



St. Joseph's Hamilton Joint Boards of Governors

April 2015

Open Agenda Package – Web Version

**St. Joseph's Hamilton Joint Boards
of Governors – Open Agenda
Thursday, April 30, 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, Dr. Jack Gauldie, Ms. Lynn McNeil.
- Ex-Officio Members** Dr. Cyndie Horner, Ms. Winnie Doyle, Dr. Hugh Fuller, Dr. David Higgins, Dr. John Kelton, Dr. Kevin Smith
- Senior Management Team** Mr. Derrick Bernardo, Mrs. Jane Loncke
- Resource** Ms. Jessica Fry, Ms. Fadia Ros, Ms. Sera Filice-Armenio, Ms. Maureen Ellis.
- Guest(s)**

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

Time	Item	Topic	Motion	Values	Lead	Page
3:30pm	1.0	Call to Order				
	1.1 1.1.1	<i>Opening Prayer and Reflection on RESPECT</i>		R2	R. Rocci All	
	1.2	<i>Approval of Agenda</i>	<u>All JBG Voting Members:</u> THAT THE OPEN AGENDA OF THE APRIL 30, 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	
3:40pm	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 MARCH 26, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE APPROVED	R2	C. Santoni	1-6

Time	Item	Topic	Motion	Values	Lead	Page
	2.2	<i>Governance Mission and Values Committee Minutes and Motions</i>	<p><u>All JBG Voting Members</u> THAT THE MINUTES OF THE GOVERNANCE, MISSION AND VALUES COMMITTEE OF APRIL 7, 2015 BE ACCEPTED FOR INFORMATION</p> <p><u>All JBG Voting Members</u> THAT THE FOLLOWING POLICIES BE APPROVED: JBG #12 – IN CAMERA MEETINGS OF THE BOARD JBG#13 – BOARD SUCCESSION AND NOMINATION JBG#14 – BOARD ANNUAL PLANNING CYCLE JBG#15 – BOARD TRUSTEE EDUCATION</p> <p><u>All SJHH Voting Members</u> THAT THE SJHH PRINCIPLE BASED ETHICAL DECISION MAKING MODEL (YODA Model) BASED ON THE CATHOLIC HEALTH ETHICS GUIDE BE APPROVED AS THE GUIDING ETHICAL FRAMEWORK FOR SJHH</p>	R2	P. Tice	7-34
	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 APRIL 29, 2015 BE ACCEPTED FOR INFORMATION</p> <p><u>All SJHC Voting Members</u> THAT THE ST. JOSEPH'S HOMECARE CONSOLIDATED BUDGET FOR THE YEAR APRIL 1, 2015 TO MARCH 31, 2016 BE APPROVED</p>	R2	S. Monzavi	blotter
3:50pm	3.0	Quality & Patient Safety				

Time	Item	Topic	Motion	Values	Lead	Page
	3.1	<i>Quality Committee Minutes, Motions and Report</i>	<u>All JBG Voting Members</u> THAT THE MINUTES OF THE QUALITY COMMITTEE OF APRIL 14, 2015 BE ACCEPTED FOR INFORMATION	S	R. Rocci	35-39
	3.2	<i>Medical Advisory Committee Presentation:</i>	<i>No Guest This Month</i>	E		
	4.0	Highlight Report				
	4.1	<i>No Highlight Report This Month</i>		R2		
4:10pm	5.0	Reports				
	5.1	<i>Report of Chair</i>		R2	C. Santoni	
	5.2	<i>Report of the President and CEO, St. Joseph's Health System</i>		R2	K. Smith	
	5.3	<i>Report of Presidents</i>		R2 / S	D. Higgins D. Bakker J. Loncke	40
	5.4	<i>Report of President SJHH Foundation SJVD Foundation</i>		R2	S. Filice-Armenio M. Ellis	
	5.5	<i>Report of Chief Nursing Officer</i>		R2 / S	W. Doyle	
	5.6	<i>Report of President, Medical Staff Association</i>		R2	C. Horner	
4:30pm	6.0	Information / Education Items				
	6.1	JBG Closed Summary		R2 / E	C. Santoni	41
	6.2	JBG Walkabouts - Education Schedule				42-45
	6.3	Article – Don't Let Your Board Fail Your Company				46-48
4:35pm	7.0	Adjournment				

Time	Item	Topic	Motion	Values	Lead	Page
	7.1	<i>Motion to adjourn</i>	<u>All JBG Voting Members:</u> THAT THE OPEN SESSION OF THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE ADJOURNED		C. Santoni	
4:35pm	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

Respect – Mind, Body & Spirit of the Whole Person



Definition

Places high emphasis on the well being and quality of life by responding to the needs of the whole person: body, mind and spirit. Appreciates the viewpoint and circumstances of others and recognizing the value of the individual

Behaviours

- Provides positive interpersonal relations
- Is focused on the quality of life
- Is concerned with diversity



Committee: **St. Joseph's Hamilton Joint Boards of Governors – OPEN SESSION** Date: March 26, 2015
 Called to order at: 1530 hours Adjourned: 1640 hours

St. Joseph's Healthcare Hamilton Voting Members:

Mr. C. Santoni, Mr. P. Tice, Mr. S. Monzavi, Mr. A. Korstanje, Mr. J. LoPresti, Dr. J. Gaudie, 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. H. Fuller, Dr. M. Guise, Mr. R. Rocci, Mr. D. Tonin, Ms. L. McNeil, Mr. S. Monzavi, Mr. J. LoPresti, Dr. C. Horner, Ms. C. Milne, Dr. J. Gaudie, Ms. W. Doyle, Mr. P. Tice, Mr. A. Korstanje.
 Regrets: Mrs. M. Taylor.
 Resource Staff: Dr. D. Higgins, Ms. F. Ros, Mr. D. Bakker, Mrs. J. Loncke, Ms. J. Fry.
 Guests: Dr. L. Hatcher.
 NEXT MEETING April 30, 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	J. Gaudie opened the meeting with a prayer. There was reflection with respect to the value of DIGNITY.
1.2 APPROVAL OF AGENDA	<p style="text-align: center;"><u>All JBG Voting Members</u></p> <p>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</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	Dr. L. Hatcher was introduced as the guest for the Open Session.
2. CONSENT AGENDA	<p style="text-align: center;"><u>All JBG Voting Members</u></p> <p>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</p> <p>THAT THE OPEN MINUTES OF THE FEBRUARY 26, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE APPROVED</p>
2.1 APPROVAL OF ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS OPEN MINUTES	

Subject**Discussion****2.2 GOVERNANCE,
MISSION AND VALUES
COMMITTEE MINUTES
AND MOTIONS**

See Item 4.1

**2.3 RESOURCE AND
AUDIT COMMITTEE
MINUTES AND
MOTIONS**

- An overview of the Resource and Audit Committee and the associated motions for approval were reviewed. It was noted that the first report of the Information and Communication Technology (ICT) Committee was received.

