

BOARD BRIEFS



HÔTEL-DIEU GRACE HOSPITAL HIGHLIGHTS OF THE BOARD OF DIRECTORS MEETING JUNE 24, 2008

Coroner's Jury Recommendation- Progress Report on Responses and Actions at Hôtel-Dieu Grace Hospital

Mr. Sovran and Mr. McEvoy presented the progress report to the Board. In his opening comments Mr. Sovran relayed the following message:

In January, the board of directors made a commitment:

- to the Dupont and Daniel families
- to our staff and patients
- and to the community

That commitment, was to implement all of the recommendations of the coroner's inquest, that were within our ability and authority to act upon.

We committed to creating a realistic, achievable work-plan to reach that goal.

And we committed to being open and transparent – sharing both good and bad news – and to deliver a report on our progress after six months.

Yesterday, we notified the families and other interested groups of the imminent release of this progress report. Earlier today we made that report available to the Dupont family.

And this evening we are sharing it with you.

To facilitate implementation of the recommendations, we took the jury recommendations and broke them down further into 37 specific actions.

In other words, we identified all those areas where we were called on to act.

Of these action items, 34 were directed to all public hospitals and collectively we share the responsibility of implementing them. Three additional recommendations were directed solely to Hotel Dieu Grace Hospital.

This evening, I can report to you that we are making good progress.

All of the recommendations that were directed solely to Hôtel-Dieu Grace have been fully implemented.

All of the remaining recommendations have been implemented or will be implemented according to our work plan.

The delivery of this inquest implementation progress report is only a beginning step in what the hospital considers a continuous journey.

Some of the work is not yet finished. But have no doubt that it will be.

The Board has vowed to continue to work vigorously on completing the implementation.

Lessons learned from this review will help us improve as a hospital-- to improve our processes, policies and practices and will serve as an example to others.

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Our determination is strong.

Our support for the recommendations is strong.

We will get the job done.

There's more than one way to endorse something.

One way is through words.

But another way – one we feel is more meaningful – is to endorse through our actions.

We endorse the Dupont/Daniel jury recommendations in the strongest way we know how – by implementing them.

Are we perfect? No.

But can we strive for perfection, nonetheless? Yes.

We must.

For the sake of all of those impacted by this tragedy.

For the sake of all who enter this hospital – as staff or as patients.

And for the entire community.

Following the report presentation the board passed the following motion:

WHEREAS the Board of Directors of Hotel Dieu Grace Hospital has committed to implementing the recommendations of the coroner's jury in the inquest into the deaths of Lori Dupont and Marc Daniel;

AND WHEREAS it is committed to the safety of its staff, its patients and its community;

AND WHEREAS it intends to lead by its example and its actions in raising awareness of intimate partner violence, and in supporting and assisting victims of this violence;

AND WHEREAS the Board has received and will continue to receive monthly reports;

The Board of Directors accepts the "Progress Report on Responses and Actions at Hotel Dieu Grace Hospital";

AND hereby fully endorses all of the recommendations that fall within its authority. CARRIED.

Mr. Sovran indicated the full report would be available tonight on the hospital's external website (under the newsroom tab). It will also be posted on the HDGH intranet site under breaking news.

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FINANCE COMMITTEE REPORT – Mr. Walter Benzinger, Chair

Mr. Benzinger reviewed the May 2008 Operating Results and noted that for the month of May, there is a deficit from hospital operations of \$61,000 resulting in a year to date deficit of \$451,000. Year to date salary expense is over plan by \$148,000 partly due to overtime (\$48,000 over plan) and the timing of the implementation of the Process Improvement Project. Mr. Benzinger pointed out that there was a negative variance of \$325,000 in Med/Surg supplies due in part to joint replacements being ahead of plan.

The progress in achieving the Operational Efficiency targets was reviewed and it was reported that although we are behind in some areas of the plan, overall there is a savings of almost \$400,000 compared to April and May 2007. Based on 2 months of operations the forecasted operating surplus remains on plan at \$2.4 million.

Appointment of Auditors:

Mr. Benzinger reported that KPMG was reappointed as the hospital's auditors for the 2008-09 fiscal year.

