



**BOARD OF TRUSTEES  
OPEN MEETING  
10<sup>th</sup> Floor Boardroom**

**MINUTES OF APRIL 25, 2018**

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<b>PRESENT:</b>	Mr. Tom Motz (Chair) Ms. Jenny Baker Mr. Richard Cantin Mr. Rick Coccimiglio Ms. Linda Fabi Mr. Don Kaluzny	Rev. Dr. Dieter Kays Ms. Linda Maxwell Mr. Stan Nahrgang Mr. Terry O'Sullivan Dr. Peter Potts Mr. Tim Rollins	Mr. Don Shilton Mr. Scott Smith Ms. Angela Stanley Mr. Jim Stirtzinger Ms. Marion Thomson Howell
<b>REGRETS:</b>	Dr. Paul Chiasson		
<b>GUEST:</b>	Mr. Brian Guest (by phone)		
<b>RESOURCE:</b>	Ms. Sherri Ferguson	Mr. Gary Higgs	Mr. Marco Terlevic

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**1. CALL TO ORDER:** 4:00 p.m.

**2. OPENING PRAYER/REFLECTION**  
Mr. O'Sullivan provided the opening reflection.

**3. APPROVAL OF THE AGENDA**

An item was added to the agenda, 7.3 Code Orange Emergency Preparedness.

**Motion: That the Board of Trustees approve the open meeting agenda for April 25, 2018 as amended.**

**Moved by Dieter Kays, Seconded by Terry O'Sullivan, VOTED AND CARRIED.**

**4. DECLARATION OF CONFLICT OF INTEREST:** None.

**5. MEETING EVALUATION REMINDER**  
The meeting evaluation form was circulated with the agenda package for Board members to complete.

**6. BOARD HUDDLE AND ACTION TRACKER**  
The Board reviewed the final data for the 2017-2018 corporate goals and improvement ideas on the huddle board. The items listed on the action tracker were also discussed. The information posted on the huddle board was circulated with the meeting package.

**7. PRESENTATIONS/UPDATES**

**7.1 CLEAR Research Project Update**

Ms. Stanley spoke to the presentation slides that were emailed out to members

separate from the meeting package. In October 2017, a 3-year research project was launched (not 5 years as noted on the slide) to accelerate the impact of Lean to create greater value for patients. If we develop a tool that assesses our maturity level we can identify areas that we need to improve on internally. There are a lot more organizations in the United States that are following the Lean journey than there are in Canada.

One way to direct research is to compare St. Mary's to non-Lean hospitals. Some of the questions in the American Hospital Association survey have identified organizations that have not adopted principles of Lean and we could benchmark against this data. We are trying to determine the best way to use this information.

The research group has some funding and some provinces have chosen to mandate Lean, but Ontario is not planning to do this. The outcomes of the research might alter that thinking. Our contribution to funding the research comes from our Foundation. The research consortium includes hospitals and other organizations that are doing their own research on Lean.

## **7.2 Board Behavioural Assessment Pilot**

A briefing note and associated documents were circulated with the meeting package. Mr. Shilton reviewed the information provided. This may be included in the keynote address at the Lean Healthcare Transformation Summit in Chicago in June at which St. Mary's has been asked to present.

Members had a discussion on other behavioural assessment tools which cover the same factors and criteria as noted in the material in the Board package. It was agreed that this is the right approach to build a strong foundation to move forward with but that we want to use the best tool that is available.

It was agreed that members need not complete the spider diagram that was circulated with the meeting package. Ms. Thomson Howell will meet with Mr. Shilton to discuss this further to review other options including cost implications and will bring this back to the Board. Comment was made that we need to consider how other tools fit into the Lean perspective.

## **7.3 Code Orange Emergency Preparedness**

Ms. Ferguson was asked to comment on our readiness as an organization to respond to an event such as the recent tragedy that occurred in Toronto. It makes us consider what we would do to be responsive to the needs in that moment under such circumstances.

St. Mary's held a pre-alert code orange related to fire at a local level. We began a process of implementing our command centre and while moving through the process we identified some gaps. If the incident that occurred in Toronto were to have taken place here in Kitchener, we would have been ready and confident that we could to serve our patients and families. What we did not have in place was a family centre where family members of patients could gather to receive communications in a coordinated, organized fashion. While we did not need to do this for the pre-alert, we did have the conversation about our readiness. We recognized that while we have the ability to put our media relations in place quickly, we do not have a room specified in advance for the media to collect.

A potential gap was identified regarding our ability to lock down our facility in the event of a threat or dealing with chemical exposure, and the need to have a specific entrance for decontamination. All of our security staff are now to be trained in a lockdown situation.

Another piece we need to set up is a staffing pool should an event continue for a longer period of time and more staff are required. Our Human Resources team will be trained to manage this and our Emergency Department (ED) will be ready to respond to casualties when they come through for the door.

The region does have an emergency plan should the event be on wider scale and regularly invite hospital participation in mock drills. These are usually led by police services or the fire departments.

**8. THE QUALITY/PATIENT SAFETY REPORT**

The Quality Committee Report was circulated with the Board meeting package. Ms. Thomson Howell highlighted the Gemba noting that the Omnicell cabinets are installed throughout the hospital which will significantly increase patient safety in relation to medications. The patient story was also reviewed.

With regard to the issue of sterile compounding, it was noted that very few hospitals will meet the required standards at this time and it is a provincial concern. Grand River Hospital (GRH) is already doing this and St. Mary's is exploring at partnering with them. There is no financial support offered to organizations to meet these criteria.

**Motion: That the Board of Trustees approve the Quality Committee report.**

**Moved by Marion Thomson Howell, Seconded by Terry O'Sullivan, VOTED AND CARRIED.**

**9. CONSENT AGENDA**

The minutes of the Open Board meeting held March 28, 2018, the Audit Committee report and the President's report were distributed with the agenda package.

**Motion: That the Board of Trustees approves the following:**

- **Minutes of the Open meeting – March 28, 2018**
- **Audit Committee Report**
- **President's Report**

**Moved by Richard Cantin, Seconded by Stan Nahrgang, VOTED AND CARRIED.**

**10. REPORTS**

**10.1 President**

There was nothing further to report.

**10.2 Board Chair**

There was nothing further to report.

**11. ADJOURNMENT: 5:30 p.m.**

**Motion: To adjourn the open Board meeting.**

**Moved by Don Kaluzny, Seconded by Jim Stirtzinger, VOTED AND CARRIED.**