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 MARCH 26, 2015 BE ACCEPTED FOR INFORMATION

SJVD Voting Members

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

**THAT THE AUDITED AND NOTICE TO READER FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2014 FOR:
ST. JOSEPH'S VILLA
ST. JOSEPH'S ESTATES
ST. JOSEPH'S SENIORS' CENTRE BE APPROVED**

Subject	Discussion
<p>4. HIGHLIGHT REPORT</p> <p>4.1 HIGHLIGHT REPORT</p>	<ul style="list-style-type: none"> • There was extensive discussion with respect to Health Links, and the potential for success. The MOHLTC is looking at Health Links as a process for thinking differently about how care can be delivered more effectively by providing a more seamless system, thus reducing the need for more hospital based interventions. Discussion ensued with respect to capacity building and the importance of advocacy for patients in our community. • It was noted that the Integrated Comprehensive Care Program, an initiative started by the SJHS, has achieved success and there has been a call from the MOHLTC for 10 Expressions of Interest in this model. • Concern was expressed that the MOHLTC funding for Health Links has been provided for only one year, and it was felt that this would not be enough time to realize results as care plans for complex patients take time to develop and implement. <p>ACTION: A PRESENTATION TO THE JBG ON PALLIATIVE CARE WILL BE MADE AT A FUTURE MEETING</p> <p><u>Governance, Mission and Values Committee</u></p> <ul style="list-style-type: none"> • A final legislative compliance report for all three JBG organizations was received at the February GMV meeting. The document confirms that JBG organizations are in compliance with all legislative requirements. • Discussion continues with respect to the proposed integrated model of medical leadership with the Niagara Health System. • An update on the activities of the Nominating Committee was provided. A final report will be brought forward in April. • Monitoring of the Home Care Strategic Review outcomes and next steps continues. • The Board peer review process has been completed. C. Santoni is in the process of sharing results with all JBG members. • Other ongoing governance committee work was also highlighted. <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 MARCH 3, 2015 BE ACCEPTED FOR INFORMATION</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 DUE DILIGENCE WORK PLAN FOR THE JOINT CHIEF OF STAFF/EVP MEDICAL POSITION BE APPROVED</p> <ul style="list-style-type: none"> • Discussion ensued with respect to the role of the Chief Medical Information Officer. It was noted that all hospitals have a medical leader in IT management. Currently at SJHH this role is shared between two individuals, Dr. J. Neary and Dr. J. Legassie.

Subject	Discussion
<p>SJVD FOUNDATION</p> <p>5.5 REPORT OF CHIEF NURSING OFFICER</p> <p>5.6 REPORT OF PRESIDENT, MEDICAL STAFF ASSOCIATION</p> <p>6. INFORMATION EDUCATION ITEMS</p> <p>7. OTHER BUSINESS</p> <p>7.1 Retirement</p> <p>8. ADJOURNMENT</p>	<ul style="list-style-type: none"> • It was noted that the SJVD Annual Gala will be held on Friday, May 1st at Liuna Station. • M. Chow, Director of Spiritual Care at SJHH will be retiring. This is a shared role between SJHH and SMGH in Kitchener. The current departmental structure is under review. G. Payne has been named as Interim Director of Spiritual Care at SJHH. • Opportunities with respect to nursing research were discussed. Nursing Directors have started working with colleagues in the School of Nursing at McMaster University to create a community of practices in the area of “hope”. Studies show that influencing hope in patients has a beneficial effect and leads to positive outcomes. • Dr. Greg Rutledge has been elected as the Treasurer of the Medical Staff Executive. • The first Quarterly Medical Staff Meeting for 2015 was held and was well attended. • JBG Closed Summary • JBG Walkabouts – Education/Walkabout Schedule <p>C. Olsiak, Community Member on the Governance Committee was thanked for providing the summary for the article on improving quality.</p> <ul style="list-style-type: none"> • Improving Quality – The Organizing Principle of an Integrated Health System <p>Sincere thanks were extended to Dr. Hugh Fuller, who is retiring from St. Joseph’s Healthcare Hamilton. Dr. Fuller was thanked for his tremendous dedication and service to the hospital over the years and best wishes were extended to him in his retirement.</p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></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>



**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 April 7, 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 Governance Work Plan
- Education Item: "Don't Let Your Board Fail Your Company" by Richard LeBlanc

The Committee discussed the following business arising:

Chief of Staff Recruitment Update

- The Boards of NHS and SJHH passed a motion at the January board meeting to circulate a discussion paper for review to appropriate committees for feedback. Once the feedback has been consolidated, a final report and recommendations will be made by SJHS CEO and Site Presidents for approval to Boards of NHS/SJHH and for information to the MAC's and PAC's. A formal search committee will be formed in May or June to select a candidate. Recommendation to approve membership of COS Search Committee will be brought back to GMV in May/June.

Enterprise Risk Management Update

- At the request of the GMV committee, a draft Enterprise Risk Management Framework was brought forward for information. Attached for information was the Corporate ERM Framework as well as examples of the risk assessment process documentation.

Board Trustee, Director and Member Clarification

- An explanation was given to the committee in March on the differences and rationale between the terminologies of Board "Trustee", "Director" and "Member" and additional documents were brought forward to highlight these details for future reference.

Site President Evaluation

- Under the oversight of Deborah Schubert VP, People and Organization Effectiveness, we have now begun the Site President Evaluation process.

Posting of Materials on JBG Website

- An update was provided at the last GMV meeting regarding a request to increase the content of information posted on our website. A process has been developed to post a modified version of the open board agenda package on our website and legal counsel has also been consulted.

The Committee discussed the following new business:

JBG Quarterly Report to SJHS

- The JBG April Quarterly Report to the SJHS has been brought forward for approval in advance of forwarding to the SJHS for information.

SJHH Accreditation Update

- SJHH is coming up Accreditation in May of this year. A group of Board members will be meeting with the Surveyors during the week of Accreditation (May 4th at 4pm). In order to ensure members are prepared, the GMV committee endorsed holding a briefing meeting on April 30th, before the JBG meeting. A briefing package will be circulated to members by April 24th.

Nominating Committee Update

- It was noted that discussions have taken place regarding the number of JBG members and whether we can increase membership. It was noted that we will have three vacancies over the coming year and we have some potential candidates for consideration. It was reported that NHS has had success with an innovative way of recruiting Board members through a community based nomination committee. The Nominating Committee met following the GMV Committee meeting.

SJHS/NHS Update

- Our SJHH Director of Public Affairs has tendered her resignation and communication has been sent to the organization. It was noted that Derrick Bernardo has been appointed Site President of SJVD, along with his current role as Site President of St. Joseph's Lifecare Brantford. David Bakker will take on role of Site Administrator of SJVD. Derrick will attend Board meetings going forward and the Board will interact with Derrick for most matters related to SJVD.

Review / Renew JBG Policies

- The following policies were brought forward for review and recommendation:
- JBG#12 – In-Camera Meetings of the Board
- JBG#13 – Board Succession and Nomination
- JBG#14 – Board Annual Planning Cycle
- JBG#15 – Board Trustee Education

SJHS Ethics Review

- An update was provided on our current SJHS Ethics Consultation Services and our Principal-Based Ethical Decision Making Framework (Y-O-D-A model). A copy of newly developed ethics brochures was circulated for information. Accreditation Canada Standards require the governing body to endorse the ethical decision making model and a recommendation has been brought forward for endorsement by the GMV committee. All information will be forwarded to the April JBG meeting and members requested an ethicist report be provided to the JBG on an annual basis.

