

Chair:	Michael O'Keefe, Board Chair	
Elected Directors:	Shawn Binns, Director Linda Collins, Director Doug Frost, 2 nd Vice Chair Michael Gleason, Director Harry Hughes, Director	Douglas Jure, Director Barbara Love, Director Kimberly Matheson, Director Wendy Miller, Director Jason Teal, Director
Ex-Officio Directors:	Dr. Rob El-Maraghi, President, Medical Staff Treva McCumber, VP, Patient Programs & CNE	Janice Skot, President & CEO Dr. Jeffrey Tyberg, Chief of Staff
Staff Resources:	Nicola Charity, Sr Admin Assistant, Recorder Eric Dean, CEO, RVH Foundation Suzanne Legue, VP Strategy, Communications Ben Petersen, VP, Chief Financial Officer	Wendy Sallows, Governance & Partnership Liaison Nancy Savage, Executive Vice President Darrell Sewell, VP, Chief Human Resources Officer Dr. Chris Tebbutt, VP, Academic & Medical Affairs
Regrets:	Dr. Emily Chan, Vice-President, Medical Staff Lise McCourt, President, RVH Auxiliary	Charlotte Wallis, 1 st Vice Chair
Guests:	Rachel Kean, Chief Quality & Privacy Officer*	Matthew Lawson, Chief Performance Officer*

**partial attendance*

1.0 CALL TO ORDER

The Chair called the meeting to order at 4:05 pm.

Quorum - There being three regrets, quorum was attained.

2.0 QUALITY EDUCATION SESSION – Preparing the Board for Accreditation

The Governance & Partnership Liaison provided an overview of the Governance standards, accreditation structure, timelines and reference materials in preparation for accreditation in February 2019. In addition, the board were requested to complete Accreditation Canada's Governance Functioning Tool (GFT) once per accreditation cycle to assess the governing body's internal structure and processes.

Discussion ensued.

In response to a question, the Governance & Partnership Liaison reported there are 88 governance standards, over 30 ROPs including 1 governance related ROP and 2000 hospital wide standards.

The President & CEO reported that while RVH achieved exemplary standing in 2015, accreditation occurs every day at RVH and we will work diligently to achieve this again in 2019.

3.0 APPROVAL OF AGENDA/CONSENT AGENDA/Declaration of Conflicts

Declaration of Conflicts - No conflicts of interest were noted.

The Board Chair reviewed the pre-circulated Agenda and Consent Agenda items and the following motion was **duly moved, seconded and carried**:

BE IT RESOLVED the Board of Directors approves the March 27, 2018 Agenda, including Consent Agenda, as presented.

4.0 APPROVAL OF IN CAMERA MINUTES

It was *duly moved, seconded and carried* to go in camera.

5.0 CHAIR'S REPORT

2018 Board of Directors' Award of Excellence

In camera discussion ensued.

It was *duly moved, seconded and carried* to go out of in camera.

The Board Chair reviewed the items in the board folders.

Letter of Appreciation

The Board Chair reviewed a letter of appreciation received from the NSM LHIN Board of Directors recognizing the quality care provided by RVH during significant surge pressures.

January Board Meeting Evaluation

The Board Chair reported on the January board meeting evaluations. The results were positive suggesting that while they are often heavy agendas, there is good information and discussions. In addition it was identified that our board structure allows for great discussion at the committee level reducing time required on the board agenda.

Board Rounding

The Board Chair thanked Board members for participating in Board Rounding in the ICU and Pharmacy. Board members highlighted the enthusiasm and confidence of the ICU staff and the valuable link between physicians and clinical pharmacists in the Pharmacy program.

Thank You and Acknowledgements

The Board Chair extended appreciation and acknowledgements to board members who participated in the funding announcement with our MPP, Mayor and Warden at RVH March 23, 2018. On behalf of the Board, the Chair also extended appreciation for the work done every day throughout the health centre to ensure safe, quality care.

Executive Compensation

The Board Chair reported RVH has been actively engaged with the Ministry of Health and Long Term Care (MOHLTC) to finalize our Executive Compensation Program. Following the mandatory thirty (30) day consultation period which concluded February 20, 2018, RVH did not receive any feedback and re-submitted the executive compensation to MOHLTC. RVH received approval to post and implement the program prior to the February 28th deadline. The final program has been implemented and posted on the RVH website as per MOHLTC guidelines.

