

organization				
The IRM document will be updated to incorporate system and internal stressors as well as impact on MH and wellbeing of physicians and staff	Management	E. Vandewall, S. Wannamaker	March 29, 2017	Complete

6. Chair’s Remarks

The Chair thanked the Board for their attendance and noted regrets for Paul Sharman, Brent Scowen and Mario Joannette. Ms. Osborne noted the new appendices section of the agenda that incorporates additional supporting documentation from the Committee packages that is not for consideration under the Consent agenda and is included for information. Ms. Osborne thanked the Committee Chairs for their input and assistance in assembling the Committee supporting documentation.

The Chair gave a verbal update on the OHA Board Dynamics and Culture session that she attended with E. Vandewall. The session included topics such as where does risk lie, conflicts of interest, board competencies, how bad news rises to the Board, and processes. This was an informative conference and was helpful in determining where JBH is a leader and where there are opportunities to incorporate best practices from other Hospitals.

The search for a temporary Governance Coordinator is underway and updates will be provided as they become available.

7. Committee Chairs Reports

David Dean (Finance Committee, Audit Committee)

- No additional verbal report for Finance Committee.

Kathryn Osborne (Building & Facilities Committee)

- No additional verbal report for Building & Facilities Committee.

Michael Pautler (Governance & Nominating Committee)

- It was noted that the policies for approval are housekeeping in nature. Mr. Pautler noted the Finance Committee recently participated in an email vote, and provided valuable feedback on clarification to the policy. These suggestions will be considered and reviewed at the next GNC meeting.

Sylvia Leonard (Quality Committee)

- Ms. Leonard noted the document under Appendices titled “ALC Improvements at JBH” reflects a positive shift in the numbers and new processes underway at JBH. Ms. Leonard strongly encouraged the Board to review this document as it provides a good educational opportunity on the improvements JBH has made to become a leader in lowering their ALC rates.
- It is expected that JBH will receive details on the excellent Accreditation results received by the Pharmacy shortly. This will be shared broadly as a success story for the organization.

8. Consent Agenda

The Chair queried whether any member wished to have a specific item contained within the Consent Agenda as presented, removed for further discussion. There were no items removed for discussion.

It was,

Moved by: David Dean

Seconded by: Michael Pautler

That the Board of Directors approve the motions recommended by the Committees as contained within the Open Consent Agenda as presented.

...CARRIED

a. Audit Committee – no meeting

b. Building and Facilities Committee – February 14, 2017 and March 6, 2017

The minutes of February 14, 2017 and March 6, 2017 were presented for information and included the following attachments:

- Item 7.a.i Briefing note on JBH Phase 1 CRP 02 27 17
- Item 7.a.i 2016-12-13 JBHC – LEED Scorecard
- Item 7.a.i Cx Lookahead_20170109
- Item 7.a.ii Construction_Report_Joseph_Brant_Hospital_Burlington_-
_Redevelopment201701_JBH
- Item 7.a.iii Briefing note on JBH CRP Contingency Report 013117 – 022717
- Item 7.a.iii Capital Redevelopment Contingency Draw down January
- Item 7.a.iii VE to Jan 31 2017 R2
- Item 7.a.v JBH – Capital Redevelopment – Mar 2017 – Monthly Schedule Status
- Item 7.a.vii BFC ICAT Briefing Note Mar 2017

c. Finance Committee – March 20, 2017 and March 24, 2017 (Email Vote)

The minutes of March 20, 2017 and March 24, 2017 were presented for information and included the following attachments:

- FC – Motion Page – March 20, 2017 Meeting
- FC Mar 20-17 Draft Minutes Final
- Administrative By-laws June 2016 Finance Committee
- 7c 1 CFO Report
- 7c 1 Balance Sheet
- 7c 1 Operating Statement
- 7c 1 Clinical Activity Summary
- 7c 1 QBP revenue recognition
- 7c 1 YTD Forecast
- 7c 2 2017-18 Capital Budget
- FC Motion Page – March 24, 2017 Email Vote
- FC Email Vote Hospital Space Lease March 24, 2017

The following motions were presented for approval:

Motion 1 (For Approval under the In Camera Agenda Item 12)

Motion 2

That the Finance Committee recommends to the Board of Directors approval of the Q3 2016-17 Financial Statements as presented.

Motion 3

That the Finance Committee recommends to the Board of Directors approval of the 2017/2018 Capital Budget Allocation as presented.