Committee Voting and Board Evaluations

- A resolution was passed at the February 2015 SJHS Board meeting to standardize local board evaluation tools using OHA Board Self-Assessment Tool and Supplementary Mission Questionnaire. A further resolution

was passed at the February 2015 SJHS Board meeting to provide clarification with regards to voting privileges at the Board Committee level. As a result of the above resolutions, JBG#2 Board Evaluation Policy will need to be updated to include the OHA Board Self-Assessment Tool and Supplementary Mission Questionnaire, and an annual updating of all JBG Committee Terms of Reference is required to include the revised voting privileges at the Board Committee level.

Policy Name: JBG – In Camera Meetings of the Board	
Policy Number (JBG or voting organization – number - approval year): JBG - #12	Cross Reference: SJHH, SJVD, SJHC Administrative By-laws. JBG #6
Replaces:	Pages: 1 of 1
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance, Mission & Values Committee of the JBG
Approved on:	Recommended on: April 7, 2015

1.0 Policy Statement

- 1.1 The St. Joseph's Hamilton Joint Boards of Governors (JBG) recognizes the governance best practice of holding meetings without management, specifically related to (but not limited to) the performance of the JBG itself, the efficacy of the JBG's meetings, and the quality of information received from management. The formal business of the Board is not discussed in camera.

2.0 Procedure

- 2.1 Following formal adjournment of each JBG meeting, the JBG will meet without management as follows, at the call of the Chair:
- 2.2.1 Phase 1: Meeting with Site Presidents and Ex Officio Members. The group will meet to:
 - Review and evaluate the current meeting and related materials
 - Review JBG processes including adequacy of timelines to review JBG materials
 - Give feedback to the site Presidents on future education and strategy needs of the JBG
 - 2.2.2 Phase 2: Meeting of Community Trustees (Ex Officio and Management Staff Excused). The group will meet to:
 - Further discuss education, training and material needs of Trustees
 - Self-evaluate the Community Trustee group's performance
 - Build JBG cohesion and JBG processes
 - 2.3.3 Following this meeting the Chair will communicate the JBG's education and information needs, and other pertinent feedback, to the site Presidents.
 - 2.3.4 Minutes will not be recorded at In Camera Meetings of the Board.

Policy Name: JBG – Board Succession and Nomination	
Policy Number (JBG or voting organization – number - approval year): JBG - #13	Cross Reference: SJHH, SJVD, SJHC Administrative By-laws SJHS Policy: 2-SYS-MO
Replaces:	Pages: 1 of 1
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance, Mission and Values Committee of the JBG
Approved on:	Recommended on: April 7, 2015

1.0 Purpose

- 1.1 To ensure that a broad range of skills, expertise and community interests are represented on the JBG and JBG Committees.

2.0 Policy Statement

- 2.1 The Governance Committee shall ensure that vacancies on the JBG and JBG Committees are filled with qualified representative of the community, in accordance with the Bylaws for each JBG member organization.

3.0 Procedure

- 3.1 In January of each year the Governance Committee will establish a Nominating Committee to:
 - 3.1.1 Initiate a process to determine the intention of current JBG and JBG Committee members to continue to serve on the JBG and/or JBG Committees for the following year.
 - 3.1.2 Determine the requirements of the JBG and JBG Committees for the coming year to replace retiring/resigning members.
 - 3.1.3 Recommend names of the candidates for the JBG and JBG committees to be forwarded to the Governance Committee, the JBG, and the SJHS for approval.
- 3.2 New candidates for the JBG or JBG Committees will be interviewed by the Nominating Committee in order to provide the candidates with a better appreciation of the expectations and responsibilities as well as to give the Nominating Committee a better sense of the candidate's strengths and interests.
- 3.3 The appointment of these candidates will be announced at the June annual meeting.
- 3.4 When a vacancy occurs among the Trustees, a Trustee may be recommended by the Governance Committee to the JBG, in accordance with the By-law for each JBG member organization to fill the vacancy for the unexpired portion of the term.

Policy Name: JBG – Board Annual Planning Cycle	
Policy Number (JBG or voting organization – number - approval year): JBG - #14	Cross Reference: SJHH, SJVD, SJHC Administrative By-laws
Replaces:	Pages: 1 of 1
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance, Mission and Values Committee of the JBG
Approved on:	Recommended on: April 7, 2015

1.0 Purpose

1.1 To establish the framework to guide the annual planning cycle of the JBG.

2.0 Policy Statement

2.1 The JBG will organize its activities on an annual basis to successfully accomplish the task of governing the affairs of the JBG.

3.0 Procedure

3.1 Spring

3.1.1 The Governance Committee forms a Nominating Committee and completes a nomination report to review the JBG profile, recommending the composition of the JBG, JBG Officers and JBG Committee Chairs, Vice Chairs and membership to the JBG and JBG Committees. JBG and JBG Committee schedules are set for the upcoming year and communicated to members.

3.2 Summer

3.2.1 The Governance Committee and Committee Chairs may meet to plan for the annual Board retreat in the Fall.

3.3 Early fall

3.3.1 JBG Committees meet to consider the JBG's organization-wide goals in formulating their annual objectives and work plan.

3.3.2 All JBG Committees report their annual objectives / work plans to the JBG at its October meeting.

3.4 Fall/Winter/Spring

3.4.1 JBG Committees meet as required after which they prepare a report for dissemination in the JBG package on the activities/achievements/ opportunities of the JBG, bringing motions to the JBG as required.

Policy Name: JBG – Board Trustee Education	
Policy Number (JBG or voting organization – number - approval year): JBG - #15	Cross Reference: SJHH, SJVD, SJHC Administrative By-laws JBG - #17 JBG Travel Policy – Board Expense Claims
Replaces:	Pages: 1 of 1
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance, Mission and Values Committee of the JBG
Approved on:	Recommended on: April 7, 2015

1.0 Purpose

- 1.1** To provide educational development opportunities to the JBG as it relates to their roles and responsibilities as Trustees of the JBG.

2.0 Policy Statement

- 2.1** The JBG will assist Trustees in taking advantage of educational opportunities relevant to their role as a Trustee by assisting in the payment of pre-approved educational expenses.

3.0 Procedure

- 3.1** An annual budget for JBG educational expenses is approved annually by the JBG at a Spring Board meeting.
- 3.2** Members of the JBG and JBG committees will be offered internal and external educational opportunities relevant to their responsibilities as they are made available from external organizations, meetings and/or conventions
- 3.3** JBG members will apply to the Chair and Secretary of the JBG for approval of payment for attendance at an external educational program/meeting/convention.
- 3.4** Following attendance the Trustee will submit an expense claim to the JBG Secretary for reimbursement, consistent with JBG Policy 17, supported by the appropriate receipts for reasonable expenses for travel, food and lodging etc.

SJHH Ethical Decision Making Model

The Governance, Mission and Values Committee received an update at its April meeting on the Ethics Consultation Service from Steve Abdool, Staff Bioethicist, St. Joseph's Health System

The update included details on our Ethics Consultation Service, our Ethical Decision Making Model, as well as the recent ethics communications initiative. The following brochures provide further details for your review. It is important to note that all documents are based on the Catholic Health Ethics Guide, which each Board member received upon appointment to the Board.

As Accreditation Canada Standards require the Governing Body to endorse the organizations ethical decision making model, the Governance, Mission and Values Committee has brought forward a recommendation to the Board for approval of the Principle-Based Ethical Decision Making Model (Y-O-D-A Model) as the guiding ethical framework for SJHH.

Who may request Ethics Consultation?

Anyone directly involved in a situation that raises ethical questions may request an ethics consultation.

