16 The board has a sound plan for the Chief of Staff's development and succession.	3.5	3.6	0	1	4	4	1	1	
Overseeing Stakeholder Relations									
1.17 The board ensures that the organization communicates its performance and plans to its key stakeholders in an effective and transparent fashion.	4.1	4.3	0	0	0	10	1	0	
1.18 The board speaks with 'one voice' in all communications with stakeholders.	4.5	4.6	0	0	0	5	6	0	
1.19 The board ensures that the organization engages relevant stakeholders when considering strategic planning and priority issues.	4.3	4.4	0	0	0	8	3	0	
#2. Board Role and Management Relationship									
2.1 The board understands and performs its governance role and does not become overly involved in operational issues.	4.3	4.4	0	0	1	6	4	0	
2.2 The board members are adequately informed about the programs, services, operations and administration of the organization in making governance decisions.	4.3	4.5	0	0	1	6	4	0	
2.3 The board's goals, expectations and concerns are openly communicated to the CEO and management.	4.7	4.5	0	0	0	3	8	0	
2.4 The CEO communicates with the board in an open, candid, respectful and timely manner. (*Select N/A for this question if you are the CEO)	4.7	4.6	0	0	0	3	8	0	
#3. Board Quality									
3.1 The board is the right size. It is small enough for effective board discussions, yet large enough to have an appropriate breadth of skills and experience and the ability to carry the committee workload.	4.5	4.5	0	0	0	5	6	0	

Assessment Criteria	St. Joseph's Healthcare Hamilton Board Average	Average (All Participating Boards) n=25	Distribution of Scores (St. Joseph's Healthcare Hamilton)						N/A – Not Applicable/ Don't Know
			1- Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree		
3.2 The membership of the board has sufficient diversity of skills, experience and backgrounds for good governance.	4.4	4.3	0	0	2	3	6	0	
3.3 The board membership is sufficiently independent to ensure good governance of the organization.	4.7	4.5	0	0	0	3	8	0	
3.4 New board members receive adequate orientation to prepare them to contribute effectively to the board.	4.2	4.3	0	0	1	7	3	0	
3.5 The board provides in-depth, ongoing continuing education to its board members.	4.4	4.2	0	0	0	7	4	0	
#4. Board Structure									
4.1 The board has the appropriate number of committees to support the work of the board.	4.4	4.4	0	0	0	6	4	1	
4.2 Committee meetings involving board members and staff are constructive and there is open communication, meaningful participation, critical questioning and timely resolution of issues.	4.8	4.5	0	0	0	2	8	1	
4.3 The board respects the work of its committees and does not redo committee work.	4.5	4.6	0	0	0	5	6	0	
4.4 Committee reports are effective in providing the necessary information to the board.	4.5	4.4	0	0	0	5	6	0	
4.5 The Finance Committee or equivalent (Resources, Stewardship) effectively performs its role and fulfills the responsibilities of its terms of reference.	4.6	4.6	0	0	0	4	7	0	
4.6 The Quality Committee effectively performs its role and fulfills the responsibilities of its terms of reference.	4.6	4.5	0	0	0	4	7	0	
4.7 The Governance Committee (or equivalent) effectively performs its role and fulfills the responsibilities of its terms of reference.	4.6	4.6	0	0	0	4	7	0	
#5. Meeting Processes									
5.1 Board meetings are well organized and the Chair manages them to allow sufficient time for discussion of major issues and to ensure appropriate participation by all.	4.7	4.6	0	0	0	3	8	0	
5.2 The board has a well conceived and realistic annual work plan.	4.4	4.3	0	0	0	6	4	1	
5.3 Board materials are sufficiently informative so that board members can participate in discussions and make decisions.	4.5	4.5	0	0	1	4	6	0	

