



**Open Meeting
of the
Board of Directors**

**May 25, 2016
HDGH Corporate Board Room
Following the In camera Meeting**

Prayer

*Enlighten each one of us as we are called to
help and to serve those around us,*

*May our decisions and actions bring forth
justice and healing.*

*May we embrace those around us with the
same tenderness that we ourselves require,*

*We pray for God's supportive love, wisdom
and peace in all that we do.*

Amen



Hôtel-Dieu Grace Healthcare
Open Meeting Agenda
May 25, 2016
Following the In camera Meeting

Item	Topic	Responsibility	Time	Action Required		
				Approval	Discussion	Information
1.0	Call to Order & Opening Prayer	S. Cunningham	7:20			
	1.1 Quorum	S. Cunningham		X		
	1.2 Declaration of Conflict of Interest	S. Cunningham		X		
	1.3 Agenda	S. Cunningham		X		
2.0	Consent Agenda Items*	S. Cunningham	7:25			
	2.1 Minutes of the previous open meeting – April 27, 2016			X		
	2.2 Minutes of the Finance and Audit Committee Meeting – May 19, 2016					X
	2.3 Minutes of the Professional Advisory Committee Meeting – May 4, 2016					X
	2.4 Minutes of the Workplace Excellence Committee Meeting – April 20, 2016					X
	2.5 Minutes of the Quality Committee Meeting – May 10, 2016					X
3.0	Business Arising - none					
4.0	Financial Update - presentation	M. Campagna	7:30			X
5.0	Executive Team Report – Update to Mandate Letters	ELT	7:55			X
6.0	CEO Report – Year End Report	J. Kaffer	8:10			X
7.0	Board Chair Report	S. Cunningham	8:20			X
8.0	Date of Next Meeting	June 22, 2016				
9.0	Adjournment	S. Cunningham	8:30			
10.0	Media Debrief (if necessary)					
11.0	CEO/Board of Directors Debrief					
12.0	Board of Directors Debrief/Evaluation					

**Minutes of the previous Open board meeting
(attachment)**

Hôtel-Dieu Grace Healthcare
OPEN Meeting of the Board of Directors
April 27, 2016

Minutes of the open meeting of the Board of Directors held Wednesday, April 27, 2016 at HDGH, Corporate Board Room, 1453 Prince Road, Windsor

Community Members Present		Ex-Officio Members Present	
S. Cunningham - Chair	C. Derbyshire– Past Chair	T. Doey	J. Kaffer
R. Shahbazi	T. Catherwood	E. Lipnicki	
M. Horrobin	B. Payne	F. Bagatto	
L. Lombardo			
Community Members Absent		Ex-Officio Members Absent	
K. Blanchette	B. Chillman- Vice Chair		Dr. Ray
R. Pollock	M. Lomazzo		

Administration: B. Marra A. Steen M. Broga M. Benson-Albers
D. Dutot

1. CALL TO ORDER

The Board Chair called the meeting to order at 5:07 pm

1.1 QUORUM

Confirmed

1.2 CONFLICT OF INTEREST

None declared

1.3 AGENDA

The agenda was approved as circulated with no additions

2.0 CONSENT AGENDA ITEMS

It was moved by C. Derbyshire and seconded by B. Payne to approve the consent agenda items as included in the meeting package. CARRIED

3.0 Business Arising

None

4.0 FRENCH LANGUAGE SERVICES (FLS) CLAUSE 2 – Regional Children's Centre

C. Saunders, Director of Regional Children's Centre, discussed the FLS Clause 2 information as circulated in advance of the meeting. The Regional Children's Centre (RCC) has completed Clause 1 and is partially through Clause 2. There was discussion regarding the challenges that organizations face when acquiring French Language designation and/or offering services in French; such as the recruitment of French speaking staff. This is a legislated requirement for all publically funded agencies according to the French Languages Services Act. M. Broga pointed out that Western University has begun a full French Social Work program. It was suggested to reach out to the various post secondary schools offering Social Work to discuss the potential of educational placements for French speaking Social Work students.

It was moved by L. Lombardo and seconded by F. Bagatto to accept the French Language Services Clause 2 Plan as presented for submission to the Ministry. CARRIED

5.0 EXECUTIVE TEAM REPORT

There was little discussion regarding the Executive Team report; a question was raised as to the effective date of HDGH smoke free campus and the challenges for enforcement. There have been some onsite visits by Psychiatrists; this is a positive trend for HDGH

6.0 BOARD CHAIR REPORT

S. Cunningham; the Board Chair provided a verbal report providing the following highlights:

- The Chair attended the opening of the Hospice Erie Shoes location in Leamington on April 6th
- The Governance Committee has completed a By-law review with Osler, there is further refinement required; the final draft will be presented at the May 25th Board meeting
- April 14th the HDGH Volunteer Awards luncheon was held as a way to thank volunteers for their dedication and service. A cheque for \$30,000 was presented to the CLT Foundation from the volunteer group managing the gift shop and coffee bar. Michael Bachmeier was the inaugural recipient of the Ronald J. Truant Spirit of Volunteering Award. Michael was very pleased to receive this award and the Truant family was equally pleased at the memorial for Ron and the selection of the recipient
- April 19 HDGH held their Service Awards celebration; employees were recognized for their years of services and exceptional qualities through a nomination process. R. Pollock presented the Ken Dean Scholarship to four individuals; the amount of \$2500.00 will be given to each recipient to further their education. Mr. and Mrs. Deane were on site for the presentation.
- April 25 HDGH hosted members of the CMHA Board and Executive Leadership Team for the OHA Governance Centre of Excellence webcast: Effective Governance Collaboration to Advance Integration. The MOHLTC, Associate Deputy Minister, Nancy Naylor was the opening speaker and provided highlights of Ministry activities. The presentation by the Southeast LHIN for Addiction and Mental Health was most interesting to all in attendance and the Chair of Peer Support South East Ontario was very enthusiastic about their progress.

7.0 CEO REPORT

The CEO discussed activities that took place over the month of April;

- Hosted Salvation Army Major Glenda Davies for discussion of future chaplain services at HDGH. Very good visit and many opportunities to collaborate in the future. Particularly to provide OTN services in their shelters.
- Meeting with local office of TD Can Trust, historically a partner with Hotel-Dieu Hospital Foundation for other fundraising campaigns. This meeting allowed for collaboration in the future to be resurrected
- CEO attended the CHI Leadership Council in Montreal. The CEO from Wisconsin will be retiring and has offered to visit HDGH to present his experience and learnings for Change Management to Executive Staff and the Board
- Toured the John McGivney Centre for Children with the HDGH Ethicist, meeting many of the staff and Management Team. They are very interested in the possibility to utilize the services of the HDGH Ethicist
- Held a meeting onsite with the ESC LHIN CEO as a quarterly update
- Attended the Mental Health and Addictions Quality Initiative Symposium in Toronto
- Year End Report - Town Halls held for staff April 26 and 27; very well received. A video was developed by the HDGH Communication staff taking a look back over the last year

Hôtel-Dieu Grace Healthcare
OPEN Meeting of the Board of Directors
April 27, 2016

and providing a look forward into the future. The video was played for the Board of Directors and the feedback was very positive.

ACTION: Governance Coordinator to post the video on the Board mini site for viewing

8.0 DATE OF NEXT REGULAR MEETING – MAY 25, 2016

11.0 ADJOURNMENT

It was moved by B. Payne and seconded by L. Lombardo that the meeting be adjourned at 6:00 pm CARRIED

DRAFT

**Minutes of the Finance and Audit Committee
(attachment)**

Minutes of the meeting of the Finance and Audit Committee held **Thursday, May 19, 2016, at 7:00 a.m.** in the CPH Administration Conference Room 1.

PRESENT:	M. Horrobin, Chair K. Blanchette A. Daher	B. Payne P. Soulliere
ADMINISTRATION:	M. Campagna S. Laframboise	S. Uttaro
GUEST:	T. Catherwood	
REGRETS:	C. Davison	J. Kaffer

1. Call to Order

M. Horrobin called the meeting to order at 7:00 a.m., and led the Committee in Opening Prayer.

2. For Approval/Recommendation

A) AGENDA

Moved by: K. Blanchette
Seconded by: P. Soulliere

THAT the Open Agenda for May 19, 2016, be approved as distributed.

CARRIED

B) DISCLOSURE OF CONFLICT OF INTEREST

No Conflicts of Interest reported

C) MINUTES

Moved by: K. Blanchette
Seconded by: A. Daher

THAT the Open Minutes of the April 21, 2016, meeting be approved as distributed

CARRIED

D) YEAR-END RESULTS

S. Laframboise provided a brief year-end update noting that year will be ending in a small deficit. Highlights of presentation included:

- Revenues are close to plan
- ACT team 1.2M revenues and expenses transitioned to Other Votes from Hospital
- Revenue HSFR recovery letter received 2015-16 resulting in one-time recovery
- Incidental Sick time reduced over last year, with consistent improvement throughout the year

- Overtime at year-end same as last year, due to opening of the new Rehab unit – expected to reduce as we move into this fiscal year.
- Supplies are over due to patient enablers, one time repairs and other one time items approved to be purchased in March

Discussion related to clear communication to both community and staff of the year-end results. Communication strategy is in place that will provide information in a clear and comprehensive manner.

Moved by: K. Blanchette
Seconded by: B. Payne

THAT the internal Year-end Financial Statements, be received as distributed and recommend to Board for approval.

