

Board Report

TO: Board of Directors
FROM: Lance Thurston, President and CEO
DATE: April 27, 2016
SUBJECT: Summary of Noteworthy Issues

Purpose

This report is for information purposes only. No recommendations are being made. The following information is organized in accordance with the four strategic directions set out in the GBHS Strategic Plan.

Achieving Best Outcomes

(Setting a new standard for rural and regionally based health care by building excellent partnerships, sharing resources, and delivering the best care)

Regional Stroke Program Realignment

Work continues across the SW LHIN to realign the stroke care program. As a District Stroke Centre GBHS-Owen Sound is undertaking significant process redesign and resource realignment to begin receiving increased patient volumes in the ED that historically have been treated at smaller hospitals in the region. Some additional one-time and ongoing funding has been secured by the LHIN to support this transition.

In addition, work continues on addressing identified gaps in secondary stroke prevention, as well as outpatient/community rehabilitation, and community stroke services for stroke survivors. GBHS provides both a stroke prevention clinic and a community stroke outreach team, and is therefore a significant player in this project.

Mental Health and Addictions Regional Capacity Review

The LHIN has formed a Steering Committee with a mandate to develop a Mental Health and Addictions Capacity Plan for the SW LHIN that aligns with the LHIN's Integrated Health Service Plan. . CEO Thurston was invited to serve as executive lead of the steering committee and co-chairs along with Karima Velji, VP, Patient Care and Quality at St. Joseph's Health Care in London.

The committee will provide oversight and guidance to three working groups: Mental Health Schedule 1 Surge Planning Working Group, Schedule 1 Mental Health Bed Capacity and Utilization, and ALC-MH&A Difficult to Serve. Our new Director of Mental Health & Addictions, Naomi Vodden, has also joined the steering committee.

Bruce Power Partnership

GBHS, SBGHC and Bruce Power are partners in emergency preparedness, management and response through a Memorandum of Understanding. Shared training and exercise opportunities and regular

corporate communications updates are part of the MOU requirements. A quarterly update meeting between the organizations took place on April 8th.

Partnering with Hospice Grey Bruce

GBHS is working with Hospice Grey Bruce to facilitate the construction of the new hospice facility immediately adjoining our Owen Sound site on its 10th Street frontage. The ground was broken the week of April 18th for the new facility. Securing necessary servicing easements across GBHS lands to serve the new hospice have been finalized as part of the site development process.

The excellent cooperation and can-do attitude of our engineering staff and others has been noted by Hospice officials. This is a great example of leaning forward as an organization to assist our community partners in advancing their mandates – which benefits many of our patients and their families, and the entire community.

Executive Advisory Panel

The LHIN has established an executive advisory panel to provide advice and counsel around the preparatory work associated with implementation of the Minister's *Patients First* discussion paper (the health system transformation agenda). The first meeting will take place by teleconference on Wednesday, April 27th from 4:45 pm to 5:30 pm. This call will include an overview of the transition work to date, together with an outline of the expectations for this group with respect to commitments and deliverables. The Panel is intended to be time limited during the early stages of implementation. A draft terms of reference and local health system data will be shared at the meeting. Members are:

- Michael Barrett (Regional) - South West LHIN
- Dr. Sean Blaine (Huron Perth) - Primary Care
- Sandra Coleman (CCAC) - Home and Community Care
- Steve Crawford (London-Middlesex) - Long-Term Care
- Brian Dokis (Regional) - Indigenous Health Care
- Sue Hillis (London-Middlesex) - Home and Community Care
- Jacques Kenny (Regional) - Francophone Entity
- Gillian Kernaghan (London-Middlesex) - Hospital
- Hazel Lynn (Grey Bruce) - Public Health
- Mike McMahon (Oxford) - Mental Health
- Kathy Scanlon (Huron Perth) - Home and Community Care
- Dr. Gord Schacter (London-Middlesex) - Primary Care
- Lance Thurston (Grey Bruce) - Hospital
- Dr. Nancy Whitmore (Elgin) - Hospital
- Andrew Williams (Huron Perth) - Hospital

Clinical Quality Table

The South West LHIN Clinical Quality Table represents a partnership between the LHIN and Health Quality Ontario (HQO) and provides a mechanism to advance the foundations for clinical quality improvement in support of the South West LHIN Integrated Health Service Plan. This Quality Table is

an action-oriented, clinically-focused body, focused on regional quality challenges and initiatives, aligned with provincial quality priorities and structures. Our Sonja Glass has been asked to sit on the committee in recognition of her expertise. This is an excellent opportunity for both Sonja and GBHS.