6.0 CEO REPORT

A detailed CEO's report was circulated with the Board package for information purposes.

MY CARE

From Our Patients

The President & CEO read a letter recently received highlighting the kind, compassionate and exceptional care provided to a family in the Respiratory Unit during a very difficult time.

RVH Film Festival "The Vickies"

The President & CEO reported on the fifth annual film festival demonstrating how Team RVH incorporates our values into everyday work. Awards were presented in the categories of *MY CARE*, Most Creative and People's Choice. The President & CEO shared the winning *MY CARE* entry from Security Services with the Board.

Volunteer Appreciation Week - 2018

In advance of April's National Volunteer Week, the President & CEO thanked the board members for their time, expertise and commitment to RVH and expressed appreciation for the work of all RVH volunteers.

MP2 Update

The President & CEO provided an historical overview of Master Planning at RVH from 2004 – 2018. In 1997 following a \$15M fundraising campaign, RVH opened on Georgian Drive already undersized and at capacity. In May 2003, RVH submitted their initial Master Plan, receiving approval for the revised plan in May 2006. The President & CEO reviewed the community support for the Phase 1 expansion, priorities including critical needs and priorities not addressed. In 2009, Cortel Group donated fifty (50) acres of land in Innisfil to RVH to develop a satellite facility. RVH launched their new identity in 2012 in time for the opening of the expansion. The President & CEO reviewed the Phase 1 priorities still to be addressed and the drivers behind the current Master Planning and Master Programming (MP2), planning considerations, engagement, communication and the importance of a three phase stakeholder engagement process (inform/find – define/validate – report back).

Discussion ensued.

In response to a question, the President & CEO reported the MP2 engagement campaign has started with the identification of 50-60 stakeholder groups and positive feedback received to date.

South Campus Site Selection Evaluation

The President & CEO reported the South Campus Site Selection Committee (SCSSC) have been meeting since January with our consultants focusing on three main areas of work including the South Campus study area, criteria for the identification of potential sites and an evaluation scoring system. The importance of dialogue and transparency as we move forward was emphasized.

The Vice President, Corporate Services & CFO provided a comprehensive overview of the key milestones, site search area, evaluation criteria (including mandatory and desirable criteria) and the scoring approach.

Discussion ensued.

In response to a question, the President & CEO and VP, Corporate Services & CFO reviewed the potential influence on adjacent land to ensure air access. In addition the impact of easements was discussed.

In response to a question, the President & CEO reported on the plan for the donated land if it is not selected by RVH for a south campus.

The following motion was ***duly moved, seconded and carried:***

BE IT RESOLVED that the Board of Directors accepts the recommendation of the Capital Planning Committee and approves the site selection mandatory and desirable criteria and scoring approach as presented.

Drive Clinical Excellence

4th Linear Accelerator

The President & CEO, Executive Vice President, Patient & Family Experience and Regional Vice President, Cancer Care Ontario and Vice President, Corporate Services & CFO reported on the current need for a fourth Linear Accelerator (Linac). Since 2014, the growth in radiation treated cases at RVH cancer program has outpaced the provincial average increasing by 15% per year. We have exceeded our capacity on our three Linacs which is now impacting our compliance rates for CCO's wait time benchmarks. Approval of the fourth Linac will see it operational in 2019/20 with the estimated cost increase balanced by increased radiation volume funding from CCO with the new QBP funding model.

Discussion ensued.

In response to a question, the EVP, Patient & Family Experience, RVP CCO reported on the implications if RVH did not move forward with the 4th Linac.

In response to a question, the VP, Corporate Services & CFO reviewed the minimal impact on operating costs and clarified the CCO balanced volume funding.

The following motion was **duly moved, seconded and carried**:

BE IT RESOLVED that the Board of Directors accepts the recommendation of the Finance & Audit Committee and approves the 4th Linear Accelerator.