CARRIED

3. Business Arising

A) COMMITTEE & CHAIR SURVEY

M. Horrobin thanked everyone for participating and recognized that the committee did well in the results. Responding to comments received in the survey:

- Will work toward keeping the meeting to 1.5 to 2 hrs maximum
- Board level understanding of key financial issues is believed to be well understood by the Board as a whole.
- Ensuring that committee members remain updated regarding important issues
- Committee's acknowledgment of great support from Finance Administration

M. Campagna commented pleasure with the results and invited community members to connect at any time with any questions or concerns that may arise.

4. For Information

A) INVESTMENTS – COMPLIANCE CERTIFICATE

Certificate was received for information.

B) CORE TEAM UPDATE

S. Laframboise noted that the staff involved in the Core Team have temporarily joined the Finance Decision Support (FDS) Committee due to focus on weighted cases and documentation and coding data and interpretation; summary report is being compiled, noting good findings in process improvements. Core team focus on linen and other core items will resume shortly in the new fiscal year.

C) ATTESTATION – CONSULTANT BPS - DRAFT

M. Campagna noted the reporting is to inform in the use of consultants in keeping with BPS guidelines. It is reported to the LHIN annually in June; provided to advise of tracking and awareness, final copy will be provided again for Committee, if materially different upon completion.

5. Other Business

None

6. Next Meeting

Special Meeting: HIS Solution is scheduled for Wednesday, June 15, 2016, at 7:00 a.m.

Next Regular Meeting is scheduled for Thursday, July 21, 2016, following the Open Meeting

7. Move to In-Camera

Moved by: K. Blanchett
Seconded by: P. Soulliere

THAT Committee move to In Camera

CARRIED

DRAFT

**Minutes of the Professional Advisory
Committee (attachment)**

Open Minutes
Hôtel-Dieu Grace Healthcare Professional Advisory Committee
Corporate Administration Boardroom
May 4th, 2016

Present: Dr. T. Doey (Chair) Dr. A. Steen, VP
 Ms. L. DiRosa Dr. R. Ray
 Ms. S. Tompkins Ms. E. Lipnicki, VP & CNO
 Dr. N. Liem Dr. B. Burke
 Dr. G. Cooper Ms. J. Kaffer, CFO
 Dr. J. Cohen

Regrets: Ms. S. Grbevski, VP Mr. B. Marra, VP
 Ms. S. Bastable Ms. A. Murray
 Ms. M. Campagna, VP & CFO

Presentors: Mr. J. Norton Ms. S. Toth
 Ms. S. Picco

Recorder: Ms. A. Brooks

1. CALL TO ORDER

The Chair, Dr. T. Doey called the open meeting of the Professional Advisory Committee to order at 1207 hrs.

2. APPROVAL OF THE AGENDA

MOTION

MOVED by Dr. A. Steen and **SECONDED** by Dr. B. Burke, that the agenda be approved as written. **CARRIED.**

3. APPROVAL OF THE MINUTES

MOTION

MOVED by Dr. A. Steen and **SECONDED** by Dr. J. Cohen, that the minutes of the Professional Advisory Committee held on April 6th, 2016 be approved as written. **CARRIED.**

4. DECLARATION OF CONFLICT

- None declared.

5. BUSINESS ARISING – None.

6. PRESENTATION – PET VISITATION POLICY – MS. S. PICCO

- The revised Pet Visitation Policy was presented to the members.
- The previous policy required physicians to write an order to approve a personal pet visitation for a patient.

- The revised policy will now allow nursing staff to make the decision regarding a patient's personal pet visitation without an order from a physician.
- The physician members were in agreement with the changes made to the policy as written.

MOTION

It was MOVED by Dr. B. Burke and SECONDED by Dr. A. Steen THAT the Professional Advisory Committee of Hôtel-Dieu Grace Healthcare approves the revisions to the Pet Visitation Policy as written. CARRIED.

7. PRESENTATION – ALC REVIEW & EARLY IDENTIFICATION OF DISCHARGE/FLOW RISK FACTORS – MR. J. NORTON & MS. S. TOTH

- A report of the increasing number of ALC-LTC patients was given.
- It was noted that the number of ALC-LTC patients in the Rehab Program is increasing at a high rate and impacts include decreased patient flow, increased length of stays, increased wait times, staffing and significant funding implications.
- HDGH has an obligation to patients, community and the LHIN to maintain patient flow and use beds efficiently.
- The importance of getting the right patient into the right bed at the right time was stressed.
- It was noted that ALC is recorded as a part of the QIP (Quality Improvement Plan) and it was noted that the ALC rate for both the Rehab Program and Mental Health (TNI) has risen in Q3 and Q4.
- An ALC Task Group has formed and will be analyzing all the data from the ALC inpatients on the HDGH campus over a 3 month period. The Task Group will be looking for common factors that lead to patients becoming ALC status.
- It was stated that draft policies such as an admission policy will be generated and brought through PAC for physician acceptance.
- A member stated that physician input should be sought before an admission policy is drafted.
- A member stressed the importance of having physician involvement in place before a policy is put into place.
- It was stated that both staff from WRH and HDGH are working together to allow for better communication around patient flow.
- A member stressed that there needs to be a balance with providing a service to patients that are unable to have access to a service that they can't get anywhere else vs. being fiscally responsible.

8. REPORT OF THE CHAIR OF THE PAC – Dr. T. Doey

- A member stated they attended the Hospice Open House in Leamington.
- An excellent HDGH/WRH Grand Rounds presented by Rosalind Abdool on Moral Distress in Health Care was held April 8th, 2016.
- A site visit for a child psychiatrist from Nova Scotia was held on April 8th, 2016 at HDGH.
- A member stated that a report was given at the Quality Committee on the application and re-application process at HDGH.

- It was noted that the arrangements for the LHIN-wide study on ECT are being finalized.
- It was stated that enhancements for services for emerging youth are being explored through Mental Health Outpatient services.
- A member stated they attended an excellent day long OHA conference on Governance Integration, along with members of our board and CMHA.
- It was noted that the second annual research day -SWAHN Symposium was held here at HDGH on May 2nd, 2016.

9. REPORT OF THE CEO – MS. JANICE KAFFER

- A member stated that the strategic plan update has been presented to staff in the hospital through several town halls. Overall, staff response has been positive towards the plan.
- The Board of Directors has two more meetings before the June close out meeting. A public report will be presented to the community in September and will include an updates on Board Members, PAC, financial status, and community engagement. Updates will also be brought to the PAC.
- It was announced that there is a new Research Manager. The manager will be working with the team to align some research opportunities to align with the HDGH strategic plan. Any research opportunities for physicians will come to the PAC in a presentation form.
- It was stated that HDGH is financially stable this year. A third party review of financial matters will take place with WRH to close out financial resolutions with the LHIN.

10. REPORT OF THE VPMA – Dr. A. Steen

- A member spoke about physician vacation schedules. It was noted that coverage for call and inpatients should be communicated to Ms. A. Brooks in Medical Affairs in order to post the information on the HDGH Intranet for staff to access. It was stated that this will keep communication regarding call and vacation clear to all units.
- It was stated that OHA Administrative Physician Compensation Survey was completed by Medical Affairs.
- Members were informed of a HDGH/WRH Grand Rounds that will be held on May 19th, 2016 at 6pm – Coroner's Cases and Death Certificates: What do Family Doctors need to know? by Dr. Stephen J. Wetmore, located in the Administration Corporate Boardroom, Hôtel-Dieu Grace Healthcare
- It was stated that a memo regarding texting/emailing orders was sent out to physicians and nursing and allied health staff last week. It was noted that texting/emailing orders is not a secure method of transferring patient health information.
- Members were reminded that there will be a Grand Rounds held on Friday, April 8th at 8am at Hôtel-Dieu Grace Healthcare presented by Ms. R. Abdool on Physician Moral Distress in the Healthcare setting.
- The revisions to the HDGH Professional Staff By-laws were discussed. It was noted that the Professional Staff By-laws will be presented to all staff

members at the June HDGH Professional Staff Quarterly meeting pending approval at the PAC Meeting.

MOTION

It was MOVED by Dr. J. Cohen and SECONDED by Dr. B. Burke THAT the Professional Advisory Committee of Hôtel-Dieu Grace Healthcare approves the revisions to the Hôtel-Dieu Grace Healthcare Professional Staff By-laws as written. CARRIED.

11. REPORT OF THE CNO – Ms. E. Lipnicki

- No report.

12. REPORT OF THE VP CLINICAL OPERATIONS – Ms. S. Grbevski

- A written report was submitted to members.

13. REPORT OF THE VICE DEAN HOSPITAL & INTERFACULTY RELATIONS – SCHULICH – DR. G. COOPER

- A member gave an update on Conditions of Appointment for Physicians - A process to update the *Conditions of Appointment for Physicians* Document began a few years ago. The process was undertaken to do a complete and thorough review and update of the Document. The Document is available for all to review in preparation for a vote which will take place between May 5th and 9th.
- New Nomenclature for Schulich Medicine Distributed Education and Windsor Campus - As part of the School's Distributed Education strategic planning work, new nomenclature has been established for the School's Distributed Education program and the Windsor Campus.
- It was stated that the 2016 Awards of Excellence will be held on Thursday, May 19, 2016 from 6:00 – 9:30 p.m. at The Great Hall, Somerville House, Western University.
- A member provided updates from the Schulich Windsor Campus - The second round for the 2016 Canadian Residency Matching Service (CaRMS) took place on April 12.
- Windsor medical students planned for and successfully ran a Career Night on Monday, April 4, 2016. Roughly 50 students were in attendance to hear perspectives from 16 or so physician faculty (including three family medicine residents).
- Schulich Medicine's Distributed Education Network Annual Education Conference took place on Friday, April 1 in London, Ontario. Dr. Larry Jacobs where gave a talk focused on "Mentorship Needs of Distributed Faculty".