Motion 1 (Email Vote of March 24, 2017)

THAT the Finance Committee recommends to the Board of Directors that the President & CEO be authorized on their behalf to negotiate and execute leases for two retail units in the new Patient Care Tower with a food service provider and a pharmacy service provider. The briefing note to the Finance Committee dated March 21, 2017 outlined the key commercial terms applicable to the lease negotiations.

d. Governance & Nominating Committee – March 9, 2017

The minutes of March 9, 2017 were presented for information and included the following attachments:

- GNC Motion Page March 9, 2017
- GNC Minutes March 9, 2017 draft (reviewed by Chair)
- Item 6. GNC Terms of Reference 2016-17 (blackline version)
- Item 7.f G-05 Integrated Risk Management (blackline version)
- Item 7.f G-05 Integrated Risk Management (clean version)
- Item 7.f G-08 Email Voting (blackline version)
- Item 7.f G-08 Email Voting (clean version)
- Item 7.f G-10 Governor Expense Reimbursement (blackline version)
- Item 7.f G-10 Director Expense Reimbursement (clean version)
- Item 7.f G-13 Meetings of the Board (blackline version)
- Item 7.f G-13 Meetings of the Board (clean version)

The following motions were presented for approval:

Motion 1

THAT the Governance and Nominating Committee recommend to the Board of Directors approval of the GNC Terms of Reference as presented.

Motion 2

THAT the Governance and Nominating Committee recommend to the Board of Directors that G-05 Integrated Risk Management Policy be approved as amended.

Motion 3

THAT the Governance and Nominating Committee recommend to the Board of Directors that G-08 Email Voting Policy be approved as presented.

Motion 4

THAT the Governance and Nominating Committee recommend to the Board of Directors that G-10 Director Expense Reimbursement Policy be approved as presented.

Motion 5

THAT the Governance and Nominating Committee recommend to the Board of Directors that G-13 Meetings of the Board Policy be approved as presented.

Motion 6

THAT the Governance and Nominating Committee recommend to the Board of Directors that G-13 Meetings of the Board Policy be approved as presented.

e. Quality Committee – March 9, 2017

The minutes of the March 9, 2017 meeting were presented for information and included the following attachments:

- QC Mins Mar 9-17 Draft

9. New Business

a. People & Processes

i. IAP Executive Summary

The February 2017 and March 2017 IAP Summaries were pre-circulated with the Board package.

S. Wannamaker noted the following during her report:

- The transition budget for start-up and training support has been submitted and a response from the PCOP branch is expected on Friday.
- ICAT remains a yellow indicator due to the complexity of implementation. Ms. Wannamaker commended the great work by CIO Richard Smith and his team with Ellis Don on the PBX issue. ICAT will remain a yellow indicator given the critical need for the organization; however it continues to progress well.
- Stantec has been flagging items related to training, organization and HR planning for Operational Readiness. A tremendous amount of work has been done on training and super user designation. A week-by-week plan for pilot units is being developed. This will track back to green in the coming weeks and there are no concerns with being operationally ready for the move into the new tower.

ii. IAP Deployment

The following attachments were pre-circulated with the Board package:

- BN IAP deployment update March 2017 FINAL
- IAP DEPLOYMENT MARCH 2017 FINAL

Ms. Wannamaker noted the following during her report:

- 42 items are tracking green, 8 are tracking yellow. The team is pleased to report that the Medicine Model of Care, which was tracking yellow for a significant amount of time, is now moved to green.
- A daily lens has been placed on recruitment of staff and 50% of clinical vacancies are now filled.
- The Hospital continues to work on real time vacation scheduling and reducing labour costs related to overtime, agency and sick time.

The Board requested that as the indicators are moved to green, any items that impact the current budget, or impact other areas particularly relating to the key

priorities, should be flagged for their attention. Management thanked the Board for this feedback and will bring these items to review at the appropriate Committee if applicable.

iii. LEAN Update

The Lean Update to the Board March 2017 was pre-circulated with the agenda package.