Therefore, ethics consultations or discussions on ethical problems may be requested by any member of the health care team, by patients or persons receiving care, or by patients' families or significant others.

Any staff member may request educational help on ethical issues.

Other Ethics Resources

The Bioethicist works with the Ethics Committees in each of the organizations of the St. Joseph's Health System.

In addition to ethics case consultation, the Ethics Consultation Service helps enhance patient care by providing assistance in three other areas:

- 1) ethics education,
- 2) policy development and review,
- 3) research and review of research.



www.sjhs.ca

To speak to St. Joseph's Health System's Bioethicist, please call 905-522-1155 ext. 33866. If it is after business hours or on weekends, please speak to your healthcare team to have the Bioethicist on-call paged.

St. Joseph's Healthcare System is a member of the Centre for Clinical Ethics at St. Michael's Hospital in Toronto.

Ethics Consultation Service

What supports are available when making difficult healthcare decisions?



St. Joseph's
Healthcare  Hamilton

Painful choices are best made through open discussion among all those involved: patient, family, physicians, nurses and other members of the health care team. Often, such discussion will be sufficient to resolve the difficulties

What is the Ethics Consultation Service?

For help with issues that remain particularly difficult, St. Joseph's Health System offers the services of a Bioethicist.

The Bioethicist is available to provide help through ethics case consultation to those directly involved in situations that pose ethical difficulties.

Ethics Case Consultation

In an ethics case consultation the role of the Bioethicist is to help patients, their families and health professionals identify, clarify and work through ethical concerns that may arise in difficult clinical situations.

The Bioethicist promotes communication among those involved, and often brings to the discussion a knowledge of current thinking on the issues that people are finding difficult.

Ethics consultation is an advisory service. This means that the Bioethicist will help guide the discussion, and will offer advice and assistance to guide the process of decision making. But the Bioethicist does not make the decisions. Patients,

family members and professionals remain responsible for their own decisions, person's wishes and values.

Dealing With Difficult Ethical Decisions

Clinical decisions in health care often have some ethical aspects to them because they involve choices about what should be done and "What should be done?" is the basic question of ethics.

Patients and other persons receiving care, families and health care professionals sometimes face difficult decisions about treatments that involve moral principles, religious beliefs or professional guidelines.

Healthcare ethics tries to enable others to engage in a thoughtful exploration of how to act well and make morally good choices based on beliefs and values about life, health, suffering and death.

What are some common ethical questions?

Generally, ethics questions arise when the right thing to do is not clear, or when people disagree about what is best for a person who is ill. Some examples of questions are:

When should life support such as a ventilator be withdrawn?

What should family members do when there is a health care disagreement about a patient's care or treatment plan?

Should a patient "at risk" be allowed to go home?

What kind of education is offered?

Professionals develop their skills in attending to ethical issues through a number of formats:

- Educational rounds
- Inservices
- Group discussions
- Individual discussion
- Scheduled seminars with medical clerks, residents and unit staff

Among other opportunities there is an informal monthly ethics rounds, "Ethics in practice: Case Discussions in Bioethics," at St. Joseph's Healthcare Hamilton on the first Tuesday of the month at noon. Similar events are held somewhat less frequently at the other organizations and sites including:



ACT

7. **Articulate the Decision**

Which alternative best reflects the ranking of values? Which alternative best balances more of the values? Have any other alternatives come to light?

8. **Implement the Plan**

How should the decision be communicated? Who needs to know it? How best to document the process? Who needs to act?

9. **Concluding Review**

What are the feelings of those involved? Did we resolve the ethical dilemma? Were other ethical problems inadvertently created in the process? Do we need to debrief with care providers? Would it be helpful to modify and/or create new policies or guidances in light of this dilemma?



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PD 8894 (2015-02)

Ethical Decision Making Framework

The YODA Model



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A Principle Based Framework/Process for Ethical Decision Making

The following principle based framework/process for ethical decision making is grounded in the Mission, Vision and Values of St. Joseph's Health System.

Steps for Resolving Ethical Dilemmas:

YOU - As a rational person with the capacity for moral agency, Ethics is everyone's responsibility.

OBSERVE

1. Identify the Problem

Name the problem clearly. Where is the conflict?

2. Acknowledge Feelings

What are the "gut" reactions? biases? loyalties?

3. Gather the Facts

What are the ethically relevant facts? Have all the relevant perspectives been obtained? What do the institution's policies or guidelines say? What does the relevant law say? *

* Legal information is not the same as legal advice, where legal advice is the application of law to an individual's specific circumstances. We recommend that you consult a lawyer if you want professional legal advice in a subject area that is appropriate to your particular situation

a. Facts in Biomedical Ethics Issues include:

- Diagnosis/Prognosis
- Quality of Life
- Patient /SDM Wishes
- Contextual Features – e.g.
 - Religion
 - Culture
 - Psycho-social issues
 - Relationships

b. Facts in Business/Organizational Ethics Issues include:

- Governance
- Partnerships
- Allocation/Rationing of Scarce Resources
- Conscientious Objection
- Employer/Employee Relationships
- Conflict of Interest
- Alternative Sources of Revenue
- Abuse of Care Providers
- Whistle blowing

DELIBERATE

4. Consider Alternatives

What are the alternative courses of actions? What are the likely consequences?

5. Examine Values

What are the preferences of the person receiving care? Are other values relevant? Which of the values conflict?

6. Evaluate Alternatives

Identify appropriate decision makers.

Rank all relevant values, i.e. values of St. Joseph's Health System: Dignity, Respect, Service, Justice, Responsibility and Enquiry. These values are derived from and relate to the values set out in the Catholic Health Association of Canada Health Ethics Guide (CHAC HEG): dignity of every human being and the interconnectedness of every human being. They also ground the ethical values of autonomy, beneficence/non-maleficence and justice.

Justify ranking by appealing to principles as set out in the CHAC HEG – i.e., principle of totality (a holistic perspective of the human person and or the institution), principle of double effect (cannot intentionally desire to cause harm in order to do good, principle where the benefits must be equal to or greater than burden/harm), principle of legitimate cooperation, (cannot intend to cooperate with immoral acts), principle of subsidiarity, (decisions should be taken as close to the grass roots as possible), principle of informed choice and principle of confidentiality. Evaluate the consequences in terms of principles. What alternatives are excluded?

Are healthcare providers and substitute decision-makers required to follow the wishes of the individual?

Yes. If the expressed wishes are relevant to the situation at hand and were expressed when the individual was capable (the individual understood and appreciated the nature and consequences of the decision) and over the age of 16, they should be followed. This has been established in case law.

Is everyone required to do advance care planning?

No. There is no legal requirement for individuals to complete advance care planning (either to express their choices or to appoint a substitute decision-maker).

Admission to a facility or access to health care cannot be denied based on the absence of advance care planning.

There is no minimum age of consent in Ontario. If the individual is capable as described above, he/she is able to consent (or refuse to consent) to a treatment or plan of care.

When does an advance care choice come into effect?

Choices expressed through advance care planning only come into effect when an individual is no longer capable of making a specific decision for himself or herself. (For information on determination of capacity, refer to the Quick Guide on Capacity Assessment.)