14. OTHER BUSINESS

- None.

15. ADJOURNMENT

The meeting was adjourned at 1245 hours.

Submitted by:



Dr. T. Doey, PAC Chair, Hôtel-Dieu Grace Healthcare

**Workplace Excellence Committee Minutes
(attachment)**

Minutes of the meeting of the Open Workplace Excellence Committee held **Wednesday, April 20, 2016**, at 7:30 a.m. in the CPH Administration Conference Room 1.

Present: R. Pollock, Chair
T. Catherwood
C. Derbyshire(CCall) A. Templer
M. Winterton

Guests: None

Administration: M. Benson-Albers
K. Bellemore S. McGeen
A. Tuovinen

Regrets: J. Barile

1. CALL TO ORDER

M. Pollock called the meeting to order at 7:31 a.m.

2. FOR APPROVAL

a) Agenda

It was moved by: M. Winterton

Seconded by: A. Templer

THAT the Open Agenda for Wednesday, April 20, 2016, be approved as distributed

CARRIED

b) Disclosure of Conflict of Interest
No Conflict of Interests reported.

c) Minutes

The minutes were not distributed to the group and were sent by email post meeting. The Chair advised that if members did not have edits or changes to the minutes, they will be considered approved.

CARRIED

3. FOR INFORMATION

a) HR Start Plan: Year in Review

- The Chief Human Resources Officer shared that the “HR Strategic Plan: Year in Review” document will be shared with front-line staff the week of April 25th, 2016 at the scheduled Town Hall meetings so as to provide staff with a

strategic plan update.

- The committee discussed the importance of performance succession planning and development given the priority that HR is placing on performance appraisals. In this discussion, it was advised that performance appraisals should be completed on a pre-determined basis for new hires and employees transferring to new classifications in accordance with the policy. This information will assist with development planning and then ultimately, succession planning.

ACTION: The Chief Human Resources Officer to review the Performance Appraisal policy for leadership/management roles and for employees who transfer to new classifications to reflect increased frequency of appraisals.

b) Charter Review

- The Chief Human Resources Officer highlighted the edits made to the Charter that was circulated to the group prior to meeting.
- A Committee member recommended that item 4. a. xii be amended to include workplace excellence stories/challenges in the bi-monthly staff stories.

It was moved by: T. Catherwood

Seconded by: M. Winterton

Charter amended by Committee on April 20, 2016.

CARRIED

c) Risk Management

- The Director of Occupational Health and Safety and Human Resources provided an update as it pertains to risk by advising that she will be providing updates to the Committee on any items that relate to workplace safety risk. The Risk Officer will only present when there is a high level, critical incident.
- Currently only 2 risk profiles are on the Risk Management Profile. Those are; need for staff development and education in regards to patient restraints and therapeutic drug monitoring.
- There are currently 2 working groups dedicated to Code White and Chart Flagging concerns. Patient violence and violence within the hospital is being regularly monitored through the risk profile summaries.
- The Director of Occupational Health and Safety and Human Resources explained the function of Risk Management as it relates to the agenda. Risk Management highlights HDGH's obligations in terms of the Ministry of labour and from a liability stand point.

ACTION: To change "Risk Management" on the agenda to "Integrated Risk Management (quarterly report)."

d) Attendance Support and Special Considerations

- The Director of Occupational Health and Safety and Human Resources reviewed the 6 Phases of Attendance support.
- At every Phase 3 level, “duty to accommodate” is discussed with the employee. The medical piece of the employee’s health record is kept confidential; however, restrictions are shared as to understand what the employer is accommodating.
- Special consideration is acceptable for: chronic medical conditions, serious time-limited medical conditions and medically required surgeries. The Health Nurse has a form that must be approved by a specialist indicating that the employee has met the special consideration requirements.

e) J. Kenneth Deane Scholarship

- Discussion deferred

ACTION: Create written report with the recommendation to Board in committing more resources for scholarship funding.

f) Invitation to Recommendations

- None.

g) Workplace Safety Report

- The Director of Occupational Health and Safety and Human Resources shared with the group that there were no lost time incidents in March.
- The local ONA agreement was settled.
- There was a spike in sick time in March which was comparable to last year’s reports for March.
- Code White incidents have been decreasing as a result of Code White training, calling Security to de-escalate and Security rounds.

h) Metrics/Safety & Wellness Update

- The committee commended administration for focusing their efforts in this area.
- See “Workplace Safety Report.”

4. SUGGESTED ITEMS TO BE PLACED ON NEXT AGENDA

- New Hire Interview update

5. OTHER BUSINESS

- M. Winteron commented on the success of the Volunteer Luncheon held, April 14th and congratulated HDGH on a job well done.

6. NEXT MEETING

Next Meeting is scheduled for Wednesday, May 18, 2016, following the Open Meeting

7. MOVE IN CAMERA

It was moved by: M. Winteron
Seconded by: T. Catherwood

THAT the Committee move In-Camera.

CARRIED

**Quality Committee Minutes
(attachment)**

Hôtel-Dieu Grace Healthcare
Quality Committee

Minutes of the meeting of the Quality Committee held Tuesday May 10, 2016, in the Administrative Conference Room 1

Present:	Lucie Lombardo	Rosalind Abdool	Sonja Grbevski
	Ester Lipnicki	Kristine Nohavicka	Hannah Wong
	Reza Shahbazi	Tim Catherwood	Alison Murray
	Andrew Sasso	Michelle Lomazzo	Saadia Ahmad
	Janice Kaffer	Nicole Williams (recorder)	

Regrets:	Brian Chillman	Shannon Tompkins	Dr. T. Doey
----------	----------------	------------------	-------------

Guests:	Richard White	Sarah Picco	Joanne Desjardins
---------	---------------	-------------	-------------------

1.0 The meeting was called to order at 0820HRS.

2.0 Approval of Agenda

MOTION: TO APPROVE AGENDA
MOVED BY: M. LOMAZZO AND 2ND R. SHAHBAZI
MOTION CARRIED

3.0 Approval of Minutes

MOTION: TO APPROVE MINUTES
MOVED BY: T. CATHERWOOD AND 2ND BY R. SHAHBAZI
MOTION CARRIED

4.0 Declaration of Conflict of Interest

There was no conflict of interests stated.

5.0 Emergency Preparedness Update

R. White presented on Emergency preparedness progress over the past few years. Our facility required standardization across the campus. The emergency preparedness committee has worked with the University of Windsor on best practice and the WebEOC program. There is a drill planned for late spring across campus. HDGH has been designated as a command centre.

There has been collaboration within our community and industry partners on code reviews and redesign. The committee continues to work on improving planning for best practice, accreditation standards, and CSA requirements.

Action item

No action required

Hôtel-Dieu Grace Healthcare
Quality Committee

6.0 Quality Evaluations – review

The results were distributed and the feedback will be reviewed and implemented over the summer months.

The committee was thanked for their participation.

Action item

The feedback will be implemented.

7.0 Charter Review

The committee provided feedback via email on the charter. These changes will be made and it will be distributed to the Governance committee for final approval and endorsement.

The committee was thanked for their feedback.

Action item:

The charter will be sent to the Governance Committee for final approval.

8.0 Standing Agenda Items:

8.1 QIP 2015/16

There are two indicators not on the scorecard as there was a quality error. Overall there were significant gains in target moving this year. There were a few very aggressive targets and we were able to make great strides in improvements. The staff continues to be diligent in moving the target forward and ensuring that we are continuing to make quality improvements.

8.2 IPAC Q3 results

S. Picco presented on the scorecard. There are still challenges presented on hand hygiene and ensuring that staff does wash their hands. There is continued education and strategy implementation across the campus. There has been a robust positive increase in hand washing and strategies will continue to be developed to maximize on the opportunity for further improvement.

The other indicators will be discussed at the next meeting.

8.3 Patient and Family Engagement Council (PFEC)

J. Desjardins provided an update on the committee and progress. The committee has now met 7 times. They have started working on the visiting/family presence policy. There is currently no policy across campus.

The council is working on ways in which to engage the community as well.

The mission achievement council, strategic planning, and other various councils will be engaging the PFEC committee for direct involvement. The committee will break during the summer months but will reconvene in September.

Action:

No action required

Hôtel-Dieu Grace Healthcare
Quality Committee

7.0 The open meeting adjourned at 0904hrs.

Michelle Lomazzo thanked the staff and Nicole Williams for all the support provided during this past quality season on behalf of the Board of Directors.

**Finance Update
(verbal/presentation)**

**Executive Leadership Team
Report – Update to Mandate Letters
(attachment)**

OUR VISION

A trusted leader transforming healthcare and cultivating a healthier community

BILL MARRA

Vice President
External Affairs,
Innovation
& Philanthropy



For the first time in the history of Windsor-Essex, we have a hospital whose sole focus is on non-acute care. This is very significant, historical and something as a community we should be proud of. With that said, there is no doubt that healthcare has been changing continuously and quickly in the past years especially in our region.