PATIENT SAFETY AND COMMUNITY CARE COMMITTEE – Mr. Paul Dollar, Acting Chair

Mr. Dollar reported that a presentation was made to the committee by Dr. Shum, Chief of Laboratory and Dr. Schneider, Chief of Oncology regarding pathology services and the quality and safety measures that are in place. Dr. Shum explained that labs provide up to 80 percent of the information involved in clinical decision making and that clinical decision is divided in to three steps: Clinical Oncology; Diagnostic Imaging and Surgical Pathology. He stated that there are monthly departmental Quality Assurance rounds to review difficult cases and that there is a close working relationship with oncologists and other clinical departments.

Dr. Schneider, Chief of Oncology explained the Quality and Safety Measures from the Oncology Services Perspective. He stated that the components for oncology services are physician(s) and department manpower. He noted that appropriate manpower allows for manageable workloads, minimizing error. Dr. Schneider advised that ongoing medical specialist are required to participate in maintenance of competency (MOCOMP). Oncologists also participate in Clinical Trials and they need to keep knowledge base current which is a requirement for clinical teaching.

Essentials of Disclosure

Mr. Dollar reported that a presentation regarding the Mandatory Disclosure of Critical Incidents was made to the committee by Shannon Tompkins, Risk Manager. He noted that as of July 1, 2008 every public hospital in Ontario will be required to have a system in place for the mandatory disclosure of critical incidents.

He stated that Ms. Tompkins advised the committee that disclosure of critical incidents to patients is not a new practice or policy at Hôtel-Dieu Grace Hospital. HDGH has had a disclosure policy in place for five years. Prior to the amendments there was no mandatory requirement to report critical incidents to the patient or family.

C Difficile Reporting

Mr. Dollar advised that the Ministry of Health and Long Term Care has launched transparency in Patient Safety Indicators. C. difficile rates will be made public beginning September 30th. All Ontario hospitals are required to publicly report on C difficile rates in their facilities.

The list of patient safety indicators is:

Patients Safety Indicator	Start Date of Public Reporting
Clostridium difficile (C. Difficile)	Sept. 30, 2008
Methicillin-resistant Staphylococcus aureus (MRSA)	Dec. 31, 2008
Vancomycin-resistant Enterococci (VRE)	Dec. 31, 2008

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Hospital Standardized Mortality Ratio (HSMR) – mortality rates	Dec. 31, 2008
Rates of ventilator-associated pneumonia	April 30, 2009
Rates of central line infections	April 30, 2009
Rates of Surgical site infections	April 30, 2009
Hand hygiene compliance among health care workers	April 30, 2009

Patient Safety Monitor

Mr. Dollar highlighted that infection control continues to be a concern. VRE rates have gone up this quarter. This is felt to be related to the NAP1 strain of C-Difficile that requires vancomycin as a preferred treatment rather than Flagyl.

Organ and Tissue Donations

The hospital had 6 donations of organ and tissue between January and March of this year. This puts us at #3 in the province in terms of donations.

Angioplasty Update

We have done 177 procedures this past year and since the arrival of Dr. Morsi on April 1st we have performed 68 angioplasty procedures.

PLANNING & PRIORITIES COMMITTEE – Mr. Jim Evans, Chair

Mr. Evans reported that Mark Michasiw from Parkin Architects made a presentation to the committee regarding the hospital expansion. He informed the Board that the new building includes three floors with the third floor being level with the existing 4th floor. This addition will house key programs such as Angioplasty, ER expansion, Renal Dialysis, Day Procedures & Ophthalmology, Nuclear Medicine, elevators and a structure that is adequate for the addition of floors in the future.

Mr. Evans reported that concern about safety issues for both patients and employees with construction taking place above occupied floors was addressed by Mr. Michasiw who pointed out that this is currently being done at Mount Sinai Hospital where they are adding 6 floors over an existing wing.

Mr. Evans stated that a larger addition (Phase 1) was created as a result of the Business Case. He noted that there is continuity between this plan and the former Hospital Services Restructuring Commission (HSRC) plan which may be important when presenting to the Ministry. Phase 1 is estimated at \$70 million and the total 20-year project is \$670 million. The majority of the project is scheduled to be done in 2016/17. With 158 hospitals in the province in a similar position to ours, Mr. Evans stated that there was some concern about the feasibility of the government being able to finance all of these projects to completion. He pointed out that the Ministry of Health approves functional programs not the Business Case and he stressed that the O.R. area is priority.

