Date: Thursday, December 16, 2010
Time: 5:00 pm to 5:45 pm (Supper)
5:45 pm to 8:00 pm (Meeting)
Place: Erie St. Clair Community Care Access Centre, Head Office
Board Room, 712 Richmond Street, Chatham, ON N7M 5K4
In the case of inclement weather the Board Chair and Chief Executive Officer will arrange to have Board Members telephoned by 2:00 pm. In this case the Board Meeting will be held by teleconference and everyone will call in using the following teleconference number:

The Erie St. Clair Community Care Access Centre is a scent free workplace. Scented products can trigger serious health reactions in people with asthma, migraines, allergies, chemical sensitivities and other medical conditions. For the comfort and safety of our staff and others please avoid wearing perfume, cologne, scented hairspray and other scented products.

In the event you are unable to attend in person teleconference or videoconferencing is available. Teleconferencing requires a minimum of 2 hours notice and videoconferencing requires 36 hours notice. Please contact Annette Zimmer, Executive Assistant, Corporate Coordinator by email at annette.zimmer@esc.ccac-ont.ca

Members: Rose Scott, Barbara Bjarneson, Shannon DeBacker, Jeewen Gill, James Greenway, Heather Haines, Martha Knight, Cathie Luxton, Esdras Ngenzi and Dr. Gordon Simmons
Non-Voting: Betty Kuchta, Chief Executive Officer
Recorder: Annette Zimmer, Executive Assistant, Corporate Coordinator
Senior Team: Glenda Mailloux, Kelley Ilisevic, Tricia Khan and Caen Suni
Invited Guest: Pam Roth, Client Services Manager

Mission Statement (English and French)

To deliver a seamless experience through the health system for people in our diverse communities, providing equitable access, individualized care coordination and quality health care.

Dispenser des services intégrés aux diverses collectivités de la province en assurant un accès équitable, la coordination de soins individualisés et des soins de santé de qualité.

Vision Statement (English and French)

Outstanding care – every person, every day.

Des soins exceptionnels – chaque personne, chaque jour.
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<tr>
<td>5:45 pm – 6:00 pm</td>
<td>1.0</td>
<td>Call to order</td>
<td>V-A-3</td>
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<td>Quality in Governance</td>
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<td>Program Development</td>
<td>Presentation to the Board on the Long-term Care Home Act Regulation Changes presented by Pam Roth, Client Services Manager.</td>
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<td>Emerging Issues</td>
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<td>Approval of Agenda Items</td>
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<td>Approval of Consent Agenda Items including Approval of Minutes.</td>
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<td>4.0</td>
<td>Establish Strategic Direction</td>
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<td>5.0</td>
<td>Provide for Excellent Management</td>
<td>II-9</td>
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<td>Ensure Program Quality and Effectiveness</td>
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<td>6:55 pm – 7.0</td>
<td>Ensure Financial Viability</td>
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<td>7:05 pm</td>
<td>7.1</td>
<td>Standing Committee Report from the Finance Committee (copy enclosed).</td>
<td>IV-2</td>
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<tr>
<td>7:05 pm – 7:20 pm</td>
<td>8.0</td>
<td><strong>Ensure Board Effectiveness</strong></td>
<td>V-A-1</td>
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<td>7:20 pm – 7:30 pm</td>
<td>8.1</td>
<td>Report from Betty Kuchta, Chief Executive Officer dated Wednesday, December 8, 2010 regarding Resolution to Change Board Size from twelve to ten (copy enclosed).</td>
<td>V-A-1</td>
<td>X</td>
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<td>7:30 pm – 7:45 pm</td>
<td>9.0</td>
<td><strong>Build Relationships</strong></td>
<td>VI-2</td>
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<tr>
<td>7:45 pm – 8:00 pm</td>
<td>10.0</td>
<td><strong>In-Camera (Confidential Matters, i.e., Personnel, Property, Litigation, Security):</strong> See In-Camera Agenda included in Board package.</td>
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<td>8:00 pm – 8:15 pm</td>
<td>11.0</td>
<td><strong>Emerging Trends and Risk Analysis</strong></td>
<td>III-2</td>
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<td>8:15 pm – 8:30 pm</td>
<td>12.0</td>
<td><strong>Other Business</strong></td>
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<td>8:30 pm – 8:45 pm</td>
<td>13.0</td>
<td><strong>Next Meeting Dates</strong></td>
<td>V-B-4</td>
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<td>8:45 pm – 9:00 pm</td>
<td>14.0</td>
<td><strong>Adjournment</strong></td>
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Pages 1 to 6

Pages 7 to 9

Page 11

Holiday Greetings!
To: Chair and Board of the Erie St. Clair Community Care Access Centre  
From: Betty Kuchta, Chief Executive Officer  
Date: Wednesday, December 8, 2010  
Subject: Board Consent Agenda

**PURPOSE OF REPORT:**
To provide the Board with an agenda for routine, standard, non-controversial and self-explanatory items for receipt and filing including Board Minutes and information only Standing Committee Reports.