Over the last two years my team has been working hard to get the word out about Hôtel-Dieu Grace Healthcare; who we are and what we do. We have undertaken a very active strategy to increase our social media presence on Facebook, Twitter and YouTube connecting with diverse demographics sharing our events, initiative, programs and photos. We have also received positive media coverage on significant events such as the grand opening of the new state-of-the-art Rehabilitation and Wellness Centre from media outlets, locally, regionally and even internationally.

Very clearly in our vision we identify our responsibility in “cultivating a healthier community.” As we strive to ensure a healthier community it is important to recognize that we cannot do this alone. To help, we rely on the dedication and commitment from our community partners, volunteers and fundraising events.

In partnership with ***The Hospice of Windsor and Essex County***, we launched the No One Dies Alone Program where The Hospice provides training for volunteers to reassure end-of-life patients they will never be left alone and always comforted by a friendly face. This partnership allows Hôtel-Dieu Grace Healthcare to learn from our community experts in palliative care and provide the same comforts and supports to our patients here on campus.

In combination with our communication efforts and partnerships, Hôtel-Dieu Grace Healthcare hosts 4 signature events annually. Last year, The Annual Big Night Gala raised a net of \$51,890.77 for Adult Mental Health Services. In addition to seeing a revenue increase from the previous years' event, the 2015 Gala saw an increase in attendance (574 up from 393 in 2014) as well as an increase in event sponsorship with 22 organizations participating on various levels, almost tripling 2014 sponsorship.

Events such as The Heart Breaker Challenge and The Bob Probert Ride have raised a combined total of over \$150,000 in 2015 to support Hôtel-Dieu Grace Healthcare Cardiac and Pulmonary Rehab programs.

The Coffee Bar in the Emara Building also opened in 2015 to provide refreshments and snacks to patients and loved-ones during cafeteria off-hours. The coffee bar was made possible through the generosity of our community partners ***In Honour of the Ones We Love*** with a nearly \$250,000 donation.

Initiatives like the coffee bars and gift shops operate through the dedication, time and passion of our 600 HDGH volunteers who this year contributed \$30,000 to the organization. The time, energy, dedication and support they show to our organization is truly invaluable and make our efforts in changing lives that much more attainable.

Recognizing that there is limited to no new government money for hospitals, it is clear that we must find new and sustainable ways to grow and invest in innovation and research for tomorrow's patients. As such, we continue to pursue opportunities for research and innovation partnerships and expand our footprint in this area. We have a number of exciting projects happening in this area including, the AngioDefender Cardiac Study with ***Everist Health*** led by Dr. Nathania Liem and Dr. Amr Morsi.

We are involved in discussions with the World Health Innovation Centre at the ***University Of Windsor Odette School Of Business*** as well as the Biomedical Engineering Program at ***St. Clair College***. In the next year, it is our intent to execute formalized agreements with both programs.

We are beginning to officially launch the Changing Lives Together Foundation recognizing that Windsor-Essex has the benefit of two distinct hospitals working in collaboration to service the needs of Windsor-Essex. With that said, it will be the mandate of the Changing Lives Together Foundation to focus on Hôtel-Dieu Grace Healthcare and the programs and services we deliver. It has the additional unique aspect of also including key and like-minded regional partner organizations that are equally focused on cultivating a healthier community to work with us.

As a member of this organization, I am proud of what my colleagues have accomplished to date and excited for what's to come while leading the way in non-acute care in Windsor-Essex. Should you have any questions, please never hesitate to contact me via email (bill.marra@hdgh.org) or phone (519-257-5111 ext. 74107).



OUR VISION

A trusted leader transforming healthcare and cultivating a healthier community

MARY BENSON-ALBERS

Chief Human Resources Officer



A Strategic Human Resources Plan was developed and approved by the Board of Directors in 2015. The purpose of the plan is to provide a “map” of the key activities and components that we need to focus on as an organization to ensure that we are meeting our commitment to our “people” strategic driver. We want our employees to have a positive employment experience from the moment of

hire to the point of retirement. Our goal is to be an employer of choice for the talent we acquire and current employees so that they choose to stay with HDGH for their entire career. We have spent 2015 moving forward on a number of initiatives that are key elements of the Plan such as Performance Management, Role Clarity, Rewards and Recognition and Learning and Development. Highlights of that work are described in this update.

Over the last year, we have put strategies in place to ensure all staff at Hôtel-Dieu Grace Healthcare knows that their safety, development and health are a priority to our organization. Our people are the heartbeat of Hôtel-Dieu Grace Healthcare. They are the ones living and breathing our mission and our values each and every day. To continue to provide excellence in patient care and achieve our vision as a trusted leader transforming healthcare, it is critical that we recognize and value our people in the work they do.

PERFORMANCE MANAGEMENT AND ROLE CLARITY STRATEGY

We believe that the foundation of a great organization is an employee group that understands the importance of what they do and how they do it. This past year, we built and launched the Halogen Employee Appraisal System that provides an electronic job description database and performance appraisal tool. To date, most if not all employees, have recognized that they have read and understand their job descriptions. Role clarity and expectations are hugely important to ensure staff understands how they contribute to the success of HDGH and play a part in achieving our vision. Halogen also provides the platform for employees to become



aware of and understand any changes to their job description and formally acknowledge these changes. As an organization that is committed to our people, we understand that regular feedback about performance at work is imperative. All HDGH employees have the right to regular feedback about the work they do and dedicated time with their manager to discuss this work. Conversations around areas of improvement, excellence and professional development opportunities will be had annually, supporting our HDGH staff in continued growth. Halogen is a simple yet powerful tool and structure to ensure this happens. Our goal for 2016 is that every employee of Hôtel-Dieu Grace Healthcare will have a performance appraisal completed and a follow-up meeting with their manager to discuss.

SUCCESSION PLANNING

Every high performing organization has a succession plan in place so that if key roles in the organization are vacated (by retirement or resignation for example) there is a plan in place for replacing the position either on an interim or permanent basis. Well-developed succession plans go a step further and identify future leaders as well as development activities that will ready individuals for assuming particular roles. For Hôtel-Dieu Grace Healthcare, a senior level succession plan was developed this year. Other levels of Leadership roles, as well as frontline HR planning will be developed over the course of the next two years.

REWARDS AND RECOGNITION STRATEGY

Positively engaged employees are those that feel that there are opportunities to be recognized for the work they do and the manner in which they do it. In 2015 we introduced six President's Awards created to reflect our main priorities - People, Patients and Identity. Our Annual Evening of Service Recognition was celebrated in the Spring of 2015 and again this year. This signature event honours both winners and nominees by recognizing significant contributions made by staff to our organization. New in 2015, and as part of this evening, the J. Kenneth Deane Scholarship is presented that awards a scholarship of \$10,000 to be shared among up to four employees to further their education or further a project of health system innovation.

Earlier this year we awarded the inaugural Perfect Attendance Awards and recognized all those employees who achieved perfect attendance in 2015. Through employee events such as barbeques, bursaries, holiday events and recognition months/weeks throughout the year, we appreciate and thank each member of our HDGH family for the commitment, hard-work and passion they show to our patients and community each and every day.



HEALTH, SAFETY AND WELLNESS STRATEGIES

The safety and well-being of our staff is our highest priority. We firmly believe that all employees deserve a workplace that is safe and we have developed programs and processes formally to reduce and prevent injury.

As a result, we have formal health and safety policies and a workplace violence program that is recognized as provincial best-practice. In addition to current wellness initiatives such as yoga classes, walking club, fitness centre, basketball programs and WeightWatchers at work, we will be introducing a smoking cessation program this year to support employees through the life changing decision to quit smoking.

As a healthcare facility, it is important that we recognize the healthcare needs of not just our patients but employees as well. An on-site wellness clinic for staff is available every Wednesday morning, staffed by a health nurse and Employee Physician.

EMPLOYEE AND PHYSICIAN ENGAGEMENT SURVEY

How do HDGH employees feel about their work life? Do they feel safe and respected in their work environment? Do they feel their well-being is valued and appreciated at work? Understanding how our employees feel is a key factor in our Human Resources Strategy.

We believe that employees who feel happy at work will be more productive and provide better care to our patients. We also know that being happy and healthy at work can contribute to the overall health of an individual. Our goal is to be the employer of choice in healthcare. To help measure our progress in meeting this goal, Hôtel-Dieu Grace Healthcare utilizes the Accreditation Canada Worklife Pulse Survey to measure employee and physician engagement. The first survey was conducted in January 2015 and will be repeated by the end of 2016.

A popular and innovative initiative was introduced in 2015 that informally allows for early engagement of new staff. The “Entrance Interview with the CHRO” is a program to connect with new hires on their employee experience and has been invaluable as a source of feedback.

LEARNING AND DEVELOPMENT STRATEGY

We have introduced a number of new initiatives to increase the learning opportunities for our staff and leaders to move in the direction of becoming a learning organization. We have focused on providing fundamental learning to our



leadership group to ensure they understand their role in creating an engaging work environment and perform within an established leadership competency framework (The Canadian College of Healthcare Leaders LEADS program).

An exciting new program, open to all frontline staff, is the “Emerging Leaders Program”; a three month, in-house program that includes opportunities for leadership coaching and follow-up with our HDGH Leadership Coach.