On-line resources:

Ontario Seniors' Secretariat

<http://www.gov.on.ca/mczcr/seniors/>

Office of the Public Guardian and Trustee

<http://www.attorneygeneral.jus.gov.on.ca>

Advocacy Centre for the Elderly

<http://www.advocacycentreelderly.org>

Consent and Capacity Board

<http://www.ccboard.on.ca>

Publications Ontario

<http://www.gov.on.ca>
(follow the link for "laws")

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Advance Care Planning

Making sure that my future health care choices will be respected in the event that I am no longer able to make decisions



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Advanced Care Planning

Alice Conrad has a history of strokes in her family. She has strong opinions about how she would like to be cared for if she were to experience a serious stroke.

Sean O'Reilly has lived a fiercely independent life. Although he is 90 years old and has recently been diagnosed with Alzheimer's disease, he lives in his own home and wants to continue to do so, despite concerns raised by his children about his safety.

Lilly Palma is a woman of strong religious convictions and believes that "where there's life, there's hope." If she were to become comatose, she would want to continue receiving life-sustaining treatments.

In each of the above scenarios, the individual has expressed a number of wishes about the kind of health and personal care they wish to receive in a future situation of incapacity.

Healthcare providers may encounter individuals who have already engaged in advance care planning or may be called upon to assist individuals in this activity. This guide outlines some key information that healthcare consumers and providers need to know and provides a list of additional resources.

What is advance care planning?

Advance care planning is about individuals expressing personal choices about how they wish to be cared for in the future. It may also include appointing someone to make decisions on their behalf.

Why is advance care planning important?

There may come a time when an individual is unable to make decisions for him or herself. The inability to make decisions for oneself may happen suddenly, as with a serious stroke, or gradually, as with dementia.

Advance care planning can help to ensure that individuals receive the kind of care they want. Having made decisions in advance may also help to reduce the stress for family members and healthcare providers in times of crisis.

What kinds of choices can be made?

Individuals can make choices about any personal care matter including healthcare, food, living arrangements, clothing, hygiene, and safety. Advance care planning does not include financial and property decisions. Financial and property decisions are managed through a different process.

How can these choices be communicated?

An individual can express her/his wishes verbally, in an audio or videotape, or in any written form. The wishes should be expressed to the individual's substitute decision-maker. Individuals may also choose to communicate their wishes to other family members, their doctor, close friends or their lawyer.

If an individual wishes to name someone to be his/her Attorney for Personal Care this must be done in writing (please refer to Quick Guide to Powers of Attorney for Personal Care for additional information).

Can individuals change their minds about their choices?

Yes. The most recently expressed capable wish (whether verbal or written) is to be followed.

What is the difference between an advance directive, a living will and a Power of Attorney for Personal Care?

In an advance care directive or living will, an individual documents her/his wishes. A Power of Attorney for Personal Care may also be used to do this, and in addition it includes the appointment of an individual(s) to be the person's substitute decision-maker.



Who is a Capacity Assessor?

A capacity assessor is a healthcare professional who (a) is a member of one of the Colleges specified in the Health Care Consent Act 1996; (b) has completed an approved training course; and (c) is covered by a minimum of \$100,000 in liability insurance. In addition to assessments of capacity for decisions related to personal care and long-term care admission, a capacity assessor is authorized to assess capacity to make property decisions.

When do you need to involve a capacity assessor?

A capacity assessor should be involved when:

- A formal capacity assessment is specified as the method of determining incapacity in a Power of Attorney document; or
- One has reasonable grounds to believe that a person is incapable with respect to property decisions and is suffering or at risk of suffering serious adverse effects as a result of his/her incapacity.

Do individuals need to be informed of the findings of incapacity?

Yes. Individuals need to be informed of a finding of incapacity and provided with information about their rights, including the right to appeal the decision through the Consent and Capacity Board.

On-line resources:

Consent and Capacity Board

<http://www.ccboard.on.ca/>

Health Care Consent Act

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/96h02_e.htm

Substitute Decisions Act

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/92s30_e.htm

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Capacity Assessment

How to determine when a person can make healthcare decisions for him/herself



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Capacity Assessment

70 year old Mohamed Daar recently had a stroke and is unable to speak. He has difficulties swallowing and is at high risk for aspiration. The healthcare team is proposing that a feeding tube be inserted.

Isabella Stewart, a frail 84 year old woman, is recovering from a broken hip. She wants to go home, but doesn't seem to understand the associated safety risks.

67 year old Hadi Darmali recently immigrated to Canada and his English is very limited. He has recently been diagnosed with Alzheimer's disease. He also has bone cancer and a decision about whether or not to undertake further chemotherapy treatment needs to be made.

What is capacity?

A person is considered to have capacity with respect to making a treatment decision if he/she has the ability to understand the information that is relevant to the treatment decision, is able to appreciate the foreseeable consequences of consenting or refusing to consent to the treatment, and is able to reach a decision. There is a presumption of capacity, unless there are reasonable grounds to suggest incapacity.

How is Capacity assessed?

Capacity assessment is the responsibility of the healthcare provider by asking the individual questions related to the treatment decision. It may be supplemented by administering standardized tests and procedures that measure cognitive ability.

It is important to note that capacity is decision-specific. An individual may be able to make a simple, less complex decision, but unable to make more difficult decisions that have potentially serious consequences.

What factors can affect Capacity?

Treatable underlying physical and psychological conditions, such as depression, dehydration, infection and fatigue.

An injury or disease that is not curable or likely to improve, such as Alzheimer's Disease.

What indicators should prompt further assessment?

If an individual exhibits any of the following:

- Confused and irrational thinking
- Inability to retain information
- Fluctuating wishes and alertness
- Level of suffering that impairs understanding

What individual indicators alone do not determine incapacity?

Incapacity is not directly related to any of the following factors:

- Advanced age
- Language barriers
- Psychiatric illness
- Physical disability and/or communication orders
- Refusal of treatment
- Lower levels of education
- Cultural/Religious background
- Idiosyncratic or unusual beliefs

* Hébert, P.C. (1996). *Doing right: A practical guide to ethics for medical trainees and physicians*. Toronto: Oxford University Press.

Who is an Evaluator?

A healthcare professional who is a member of one of the Colleges specified in the *Health Care Consent Act 1996*. An evaluator can assess capacity related to treatment decisions, personal assistance devices and discharge planning. Community Care Access Centre's staff assesses capacity to a Long-term Care Facility.

What are the pre-requisites to informed consent?

A person must be capable of providing informed consent. Unless one has reasonable grounds to believe that an individual is incapable, there is a presumption of capacity.

According to the *Health Care Consent Act 1996*, a person is capable with respect to a treatment if the person is:

- (a) Able to understand the information that is relevant to making a decision about the treatment; and
- (b) Able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.

Decision-making capacity may vary according to the complexity and seriousness of the proposed treatment. Capacity may also vary across time due to the individual's underlying physical and psychological condition (e.g., dementia, depression) or treatment that he/she is receiving (e.g., sedation).

There is no minimum age of consent in Ontario. If the individual is capable as described above, he/she is able to consent (or refuse to consent) to a treatment or plan of care.

Can an individual refuse to consent to treatment?

An individual may refuse to consent to a proposed treatment or plan of care even if this decision does not appear to be in his/her best interests. If a capable individual refuses to consent to treatment even if it is life-sustaining, it should not be provided. Prior to withholding the treatment every effort should be made to ensure that the individual understands the nature of the treatment decision, and appreciates the consequences of the decision.