Mr. Evans reported that there are nine bidders for the lobby renewal project. The lowest tender was from W.D. Lester at \$554,990 plus GST with the highest bid going as high as \$645,000. He stated that the committee agreed with J.P. Thompson who reviewed the bids and recommended that W.D. Lester be awarded the contract. He pointed out that W.D. Lester is local and has had extensive hospital experience, including two small projects at HDGH. Renovations will start in two weeks and should be completed by Christmas.

Mr. Evans informed the Board that a requirement of the Business Case is the submission of a project request form. He pointed out that angioplasty had been identified in the Master Plan and that the proposal's estimated cost is \$69 million with \$57 million (90% of construction costs) to be funded by the Ministry of Health. Mr. Evans added that when

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the working drawings are ready for submission they will be forwarded to the Capital Branch of the Ministry.

MANAGEMENT REPORTS

REPORT OF THE CHIEF EXECUTIVE OFFICER – Mr. Neil McEvoy

Balanced Scorecard:

Metric	Target	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08
Patient Flow							
Occupancy	90.0%	93.2%	95.7%	96.5%	95.0%	96.7%	93.9%
Avg. Length of Stay	6.5	7.8	7.6	7.6	7.7	7.7	7.7
Safety of Care							
Patient Satisfaction	90.0%	90.4%	86.3%	90.2%	89.8%	88.6%	88.6%
Falls Rate	0.55	0.46	0.51	0.51	0.51	0.51	0.7
HSMR	100	111	106	103	103	102	102
People Friendly Place							
Staff Satisfaction	88.6%	68.7%					
Physician Satisfaction	91.9%	74.5%					
Affordability							
Projected Y/E Margin	\$4.0m	\$.617m	\$.249m	\$0.3m	\$2.8m	\$.369m	\$.499m
% Dept hrs over budget	10.0%	18.0%	22.0%	27.0%	24.0%	24.0%	33.0%

Notes:

- Occupancy reflects fraction of beds occupied on average during the day
- Average length of stay is total patient days divided by total separations
- Patient satisfaction provided quarterly by Picker survey
- HSMR reflects mortality ratio adjusted for severity of illness and hospital service profile

Key Indicators

- Occupancy has shown slight seasonal reduction.
- Average length of stay continues to hover about one day above our target.
- Hospital Standardized Mortality Ratio is at the expected value for our type and size of facility.
- Financial results for the two month period are on target for wages and benefits, but above budget for medical supplies.

Hospital Wide Improvement

- The work of the Strategic Leadership Team's *Transformation Plan of Care* – (TPOC) was introduced to the hospital family at a town hall meeting on Wednesday June 11th, and later in a special edition of Frontline News, published that same day.
- Two selected teams of front line staff and managers analyzed the two major Value Streams that we provide to our patients

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- **The Medical Value Stream** - describes the pathway of care provided to patients in need of Medical care, who typically enter our system through the Emergency Department, and leave from one of our in-patient medical units.
- **The Surgical Value Stream** - describes the pathway of care to patients who enter electively through the Pre-admission process, receive procedural care in the Operating Rooms, and leave the hospital from one of our inpatient surgical units (some of whom receive care in our Intensive Care Unit).
- These teams included staff from clinical support areas such as laboratories and diagnostic imaging, and from facility support including housekeeping.
- The output of these Value Stream Analysis (VSA) sessions has been a detailed list of areas that warrant attention. The type of attention is initially categorized as:
 - “Do-its” (small and immediate changes that can be implemented right away);
 - Rapid Improvement Events (RIEs) conducted in the third week of each month to begin practical and focused change;
 - Projects – extended initiatives that require more detailed planning and resources.
- This inventory of RIEs will be reviewed by the Steering Committee (made up of the Strategic Leadership Team and the Directors of the Surgical and Medical areas, who will develop a detailed schedule of events to be conducted over the next ten months. They will also identify the participants to take part in those events.
- During the week of June 16th, we provided special training to a core team of facilitators, drawn from those people in our organization who have experience in Lean thinking and processes. This team will provide our own growing capacity to continue this work indefinitely.