We have also updated our on-boarding and orientation programs and increased the learning opportunities for frontline staff by calling for applications to various hospital committees (Strategic Planning Committee, Smoking Cessation Committee, Patient Engagement Council and Mission Achievement Team). Our long term goal is to establish a learning academy that will not only provide education for our staff but patients, families, partners and community.

FUTURE YEAR PLANS

The above has given you a synopsis of this year and a how we plan on continuing to deliver against “Our People” driver at Hôtel-Dieu Grace Healthcare.

In the year ahead we will continue to work toward achieving elements of our People strategy. We want to retain the talented workforce we have and attract more talent who are aligned with our values and mission. In 2016, a new intranet website will be developed to communicate learning opportunities and professional development to all staff. The current internal intranet page will also be redesigned, ensuring organized access to all HDGH news and information. Additionally, HDGH work email and select programs will soon be available to allow for access from home.

Effective leadership requires making a conscious effort to connect with and tune into the needs and ideas of our people. The 2016 Employee Engagement Survey will launch this year and allow for HDGH employees to give their feedback and ensure their voices are heard.

Acknowledging the great work being done by our employees, a new employee recognition program will focus on peer to peer recognition and will be introduced this year. In addition, we will be submitting an extensive application for an Excellent Workplace Award this year and hope to announce our success this fall. Lastly, HDGH has established a “Mission Achievement Team” composed of community partners and internal front line staff. The work of this Team is crucial to embed our mission into the work we do every day through partnerships and outreach to our community.



In today's fast-moving and ever-evolving of healthcare system, it is critical that we spend the energy, resources and commit to our people. It's an essential part of success to have a highly engaged, motivated and inspired team. The initiatives, programs and commitments above, are examples of how we will achieve this success. As we strive to be leaders in healthcare in our region, it's important to recognize that this will come from the environment within our organization; a dedicated, passionate and smart workforce of over 1,100 people strong.

I am always available for questions or conversation around "Our People" and the work we are doing to better support the staff in our organization. I can be reached via email (mary.benson-albers@hdgh.org) or by phone (519-257-5111 ext. 74151).

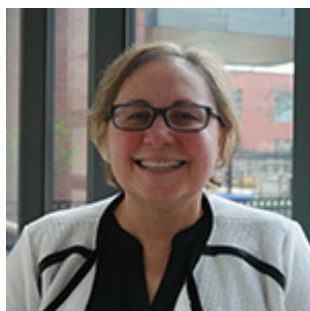


OUR VISION

A trusted leader transforming healthcare and cultivating a healthier community

ESTER LIPNICKI

Chief Nursing Officer
and Executive Director of
Patient Experience



Our patients and their families are important partners in care, working closely with our dedicated healthcare team. Hôtel-Dieu Grace Healthcare (HDGH) is highly committed to our patients in everything we do. We have a firmly rooted commitment to deliver the best possible care to the citizens of Windsor- Essex and to provide a patient experience that exceeds expectations. This has translated into a relentless

drive towards improving their quality of life through a culture of safety and evidence-based care.



As a foundational step towards the development of a Professional Practice Governance model and the advancement of our Quality Framework, an Interprofessional Practice Council (IPPC) was established in November of 2015. This council brings together various practice and operational leaders, as well as front line clinicians to oversee and discuss legislative, regulatory and clinical outcomes to ensure delivery of informed best practice across our organization. This structure supports the development of unit based councils that will focus on quality, practice and education/ research interests for their respective areas. This ensures staff has an opportunity to have their voices heard and to make a difference in how care is delivered at Hôtel-Dieu Grace Healthcare.

Thus far, the IPPC in collaboration with the Quality Improvement Team (QIT) has been monitoring and ensuring the delivery of quality care based on risk assessment and current performance. Areas of key focus have been in safe medication practices, prevention of falls with injury, prevention of wound ulcers and maintaining very low levels of hospital acquired infection rates (HAI).

In November 2015 the Shared Governance project was also launched. This project aims to develop and implement a shared decision making model of interprofessional practice at Hôtel-Dieu Grace Healthcare. It is founded on the core principles of partnership, equity, accountability and ownership that form an empowering framework for professional practice.

As per their approved scope and with leadership support, the unit based councils formed in this model will contribute through their work to

achieving organizational strategies and goals for their programs and areas. This is instrumental in ensuring that quality of service, patient experience and patient and family centered care is at the core of all that we do at the front line of service. It is expected that by the end of 2016/2017, all of the inpatient areas will have in place well-functioning unit based councils.

Early this year, The Scope of Practice project began as a coordinated response to ensure that nursing staff was optimized to appropriately care for more complex patient needs. This project is being delivered in collaboration with St. Clair College and Hôtel-Dieu Grace Healthcare professional practice staff. The first cohort of staff began classes in April 2016. It is planned that all identified nursing staff will have completed these educational programs in the next 1 – 1.5 years. We have heard loud and clear from our nursing staff how important it is to professional development that nurses are practicing to their full scope of practice. We are very pleased and proud to move to this expectation.

ACCREDITATION

In June 2015 HDGH successfully completed its first stand alone on site survey with Accreditation Canada. There was over 96% compliance to the standards criteria and all 28 required organization practices (ROP) indicative of quality and patient safety processes, were achieved. As part of a bridging survey, the Regional Children's Centre (RCC) completed its first on-site survey under Accreditation Canada, and met all 4 of their ROP's in addition to a 98.5% compliance rate to the standards criteria.

Overall, HDGH was awarded "Accreditation with Commendation" status. This is a 4 year award. Some of the noted comments by the surveyors were the following; there is a "strong commitment of staff and leadership to the core values and to the development of a learning organization". "Patient and family feedback is overwhelmingly positive". "There are a significant number of noted strengths in the area of occupational health and safety and in particular the focus of HDGH on violence prevention". "The organization is encouraged to sustain the achievements and maintain the momentum of this quality work".

PATIENT EXPERIENCE

Canadian healthcare is entering a critical period of change; new governments, funding caps, and legislation are putting healthcare providers under a great deal of pressure. As such, ensuring that HDGH responds in a systematic way to care by putting the appropriate initiatives in place so that our patients remain at the forefront is critical to our strategy and to our ongoing sustainability.



We know that when we partner with a patient, we don't just improve their experience, we also enable improved health outcomes. Hôtel-Dieu Grace Healthcare is committed to patient and family-centered care. This means supporting initiatives that engage patients and families in designing, delivering and evaluating health services, with the goal of improving the quality of care. It means working in collaboration with patients and families.

In 2015, we established the Patient and Family Engagement Council (PFEC) to enable current and former patients, family members and caregivers with a venue to offer their input and perspective on hospital initiatives. They will also work on improvement projects that are personally meaningful to them. Team members consist of a majority of patient and family advisors, as well as front line staff and departmental leaders.

The PFEC is an opportunity for patient and family advisors to shape change throughout HDGH, participate in forming policies and procedures, improve patient safety, design a more welcoming and patient-centered environment as well as to review relevant forms and educational materials. Currently the PFEC is developing a visiting/family presence policy. The goal of this project is to broaden the understanding of who should define family, who can be a "partner in care," and how they can participate in providing care and support.

THE RIGHT PATIENT, IN THE RIGHT PLACE AT THE RIGHT TIME - A SYSTEMATIC WAY OF CARE

As a non-acute care hospital specializing in rehabilitation, mental health, complex medical and palliative care, our flow and transition policies and processes have been developed based on best practices identified by our Erie St. Clair Local Health Integration Network (ESCLHIN) and provincial partners. We have worked with our partners in acute care, community and government agencies to establish intake and referral criteria in the context of the Rehabilitation Care Alliance and alternate level of care (ALC) avoidance framework. Newly developed balanced scorecards to monitor progress of key indicators will support the achievement of flow and transition indicators, assuring patient access, quality and system integration. There was a great level of success in achieving the Quality Improvement Plans (QIP) [2015-2016](#) indicators and we look towards continued success for the [QIP 2016-2017](#) indicators.



LEADING THE DELIVERY OF NON-ACUTE AND COMMUNITY SERVICES FOR TODAY AND TOMORROW'S WINDSOR-ESSEX

As the only non-acute care hospital in Windsor-Essex, we have a responsibility to our region to continue to excel in the delivery of care and remain focused on our core business in this broader community.

We know that our population is aging and the consumption of healthcare from those 65 and older is going to increase dramatically. Over the last two years we have done a lot to understand this dynamic and others like it that will impact our services and programs. We are developing concrete and informed plans on how we can begin to improve access for our patients while working together within a healthcare system. The future looks very good for HDGH, our staff, our patients and our community.

As I reflect on the last year, I am certain that we have put the tools in place to not only anticipate the changes to come but more importantly, get ahead of them. Thanks to the dedicated staff in this organization, I am able to positively reflect on this last year and am not only optimistic but excited for the work being done today. Should there be any questions, or comments about this work, I would be happy to hear from you via email (ester.lipnicki@hdgh.org) or phone (519-257- 5111 ext. 74121).

We will continue to expand on how patients are engaged in their health, delivering the best non-acute care now and in the future.