S. Wannamaker noted the following during her report:

- GEMBA walks will now run 5 days per week as “unscheduled” visitation time.
- Beginning April 5, the weekly Quality Wall meetings will be re-designed as an opportunity to engage with leadership, celebrate successes and focus on metrics.
- LEAN strategies are being used in real time to inform decisions and actions, changing the paradigm within the organization to think differently and move forward with incremental change. More time will be spent on achievements identified within the Kaizen exercises and the Hospital will continue to internally train staff to run Kaizen sessions across the departments.

iv. Furniture, Fixtures and Equipment (FF&E) Update

The following attachments were pre-circulated with the agenda package:

- Item 7.a.v Briefing Note on FE 03 03 17
- Item 7.a.v FFE Dashboard 13 Mar

Ms. Wannamaker noted that no additional items require escalation. The Hospital has made great gains over the past 3 weeks. FF&E is being reviewed weekly and Senior Management is involved if required. The Hospital continues to determine which items are critical, which items are just-in-time, and ensuring that staff have had an opportunity to review clinical equipment and that their input is being considered.

The Chair thanked Ms. Wannamaker for her reports.

b. 2017/2018 QIP Approval

The following attachments were pre-circulated with the agenda package:

- QC Motion Page – March 9, 2017
- QIP 17-18 Narrative
- QIP 2017_18 plan_final
- QIP 2017-18 Work Plan Final

Dr. Williams noted the following during her report:

- It is anticipated that new indicators will consider equity and population health perspective.
- JBH will continue to focus on the 8 priority indicators:
 - Readmission for CHF/COPD/Stroke
 - Patient received enough information on discharge
 - Home support for discharged palliative patients
 - Patient experience
 - Alternative level of care rate
 - Medication reconciliation on admission

- Medication reconciliation on discharge
- ED Length of Stay Complex patients
- In 2017-18, there is a shift in focus to evolve and improve on the current indicators. For example, the introduction of post discharge calls.
- A challenge was identified with the Med Rec pilot. This was deferred to April 4, 2017 due to technical delays in the integration engine.

Dr. Williams answered questions from the Board. The Chair thanked Dr. Williams for her presentation.

It was,

Moved by: Don Cowan

Seconded by: Frank Whelan

That the Board of Directors approve the 2017/1 Quality Improvement Plan as presented.

...CARRIED

10. Reports

a. President & CEO Report

The President and CEO Report was pre-circulated with the agenda package. Mr. Vandewall noted the following items:

- On March 14, a failure during the commissioning process resulted in water coming out of the coils in a 10 foot radius in the new tower. There was no flooding related to this incident. Ellis Don provided a quick and efficient response. A remediation plan and schedule impacts are under discussion. There is currently no impact on interim completion date. JBH has appointed a 3rd party to validate and oversee the work to ensure fulfilment of their due diligence. The Board will be provided updated information when it becomes available.
- The Hospital is near finalization of workload and incremental volumes with the Ministry. 3 items are outstanding – ICAT funding (capital and operating) and transition funding budget.
- Management has met with its leadership team to identify and discuss stressors within the organization and immediate steps have been taken to mitigate. Examples include 42 of 61 vacancies have been filled and a new hire has been made to work with the Kronos system. The Hospital has also formally requested a postponement of 8 months on its 2018 Accreditation Canada survey.

The Chair thanked Mr. Vandewall for his report.

b. Professional Practice Report: Dr. Wes Stephen & Dr. Cheryl Williams

The Professional Practice Report was pre-circulated with the agenda package. Dr. Williams and Dr. Stephen noted the following during their report:

- Physicians and staff have been participating in collaborative learning around Advanced Cardiac Life Support Certification Training. This is a mandatory certification for some departments and is run on-site by 2 instructors.

The Chair thanked Dr. Stephen and Dr. Williams for their report.

c. Medical Staff Association Report

The MSA report was pre-circulated with the agenda package. Dr. Sowery noted the following during his report:

- The MSA continues its focus on physician health and wellness and the hospital/physician relationship.
- The next Physician Dinner Speaker Series is on April 18, 2017 at the Burlington Golf and Country Club.

The Chair thanked Dr. Sowery for his report.

11. Hospital Related/Communications

The following items were provided for information:

- Halton McMaster Family Health Centre gets LEED Gold Certification
- Jo Brant hospital redevelopment
- Joseph Brant hospital redevelopment on track
- Hamilton hospital and college presidents with hidden expenses
- Ontario Hospitals News Articles
- Hamilton rally decries hospital and nursing home funding shortfalls
- Units say deaths from hospital infections preventable
- Joseph Brant wants more mental health care

12. Other Business

Ms. Osborne noted the Crystal Ball is returning on June 29, 2017. To RSVP for the Board of Directors table, please contact C. Lowe.