Online resources include:

Consent and Capacity Board

<http://www.ccboard.on.ca/>

Health Care Consent Act

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/96h02_e.htm

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Informed Consent

Making sure that you get all the information you need to make healthcare decisions



St. Joseph's
Healthcare  Hamilton

Informed Consent

John Smith's kidneys are failing and a decision about whether or not to begin dialysis needs to be made soon.

Breast reduction surgery has been offered to Alice Santos as a treatment option for her chronic back pain and discomfort.

Although twice daily dressing changes have been ordered for Peter Jones, he consistently refuses his evening dressing change.

In each of the situations described above before a treatment has begun the informed consent or permission of the individual is needed in order to carry out the prescribed, or recommended treatment or plan of care.

But what does “informed consent” really mean? When is informed consent necessary? What kind of information must be provided?

The purpose of this document is to provide some information for healthcare consumers and providers by addressing these questions and providing suggestions for additional resources.

The *Health Care Consent Act 1996*, outlines the legal requirements related to consent to treatment and these have been included where appropriate.

What is informed consent?

Providing consent means that an individual is agreeing with the proposed treatment or plan of care. According to the *Health Care Consent Act 1996*, a consent to treatment is informed if before giving it,

- (a) the person received the information... that a reasonable person in the same circumstances would require in order to make a decision about the treatment; and
- (b) the person received responses to his or her requests for additional information about those matters.

What are the elements of consent to treatment?

According to the *Health Care Consent Act 1996*, the following elements are required for consent to treatment:

1. The consent must relate to the treatment (consent for one particular treatment does not necessarily imply consent for any other treatment);
 2. The consent must be informed (required information is described in the next section);
 3. The consent must be given voluntarily (an individual should not feel coerced or pressured into making a particular decision); and
- The consent must not be obtained through misrepresentation or fraud (information given should be accurate and unbiased).

What information needs to be provided?

The *Health Care Consent Act 1996*, outlines the type of information that needs to be provided as follows:

1. The nature of the treatment;
2. The expected benefits of the treatment;
3. The material risks of the treatment;
4. The material side effects of the treatment;
5. Alternative courses of action; and
6. The likely consequences of not having the treatment.

When must consent be obtained?

According to the *Health Care Consent Act 1996*, consent is required for anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course of treatment, plan of treatment or community treatment plan.

When is consent not required?

The *Health Care Consent Act 1996*, indicates that consent may be waived in case of an emergency (defined as a situation in which the person is experiencing severe suffering, or is at risk of sustaining serious bodily harm).

Does everyone have to appoint an Attorney for Personal Care?

No. It is a voluntary act and individuals should not be coerced into completing one. If no one has been appointed to be an individual's substitute decision-maker, a relative will be asked to make decisions. In accordance with the Ontario legislation, authority to make decisions is granted in the following order: spouse or partner, parents or children, siblings, other relative.

Can specific instructions, conditions, and restrictions be included?

Yes. General guidelines for making decisions or detailed instructions about specific decisions that individuals want made can both be included.

Can an Attorney for Personal Care make property and financial decisions?

No. This requires completion of a separate legal document entitled "Continuing Power of Attorney for Property."

PD 8897 (2015-02)

When does a Power of Attorney for Personal Care take effect?

When individuals are not capable of making decisions for themselves.

Does this require a lawyer?

No, but it is advised since the document must meet certain legal standards to be valid (signed, dated and witnessed by two people). The document cannot be witnessed by the individual's spouse, partner, or child; the person named as attorney or his/her spouse or partner; anyone under the age of 18; or the individual's Guardian of Property or Guardian of Person.

On-line resources:

Office of the Public Guardian and Trustee
<http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/>

Substitute Decisions Act
http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/92s30_e.htm

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Power of Attorney for Personal Care

Choosing someone to make healthcare decisions for you on your behalf



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Power of Attorney for Personal Care (POAPC)

When 66 year old Fred Wong arrived for rehabilitation following a broken hip, he brought with him a copy of a document naming his two sons as his Attorneys for Personal Care. In the document he outlined some of his wishes around care he would want to receive in the future.

Your elderly Aunt Margaret has asked you to be her Attorney for Personal Care. Before accepting this role you want to find out more about your responsibilities.

When Nadeem Choudry was admitted to the nursing home, he had no living family members. Although currently capable, he was recently diagnosed with Alzheimer's disease. Staff counselled Mr. Choudry to consider appointing someone to be his Attorney for Personal Care.

What is a POAPC?

A Power of Attorney for Personal Care is a legal document in which one person gives another person the authority to make personal care decisions on their behalf if they become mentally incapable.

What is a Personal Care decision?

Personal care decisions include those that involve health care, nutrition, shelter, clothing, hygiene and safety.

Why is it important to appoint an Attorney for Personal Care?

Completing a Power of Attorney for Personal Care allows individuals to appoint a person who they trust to make personal decisions for them should they become mentally incapable. Ideally, the Attorney for Personal Care should be knowledgeable about the person's wishes and values.

Also, one can have two or more persons, whom one trusts, to act jointly or separately as attorneys.

Who can appoint an Attorney?

To appoint an Attorney for Personal Care, one must be at least 16 years of age and able to understand the nature of the decision. Individuals must be capable of knowing if the attorney cares for them and will make decisions in accordance with their wishes.

Who can be an Attorney?

An Attorney for Personal Care must be 16 years of age, capable of making personal care decisions, and willing to take on this responsibility. Persons who provide services to the individual completing the Power of Attorney for Personal Care (e.g., healthcare professionals, landlord, homemaker) cannot be Attorneys for Personal Care

unless they are related to the individual.

Alternatively, it is possible to give equal decision-making powers to more than one Attorney for Personal Care. The law will require them to make each decision together unless specified that they can act separately.

Is it possible to have more than one Attorney?

Yes. This can be done in several ways. One person can be named as Attorney for Personal Care and a second as a substitute. It is also possible to specify that each attorney has responsibilities only for decisions in certain areas (e.g., shelter, healthcare).

What happens if the Attorneys disagree?

In the POAPC document, a mechanism for resolving conflicts can be described. If no mechanism for resolving conflicts is provided, one or more of the attorneys may apply to the Consent and Capacity Board to be named the substitute decision-maker. Alternatively, if the conflict is not resolvable, the Public Guardian and Trustee will make the decision.



**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 (April 29, 2015)

4.1 Dialysis Program Transfer Update

A brief historical overview was provided around the dialysis programs at both SJHH and the renal satellite program at Brant Community Health System (BCHS).

- SJHH has one of the largest renal programs and have been working with BCHS for 15 years
- SJHH physicians currently provide the ambulatory dialysis care for the BCHS patients and the SJHH technicians are an essential part of the BCHS care team
- 10 months ago, the Ontario Renal Network (ORN) changed the funding formula so that all renal funds would flow through SJHH to BCHS and approached SJHH to work to form a partnership that would align the BCHS program with SJHH

Three possible realignment options are available:

1. leave the program as it is currently operating and provide BCHS with additional resources to support patient indicators. This would create an additional financial strain on the program.
2. SJHH proposed patient care model with an adjustment in hours of work (from a 12 hour to 10 hour shift) and maintain the on-site operational management provided by SJHH. The reduced shift hours (2) would help offset the cost of additional supports.
3. full program transfer from BCHS to SJHH, but maintain the provision of patient care services on-site at BCHS. Management is recommending Option 3.

