

TO: GBHS Board of Directors
FROM: Lance Thurston, President and CEO
DATE: December 16, 2015
SUBJECT: CEO's Report to the Board for December 2015

PURPOSE

The following items are offered for the Board's information, consideration and/or direction. The items are organized around the organization's new Strategic Directions. When items overlap Strategic Directions, they are entered in the one that is most prominently represented by the project. Where indicated, a resolution of the Board is requested.

ACHIEVING BEST OUTCOMES

➤ *Health Information Services Department Review*

The firm of KPMG is nearing the end of its review and will be providing a final report to the CEO before Christmas. The review had been extended by two weeks to allow KPMG to properly complete this extensive undertaking. Participation and cooperation among staff, physicians and partner organizations has been excellent and a meaningful assessment with recommendations is expected. The findings of the report will be shared with all stakeholders as appropriate in the early New Year.

➤ *Regional Stroke Program Implementation*

In March 2015 the LHIN approved a set of directional recommendations to realign stroke services across the South West region to achieve critical mass and best practice in stroke care for every patient regardless of geography. As a result, the LHIN will be realigning acute and rehabilitative stroke care services from 28 hospitals to 7 hospitals across the region.

The LHIN and the Southwestern Ontario Stroke Network (SWOSN) are coordinating two implementation projects that will progress simultaneously. The Phase 1 project will focus on the implementation and evaluation of the Future State of Stroke Care Directional Recommendations. The objective of the Phase 2 project is to develop a set of recommendations for Post-Hospital Stroke Care.

CEO Lance Thurston has been invited to sit as a member of the Phase 1 Steering Committee. VP Julia Scott is a member of the Phase 2 post-hospital stroke care committee. The intent of the

committee memberships is to strike a balance of future state and divesting hospital representation. The steering committees meet monthly.

As a regional stroke centre, under the new regional protocols, GBHS is expected to serve a significantly larger patient population. This will have significant impacts on our work flows, resourcing needs and of course budget. It is therefore of great importance that we have representation on these two important committees.

➤ *Mental Health Grey Bruce Partnership Strengthening*

GBHS is working with its community partners in adult mental health and addictions to review and renew a long-standing inter-agency partnership designed to provide seamless care across organizational and program mandates within Grey Bruce. With the support of the LHIN, GBHS, Hope Grey Bruce, Canadian Mental Health Association Grey Bruce and G&B House are working to renew a strategic action plan for mental health in the region. Jim Whaley has been commissioned to assist the group in preparing a new strategic action plan for the group in early 2016, which will lead to a renewed partnership agreement between the parties and stronger programming bonds.

This effort has been driven at the governance level by the LHIN and the respective governing bodies of these organizations. Will Rogers is the GBHS appointee to this effort along with CEO Thurston.

➤ *Back Office Collaboration and Integration Project*

a) **South Bruce Grey Health Centre** – As reported previously, GBHS and SBGHC have entered into an arrangement whereby we share the services of our GBHS Chief Human Resources Officer with SBGHC on a marginal cost recover basis, as part of a two year pilot. The aim is to provide more consistent and integrated HR services to the organizations in a more cost effective manner. Rebecca Cummings, CHRO, provides executive oversight and guidance to the HR staff at SBGHC. Each organization has similar labour management challenges and opportunities that are well served by a common, shared approach.

To date, after an initial start-up period of three months, the arrangement is beginning to hit its stride and appears to be well received. We will be monitoring progress carefully and reporting to the Board regularly.

b) **LHIN BOICP** – CEO Thurston is a member of the Back Office Integration and Collaboration Project Steering Committee set up by the LHIN to look at opportunities across the region over the next three years. Membership of the committee includes agencies from a number of community and health sectors funded by the LHIN. CEO Thurston is the representative for the acute care hospital sector.

This project has been slow off the mark, but is now beginning to hit its stride. A third party is being hired to undertake a review of current practices across the LHIN, to identify leading industry practices and then apply those practices to identified regional gaps and opportunities, with recommendations for integration of services in 2017/18 potentially. While low key to date,

this initiative is one to watch, as it has the potential to bring about considerable behavioural change across different sector agencies funded by the LHIN.

CREATING POSITIVE EXPERIENCES

➤ *Rehab Roof Repairs*

The 20 bed Rehabilitation & Restorative Care Unit on Unit 8-1 will reopen by Monday December 7 after being closed and relocated for the past two months to accommodate major roof repairs. . During the roof project, five stroke rehab patients were relocated to Unit 6-2 in Owen Sound and six beds were opened in Meaford for the remaining patients. The Restorative Care patients were redirected to South Bruce Grey Health Centre's Chesley facility.

Roof repairs, water main replacement, elevator refurbishes and shower room renovation are complete and staff and patients are thrilled to be 'home'. This was a great team effort across the organization and with our partners in SGBHC. It shows the benefits of teamwork and what working within a true systems environment can accomplish.

➤ *Syrian Refugee Planning*

Planning is well underway in Grey Bruce and the South West Region in response to the potential arrival of Syrian refugees to the Canadian Forces base in Meaford in 2016. The GB Health Unit is coordinating this effort locally and the SW LHIN is providing regional supports. Staff at GBHS, both Meaford and Owen Sound sites have leaned forward and had discussions with community partners and CFB Meaford about potential health care needs. We will continue to be part of any local planning efforts required in future.