Assessment Criteria	St. Joseph's Healthcare Hamilton Board Average	Average (All Participating Boards) n=25	Distribution of Scores (St. Joseph's Healthcare Hamilton)						N/A – Not Applicable/ Don't Know
			1- Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree		
5.4 Board materials arrive sufficiently in advance to allow for board members to prepare properly for the meetings.	4.3	4.4	0	0	1	6	4	0	
5.5 The board uses in-camera sessions appropriately.	4.6	4.5	0	0	0	4	6	1	
5.6 The board uses a consent agenda practice that conserves board time without compromising board oversight.	4.5	4.6	0	0	0	5	6	0	
5.7 Minutes accurately reflect board discussions and decisions.	4.5	4.6	0	0	0	5	6	0	
5.8 The board's 'meetings without management' focus on the governance process and support from management.	4.6	4.3	0	0	0	4	6	1	
#6. Overall Board Functioning									
6.1 Directors work well together, seeking consensus, and treat each other with respect and courtesy.	4.7	4.6	0	0	0	3	8	0	
6.2 Directors ask constructive questions and express their views in a respectful manner.	4.5	4.6	0	0	0	5	6	0	
6.3 Once decisions are taken by the board, all members support the position.	4.7	4.5	0	0	0	3	7	1	
6.4 Directors respect the confidentiality of board in-camera discussions.	4.7	4.6	0	0	0	3	7	1	
6.5 Directors declare conflicts of interest, where appropriate.	4.6	4.6	0	0	0	4	7	0	
6.6 The board has sufficient opportunities to go into adequate depth on critical issues from time to time (retreats or 'deep dives' at regular meetings).	4.1	4.3	0	1	0	6	3	1	
6.7 The board has effective evaluation tools to help it make modifications in its governance processes.	4.4	4.2	0	0	0	7	4	0	
6.8 The board balances its time well between considering future issues and dealing with current governance matters.	4.1	4.2	0	1	0	7	3	0	
6.9 The board addresses important issues and decisions at a sufficiently early stage.	4.2	4.3	0	0	1	7	3	0	
6.10 On balance, the board allocates its time effectively between important issues and those of lesser importance.	4.5	4.4	0	0	0	6	5	0	
#7. Individual Director's Functioning									
7.1 I have a good understanding of the difference between the board's governance role and the role of the CEO and management.	4.3	4.7	0	0	1	6	4	0	

Assessment Criteria	St. Joseph's Healthcare Hamilton Board Average	Average (All Participating Boards) n=25	Distribution of Scores (St. Joseph's Healthcare Hamilton)					
			1- Strongly Disagree	2-Disagree	3-Neutral	4-Agree	5-Strongly Agree	N/A – Not Applicable/ Don't Know
7.2 I have a good understanding of the organization's strategic plans, activities and operations.	4.4	4.5	0	0	0	7	4	0
7.3 I have a good understanding of the challenges in the external environment affecting the organization.	4.5	4.6	0	0	0	6	5	0
7.4 I feel good about my level of contribution to the board's deliberations.	4.5	4.4	0	0	0	6	5	0

Board Evaluation 2015

Supplementary Mission Questionnaire




1. All Board Members understand and make decisions within the Mission, Vision, Values and priorities of the SJHS.

Response	Chart	Percentage	Count
Strongly Disagree		0.0%	0
Disagree		0.0%	0
Neutral		0.0%	0
Agree		54.5%	6
Strongly Agree		45.5%	5
N/A or Don't Know		0.0%	0
		Total Responses	11

2. The Board is able to communicate the Mission of the organization to others.

Response	Chart	Percentage	Count
Strongly Disagree		0.0%	0
Disagree		0.0%	0
Neutral		9.1%	1
Agree		72.7%	8
Strongly Agree		9.1%	1
N/A or Don't Know		9.1%	1
		Total Responses	11

3. The Board understands and embraces the organization’s Mission.

Response	Chart	Percentage	Count
Strongly Disagree		0.0%	0
Disagree		0.0%	0
Neutral		9.1%	1
Agree		36.4%	4
Strongly Agree		54.5%	6
N/A or Don't Know		0.0%	0
		Total Responses	11



**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 (June 17, 2015)

4.1 SJHC - Audited Financial Statements & Audit Findings Report

KPMG provided an overview of the pre-circulated draft audited financial statements and Audit Findings Report for St. Joseph's Home Care for the year ended March 31, 2015.

Audit Findings Report

- no changes from the audit plan as presented earlier this year.
 - no control deficiencies were identified
 - reasonability of critical accounting estimates were satisfactory
 - no uncorrected differences
 - adjustments were booked related to vacation accrual and employee benefits
 - in response to the adjustments noted above, a full review was undertaken and adjustments based on actual vacation hours taken and benefits used by employees has occurred

FINANCIAL STATEMENTS

General review of the pre-circulated draft audited financial statements for the year ended March 31, 2015 ensued noting concern being expressed related to the financial results particularly the loss from operations.