Benefit: ability to change the service delivery model in response to patient care needs and clinical service delivery model changes

Risks: The management team provided a thorough overview of potential risks associated with this option and described many of the issues in detail. It is felt that these risks, while very real, are outweighed by the clinical advantages identified in Option 3.

4.2 SJHH - Detailed Financial Report – March 2015

The Committee reviewed the draft unaudited financial report for the period ending March 31, 2015 that was pre-circulated with the agenda.

- with the effort and support of all clinical programs and departments, SJHH is reporting a small surplus from Hospital Operations and this has allowed us to recognize the final year of Working Funds Funding

4.3 Journey to Fiscal Sustainability

A high level overview of SJHH's fiscal sustainability journey was presented.

- the Committee confirmed:
 - the desire to continue to be fiscally sustainable
 - the need to find enough savings to balance for the next 2 years
 - supporting a transparent and inclusive process to examine operating and clinical service delivery models to bring actual costs in line with anticipated funding. This process provides an opportunity for thoughtful and purposeful reallocation of existing resources to support fiscally sustainable service delivery into the future. Critical to this process is the adoption of the Clinical Planning Framework/Principles included in the package.
- the two year savings target was reviewed noting the following:
 - assumption is that funding will remain flat over the 2 year period
 - Other Revenue will decrease in 2016/2017. This reflects depletion of a number of provisions and accruals as previously discussed.
 - salary and benefit costs include known increases and an estimate as required for 2016/2017 increases
 - in addition to the pressures identified, 2015-2016 is a Leap Year which has an implication on Hospital operations of approximately \$1M and SJHH has begun the dialogue with the LHIH around this
- SJHH recognizes that there may be situations where we identify that our cost is above the funded rate and deliberately decide to continue to operate in this manner for very specific and appropriate reasons.

While we strive to be as efficient as possible ultimately it is not about getting the lowest cost, but to continue to provide safe, effective patient care in a fiscally sustainable manner.

4.4 BMO Debt Renewal / Amending Agreement - MOTION

A brief overview took place as it relates to the BMO debt renewal which is essentially the same agreement that has just expired, but with the absence of some of the covenants.

Formal approval is requested as legal representation (BLG) will require evidence of Board approval for their Opinion letter.

5.1 St. Joseph's Home Care Financial Report – March 2015

The financial report for the 12 months ending March 31, 2015 was pre-circulated in the agenda package.

- revenue is less than budget primarily related to visiting nursing volume fluctuations throughout the year, but other smaller projects are doing well and helping to offset the nursing fluctuations
- expenses are greater than budget primarily driven by staffing challenges and reaction to volume fluctuations
- meetings continue between Hamilton ICC and KW ICC programs to develop a funding model for ongoing ICC operations. The ICC programs are balanced for fiscal 2014/2015 assuming infrastructure funding support. Funding is anticipated, but no official notification related to funding support has yet been received.

6.1 St. Joseph's Villa Financial Report – March 2015

The financial report for Q1 – 3 months ending March 31, 2015 was pre-circulated.

- no issues were brought forward for discussion
- currently total expenses are better than budget
- all debt services have been met

7.1 HSFR Funding Update

A Health Based Allocation Model (HBAM) presentation was given as it relates to the results for 2013/2014.

- 2013/14 HBAM results released by MOHLTC in April 2015
- Acute Inpatient & Day Surgery – SJHH has performed negatively in this module from 2012/13 to 2013/14 primarily due to operating above expected unit cost
- Emergency – SJHH continues to perform well in this module due to a lower than expected cost per weighed case.
- Complex Care – SJHH has seen a significant improvement from 2012/13 to 2013/14 due to a decrease in the actual cost per weighted; this was due to changes in the actual cost structure within the program as well as data quality improvements on the MIS submission.
- Rehab – SJHH continues to perform poorly due to an actual cost structure above expected.
- Mental Health – Model was turned off.

2015/16 Potential Funding Impact:

- although SJHH's expected total expenses under HBAM increased by 2.09%, this increase is below the average for the province (2.34%), teaching facilities (2.37%), large community facilities (2.49%) and other facilities within LHIN 4 (3.82%)
- these results indicate a poor relative performance under HBAM and the possibility of a lower percentage of the "provincial PBF pie"
- estimated 2015/16 impact is a decrease of HBAM funding of approx. \$300,000
- 2015/16 QBP funding forecast (based on YTD Jan/2015 coded data) indicates a decrease in funding of approx. \$888,000



**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 April 14, 2015 Meeting -

The Committee discussed the following new business:

Strategic Plan – Presentation by Dr. David Higgins

- Following the successful completion of Compass 2012 (the previous strategic plan), our Board determined that our next Strategic Plan must deliver on two key items: 1) sustain and enhance our current performance in Quality and Safety and 2) ensure that the patient is at the centre of everything that we do.
- We developed a strategic plan that would take us from 2012-2017, using five key themes: Quality; Transformation; Innovation; Engagement; and Interconnection.
- Our Strategic Plan is fueling our quality, transformation, innovation, engagement while breaking down barriers and silos that traditionally exist within our health care system; this is most clearly evidenced by 12 transformational and innovative clinical projects that have been in motion since we began this journey.
- Six of these projects have been completed, one of which is the Integrated Comprehensive Care project has gained provincial recognition as a model of care that should be implemented throughout Ontario.
- Six of these projects remain in progress, driven by the same aims, with the same focus: better outcomes, a better patient experience and better value for the health care system.

Big Dot Indicators – Presentation by Michelle Joyner

- Strategy map was presented as well as proposed goals to measure the value to stakeholders.
- The four areas of focus are: 1) Exemplary Patient and Family Experience; 2) Exemplary Patient Outcomes (No Avoidable Harm); 3) Optimal Use of Resources for a Sustainable, Accessible Healthcare System; and 4) New Knowledge Creation and Accelerated Application of Knowledge.
- Big Dot criteria are: 1) Institution-wide (not program specific); 2) Outcome driven (not a process indicator); 3) Connect to other “little” dots or processes; 4) Reflect the organization’s strategic priorities; and 5) Reflect the organization’s quality definition.

Operating budget planning process and timeline – Presentation by Susan Hollis

- SJHH has a history of driving efficiency and balancing its operating budget.
- Fiscal 2014/15 process required each department/program and cost centre to identify productivity improvements initiatives equivalent to 3% of operating budget.
- While the historical approach has been effective, the magnitude of the gap requires a transformational approach.
- The Hospital remains committed, within a framework of fiscal sustainability, to pursuing significant transformation in order to ensure access, quality of care and value for the patients we are privileged to serve.

The Committee discussed the following business arising items:

- A briefing note on how SJHH plans to meet its performance appraisal target was shared by Deb Shubert.



INFORMATION ITEMS

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

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

1. Operational Information

SJHH: Accreditation Canada

Preparation for the May 2015 SJHH Accreditation continues as per plan. Regular updates are received at the Quality Committee of the Board and to Management via the Senior Leadership Team and Executive Team meetings. We are focusing not only on preparation for the onsite Accreditation visit, but also on the development of sustainable processes to ensure that improvements are stable beyond the May visit.

