



**BOARD OF TRUSTEES  
OPEN MEETING  
Independent Living Centre of Waterloo Region**

**MINUTES OF SEPTEMBER 25, 2019**

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<b>PRESENT:</b>	Mr. Scott Smith (Chair) Ms. Jenny Baker Ms. Janine Barry Mr. Richard Cantin Mr. Rick Coccimiglio Ms. Linda Fabi	Mr. Don Kaluzny Ms. Linda Maxwell Mr. Keith Martin Mr. Tom Motz Mr. Stan Nahrgang	Dr. Peter Potts Mr. Tim Rollins Dr. Tom Stewart Ms. Marion Thomson Howell Mr. John Woods
<b>REGRETS:</b>	Mr. Michael Harris	Ms. Angela Stanley	Mr. Jim Stirtzinger
<b>RESOURCE:</b>	Ms. Jui Datta Ms. Susan Dusick	Ms. Sherri Ferguson Ms. Susan Hollis	Mr. Gary Higgs

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

**2. OPENING PRAYER/REFLECTION**  
Mr. Smith provided the reflection.

**3. APPROVAL OF THE AGENDA**

**Motion:** That the Board of Trustees approve the open meeting agenda for September 25, 2019, as written.

**Moved by Tim Rollins, Seconded by Tom Motz, VOTED AND CARRIED.**

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

**5. CONSENT AGENDA**

The minutes of the Open Board meeting held June 26, 2019, the report of the Mission and Governance Committee, the Volunteer Association report and the President's report were distributed with the agenda package. There were no objections raised and the reports were adopted as written.

**6. TRUSTEE GEMBA WALK**

Phil Mills, Executive Director of the Independent Living Centre of Waterloo Region, conducted the Board Gemba.

**7. GENERATIVE THINKING**

The generative thinking topic was: What is patient value? Members broke out into

groups to discuss this. Some of the themes that arose from these group discussions included:

- Treat the whole person, including the family, and reflect the patient's value.
- Heal me, don't hurt me and be nice to me.
- Keep people at home when possible; have an eye to best practice, consider preventive medicine, shortening hospital stays.
- Quality and safety; timeliness of care; patient engagement; empathy when you are unable to alter the course; compassionate care; seamless handoff through the patient's care.
- Understand what is important to the patient and that what is expected to happen actually happens; give patients better information.
- Everything we do at the board level we need to be thinking about it through the eyes of the patient; we need to understand why we are here and try to anticipate their needs; this then guides our strategic directions and community healthcare in general.
- We have to treat our staff well so they are able to care for our patients.
- We are not about the bricks and mortar; we have obligations to our patients' well-being outside our doors too.

## **8. STRATEGY UPDATE**

Mr. Woods handed out information on St. Mary's 2017-2019 strategic plan which has now expired. He added that it is likely the Board will want to wait for the new president to be in place before developing the next strategic plan.

The Board discussed the 2019-2020 hospital priorities and agreed that the financial health of the hospital needs to be the main focus. It was raised that while we also need to keep our eye on future forward items as well, we do have to ensure the senior team has the opportunity to actually execute current initiatives.

The team is working on bringing forward to the Board in the coming months information on the current status of the hospital's financial picture and forecasting for future years. A high level plan with steps that we will need to take will be presented to the Resource Planning and Utilization Committee (RP&U) and then brought forward to the Board. We have a multi-year challenge ahead of ourselves. The goal is to shorten the timeframe the best way we can and not add on to our cost structure.

For this particular agenda item for future meetings, Mr. Woods will circulate with the meeting package a high level document on the status of three major strategic priorities, i.e., the KW4 Ontario Health Team (OHT), the joint master planning process and the Regional Cardiac Program Strategic Plan.

## **9. PERFORMANCE UPDATE**

### **9.1 The Quality/Patient Safety Report**

The Quality Committee report along with the monthly Quality, Risk and Safety report was circulated with the Board meeting package. Ms. Fabi reviewed the information provided.

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

**Moved by Linda Fabi, Seconded by Don Kaluzny, VOTED AND CARRIED.**

## **9.2 Resource Planning and Utilization Committee (RP&U) Report**

The RP&U report was circulated with the meeting package. A correction was noted in the first line of the Key Performance Indicators section. The operating margin is a negative number and should read -2.76%.

It was remarked that we did not meet our targets on certain Quality Based Procedures (QBP) cases which is a contributor to our revenue. We are in talks with the Ministry about setting QBP volume numbers that we expect to meet. At the present time, we are looking at all the schedules and deliberately slowing down in some areas that we can control. Issues arise when we go over the volume targets. We can manage the elective cases but it is the non-elective cases that come through the Emergency Department (ED) that are beyond our control.

We will not be given the funds for cardiac surgery where we have not met the target. We are likely to have some base staffing costs that we are incurring but not the revenue to offset this. Our cardiac volumes are on the decline and strategically we need to find out what that perfect volume is. We want to maintain our volumes to keep our surgeons and we want to grow at a manageable rate. All this is being monitored.

**Motion: That the Board of Trustees accept and approve the financial statements for the months ending June 30 and July 31, 2019.**

**Moved by Stan Nahrgang, Seconded by Tim Rollins, VOTED AND CARRIED.**

## **9.3 Report of the Joint Hospital Information System (JHIS) Board Committee**

Mr. Cantin referenced previous discussions at the Board and Mission and Governance Committee (M&G) about whether or not a St. Mary's board level group be formed that would oversee our relationship with GRH. He was raising this since the JHIS will likely be disbanding by March 2020 and we should be considering this now if we want to have something in place by then.

It was felt that there are existing processes in place that feed up to the Board, such as the Waterloo Hospitals Collaborative Committee (WHCC) and Board Executive Committee, which would serve this purpose for now. It was recommended that we wait to have further discussions on this until the new president is here as this will be a key element of the strategic plan.

A report from the Joint HIS Board Committee was circulated with the meeting package. Also provided for information was the full JHIS September meeting package. Comment was made that we need to be clear in our messaging about the PRISM roll out and set realistic expectations. There will be issues and challenges with the new system but we will be on top of this and will strive to get back to normal operations as quickly as we can.

Mr. Higgs reported that GRH is on day 4 of go-live in all areas across their organization. There are learnings that we will benefit from and will incorporate into our plans. It was added that the number of St. Mary's staff who have gone over to support the GRH go-live and the hours they have put in is astronomical. We need to ensure that we will have this same reciprocal assistance for our go-live as well.

**10. ADJOURNMENT: 6:05 p.m.**

**Motion: To move into the closed session of the Board meeting.**

**Moved by Scott Smith, Seconded by Don Kaluzny, VOTED AND CARRIED.**

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Scott Smith, Chair

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John Woods, President  
and Secretary to the Board

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Susie Bell, Recorder