5.1 Clinical Transformation Project Update

An update on the Clinical Transformation Project was provided. A robust discussion ensued.

- potential sources of funding were reviewed
- the Committee felt strongly that a risk to the overall project cost is the consulting and implementation fees

There is an operational impact to the Clinical Transformation Project which includes incremental IT/Clinical Informatics staffing and annual maintenance costs.

- the anticipated incremental increase does not include debt service
- the Committee had a detailed discussion of potential process flow changes
- discussions continue, particularly around the vision for operating in the new environment once implemented and the Executive is committed to having a benefits realization target sufficient to support the incremental operating cost

5.2 ICT Subcommittee Update / Minutes

The minutes of the May Information & Communication Technologies Committee (ICT) were pre-circulated and the June minutes were provided as a blotter item.

- Committee members had multiple questions related to the financial aspect of the Clinical Transformation Project, in particular the industry standard for contingency
- work continues on the governance structure
- a risk matrix has been presented
- given timing and other factors, there is discussion as to the procurement approach and whether a formal RFP process needs to be undertaken

5.3 Broader Public Sector Accountability Act (BPSAA) Attestation (MOTION)

The content of the Attestation document prepared for SJHH for the period April 1st 2014 to March 31st 2015 was reviewed. This is prepared annually and will be signed off by the Board Chair and the President, SJHH.

5.4 SEAK Scorecard

The SEAK (Safe, Effective, Accessible and Kind) report for SJHH, SJVD and SJHC was pre-circulated via hyperlink to the Committee and briefly reviewed.

- the SEAK report goes to the Quality Committee and then to the JBG

- it is presented to Resource & Audit for information twice per year

5.5 Quality Improvement Plan Indicators

5.5.2 Quality Improvement Plan Payment (MOTION)

The Quality Improvement Plan is tied to the Excellent Care for All Act (ECFAA) where hospitals are required to establish a performance based compensation plan for their executive management team. The requirement is applicable to the CEO, Chief of Staff, CNE and any senior manager who holds the title of VP.

5.5.4 SJHH Non-Union Wage Increase (MOTION)

Brief discussion took place noting the proposed increase for non-union staff which is consistent with the plan and with most other organizations.

6.1 Ethics Reporting – SJHC, SJVD, SJHH

The annual review of the Confidential, Anonymous & Reporting for Employees (CARE) program was briefly discussed.

- information from the external provider (Grant Thornton) was pre-circulated which included the number of times CARE had been utilized in the last quarter for SJHH, SJHC and SJVD



**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 June 9, 2015 Meeting -

The Committee discussed the following new business:

Fiduciary (Bill 46)

A presentation on the Incidents & Risks occurring at St. Joseph's Healthcare Hamilton July-December 2014 was shared.

St. Joseph's Home Care Quality Report

Highlights from the presentation included:

Successes:

- Revitalization of Quality & Client Safety committee; building on previous successes and enhanced role of the client voice
- High level of team involvement in ongoing quality improvement work plans Continuing to nurture relationships within St. Joseph's in Hamilton
- Better inter-division collaboration has resulted in improved client care and enhanced the client experience

Challenges:

- Differing levels of knowledge with quality improvement principles among Quality & Client Safety committee members
- Identification of priorities that move the quality agenda forward across the organization

St. Joseph's Villa Quality Report

Highlights from the presentation included:

Successes:

- Achievement of "Accreditation with Commendation" status through Accreditation Canada in June 2014
- Reduction in areas of non-compliance Villa wide
- Research and implement best practices where possible
- Mock RQI among SJHS homes to commence in summer of 2015

Challenges:

- Human and capital resources
- Staff time constraint and accountability for accurate documentation/ MDS coding

Fiduciary QIP 2014-2015 Results

MOTION

THAT THE QUALITY COMMITTEE OF THE JBG ENDORSES THE 2014-15 QUALITY IMPROVEMENT PLAN PERFORMANCE REPORT FOR ST. JOSEPH'S HEALTHCARE HAMILTON AND ST. JOSEPH'S HOME CARE AND THAT THE REPORT PROCEED TO THE RESOURCE AND AUDIT COMMITTEE FOR REVIEW OF EXECUTIVE COMPENSATION.