Clinical Priorities

Regional Renal Hub Status Update

The Executive Vice President, Patient & Family Experience and Regional Vice President, Cancer Care Ontario and Vice President, Corporate Services & CFO reported as a result of the hard work and collaboration between RVH, Orillia Soldier's Memorial Hospital (OSMH) and Stevenson Memorial Hospital (SMH), RVH will become a Regional Renal Program Hub effective April 1, 2018. The Ontario Renal Network (ORN) has determined that kidney care in the region will be coordinated by two regional renal program hubs; RVH and OSMH with SMH becoming a satellite of RVH.

Dr. Chris Tebbutt, VP, Academic & Medical Affairs and Treva McCumber, VP Patient Programs & CNE joined the meeting at 5:40 pm.

ED Performance Indicators

The Vice President, Patient Programs & CNE provided an update on the Emergency Department Quality Improvement Program highlighting the status of the 4 quality improvement initiatives, current performance, and program wins. In addition, Pay for Performance (P4R) peer group comparators as well as ambulance offload times were reviewed.

Matthew Lawson, Chief Performance Officer joined the meeting at 6:10 pm

Foundational Success Factors

2017/18 YTD Financial Update

The Vice President, Corporate Services & CFO reviewed the 2017/18 statement of operations as at January 31, 2018 including revenues, expenses, and surplus.

2018/19 Operating Budget

It was **duly moved, seconded and carried** to go in camera.

It was **duly moved, seconded and carried** to go out of in camera.

Matthew Lawson, Chief Performance Officer was excused from the meeting at 6:42 pm

Accountability Agreements

The Vice President, Corporate Services & CFO reported on the pre-circulated Hospital Service Accountability Agreement (H-SAA) Extension and the Multi-Sector Accountability Agreement (M-SAA).

RVH and the NSM LHIN entered into an initial H-SAA effective April 1, 2008 with annual amending agreements extending the term to March 31, 2018. The LHINs and Ontario Hospital Association recently completed work on a new H-SAA incorporating major changes effective April 1, 2018. Due to continued revenue discussions and due diligence assessing the requirements, RVH has negotiated an extension with the NSM LHIN to June 30, 2018.

H-SAA

The following motion was **duly moved, seconded and carried**:

BE IT RESOLVED that the Board of Directors accepts the recommendation of the Finance & Audit Committee and approves the amendment to the Hospital Services Accountability Agreement (H-SAA) extending the current agreement until June 30, 2018.

RVH's current multi-year M-SAA agreement ends March 31, 2018. The NSM LHIN has proposed a one year agreement effective April 1, 2018 to March 31, 2019. The VP, Corporate Services & CFO provided a high level summary of changes to the new agreement. No significant changes were noted to the financial and performance target schedules. The LHINs and the Ontario Hospital Association continue to work on a combined H-SAA / M-SAA process and template.

M-SAA

The following motion was **duly moved, seconded and carried**:

BE IT RESOLVED that the Board of Directors accepts the recommendation of the Finance & Audit Committee and approves the Multi-Sector Accountability Agreement (M-SAA) for fiscal 2018/19.

Health Information System (HIS) Business Case

The President & CEO and Vice President, Corporate Services & CFO provided an HIS Business Case update. The current 4 Meditech partners (RVH, Collingwood General & Marine Hospital (CGMH), Georgian Bay General Hospital (GBGH), and Headwaters Health Care Centre (HHCC)) continue to meet regularly to discuss the future direction of the partnership and advancing our current Meditech system to version 6.1.6.

In January 2018, the Regional IT Partnership Board / CEO Advisory Group met and reached consensus agreeing to bring the HIS Business Case to their respective Boards for endorsement. Once approved, the HIS business case will be presented to the NSM LHIN and Central West LHIN.

The Vice President, Corporate Services & CFO provided an overview of the HIS Business Case reviewing the background, vision, implementation roadmap and timelines, capital costs, qualitative benefits and next steps.

The President and CEO reported while our Regional IT Partnership has reached consensus and is ready to move forward, timing will depend on the Provincial Meditech Collaborative. The VP, Corporate Services & CFO reported RVH is well represented on the Provincial Negotiating, Technology, Quality, Pricing and

Collaborative committees. The Vice President, Facilities and Chief Human Resources Officer provided an overview of the Regional IT Partnership HR Plan Committee currently reviewing scope and resource optimization.

Discussion ensued.