Creating Positive Experiences

(Advancing a culture of service excellence with our patients that is kind, respectful, and inclusive)

GBHS Cancer Centre Opens

The “soft” opening of GBHS’ Cancer Centre was hosted on March 22nd. It was a great afternoon and celebrated an important milestone for GBHS staff, patients and volunteers. Three more events will be hosted. On May 12th from 3:30 – 4:30 p.m. individuals who have made a significant financial donation to the Cancer Centre have been invited to the donor wall unveiling. From 4:30 – 7:30 p.m. there is a come and go donor reception. On Tuesday May 17th a Cancer Centre open house will be held for all donors and the public.

Saugeen Memorial Hospital ER/Lab Expansion Project

The ground breaking ceremony for the Saugeen Memorial Hospital ER/Lab expansion project is Thursday May 5 3:00 – 4:00 p.m. Another great partnership between GBHS, the Saugeen Memorial Hospital Foundation, the local Auxiliary, the town and many, many others.

Centre Grey Hospital New Building Project

The staff project team continues to work with the Ministry project team to finalize space allocation and configuration details required at Stage 2 of the approvals process. The initial optimism of an April 1st approval to move on to Stage 3 of the approvals process has faded; however, there remains good communications between the groups and assurances from the Ministry team that they will be completing their review very shortly. For motivation we keep in our minds the words from the Ministry team, “the project is approved; it is on the Ministry’s approved capital project list; it has an approved project budget; it will happen.”

Visiting Hours Policy

We recognize that family members are an important part of the health care team, and contribute to the mental and physical health and well-being of our patients. That is why we are exploring changes to our current visiting hours policy and are considering moving to a Family Presence policy.

Currently we close our units to visitors at 8 p.m. The thinking behind a Family Presence approach would welcome visitors and families 24 hours a day, depending on patient preference. There are a number of detailed and logistical considerations being explored by the working group before a recommendation is brought forward. We hope to have a proposed new policy to bring forth to the Board in the very near future.

Meaford Physician Recruitment and Retention

Staff of Medical Affairs and the CEO’s office continue to work with the community committee to strengthen the local recruitment and retention efforts in Meaford. We are supporting this local community effort by providing advice and information. In addition, we are assisting in specific recruitment efforts.

As an example, University of Toronto has approached GBHS via the Rural Ontario Medicine Program (ROMP) to have Meaford physicians and hospital host a 1 day rural academic/community medicine day for their Postgraduate Year 1 and Year 2 Family Residents (about 30 docs) in June. The Meaford physicians have agreed and we are in the planning stages of setting up the event.

Securing Our Future

(Aligning our services in a sustainable manner that is responsive to changing health care needs, expectations and evidence-based standards)

CCO QBP Funding

Cancer Care Ontario (CCO) hosted their annual regional roadshow in London on Tuesday April 19th. The focus of the session was on the CCO Quality Based Procedure (QBP) Model and implementation in the South West region. The morning focused on surgery and GI endoscopy; the afternoon included a discussion about systemic therapy, specifically for London Regional Cancer Program and GBHS.

The QBP funding formulae continue to evolve, with new procedures being introduced every year, and adjustments being made to current QBPs. This makes for a challenging time trying to understand the impacts of these changes to GBHS. GBHS' preliminary QBP allocation was received on April 14th. We continue to make process changes and are planning further process improvements to ensure that we are maximizing and retaining as much available funding as possible. For example, the surgical services review.