OUR VISION

A trusted leader transforming healthcare and cultivating a healthier community

MARIE CAMPAGNA

Chief Financial Officer
VP Corporate Services &
New Business Development



The past year has been a very exciting and productive one for Hôtel-Dieu Grace Healthcare (HDGH) and for my portfolio. I am very proud of the significant accomplishments in the clinical areas as well as within the supporting infrastructure departments. In 2015/16, we developed our strategic plan, published a comprehensive operating plan and launched our Project Management Office

(PMO). We converted Complex Medical Care (CMC) beds to much needed Rehabilitation beds, provided an intensive code white training plan and developed our Long Term Mechanical Vent (LTMV) strategy.

In support of clinical services, we enhanced the financial literacy of the organization, embarked on an intensive benchmarking project, transitioned a number of purchased service functions to in house services and developed processes to lead change within the organization. We found ways to step-up the quality of environmental services, improved on food service delivery options and enhanced the physical facilities. An integrated risk management framework was developed and mechanisms were developed to identify report and manage risk. Finally, we effectively managed our budgets and were able to invest in improvements to the organization including the purchase of capital items like new ventilators, refreshed computer systems, patient beds and other equipment.

Turning to 2016/17, my mandate has shifted with the addition of New Business Development and we are very excited to be launching opportunities within this strategy. We will also continue the focus on improving our financial results through a continued emphasis on benchmarking and cost management, facilitating continued improvements in documentation, and enhancing our "Core to Care" initiatives. Implementing the new staff scheduling program will streamline our workflow and provide staff with accurate schedules in a timely and efficient manner. To strengthen our internal communications, all staff will have access to their work e-mail and the HDGH intranet through new remote access capabilities. Food services will be improved for both patients and staff and we will continue to develop our buildings and grounds. Although we will have challenges ahead, 2016/17 promises to be another exciting year at Hôtel-Dieu Grace Healthcare.



I would like to take the time to breakdown my three areas of delivery and recognize the importance and detail being down within them.

BEST PLACE TO WORK

Payroll/Timekeeping

In 2015/16 considerable work was undertaken by the Finance Department to ensure that we had the most current payroll and timekeeping programs. These enhancements allow us to accurately capture payroll information and ensure that we pay our staff accurately and on time.

Staff Scheduling

One area of frustration that we heard about from both staff and management was scheduling. For management, it was a cumbersome and tedious process and staff needed to have accurate and timely schedules to assist in their planning. Also, changes in schedules needed to be accurately captured by the payroll systems. Late last year, we initiated a project to launch staff scheduling. Much work has occurred on this project, including the identification of a stand-alone staffing office. We expect this program to be fully operational early in 2016/17.

Remote Access

Many staff members told us that they would like to be able to access their e-mail and HDGH intranet from home. We worked with Transform to identify a cost effective way to provide this access to all staff members. Using the internet, staff will be able to securely connect to their e-mail via OWA (Outlook Web Access) as well as to all web enabled programs. Remote access for e-mail will be available by the end of May 2016 and most web enabled programs will be completed by the end of June 2016.

SUSTAINABLE/FISCALLY RESPONSIBLE STEWARDS

There are many programs underway supporting this mandate:

Budget Development and Management

Budget development is an open, inclusive process whereby many individuals in the organization participate. The budget owners have full responsibility for their budgets and are ably supported by their “budget buddies”. Once the budget is set, Finance works with managers to ensure that the budget is adhered to and improvements are made where possible. In 2015/16, we performed very well against the budget. This was partially due to the change in services as well as sound financial management, including sick, overtime, medical surgical and other supplies.



Financial Literacy

We are committed to continuing to build and enhance financial literacy within the organization. Late last year, the Finance Department launched their “Core to Care” initiative which is aimed at enhancing revenue/reducing expense in areas that do not impact patient care or staff services. We believe that all staff, and in particular, front line staff have a unique perspective that can assist in identifying these types of savings. We have already received some great input on cost-saving ideas and strongly encourage staff to continue to provide these contributions either to the finance department or myself directly.

Our Financial Management Meetings (FMM) are one way that we ensure that management staff are aware of our financial operations and how their individual departments contribute to our results.

Benchmarking

Last year, we embarked on an organization wide benchmarking project that allowed our managers to compare their operations to the top performers within other similar organizations. Where we are performing below the top performers, managers were asked to develop plans aimed at improving their operations. In the upcoming 2016/17 budget, managers found \$1.7M in savings that have been incorporated into the budget.

Implement Workload Measurement System

The Dynamine system was deployed in December. This is a workload tracking and management system that is utilized by our allied health staff members, including PT, OT, speech, clinical nutrition, pharmacists, etc. Our new funding formula heavily depends on capturing and reporting workload and we needed to ensure that we had a robust process for capturing this data. The Dynamine system is much more accurate, effective and user friendly than the previous methods.

LEAD-DELIVERY OF NON-ACUTE AND COMMUNITY SERVICES

1S planning and opening

From the initial days of re-alignment, it was clear that we needed to adjust our services to both meet the needs in our community and to ensure continued financial viability. In the fall, we were advised that there was an opportunity to further enhance our rehab services by repurposing PCOP (Post Construction Operating Program) funding and converting CMC (Continuing Medical Care) beds. Through a cross functional team, a plan was developed and forwarded to the LHIN for approval. To ensure that we had the maximum benefits from the new rehab beds, the new unit had to be opened quickly. Our Directors Council oversaw this project and we had a very successful opening within 5 weeks of program approval.



Food Service and Environmental Services Support

Our Hospitality Services Team, including food, environmental and material management services, provides foundational services to support clinical care. In 2015/16, a number of initiatives were undertaken to improve the cleanliness of HDGH. Routines were developed to ensure that work was fairly allocated and sufficient time was available to effectively clean the premises. A “what is clean” initiative was also launched to effectively assist staff understand cleaning requirements. A number of changes have also occurred in food services and we expect to see more in the coming year. We have installed “CBORD”, a food services program that supports menu planning, nutritional analysis and food purchasing; in reality, it is the hub of the diet office. With this software, we provide personalized menu choices with a food services staff member meeting daily with patients to determine their daily food order. This change also enabled us to improve our menu offerings by allowing more “cook from scratch” options.

Infrastructure Support

There are a number of initiatives that have been undertaken to support operations:

- ***Transitioning to In House Services***

Post re-alignment, a number of our support services were purchased from WRH. Over the past year, we have successfully transitioned a number of these services to on site departments; namely, Billing, Health Information Management, Privacy and Release of Information, Pharmacy, Respiratory Therapy, etc. Managing these functions ourselves has generally resulted in lower costs, improved services, better access to information and, in some cases, higher billable revenue. We have also started to transition Print Shop and Transcription services; these should be complete in 2016/17.

- ***Finance Decision Support Program (FDP) Group***

This group is a joint effort of the Finance and Decision Support Teams and recognizes the interplay between both functions and clinical services. It was established to review the specific components of the funding formula in relation to patient volumes/costs. It also reviews all coding that is currently being done within the organization. Currently, a significant component of our funding is driven by the documentation collected in the charts and the subsequent coding that is sent to government. By ensuring that we are capturing data appropriately, we ensure that our funding appropriately reflects the work that we are doing.

- ***Documentation***

Many people are surprised at the number of forms that are in place on this campus. Late in 2015/16, we initiated a project to document all forms that are currently in use. In 2016/17, we will be reviewing/consolidating/eliminating forms to bring the overall forms inventory to a much more manageable size – hopefully assisting staff with what they tell us is endless documentation.



- ***Risk Management***

In 2015/16, we developed an integrated risk management program that allows us to proactively identify, review and mitigate risk.

- ***Facilities Planning & Management***

A significant amount of work designed to improve the campus has occurred across the campus. Some significant items include renovations for the new rehab unit on 1S- Emara, renovation of the ADP space into rehab space, new chapel and non denominational spaces, renovation of the 1st & 3rd floor Casgrain building. In 2016/17, we will see an RFP for energy management retrofit projects. Under this model, energy savings will pay for improvements to the site.

LOOKING TO 2016/2017

As we turn our attention to 2016/17, we will continue to further develop a number of initiatives and strategies that we started in 2015/16. One new initiative to HDGH, and to hospital work in general, is the strategy of New Business Development (NBD). The initial goal of NBD is to generate incremental non Ministry of Health revenue to support our services. As this initiative grows, our goal would expand to increase development opportunities for our staff and potential job opportunities for our community.

Please feel free to contact me about anything you have read via email (marie.campagna@hdgh.org) or by phone (519-257-5111 ext. 73293).

I am looking forward to another busy year(s) full of positive change, growth, opportunity and success in cultivating a healthier Windsor-Essex.

M Campagna



OUR VISION

A trusted leader transforming healthcare and cultivating a healthier community

SONJA GRBEVSKI

Vice President of
Clinical Operations



Healthcare is changing in our region; program planning and development consistently remains guided by the principles of patient and family-centered care. At Hôtel-Dieu Grace Healthcare we are continually ensuring appropriate and sustainable services are provided to meet the ongoing restorative health needs of our community.

I, along with a dedicated team of Interprofessional staff are responsible for ensuring that we are providing care to the right patients at the right time and in the right place. Over the last year, we have made progress through cross departmental and community partner support, by increasing program and process efficiencies and expanding in the areas of community need – Mental Health and Restorative Rehabilitative Care.

Last year the Geriatric Assessment Program (GAP) and the Geriatric Mental Health Outreach Teams collaborated to develop a central referral and triage process. Our goal is the creation of a user-friendly single point access that will triage patients to ensure they are receiving the appropriate service with less confusion; one point of contact while reducing wait times for care.

