

BOARD BRIEFS



HÔTEL-DIEU GRACE HOSPITAL HIGHLIGHTS FROM THE MEETING OF THE BOARD OF DIRECTORS

October 29, 2008

FINANCE COMMITTEE REPORT – Mr. Allison

Mr. Allison reviewed the September 2008 Operating Results and noted that for the six months ending September, there is a surplus from hospital operations of \$365,000 compared to the budgeted surplus from operations of \$756,000. Overtime expense continues to exceed the budget by \$163,000 year to date as well as orientation costs at \$94,000 over budget. Staffing vacancies offset this amount with the result that total salaries are \$5,000 over budget. Medical Surgical supplies are \$439,000 over budget with the majority of the variance occurring in the Operating Room. Savings from the Operational Efficiency Project are being tracked monthly and the hospital has achieved \$845,000 in savings or about 42% of its year to date target. Although there is a working capital deficit, with the semi-monthly funding allocation, there is adequate cash flow to meet current obligations. Based on six months of operations, the projection for the year end operating surplus is \$1,300,000.

PATIENT SAFETY AND COMMUNITY CARE COMMITTEE REPORT – Mr. Paul Dollar

Cardiac Services Presentation

Mr. Dollar reported that an excellent presentation was made to the committee by members of the Cardiac Care team (Mary Yakopich, Andy Labute, Kathryn Holmes, Lora Piccinin, and Dr. Morsi).

The Cardiac team brought the committee up to date on services being provided which include 80 pacemaker implants between January and September 2008 and 228 PCI's between April and September. A Quality Assurance Program is in place in the Cardiac program that emphasizes patient safety and quality. A QA Coordinator is dedicated to the program and QA data is reviewed at each monthly operations meeting. Mr. Dollar reported that Dr. Morsi advised the committee that recruitment of a second interventionalist is underway and that there are plans to expand the Cath Lab to 12 hour days.

Patient Safety Monitor

Mr. Dollar reported that there are two new patient safety indicators "Acute Myocardial Infarction after Major Surgery" and "Death two and four days Post Op Any Surgery". He stated that there is a high percentage compliance of medication reconciliation in the ER and CTU and that HDGH is at the same stage or close to other hospitals.

The CCOT team recently celebrated their first year of operation and have made a tremendous difference with the nursing units. There is great satisfaction noted from our nurses that the CCOT Team respond within moments to help assess the patient.

Mr. Dollar indicated that HDGH had one case of C. difficile in the public report for August which was well below the provincial rate. MRSA and VRE are scheduled to be publicly reported in December.

Medication incidents and falls is a significant part of the patient safety monitor. Mr. Dollar reported that Best Practice guidelines for falls are in place. He stated that the information in the monitor is brought to the Professional Nursing Practice Team, Interdisciplinary Team and the MAC.

BOARD BRIEFS



MANAGEMENT REPORTS

REPORT OF THE INTERIM CHIEF EXECUTIVE OFFICER – Mr. John Coughlin

2008 HOSPITAL KEY METRICS

METRIC	TARGET	October 2008					
		APR	MAY	JUN	JUL	AUG	SEP
PATIENT FLOW							
OCCUPANCY Percentage	90	95	96.7	93.9	93.6	95.9	89
AVG LENGTH OF STAY - Days	6.5	7.9	7.4	7.8	7.6		
SAFETY OF CARE							
PATIENT SATISFACTION - Percentage	90	94.1	92	86.4	94.5		
FALLS RATE	0.55	0.51	0.51	0.7	0.86	0.57	0.55
HSMR Rate	100	60	57	59			
PEOPLE FRIENDLY PLACE							
STAFF SATISFACTION %	88.6	68.7					
PHYSICIAN SATISFACTION %	91.9	74.5					
AFFORDABILITY							
YTD Surplus \$ in Millions	4	-0.389	-0.450	-0.456	-0.428	-0.011	0.365
% Dept Over budget - total budget	10	52.5	53.5	52.5	48.1	47.5	48.5

* change to financial indicator from % dept hrs over budget to % dept over budget - total budget

*HSMR changed to HSMR rate excluding palliative care as this is reported monthly through CIHI now - public reporting will be all cases and this will be reported here as a footnote quarterly

* Current projected YE Margin 1.3million

*HSMR - all cases YTD rate 102

- Occupancy is on target.
- Average length of stay is one day above our target.
- Mortality Ratio (excluding palliative) is well below provincial target.
- Year to date surplus is below target of \$4 million.

Transformation Plan of Care

We continue to make progress with our Transformation Plan of Care. We recently updated our TPOC to reflect and emphasize the importance of the affordability piece. This is also reflected in our choice of projects for this month. With a focus on the fiscal aspects of our operations, the LEAN Core team selected a Value Stream Analysis of the OR/Surgical supplies. Supply costs in this area are rising significantly despite a decrease in our surgical volumes.