**RECOMMENDATIONS:**
That the Board accept the consent agenda and endorse the acceptance, receipt and filing of information contained therein.

**OUTCOMES / EXPECTED OUTCOMES:**
To expedite routine matters that are required to come before the Board.

<table>
<thead>
<tr>
<th>AGENDA ITEMS:</th>
<th>Action Required</th>
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<tbody>
<tr>
<td>[<strong>Approval of Minutes</strong>](page 2 to 19)</td>
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<tr>
<td>i) Approval of the Erie St. Clair Community Care Access Centre Board Minutes of the meeting held on Thursday, November 25, 2010.</td>
<td>X</td>
</tr>
<tr>
<td>ii) [Establish Strategic Direction](page 20 to 22)</td>
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<tr>
<td>ii) December Governance Tips from Betty Kuchta, Chief Executive Officer and Annette Zimmer, Executive Assistant, Corporate Coordinator.</td>
<td>V-A-7 X</td>
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<tr>
<td>iii) [Ensure Program Quality and Effectiveness](page 23 to 26)</td>
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<tr>
<td>iii) Report from Betty Kuchta, Chief Executive Officer, dated Wednesday, December 8, 2010 regarding CEO Report.</td>
<td>II-4 X</td>
</tr>
<tr>
<td>iv) [Ensure Financial Viability](page 27 to 28)</td>
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<tr>
<td>iv) Standing Committee Report from the Audit Committee.</td>
<td>V-A-7 X</td>
</tr>
<tr>
<td>v) [Build Relationships](page 29 to 31)</td>
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<tr>
<td>v) December 2010 Facts and Key Messaging Tool from Caen Suni, Director of Communications.</td>
<td>V-I-3 X</td>
</tr>
<tr>
<td>vi) [Governance Process]</td>
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<tr>
<td>vi) Please note: All correspondence will now be posted on the Board Web Portal for review at your leisure.</td>
<td>V-B-4 X</td>
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</tbody>
</table>
ERIE ST. CLAIR COMMUNITY CARE ACCESS CENTRE
BOARD OF DIRECTORS
MEETING MINUTES

Date: Thursday, November 25, 2010
Time: 5:00 pm to 5:45 pm (Light supper was provided)
      5:45 pm to 8:00 pm (Meeting)
Place: Erie St. Clair Community Care Access Centre, Head Office
       Board Room, 712 Richmond Street, Chatham, ON N7M 5K4

Members: Rose Scott, William Baker, Barbara Bjarneson, Shannon DeBacker,
         Jeewen Gill, James Greenway, Heather Haines, Martha Knight,
         Cathie Luxton, Esdras Ngenzi and Dr. Gordon Simmons
Non-Voting: Betty Kuchta, Chief Executive Officer
Recorder: Annette Zimmer, Executive Assistant, Corporate Coordinator
Senior Team: Glenda Mailloux, Kelley Ilisevic, Tricia Khan and Caen Suni
Invited Guest: Paula Blackstien-Hirsch, Executive Director, Centre for Healthcare
               Quality Improvement at the Change Foundation, Jacquie Stephens,
               Director of Quality and Aaron Ryan, Director of Finance

1.0 Call to order
   1.1 Rose Scott, Chair, Erie St. Clair Community Care Access Centre presides. She called the meeting
to order at 5:50 pm and welcomed those present. Round table introductions took place by all.
Jeewen Gill attended by teleconference.

1.2 No Board Member of the Erie St. Clair Community Care Access Centre declared a conflict of interest
regarding any items on the agenda.

2.0 Board Education / Becoming a Centre of Excellence
2.1 Quality in Governance

   Barbara Bjarneson, Quality Committee Chair introduced Paula Blackstien-Hirsch, Executive
   Director, Centre for Healthcare Quality Improvement at the Change Foundation.