INFORMATION ITEMS

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

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

1. Environmental Scan

SJVD: CIHI Opens Public Reporting Website to the Public

The Canadian Institute for Health Information (CIHI) opened its refreshed public website 'YOUR HEALTH SYSTEM'. The site includes provincial, regional, and facility-level long term care performance indicators, along with a range of other health care indicator results. These CIHI indicators overlap with indicators reported by Health Quality Ontario. In addition are indicators on: inappropriate use of antipsychotics, worsening depressive mood, improved and worsening physical functioning and experience of pain and worsening pain. The Villa's Quality Improvement Plan for 2015-2016 addresses some of these indicators, specifically: the use of antipsychotics, and pain metrics. The Hamilton Spectator covered this on June 10, 2015 <http://www.thespec.com/news-story/5670965-health-of-seniors-deteriorating-in-hamilton-s-long-term-care-homes/>.

SJVD: Notice of 2015 Per Diem

The Long-Term Care Home (LTCH) Level-of-Care Per Diem Funding Summary, the LTCH Convalescent Care Additional Subsidy Funding Summary, and the LTCH Physiotherapy funding Policy have been revised to reflect the April 1, 2015, per diem changes. Derrick Bernardo can address details in person at the Board meeting and a briefing note will be available should members request additional detail.

SJHC: Pan Am Games 2015

The Pan Am Games will take place July 10-26. The Hamilton/Niagara region will host 3 sports:

- Hamilton – Football (soccer) at the CIBC Hamilton Pan Am Soccer Stadium (Tim Horton's Field): July 11-26
- St. Catharines – Rowing at the Royal Canadian Henley Rowing Course: July 11-15
- Welland – Canoe/Kayak Sprint at the Welland Flatwater Centre: July 11-15

Major challenges identified by SJHC include:

- Road closures around the stadium. Stadium is in a residential area and CCAC expects service to continue as normal throughout the Games.
- Increase in traffic volume within Hamilton (affecting Visiting Nursing, ICC and community support services) and to St. Catharines and Welland (affecting ICC).

SJHC has devised action plans for providing care in the residential area affected by the road closure and to deal with the expected increase in traffic volume throughout the city:

- Visiting Nursing: prioritize clients; adjust schedules for increased travel time; assess nurses for walking ability (hard road closure area); assess weather – provide water; provide whistles for safety; increase staff in Lower East (and cluster nurses); share EMS team locations; obtain extra supplies for clients.
- ICC: plan for increased travel time, conduct phone assessments where possible; assess weather – provide water; provide whistles for safety; increase staff in Lower East (and cluster nurses); share EMS team locations; obtain extra supplies for clients.
- CSS: ensure staff is aware they will require extra travel time to get to work & see clients; review whether care is essential and schedule visits at off-peak times (e.g. morning) where possible.

SJHC is receiving daily updates from the Hamilton Niagara Haldimand Brant (HNHB) Community Care Access Centre (CCAC) and number of clients affected change frequently with new referrals and discharges, as of June 15, 2015, clients who reside within the hard road closure are:

- Visiting nursing: 1 client
- ICC: 3 clients
- CSS: TBD

2. Mission, Vision and Values Update

SJHH and SJHC: Integrated Comprehensive Care Project:

As previously updated, we continue to move forward as the lead organization in the LHIN-wide roll out of the SJHS ICC model. We have not yet received formal approval from the MOHLTC on funding, but are completing background work in preparation with our LHIN partners. This includes establishment of a governance structure, finance committee, operations committee, and have developed phasing for hospitals in this model.

3. Operational Information

SJHH: Apple Slices Recall due to Listeriosis

On April 29th, 2015 the Canadian Food Inspection Agency (CFIA) issued a recall of apple products and products containing apples produced by Sun Rich Fresh Foods Inc. in Brampton due to possible *Listeria monocytogenes* contamination. The affected product was offered as a menu option to patients (both inpatient and outpatient) at St. Joseph's Healthcare Hamilton. Upon notice of the recall, all products with the lot numbers indicated in the recall were immediately identified and removed from St. Joseph's Healthcare Hamilton facilities. It is however possible, that patients may have received the product prior to the recall notice, during the period between April 15th to 30th, 2015.

As listeriosis has an incubation period of up to 70 days, during which symptoms can appear, St. Joseph's Healthcare Hamilton has sent a letter to all patients who may have consumed this product, and have also communicated to staff, physicians and on our website.

The CFIA is reporting one illness in Peel associated with consumption of this product. Along with Hamilton Public Health Services, Infection Prevention & Control is monitoring the issue closely across our patient population.