Accreditation Update

Five surveyors from Accreditation Canada visited our site to assess our hospital's performance against national standards for patient safety and operations from Sunday October 19 until Thursday, October 23, 2008. Members of the survey team engaged in one-to-one and group discussions with patients, family members, staff, senior leadership, physicians, board members, community partners and volunteers. The surveyors also reviewed documentation and observed & assessed the following topic areas and processes within our hospital:

Planning and service design, human capital, resource management, principle based care and decision making, Integrated quality management, communication, medication management, emergency preparedness, physical environment, medical devices and equipment, infection prevention & control, diagnostic/nuclear medicine services and patient flow.

BOARD BRIEFS



The following, Episodes of care (including Decision Support, Clinical Leadership, Impact on Outcomes and Competency) were closely reviewed: MEDICINE, CRITICAL CARE (Cardiac), CRITICAL CARE (ICU), MENTAL HEALTH, AMBULATORY CARE (Adult Day Surgery), AMBULATORY CARE (Renal), SURGICAL SERVICES, EMERGENCY.

Over 75 staff and board members gathered in Conference Room to hear the Accreditation Canada surveyors deliver their preliminary assessment on our hospital's strengths and areas for improvement. The preliminary report was overwhelmingly positive. In fact the report indicated that our hospital has no outstanding required organizational practices. As well, out of 1168 standards reviewed our hospital has only 11 that are unmet which is outstanding. We have 10 days to validate and comment on the surveyors report. In four to six months, our hospital will receive a Final Report from Accreditation Canada.

Lead surveyor Susan Kwolek commended the staff as she shared her impressions of our hospital, "You speak quality. You speak Patient Safety as if it's just part of your being and that's what it is all about. Your focus on safety and your workplace violence prevention program puts you ahead of other hospitals, as does, your focus on patient safety. You have a superb hospital here in Windsor."

The surveyors preliminary report comments were recorded live and are now being broadcast to our staff via the intranet site. The surveyors PowerPoint presentation is also available on the intranet.

Public Reporting of Infection Rates

HDGH fully supports improving transparency as it relates to patient safety and treatment outcomes. HDGH has been publicly reporting its infection rates and other important patient safety indicators for several years. Since 2001, HDGH has been publishing a Patient Safety Monitor report and sharing it with the public at its Board meeting on a quarterly basis. In fact, HDGH was one of the first hospitals in all of Ontario to publicly report on all of its infection rates.

HDGH embraced the opportunity to further enhance this transparency and accountability by participating in a province-wide release of *C. difficile* rates at the end of September. The government's new public reporting regime will ensure that the *C. difficile* data reported by hospitals will be standardized and based on the same case definitions from hospital to hospital. Recently the Ontario government announced it is introducing full public reporting on eight patient safety indicators – including *C. difficile*. For the month of August 2008, Hôtel-Dieu Grace Hospital reported 1 case of *C. difficile*. This equates to a rate of 0.11 per 1000 patient days.

HDGH is in full support of this standardized release of data. Transparency, along with some thoughtful accompanying explanation of this information through the Province, will best serve the public's understanding of this complex and serious challenge facing hospitals across Canada and around the world. As of December 30th all Ontario hospitals will be reporting their rates of VRE and MRSA.

Admitting Department on the Move

Construction of our brand new Admitting Department in the Goyeau Street Lobby is complete. The new department opened on Friday, October 24th. The new location of Admitting will better meet the needs of our patients. The Goyeau lobby is the hospital's official main entrance and having Admitting located there makes it far more convenient for our patients and allows us to serve them more efficiently. The new facility provides space allows our staff to maximize privacy for patients as they register. It is a beautiful, bright and cheerful environment in which to greet our patients as they begin their care journey with us. On Tuesday, October 28th, we held an official opening ceremony that included a ribbon cutting and cake for all to enjoy.

New MRI Installed and Operational

Our hospital's new state-of-the-art Siemens Magnetom Avanto Magnetic Resonance Imaging machine is now installed and fully operational. This machine offers a whole body surface coil concept and features a host of advanced applications. It also features a breast coil for diagnosing breast cancers and incorporates a power booster which

BOARD BRIEFS



allows for faster imaging and clearer, more vivid images. This new MRI machine will allow our specialists to conduct vascular studies and visualization of vascular diseases which were previously not possible to perform with the older model.

The portable MRI unit, which was housed in a trailer outside of the ER, left our premises on Monday, October 27th. This portable unit allowed our DI department to continue serving patients requiring MRIs while the new unit was being installed.

REPORT OF THE CHIEF NURSING EXECUTIVE – Mrs. Patricia Somers Emergency/Emergency Medical Service (EMS) Designated Nurse

Earlier this spring the MOHLTC announced funding to support patients who present by ambulance in the emergency room but who cannot be off loaded to the emergency staff at time of arrival. The funding for this initiative went to the EMS. HDGH has now entered into a memorandum of understanding with our EMS to fund a nurse dedicated to care for these patients. The model is flexible in that the nurse may not be required every day however when needed the nurse needs to be available in a timely manner to care for the patients who will remain in the emergency corridors until such time as an emergency stretcher becomes available. This initiative is a pilot until the end of the fiscal year.