13. Review of Action Items from the Meeting

- None identified

14. Adjournment & Next Meeting

The next meeting of the Board will be held on Wednesday June 7, 2017 at 3:00 p.m.

It was,

Moved by: Frank Whelan

Seconded by: Sylvia Leonard

That the Board of Directors adjourn the Open meeting at 5:00 p.m.

...CARRIED

Kathryn Osborne, Chair

Christine Lowe, Recorder

Action Items:

Item Description	Responsibility	Person Assigned to	Due Date	Comments

Attendance Tracking

Members:	Sept 28, 2016	Nov 30, 2016	Feb 1, 2017	Mar 29, 2017	June 7, 2017
Kathryn Osborne, Chair	Yes	Yes	Yes	Yes	
Dominic Mercuri, Vice Chair	Yes	Yes	Yes	Yes	
Bob Bosshard	No	Yes	Yes	Yes	
Debra Carey	Yes	Yes	Yes	Yes	
Don Cowan	Yes	Yes	Yes	Yes	
David Dean	No	Yes	Yes	Yes	
Robert Hamilton	No	Yes	Yes	Yes	
Sylvia Leonard	Yes	Yes	Yes	Yes	
Michael Pautler	Yes	Yes	Yes	Yes	
Mae Radford	Yes	Yes	Yes	Yes	
Brent Scowen	Yes	Yes	Yes	No	
Frank Whelan	Yes	Yes	Yes	Yes	
Paul Sharman	No	Yes	Yes	No	
Dr. Teresa DeSantis	Yes	Yes	No	Yes	
Dr. Richard Sowery	n/a	Yes	Yes	Yes	
Dr. Wes Stephen	Yes	Yes	Yes	Yes	
Eric Vandewall	Yes	Yes	Yes	Yes	
Cheryl Williams	Yes	Yes	Yes	Yes	

Staff:	Sept 28, 2016	Nov 30, 2016	Feb 1, 2017	Mar 29, 2017	June 7, 2017
Susan Wannamaker	Yes	Yes	No	Yes	
Dee Perera	Yes	Yes	Yes	Yes	
Mario Joannette	Yes	Yes	Yes	No	
Nancy Casselman	Yes	Yes	Yes	Yes	
Christine Lowe (Recording)	Yes	Yes	Yes	Yes	
Michelle Sullivan (Recording)	Yes	-	-	-	-

The following documents were attached to the Open Agenda as Appendices from the Board Committees:

1. Building & Facilities Committee – February 14, 2017

- Item 7.i Briefing note on JBH Phase 1 CRP 02 07 17 (2)
- Item 7.ii Construction_Report_Joseph_Brant_Hospital_Burlington_-_Phase_1_Redevelopment
- Item 7.iii Briefing note on JBH CRP Contingency Report 123016 – 020717
- Item 7.iii Capital Redevelopment Contingency Draw down December 30 2016
- Item 7.iii VE to Dec 30 2016 – 020617
- Item 7.iv JBH IC Status Report #24 – January 30, 2017
- Item 7.v JBH – Capital Redevelopment Project – Feb 2017 – Monthly Schedule Status
- Item 7.vii ICAT Briefing Note Feb 2017
- Item 7.vii Photos of the Data Centre

2. Governance & Nominating Committee – March 9, 2017

- Item 7.a Governor Skills Matrix Framework Jan 2016 (as amended at the meeting)
- Item 7.a Governor Skills Matrix January 2016
- Item 7.c JBH Governance Review – Report (draft) (4)
- Item 7.c Governance Recommendations approved by Board May 2016 (Updated as requested by committee)

- Item 7.d Board Self Assessment Handbook
- Item 7.d Joseph Brant Hospital Dec 2 2016

3. Quality Committee – March 9, 2017

- Annual Quality Report – Facilities
- ALC Improvements at JBH
- Strategic Scorecard 2016 for SLT Jan
- JBH Quality Scorecard FY16 17_Q3
- Q3 Quality Reports-Complaints and Incidents
- JBH_ProgressReport_QIP201617-FINAL_cw2
- Quality Council Minutes Jan 18-17

4. Finance Committee – March 20, 2017

- 7a 1 Foundation Local Share Plan
- 7d Health Benefits (LTD) update
- 7e PCOP update