After a detailed assessment of over 400 standards by the Ontario College of Pharmacists last January, the HDGH Pharmacy was provided feedback on areas where exceptional improvements have been made and areas where there can be more focus. From that assessment, developments have been made including the installation of the Pyxis Console allowing for enhancements to drug inventory and quota levels. The implementation of this console has reduced drug waste and ensured consistent availability of medications, thereby improving patient care and leading to cost reductions.

Establishing Hôtel-Dieu Grace Healthcare as a Centre of Excellence in Mental Health is in its first phase of development; a current state analysis, stakeholder focus groups, community partner and physician surveys as well as peer review by the Centre of Addictions and Mental Health have been completed. With continued support from the Project Management Team at HDGH, we anticipate moving forward to Phase Two in 2016.

In September of 2015, The Regional Children's Centre (RCC) received exemplary status by Accreditation Canada. RCC continues to work jointly with community



partners and agencies on essential programs and services, such as how to address early intervention for high-risk junior and senior kindergarten children, ensuring mental health related concerns are addressed early and treated appropriately.

To lead the delivery of non-acute and community services, it is critical that the right programs are in place for our community. Recognizing the need for rehabilitative services continues to be required; we know there is opportunity to continue to grow this care. As such, Hôtel-Dieu Grace Healthcare opened a new 30 bed Rehab Unit in January of this year, expanding the program from 60 to 90 beds. The expansion of our rehab program allows for targeted cohorting of like patients providing more specialized care to our community.

This year, Hôtel-Dieu Grace Healthcare implemented a stand-alone Respiratory Therapy Department. This team is able to provide enhanced support to our Pulmonary Rehabilitation Program and is assisting with Smoking Cessation for patients in support of the Provincial Smoke Free Hospital Site Legislation. In collaboration with the Erie St. Clair Local Health Integration Network, HDGH is leading the development of a strategy to provide a coordinated continuum of service for people that require long-term mechanical ventilation. Both a Steering Committee (includes key stakeholders from across the LHIN) and Advisory Committee (expert panel from best practice organizations) have been established and are working to improve the quality of life for those who depend on long-term mechanical ventilation.

We accomplished many things in 2015, but there is still much work that remains - new initiatives to implement and goals to achieve. In 2016, we will continue to establish Centres of Excellence in Rehabilitative Care and Mental Health, and our plan to have the Transitional Stability Centre fully operational beginning in May 2016. This innovative Centre will offer a community-oriented day and outreach program to those experiencing acute mental health and/or substance use episodes.

Other initiatives include but are not limited to; the development and implementation of the Rehabilitation Outreach Team, redefining the community crisis program and the development of a campus-wide Behavioural Educational Curriculum.

Please feel free to contact me with any questions you may have. I am available via email (sonja.grbevski@hdgh.org) or phone (519-257-5111 ext. 73544). We are looking forward to continued years of success, improvements, and development advancing the healthcare system in Windsor-Essex.



OUR VISION

A trusted leader transforming healthcare and cultivating a healthier community

DR. ANDREA STEEN

Vice President
Medical Affairs



It has been a year of significant positive change for the Professional staff at Hôtel-Dieu Grace Healthcare. In 2015, we engaged the consulting firm of Korn Ferry; Hay Group, to assist with the development of a new physician leadership model that would ensure ongoing, active engagement of our physician leaders with our professional staff. This new leadership model was presented to the Professional Advisory Committee (PAC)

and Professional Staff Quarterly Meeting in June 2015.

In accordance with this model, and to reflect our new hospital following realignment, the Professional Staff By-Laws have been developed and drafted to encompass these changes. In recent months, our medical staff has been afforded the opportunity to review and provide feedback on these draft by-laws online, at departmental meetings and at Quarterly Staff Meetings. The By-Laws have recently been approved by our Professional Advisory Committee, and will be formally approved by our professional staff and the Board of Directors by June 2016.

We have also successfully begun the transition to the recommended programmatic model over the past 6 months. The two new programs; Restorative Care and Brain and Behaviour, have been created and the Program Medical Directors have been appointed to lead these programs. Dr. Jeff Cohen will lead the Restorative Care program which encompasses Complex Medical Care as well as Rehabilitation, and Dr. Brian Burke will lead the Brain and Behaviour program, which incorporates the extensive Mental Health Programming at HDGH. Clinical Leads for each will be identified in the coming months to assist in strengthening the leadership structure.

PHYSICIAN ENGAGEMENT

In order to establish clear communication and engagement between the Executive Leadership Team and the Professional Staff, we ensure attendance of the Leadership Team to the Quarterly Staff Meetings, Professional Advisory meetings and any individual Program meetings held at HDGH. This invitation extends to the Professional Staff to attend the open meeting of the Professional Advisory Committee or the Board of Directors as well.



The Medical Affairs Department circulates a bi-monthly newsletter to all Professional Staff to notify them of any upcoming events and important information that is pertinent for physicians.

The Professional Advisory Committee has undergone some changes over the past year which has allowed for a greater number of physician committee members. Attendance includes: The Chair of the PAC, the Vice President of Medical Affairs, the Program Medical Directors, the Clinical Leads, and the President and Vice President of the Professional Staff Association.

ACADEMIC VISION

In the last year, we have increased communication with the Schulich School of Medicine and Dentistry which include regularly scheduled meetings, and liaison opportunities with the Assistant Dean; Dr. Larry Jacobs. The Medical Affairs Department has been working with Schulich to create a more robust teaching rotation for residents and clerks by increasing our presence in the clerkship orientation. Medical Affairs has supported ongoing medical education opportunities for the Professional Staff as well as Medical Trainees. Presently, we are working on the establishment of a Hôtel-Dieu Grace Healthcare specific orientation for Schulich Clerks and Residents. Regular meetings take place with Schulich liaison committees including students, post graduate lead, and city wide communication between Hôtel-Dieu Grace Healthcare, Windsor Regional Hospital, and University of Western Ontario.

QUALITY MEASURES

The Chair of the PAC is currently working with both Program Medical Directors and Clinical Leads to develop and implement program and physician scorecards. The PAC scorecard will ensure that our professional staff is providing excellent patient care and a safe culture while working to become a Centre of Excellence across the organization.

In order to establish a measureable improvement in our patient quality of care, the Medical Quality Assurance Committee was formed in January 2015. Regular monthly meetings take place for this committee with engagement of key physician leaders who review patient charts, and raise quality concerns in order to create a safer and more efficient patient environment. The work of this committee has led to the creation of robust processes to address quality improvement opportunities and create efficiencies with patient care. Our PAC Chair regularly attends and reports to the Board Quality Committee to ensure that initiatives are in place and on track for progress.



There has also been ongoing collaboration with the Executive Leadership Team and Directors in the Operations Utilization Committee to address concerns and challenges that exist with patient flow and to recommend and implement system improvements.

In 2016, we have asked all professional staff to sign a statement of commitment for "Prevention of Workplace Violence". All professional are required to sign this document on a yearly basis as a part of our quality initiative and re-commitment to a safe workplace.

PHYSICIAN RECRUITMENT

Looking at our future, it is of the utmost importance that we have a proactive, and vigorous, human resource plan that ensures the right mix of professional staff to meet the future needs of the organization. We are thrilled to have recruited new geriatricians for the new Geriatric Rehabilitation Unit and the Geriatric Assessment Program and currently have ongoing physician recruitment in other clinical areas, such as our Brain and Behaviour program. An impact analysis is currently under review regarding the upcoming Professional Staff needs with regards to recruitment at HDGH. The creation of our E-Orientation for Physicians and residents is currently in progress and will be complete in 2016. We will continue to develop a dynamic, easily accessible Medical Affairs Department that physicians recognize as a resource and support for their work at HDGH.

FUTURE PLANNING

Currently a new human resource plan is in place to address our aging physician population. We have future plans to build a research program with a lead physician and in partnership with the University of Windsor for the fall of 2016. We are working towards the continued strengthening of our new geriatric physicians and supporting new innovative geriatric programming to serve our community. The recruitment of physicians at HDGH is on-going, and we are excited to announce that our first psychiatry resident has now graduated and will be joining our hospital in July, 2016.

OUR MISSION AND GOALS

Our goal in the Medical Affairs Department is to create an atmosphere of respect and teamwork for all professional staff with a clear vision of the values of HDGH and a commitment for quality experience for our patients. As Vice-President of Medical Affairs, I am honoured and proud to be working with such a dedicated group of physician and administrative leaders who are passionate about providing excellent



patient care. I look forward to the many more accomplishments that we will achieve as we work collectively in the years ahead.

Should you have any questions about the above or our plans moving forward, please do not hesitate to contact me directly via email (andrea.steen@hdgh.org) or phone (519-257-5111 ext. 76930).



OUR VISION

A trusted leader transforming healthcare and cultivating a healthier community

MARY BROGA

Executive Director
Lead Agency for
Child and Youth Mental Health



In 2014, Hôtel-Dieu Grace Healthcare was named a Lead Agency by the Ministry of Child and Youth Services as part of a comprehensive mental health and addictions strategy (*Moving on Mental Health*). Moving on Mental Health aims to transform the experience of children and youth with mental health problems and their families so that regardless of where they live in Ontario, they will know:

- What mental health services are available in their communities; and
- How to access the mental health services and supports that meet their needs



As one the 33 lead agencies across Ontario, Hôtel-Dieu Grace Healthcare continues to work collaboratively with system partners from across various sectors to improve the mental health system for children, youth and families both locally and provincially. The Lead Agency oversees the Child and Youth Mental Health system including the core service providers of their geographic area. In Windsor-Essex those core service providers include: Children First, Regional Children's Centre, Maryvale Adolescent & Family Services, and Family Respite Services.