Regional Surgical Services Review

The regional surgical services review is well underway now. Efforts to date are focused on understanding current state (what surgeries are provided and in what site/corporation). High level insight to date is that the volume and productivity of our rural sites (as well as our partners) is lower than at Owen Sound and there are opportunities for efficiency. Various perspectives have been shared across our partner organizations and the group continues to make progress through the work plan.

The LHIN has reiterated its interest in this project and wants to ensure that the three partner organizations and the physicians groups work together to find more cost effective and integrated process solutions that will sustain and strengthen the quality of care available across Grey Bruce.

Foundation and Auxiliary Orientation to Capital Budget Process

CEO Thurston along with Martin Mazza and Mary Margaret Crapper met with the Lion's Head Hospital Auxiliary on April 7th at their request, to answer a number of questions and concerns the auxiliary had about the capital budget and equipment processes. It was, by all accounts, an excellent meeting and a valuable opportunity to have a meaningful dialogue, to share how the process works and to dispel some misconceptions about the allocation of resources across the corporation.

This is the first in what will be an ongoing series of conversations with each foundation and auxiliary to provide information and clarification on both the operating and capital budget processes, including the annual listing of priority equipment needs, for GBHS.

The following is an excerpt from the CEO's Six Month Report to the Board in January 2015:

“GBHS is blessed with five foundations and six auxiliaries supporting each of our hospitals. They also work together on joint capital campaigns to raise funds for equipment used in many of our regionally-based services such as oncology, cardiology, radiology, etc.

Fundraising for GBHS is evolving to another level as the needs of the organization continue to grow in scope and complexity. Many fundraising techniques that have worked well in the past must be upgraded or replaced to meet these changing needs.....

The foundations and auxiliaries are supported by hospital staff. The nature of that support and the ongoing relationship between the hospital corporation and its funding bodies must also evolve with the changing realities of modern fundraising. The fundraising function should become more closely integrated into the overall administration and strategic planning for the organization if the needs of the organization are going to be met in the coming years. The coordination between what the hospital’s planned equipment needs are and what the foundations and auxiliaries choose to support annually and as part of major capital campaigns, needs to be strengthened through improved joint communications and proactive planning.”

Ensuring that the foundations and auxiliaries are in sync with the hospital corporation around capital planning and annual equipment priorities is critical to the success and ongoing sustainability of the health care services we provide. Good communications are central to the health of these evolving relationships.

Healthcare Sector Supply Chain Strategy Expert Panel

Transforming the health-care system, including the way we do business, to ensure it is sustainable is a top priority of the Ministry of Health and Long-Term Care (MOHLTC) as outlined in the *Patients First: Action Plan for Health Care*.

The development of the Healthcare Sector Supply Chain Strategy (HSSCS), first brought to our attention in November 2015, is a joint initiative led by the MOHLTC and the Ministry of Government and Consumer Services (MGCS). This strategy is intended to build on the government's efforts to optimize supply chain efficiencies in the broader public sector, while focusing on enhancing services to patients.

An Expert Panel has been appointed by the Minister of Health and Long-Term Care to deliver advice and recommendations to the government on the development of the HSSCS. It is being chaired by Kevin Empey, President and CEO, Lakeridge Health. A report and recommendations from the panel will be provided to the government by the end of the year. In the coming months, the panel will be soliciting input and engaging with healthcare and supply chain stakeholders to leverage their extensive knowledge and expertise.

Inspiring Passion in our People

(Recruiting, retaining and inspiring talented people to champion exceptional care)

V.P. Clinical Recruitment

Julia Scott's last work day with GBHS is May 6, 2016. Julia is returning to her consulting practice and has taken on an assignment with the Canadian Nurses Association. Julia has been a valued contributor to GBHS and she will be missed greatly across the organization. Please join me in wishing Julia all the best.

We expect to commence recruitment for Julia's replacement shortly and expect the recruitment process may take 4-6 months.

While the recruitment process is underway an interim appointment will be made to ensure continuity of our clinical programs and services.

Respectfully,

Lance Thurston, President and CEO