In response to question, the VP, Corporate Services & CFO defined Electronic Medical Record Adoption Model (EMRAM) score and the impact the upgrade would have on RVH's EMRAM.

The following motion was **duly moved, seconded and carried:**

BE IT RESOLVED that the Board of Directors accepts the recommendation of the Finance & Audit Committee and endorses the Regional IT Partnership Health Information System (HIS) Business Case.

Value People

Professional Staff Human Resources Plan

The Vice President, Academic & Medical Affairs provided an overview of the 2018/19 Professional Staff HR Plan. The purpose of the plan is to project professional staff human resource requirements in each department and the resulting financial impact. The VP, Academic & Medical Affairs reported successful recruitment in 2017/18 with 14 new physician's recruited, 10 recruitments currently in progress and 5 in the early phases. The recruitment needs for 2018/19 Tier 1 and 2 recruitment and funding distribution were reviewed.

Discussion ensued.

In response to a question, the VP, Academic & Medical Affairs reported on RVH's successful ongoing relationship with Barrie Area Physicians Recruitment and the desirability of RVH's location and regional assets.

The following motion was **duly moved, seconded and carried:**

BE IT RESOLVED that the Board of Directors accepts the recommendation of the Medical Advisory Committee and the Finance & Audit Committee and approves the 2018/19 Professional Staff Human Resources Plan.

7.0 CHIEF OF STAFF REPORT

Medical Advisory Committee Report

The Chief of Staff provided an overview of the Medical Advisory Committee report highlighting the February and March MAC meetings, critical incidents, discussions relating to occupancy issues, hematology services, master planning (MP2), and the professional staff human resources plan.

Physician Credentialing/Physician Matters

It was **duly moved, seconded and carried** to go in camera.

It was **duly moved, seconded and carried** to go out of in camera.

The following motion was **duly moved, seconded and carried:**

BE IT RESOLVED that the RVH Board of Directors accepts the recommendation of the Medical Advisory Committee and approves the Physician Credentials as presented in the March 27, 2018 Medical Advisory Committee Report.

8.0 QUALITY REPORT

Quality Committee Summary Report

The Chair of the Quality Committee provided the Board with a summary of the March meeting which included two quality education sessions, Cancer Care Ontario Scorecard, 2018/19 Quality Improvement Plan recommendation for approval, patient safety culture survey results, quality and patient safety metrics, accreditation, Q3 Performance Scorecard, and an update on the ED focusing on wait times, P4R ranking and the EDI Quality Improvement Program.

Rachel Kean, Chief Quality & Privacy Officer joined the meeting at 7:44 pm.

2018/19 Quality Improvement Plan (QIP)

The Chief Quality and Privacy Officer provided an overview of the Quality Improvement Plan (QIP) a key component of the Excellent Care for All Act (ECFAA) supporting accountability, transparency and high-quality patient care. Three components of QIP were outlined in addition to timelines and RVH priority indicators as follows:

- “Would you recommend this hospital?”
- No patients in the hallway by March 31, 2019
- 100% Required Organizational Practice (ROP)
- 10% increase in RVH locally led research initiatives/projects by March 31, 2019
- Injuries and staff assist calls with be +/- 2% of current performance each quarter

The following motion was **duly moved, seconded and carried**:

WHEREAS the Quality Committee recommended approval of the 2018/19 Quality Improvement Plan (QIP) to the RVH Board of Directors; and

WHEREAS the Executive Committee reviewed and accepted the Performance-based Compensation section of the Quality Improvement Plan;

BE IT RESOLVED that the Board of Directors approves the 2018/19 Quality Improvement Plan.

Rachel Kean, Chief Quality & Privacy Officer was excused from the meeting at 7:50 pm.

9.0 OTHER BUSINESS

RVH Foundation Report

The President & CEO – *circulated for information purposes only*

RVH Auxiliary Report – *circulated for information purposes only*

10.0 NEXT MEETING

Regular Meeting

Tuesday, May 29, 2018

11.0 ADJOURNMENT

There being no further business the meeting was adjourned at 7:55 pm.

A session of independent directors (*without management or related directors present*) was held following adjournment of the meeting of the corporation.

Respectfully submitted,



Michael O'Keefe, Chair



Janice M. Skot, Secretary