Volunteer Ambassador

On October 6th a Volunteer Ambassador program was initiated for all new admissions to the medical/surgical units. The Volunteer Ambassador (2- 3 days/week) will visit all new admissions welcoming them to our hospital and ensuring that they have received their patient orientation manual and answering any questions they may have in an effort to promote the best in customer service. The unit managers/charge nurses are integral to this program as they advise the Volunteer Ambassador on what patients are suitable for a visit. Feedback to date from the nursing units and our patients is very positive.

Second GOLD Award for Workplace Wellness

On October 22, HDGH and the members of the Workplace Wellness and Communication Team received their second Gold Award for Working towards Wellness - Healthy Workplace Award. Accepting the Gold Award on behalf of the Team was Pat Somers and Kim Spirou.

Trauma Program Update

On October 14th a meeting occurred with our LHIN partners to familiarize them with our Trauma Program. Program leaders (Drs. Forse and Bradford and Elsie Gailbraith) shared with the LHIN our program successes and discussed opportunities for the future.

Highlighted were:

- The HDGH Level 1 Accreditation status
- Patient outcomes related to a dedicated Trauma Program
- The role of the Trauma Program in community education
- Falls in the elderly is the most common cause of trauma related injuries.

Future opportunities based on Trauma Expert Panel Guidelines included:

- Appropriate Trauma level designation for all hospitals in the LHIN
- Aligned destination protocols
- The benefits of a designated LHIN Trauma lead

REPORT OF THE BOARD CHAIR – Mr. Egidio Sovran

Mr. Sovran discussed setting Board goals. The board of directors will meet in a half day retreat to define goals and metrics as well as a work plan. Mr. Paul Dollar presented a draft of the SASHboard Scorecard. The Board appreciated his work on the development and refinement of this important instrument.

BOARD BRIEFS



REPORT OF THE FOUNDATION– Mrs. Kim Spirou

Ms. Spirou provided the board updates of some recent event activities for the Foundation. The Foundation raised over \$7,000 from its Hooves for Healing equestrian event at Cider Mill Farms. Those monies benefit the hospital's Mental Health Program.

Dunks for Dialysis took place last night, with HDGH Docs putting together a miraculous second half comeback to defeat the Windsor Regional Hospital doctors *Metro Ballers* team by a score of 36 to 29. More importantly, the initial net revenue looks to be about \$23,000, which will benefit the Regional Renal Program and the hundreds of patients who receive this life-supportive treatment here at Hotel-Dieu Grace.

The Foundation's premiere event, the Heart & Soul gala takes place Friday, November 14th at the Ciociaro Club. We hope each board member will come out and support this hospital and this great event, which features a great meal, live entertainment, a live auction and a new feature, an auction within an auction, where guests will help make a direct impact by helping support the purchase of high back chairs for hospital patient rooms. Tickets are \$85 and can be purchased by visiting the Foundation Office. As community leaders, we encourage you to connect with your contacts to try and solicit their support for this event. Staff can provide you with sponsorship and other gala materials to support an approach to your contacts.

Ms. Spirou reported that Mr. Sovran and Mr. Marra may have already contacted you about your gift to the campaign. As of today, we have received contributions to the campaign from three (3) board members. Ms. Spirou urged the board to commit their gift, stressing that the amount of their gift was not important, but that in making their commitment, they should consider two factors:

- When considering your gift pledged over 5 years, it should be a commitment of which you can be proud.
- Each board member must give in order for this campaign to be successful. As board members, it is the hope of the Foundation that you would wish to play a role in the success of the campaign.

Ms. Spirou added that we are looking for each and every person around the table to champion this campaign. It should be considered by everyone to be one of the hospital's most important projects. The community support has been tremendous thus far, but we have a ways to go to reach our \$12.5 million goal. She encouraged board members to participate by bringing potential prospects to the table for consideration. We will only get gifts to the campaign by asking potential donors and as board members, your experience and connections in the community can help us open the doors to potential donors who may be able to give substantially to the campaign. She urged board members to contact her about participating and to advise the Foundation of potential prospects they can bring forward.

ISSUES UPDATE – Senior Leadership Team

The board received an update on two issues: the operational review and integration. In terms of the operational review, it was reported that a proposal from the Hay Group was received which met our needs. The objective is to identify opportunities for improvement and then second, to develop implementation plans that will realize these identified opportunities for improvement.

With regard to integration, phase II of StrategiCare '08 was discussed. This phase involves completing a detailed design for integration that will result in consensus among hospital leadership on a Hospital Master Plan for Windsor/Essex. A visioning session has been set for November 15. We have realized integration opportunities with both LDMH and WRH and are open to identifying and pursuing further opportunities.

REPORT OF THE CHIEF OF STAFF – Dr. Art Kidd

Dr. Kidd reported that during Accreditation several physicians met with the surveyors. The surveyors were impressed with the level of engagement by our MDs.

BOARD BRIEFS



REPORT OF THE ASSOCIATE DEAN OF THE MEDICAL SCHOOL – Dr. Raphael Cheung

Dr. Cheung reported informed the board of the Ribbon Cutting Ceremony at the U of W for the new medical school. It will take place on November 7th. He also indicated that the new anatomy lab is up and running. Furthermore, he reported that the students have written their first exams.

Meeting adjourned at 7:00 p.m.