StrategiCare’08

- StrategiCare’08 has come to the end of its first phase. A report of its achievements and a map of its intentions for Phase 2 is included with the Board package.
- The process has clarified many areas of existing and potential cooperation among the Windsor-Essex County hospitals, and has clarified the extent of integration that is contemplated at this time.
- The Steering Committee has asked that each hospital Board approve proceeding with Phase 2 of the initiative.

Events and Recognition

- On May 23rd, Hotel Dieu Grace Hospital co-sponsored a breakfast meeting of the Windsor & District Chamber of Commerce at which Minister George Smitherman spoke about the healthcare system. In response to a question, Minister Smitherman was clear in his ongoing support for local voluntary governance of the hospitals, and referenced his concern that the cultures of the local hospitals be preserved and strengthened.
- On May 31st, many Board members participated in a workshop on hospital governance facilitated by Anne Corbett, a partner with Borden, Ladner, Gervais and co-author of the OHA’s “Guide to Good Governance”.
- During the month, our hospital joined in recognizing a number of groups who support the hospital, including staff members who have retired during the past year, the Grace Hospital Nursing Alumni Association, and donors who have contributed to the Hotel Dieu Grace Hospital Foundation and whose names appear on our donor wall.

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- On Thursday last, June 19th, we recognized our latest “Legends”, individuals who in the opinion of their colleagues have gone beyond the expectations of their normal roles in exemplifying the spirit and values of our hospital.

REPORT OF THE CHAIR – Mr. Egidio Sovran

Mr. Sovran thanked the Board for attending the recent Board retreat facilitated by Ann Corbett. The Governance Committee will meet in follow-up to this retreat.

REPORT OF THE CHIEF NURSING EXECUTIVE – Mrs. Patricia Somers

ORNGE Critical Care Land Transportation

Mrs. Somers updated the board on ORNGE Critical Care Land Transportation. Further to the information shared with the Board in May, she indicated that representative from ORNGE did come to Windsor on June 4, 2008 and presented an overview of their service. Present in the audience were the Essex County Hospitals, Chatham Kent Health Alliance, Henry Ford Hospital, Base Hospital and Emergency Medical Services.

It is anticipated that the start up of the ORNGE Critical Care Land Ambulance Service will be in the fall of 2008. ORNGE has just announced that their location in Windsor will be 3200 County Road 42 near the Windsor Airport.

Approval – Virtual Clinical Decision unit

Hotel Dieu Grace Hospital has been chosen as one of seven sites selected to participate as a Clinical Decision Unit (CDU) pilot site. The CDU pilot sites will operate for a twelve month period with an anticipated start some time this summer 2008. At this time we are awaiting further details with respect to the hospitals obligations and funding.

Update: Discharge Planning Process

A meeting was held with Dr. Doyle, Thom Morris, Virginia Walsh and Dr. Kidd regarding our model for discharge planning. The expectations for directors, unit managers and the clinical resource nurse (CRN) were also clarified. The role of the social worker was also highlighted along with the collaborative relationship that exists between the social workers and the patient care areas.

The meeting was constructive and was helpful in clarifying some misunderstandings regarding the roles and responsibilities of the various practitioners. Dr. Doyle was instrumental in bringing to light ways in which the discharge process could be better documented so that all practitioners would be aware of the work that is often being done behind the scenes in preparation for discharge.

The group will meet again in early July.

REPORT OF THE FOUNDATION– Mrs. Kim Spirou

- The foundation held its' Annual General Meeting on Wednesday June 18 and elected three (3) new board members to replace directors whose terms had expired. We welcome the following community members to our board:
Ms. Kim Marks
Mr. Bill Marra
Mr. Richard Vennettilli
- Capital Campaign Cabinet is engaged in meetings across the community with prospects for the campaign. Our cabinet numbers 24 at this time.
- Despite news reports that he is leaving our community to take up the position of President of The University of Ottawa, Allan Rock remains committed to our campaign and will continue as Honorary Chair.

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- Bill Marra and Egidio Sovran have agreed to be the campaign cabinet members assigned to discuss the campaign with individual HDGH Board members. Please be sure to accept their calls and request for meetings to learn more about the campaign and to show your financial support.

REPORT OF THE CHIEF OF STAFF – Dr. Art Kidd

No Report

REPORT OF THE ASSOCIATE DEAN OF THE MEDICAL SCHOOL – Dr. Tom Scott

No Report

Meeting adjourned at 9:05 p.m.