➤ *GBHS Smoke Free Property*

GBHS implemented a policy to become a smoke free property on May 31, 2014. Compliance has been reasonable with few incidents with the exception of some recent concerns regarding a safe place to smoke for mental health patients requiring supervision to leave the unit. Through discussions with our local bylaw enforcement officer and Mental Health Services, we will be designating a temporary smoking area close to the unit for these individuals. Mental Health Services has requested an opportunity to revisit patient protocols and how to best manage nicotine withdrawal for those who smoke. Designated smoking areas are currently permitted with Board approval, however proposed amendments to legislation once passed will eliminate designated smoking areas and require the outdoor grounds of public hospitals, private hospitals and psychiatric facilities to be completely smoke-free by January 1, 2018.

Recommendation; THAT in consultation with our By-Law Officer the Board of Directors hereby designates a temporary smoking area for selected mental health patients only, as recommended by the President and CEO, it being understood and expected that the designated smoking area and the outdoor grounds of all hospital sites will be completely smoke-free by no later than January 1, 2018.

ADVANCING A SUSTAINABLE ORGANIZATION

➤ *Surgical Services Review*

The firm of Deloitte has been engaged to undertake a review of the surgical services programs provided in Grey Bruce. What started out as a self-funded GBHS internal review has been expanded at the request of the LHIN to take on a regional perspective. The terms of reference have been expanded and we are now just awaiting confirmation from the LHIN that it will provide funding support for the regional approach.

Taking a regional view is appropriate and timely to ensure that we are able to continue providing cost effective service and quality outcomes in the region. There are a number of challenges to be addressed and a number of opportunities to be leveraged. The review will actively engage all stakeholders, particularly the physician groups. It is expected to wrap up with recommendations in later Spring 2016.

➤ *Southampton Hospital ER/Lab Expansion Award of Tender (Recommendation Required)*

On November 23rd Public Tender Notice ads were placed for the long awaited construction of the Southampton ER/Lab expansion and renovation project. The bidding period closes on December 21st.

If the lowest qualifying bid is within the precise parameters set for the project in terms of cost, details, timeline, etc. a motion of endorsement by the Board of Directors is required by the ministry to approve the award of contract. The motion must also confirm the local share funds are available (approximately \$1M). If there are any material variances to the process or outcome, that will be noted in the staff update at the next Board meeting.

Once approved by the Board, the endorsement along with the additional Stage 4.2 documentation must be submitted to the Ministry of Health Capital Branch for final approval, before the project can move formally into the construction stage. To meet Ministry expectations and to keep the process moving smoothly within the valid bid period, we will be working towards a January 11, 2016 submission date. Given the tight timelines for the ministry submission and approval, we are seeking the Board's approval to authorize the Board Chair and CEO to act on behalf of the Board to sign the endorsement for the ministry submission.

It is recommended that the Board pass the following motion appropriately completed at the December 16th meeting for submission to the Ministry Capital Branch:

“THAT the Board authorize the Board Chair and CEO to confirm the Southampton ED/LAB project tender results fall within the project parameters and sign the endorsement to award the contract on behalf of the Board.”

“THAT the Board confirms the hospital share of the funds for the Southampton ED/LAB project are available.”

➤ *Markdale Hospital Project*

After a long quiet period, there is finally some action on this file to report.

On December 3, 2015 CEO Thurston had a telephone meeting with the Executive Director of the Ministry of Health Capital Branch and the CEO of the LHIN to discuss this project. The purpose of the call was three-fold:

- 1) To establish a relationship and open a dialogue at the executive level of the Capital Branch;
- 2) To firmly state our concerns and frustrations with the nature of the review process to date; and most importantly,
- 3) To reframe the dialogue on the project and refocus the review process to enable us to move through the stages of the process more expeditiously so that we can achieve the vision the Minister has approved for this area over 15 months ago.

We were not asking the Ministry to abandon its process – we understand the importance of process for such things. We are asking however for a more focused, collegial and deliberate helpful engagement to get us across the goal line in quick fashion, starting at the upcoming project staff meeting in December. We would like a more rigorous and transparent project plan and timeline with accountabilities

The meeting was very positive. Our concerns were heard and acknowledged. Peter Kaftarian, the Executive Director of the Capital Branch agreed that the review process needs to be reframed and he has committed to take a personal hand in steering the project in that direction, beginning with the next joint project team meeting on December 17th. It is also important to note that the SWLHIN is firmly supportive of the hospital project and is providing GBHS with excellent support. This is all cause for cautious optimism.

➤ *OHA Communique*

I am including, for your information, recent communication from the Ontario Hospital Association's President and CEO, Anthony Dale.



OHA CEO
Connection.doc

INSPIRE PASSION IN OUR PEOPLE

➤ *Ontario Nursing Model Reference Group*

I am very pleased to report that Julia Scott has been invited to participate on a MOHLTC 'Expert Reference Group' to provide advice to the Joint Provincial Nursing Committee (JPNC) on the development of a nursing simulation model for Ontario. Julia continues to be recognized at the provincial level for her expertise and experience in nursing and will no doubt add great value to this group.

Respectfully, LT