To assist with the this complete system transformation, we have separated responsibility for the lead agency from the Regional Children's Centre operations as it includes one of the four core service providers it will oversee.

Both the Core Services Delivery Plan and the Community Mental Health Plan were reviewed with sector partners and core service providers. Revisions were made to both plans based on stakeholder feedback. The Core Services Delivery Plan Priorities for 2016/17 were identified as the following: identification of care pathways for youth 13-18 who are in need of mental health services; development of a Central Access mechanism for children & youth mental health; and development of a cross agency partnership to meet the needs of JK/SK children who are identified as having mental health challenges. The Community Mental Health Plan also identified the same first two priorities – care pathways for youth aged 13-18 years and the development of a Central Access mechanism. The third priority for the community plan for 2016/17 involves the development of care paths for youth across sectors. It involves

taking the mental health care paths for this age group and finding the entry and exit points for youth involved in Youth Justice, Child Welfare, and Developmental Services.

At the community level, efforts continued in the development of a Service Area Family Engagement and Youth Engagement strategy. Both strategies are core processes under *Moving on Mental Health*. Family Engagement training for service providers was conducted by the Centre of Excellence for Children's Mental Health. A Steering Committee has been established and a parent consultant has been identified to help guide the initiative. Similarly, Youth Engagement training was provided by the Centre of Excellence for Children's Mental Health for service providers. A Steering Committee of youth and youth mentors has been established. The youth have engaged in several activities to increase awareness of mental health issues and to address stigma.

On a provincial basis, the other lead agencies from across of the province have formed a Consortium to create a stronger provincial system for children, youth and families that is consistent throughout the province. The Vision of the Consortium is an exceptional system of mental health services for children and youth in Ontario and its Mission is to help Lead Agencies and their partners succeed in delivering value and improving access to equitable service. The Consortium is committed to developing consistency of practice and service delivery across the province so that the child/youth and family experience in one part of the province is similar to that delivered in another part of the province. The Consortium is also committed to developing performance measures that are comparable across provincial service areas. This strategy will allow for more accurate public accountability as well as benchmarking for lead agencies. The Consortium is working closely with the Ministry of Children & Youth Services. Two priorities for 2016/17 include the development of Accountability Agreements for the sector and the development of a Readiness Assessment tool to identify when a Lead Agency is at maturity and able to take on the subcontracting responsibilities. Hôtel-Dieu Grace Healthcare is part of a working group with three other Lead Agencies and the Ministry in developing the template for the Accountability Agreements. This work is to begin in April 2016.

At the Ministry's request, Hôtel-Dieu Grace Healthcare was invited to help with meeting the deliverables for Moving On Mental Health in the Niagara area. The required Core Services Delivery Plan and the Community Mental Health Plan were developed in consultation with the Niagara community providers, families, and youth and have been delivered to the Ministry.

Both the Core Services Delivery Plan and the Community Mental Health Plan are assisting in clarifying the care paths for children/youth and families and identifying both gaps and areas of duplication.



// I want to understand the path I have to take to GET care and the path I have to take to get OUT of care,"

Family Focus Group Participant

In 2016/17, this work will continue with cross sectoral care path planning and the development of a Central Access mechanism to ensure the child/youth and family receive the service they require.

Engagement with providers, families and youth has enabled Hôtel-Dieu Grace Healthcare to bring the community together to improve the child & youth mental health delivery system. Provincially, Hôtel-Dieu Grace Healthcare is participating in ensuring equity in core service delivery across the province.

Defining core services and key processes is fundamental to the design of a system that makes sense for children and youth. Hôtel-Dieu Grace Healthcare takes its role as Lead Agency seriously in the development and delivery of an efficient and reliable system in Windsor-Essex, making services effective and accountable to parents, youth and children.

I welcome any questions or conversations about the above and can be reached by email (mary.broga@hdgh.org) or phone (519-257-5111 ext. 74017).

Mary Broga



**CEO Report
(attachment)**

OUR VISION

A trusted leader transforming healthcare and cultivating a healthier community

JANICE KAFFER

President & CEO



Achieving Our Vision - Living Our Mission

As we have begun a new fiscal year and the next phase of our strategic plan, I wanted to take a few moments to reflect on the accomplishments of the past year and the work that lies ahead as we continue to work toward our vision.



As you know, healthcare is changing rapidly and continuously. Changes to the funding model, the push for tighter integration of services and the movement of healthcare services closer to home is dramatically changing our healthcare system locally and across the province. As the sole provider of non-acute services in Windsor-Essex we know that our community needs us to be proactive and willing to make fundamental changes that will lead us to being more efficient, more effective and more patient centered. Working in collaboration with the LHIN and our community partners we are reaching outside the walls of our hospital to help create a healthier community. To achieve our vision, we identified three strategic drivers with a number of key priorities in each area. In 2015, we began significant work in each area and I am proud to say that we did it while achieving a balanced budget for 2015/16.

OUR PATIENTS

We are committed to improving the quality of life of our patients through an evidence informed culture of quality and safety. As such, in 2015 we established an Interprofessional Practice Council (IPPC) which brings together various practice and operational leaders as well as frontline clinicians to ensure the delivery of informed best practice across the organization. We recently launched a Shared Governance project that will make way for unit based councils which will provide an avenue for staff to have a voice in decision making and ensure that quality services, the patient experience and patient-family centred care is at the centre of all that we do. In response to the changing needs and increased complexity of our patient population, our clinical practice team has partnered with St. Clair College to increase our nursing scope of practice.

Our newly established Patient and Family Council will bring the patient and family voice to the forefront.

In January, we transitioned 40 CCC beds, opened 30 rehabilitative care beds and began cohorting like patients across our 90 bed rehab program. This expansion will provide for more specialized care and allow us to get patients here from acute care, start their rehabilitative care journey and get them back to their daily lives much sooner than in the past. In our mental health programs we are launching the Transitional Stability Centre, successfully completed accreditation in our children's programs and continued to work collaboratively with CMHA to improve integration and transition between services so that those in need receive more seamless and less fragmented care from us both.

OUR PEOPLE

We know that we cannot achieve our vision or deliver quality care without you – our committed staff, physicians, and volunteers. As such, we have made your safety, your development and your wellbeing a priority. We want to continue to attract and retain the top talent and as such we are committed to your development so that you will learn and grow along with us.

This year we built and launched the Halogen performance management solution so that all of our team members are clear about what their role is and how they are contributing to the work of the organization. We are committed to creating a safe and supportive work environment. I am proud of the work that we have done to support a workplace free of violence and am representing the efforts of our organization as a member of the provincial workplace violence committee.

As a devoted mother and amma, I know that life isn't just about work. That being said, I also know that being happy and healthy at work can contribute to an overall happier, healthier life. That is why we have developed a comprehensive human resource strategy that includes a robust wellness program, an employee and physician engagement strategy and a reward and recognition strategy. Recently launched, we will continue to implement and expand this work through the coming year.

OUR IDENTITY

For the first time, the Windsor-Essex community has a hospital whose sole focus is non-acute services and as a result we have been diligently working to define our place in the local and regional healthcare system. Through our Changing Lives Together campaign, our social media efforts, community events and partnership work, we are getting the word out about who we are, the services



we provide and our deep commitment to creating a healthier community. This commitment to our community is part of our heritage and one that our board of directors fully supports. In fact during our fall board retreat, the board established a statement of purpose declaring “Our purpose is to help people lead a healthy life”. To enable this, we have established a Mission Achievement Team comprised of representatives from across the organization as well as key community partners. We also renewed our commitment to developing a robust research and innovation program in partnership with the University of Windsor and St. Clair College. Together with our partners we will ensure that HDGH is on the leading edge of non-acute and community healthcare.

In the year ahead, we will further establish our new Changing Lives Together foundation which will support our vision and our mission while continuing to strengthen our community partnerships. Through this work we will be introducing a new signature event to raise funds in support of our rehabilitative care programs. We will continue to work with our colleagues from Windsor Regional Hospital on the development of a new Windsor Essex healthcare system including a new single site acute care hospital as well as significant investments to our campus and Ouellette Avenue. This year we will be actively working to establish Centres of Excellence in Mental Health and Rehabilitative care. We will continue to more clearly define the intake and discharge criteria for all of our programs so that we are ensuring timely access to the right care. Further enhancing our rehabilitation program will be an outreach team that will be implemented later this year. We will work with the LHIN and our community partners on the development of a Palliative care strategy. Our research and innovation department and our recently established new business development department will create new opportunities for clinical innovation, partnerships and revenue generation.

As I reflect on all of this work, I am proud of what our team has accomplished. Looking ahead, I am confident that the work of the coming year will bring us closer to realizing our vision. Please feel free to contact me should you have any questions, comments or suggestions about the work being done at Hôtel-Dieu Grace Healthcare. I am available via email (janice.kaffer@hdgh.org) or by phone (519-257-5111 ext. 73931).

Together, we are improving and transforming healthcare and creating a healthier community.

Together, we are changing lives.

Janice Kaffer



Board Chair
(verbal)

Adjournment
Media Debrief (if necessary)
Board/CEO Debrief