As part of the consent Agenda, the Governance Committee has forwarded a recommendation to the Board to approve the SJHH 'Principle Based Ethical Decision Making Framework'. Although this framework has been in place at SJHH for some time, the Board's approval of the framework is a requirement of Accreditation. We have included background materials relating to our ethical framework and ethics consultation services in this agenda package for your reference (hard copies to be provided in person at the Board meeting). Please feel free to reference the SJHH ethics website for additional information:

<http://www.stjoes.ca/patients-visitors/ethics>

SJVD: Power Outage

SJVD experienced a power outage on April 7, 2015 at 11:00pm. The maintenance on-call team arrived immediately to investigate the issue and after contacting the electrical company, it was determined to be an internal issue. During this time, the back-up generator took over and provided sufficient power to the Resident Home Areas to ensure safety of residents and staff. Staff huddles took place to ensure all staff and residents were informed of the status of the situation. Follow up investigation indicated that the main breaker panel had malfunctioned following a surge. The electrical company was able to replace the necessary part for the panel and power was restored by 1:00pm on April 8th. Derrick Bernardo or David Bakker can update on this item at the Board meeting.

SJVD: Villa Compliance and Quality Walkabouts

After the Villa's 2014 Resident Quality Inspection (RQI), Management Team members were assigned to a Resident Home Area to provide compliance walkabouts. Each Manager conducts the walkabout using a check-list of compliance (ex: ensuring doors are closed, hazardous substances locked away, etc.). Areas of non-compliance and trends are noted, followed by action and improvement to address findings. The process has had positive feedback from many staff members.

The Quality walkabouts continue with Board members in attendance. In February Mary Guise toured Balsam Trail and Tulip Garden areas. Moira Taylor is scheduled to attend the May 6th walk-about in Food Services.

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

Summary of February 26th, 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 February 5th, 2015 be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members). ▪ Recommendations on Credentials of the February 5th, 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 February 5th, 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

J. Loncke provided a presentation on the outcomes of the St. Joseph's Home Care Strategic Review completed between September and December 2014. Details were provided on the rationale for review, process of review, strengths and opportunities, as well as outcomes and recommendations. The ultimate goal is to align our home care services with community need and strengthen options for integrated and accountable care for the community. Discussion ensued on next steps and implementation of recommendations.



Don't Let Your Board Fail Your Company

BY RICHARD LEBLANC

You know that old saying, “the fish rots from the head”? When it comes to a board of directors, never were truer words spoken.

An effective board is the last line of defense for shareholders, regulators and other stakeholders. This small but mighty peer group is responsible for overseeing the management of an organization, so if one thing is flawed – if just one director’s behaviour is disruptive or toxic – it can be the difference between performance and non-performance throughout the entire organization. Poor dynamics have that kind of ripple effect, unfortunately.

As an external adviser and specialist in corporate governance and accountability, my work has allowed me to study and evaluate boards, investors and directors across all sectors, including health care.

I’ve never investigated a board failure where flawed dynamics was not a major contributor, which is why I know for a fact that great boards don’t just “happen.” They are carefully and critically designed to be functionally sound. They have to be. A board is just too important an entity to rely on crossed fingers and wishful thinking.

When it comes to toxic behaviours that can bring down a board, I’ve pretty much seen it all. Excessive power, over-reliance on one person, dominant managers, lack of integrity and trustworthiness, confidentiality breaches, lack of transparency and accountability, lack of meeting preparation, undermining board decisions, poor information flow management – these are all warning signs that need to be addressed immediately. But perhaps the biggest red flag is the dysfunctional director and the underperforming director.

I’ve seen dissention amongst the ranks on some of the most iconic boards in Canada. In one instance, there was a director who was so toxic that the board had been consumed by theatrics for nearly a year. When I spoke to the other directors, almost all of them wanted the bullying to stop, but no one had the courage to pull the trigger. Even the chair of the board was too weak to take action. Ultimately, my recommendation was to replace both of them in order to settle things down and get the board back on track.

People are often surprised to hear that the best thing you can do to begin to heal divisions and repair a broken board is to let someone go. But in many cases that’s the only way to start the mending process. It’s not easy to unwind chronic dysfunction on a board – it takes a strong chair or third-party supervision – but getting rid of the root cause is the best way to start. The key is handling the dismissal respectfully and diplomatically.

I once conducted a peer review for the board of an important and highly regulated company. If the board of this particular company makes a mistake, people can die, so it was critical for them to get it right. Every time.

During the review process, I noticed that one director rated another last on almost every single performance dimension. When questioned, the director proceeded to tell me, category by category, why he had rated his peer so poorly – even though others had given that same director exemplary ratings. It eventually became clear that he despised the director he had critiqued so harshly. There was simply no way to repair this enmity, and it had no place on this – or any – board. My recommendation was to remove the hostile director. And that’s exactly what happened.

Board members need to be proactive when they sense there is trouble brewing. The one regret directors repeatedly express is not speaking up and calling out toxic behaviours until it was too late. Letting it fester only makes the situation worse for everyone involved, especially the company.

But of course the best way to create a functional, healthy board is to avoid dysfunction from the start. Nominating committees need to spend more time at the front end recruiting directors, and on the back end retiring them. And they need to do it on the basis of expected and actual performance.

Unfortunately, most competency matrices don't include behaviour, and all directors have "warts." Nominating committees must do their due diligence, and that includes a proper competency matrix, the creation of long lists and short lists, interviews, background checks, and making sure to bring on directors who are not friends or known to current directors. A strong and experienced chair at the helm who can appreciate the value of a diverse board and make difficult decisions when necessary is another must-have.

An effective board doesn't happen by accident. Spend time and effort designing yours by recruiting independent thinkers who can leave their egos at the door, ask the tough questions, give the right advice – and do it all with a smile. Let the notion of, "iron hand in a velvet glove," be your yardstick as you create your dream team. ■

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Dr. Leblanc will be presenting on board dynamics at the GCE's Spring Governance Showcase on April 10, 2015 in Toronto.



DR. RICHARD LEBLANC (@DrRLeblanc) is an associate professor of law, governance and ethics at York University (@yorkuniversity) and principal of Boardexpert.com Inc.

Richard Leblanc brings to business and professional clients a depth of information from his extensive research and work with boards of directors and training and development of leaders and managers. He is engaging, dynamic, personable and an award-winning educator, lawyer, consultant and author. Because of his work with leading companies and current research, Richard is always on the cutting edge of emerging global developments. His insight has guided leaders of organizations through his teaching, writing and direct consultation to government regulators and corporations.

Author or contributing author of dozens of scholarly and practitioner articles, books and programs, Richard's work has been described by various faculty at Harvard, Yale, London Business School and elsewhere as "great and much needed," "wonderful and pragmatic," "thorough" and "nothing short of remarkable," as well as by Fortune 500, NYSE, FTSE and other company leaders as "leading edge," "ground-breaking," "valuable guidance," "indispensable," "compelling" and "exceptional."

Richard adopts a framework for governance effectiveness developed over several years. His work, directly or indirectly, has impacted companies throughout the world, including those that have used Richard's methodology to strengthen their governance effectiveness and accountability practices.

Richard is frequently consulted by stakeholders – such as companies, investors, associations, partnerships, not-for-profits, the media and regulators – for the latest developments and trends and customizes his speaking engagements to please all types of audiences and classes. He received a recent teaching award as one of five of the top university teachers in Ontario. Richard is a strategic advisor at the Institute for Excellence in Corporate Governance at the University of Texas at Dallas and developed and taught a course in corporate governance at Harvard University, where he received an instructor rating of 4.9 and 4.7 out of 5 the last two times he taught it.