   Paula Blackstien-Hirsch, Executive Director, Centre for Healthcare Quality Improvement at the
   Change Foundation provided presentation entitled Quality – The Business Strategy for
   Healthcare. What is the Board’s Role?

   Agenda
   • The Quality Agenda? How are we doing and why?
   • Transformational change: IHI’s Leadership Leverage Point framework - A formula for
     sustainable improvement
   • The Board Quality Committee: Key fiduciary responsibilities and obligations under Bill 46
   • ? Observation re: Enablers and Opportunities based on Review of Quality Program Manual

   The Quality Agenda: How are we doing and why?

   Landmark Reports:
   • 2002 IOM: Crossing the Quality Chasm
     “Serious and widespread quality problems exist throughout [American] medicine. These problems
     occur in small and large communities alike, in all parts of the country, with approximately equal
     frequency. Very large numbers of [Americans] are harmed as a result…” Most patient injuries are due
to system failures
   • 2004 Baker and Norton, Canadian Adverse Events Study
     7.5% of patients admitted to acute care hospitals in Canada experience an adverse event
     36.9% of these have highly preventable adverse events

   Legislative and Regulatory Changes in Other Jurisdictions:
• **US Centre for Medicaid and Medicare**
  - Decision to cease paying hospitals for care made necessary by "preventable complications"...."Never Events".

• **Blue Cross Blue Shield**
  - In MA, linked board certification in QI to Pay for Performance (2% increase in reimbursement); South Carolina – when 75% of trustees complete QI courses they receive incentive pay

• **In 2007 – 2 state hospital assoc with certification programs; in 2010 – 12 programs**

• **NJ State Legislation**
  - mandated QI board education

• **US Internal Revenue Service, General Accountability Office, Senate Finance Committee, a growing number of state legislatures, and bond rating agencies are looking closely at governance of hospital and health systems.**

### Summary scores on health system performance for six OECD countries

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<th>AUS</th>
<th>CAN</th>
<th>GER</th>
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<th>UK</th>
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<td><strong>Overall Ranking</strong></td>
<td>3.5</td>
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<td><strong>Quality of Care</strong></td>
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<td><strong>Right Care</strong></td>
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<td><strong>Healthy Lives</strong></td>
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<td>2</td>
<td>4.5</td>
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<td><strong>Health Expenditures per Capita</strong></td>
<td>$2,876</td>
<td>$3,165</td>
<td>$3,005</td>
<td>$2,083</td>
<td>$2,546</td>
<td>$6,102</td>
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*OECD, May 2007*

**Other Well-documented Facts:**

  - It takes 17 years, on average, to transfer knowledge from clinical trials into practice.

- *Ekerstrom, Swedish Association for Local Authorities and Regions, 2008*
  - 60-80% of traditional improvement efforts fail
  - Speaks to the strength of forces to preserve the status quo
  - Speaks to the competencies senior leaders and others must acquire to carry out transformation efforts

  "Every system is perfectly designed to achieve exactly the results it gets."

  *Paul Batal den, Dartmouth Medical School*
Are there studies that associate Board engagement with better clinical outcomes? 
(2 published in 2006)
- Lockee, Kroom, Zablocki, Bader – Governance Institute/ Solucient Top 100, 2006:
  - CEO held accountable for quality and safety goals
  - Board participates in development of explicit criteria to guide medical staff credentialing and privileging
  - Board Quality Committee annually reviews patient satisfaction scores
  - Board sets the board agenda for quality
  - Medical staff is involved in setting the agenda for the Board’s discussion surrounding quality.
- Vaughn, Koepke, Kroch et al, 2006:
  - Board spends more than 25% of its time on quality issues
  - Board receives a formal quality performance measurement report
  - High level of interaction between the Board and the medical staff on quality strategy
  - Senior executive’s compensation is based in part on QI performance
  - CEO is identified as the person with the greatest impact on QI, especially when identified so by the QI Executive

Another US study published in 2009 correlating Board engagement with quality & safety and better performance ...
- Jiang et al, 2009
  - Board establishes a Quality Committee
  - Board sets strategic goals for quality improvement
  - Board uses indicators of quality and safety [in decision-making]
  - Board spent more than 20% of agenda time on quality and safety issues
  - Performance evaluation for CEO tied to clinical improvement and patient safety

Are there any Canadian studies providing us with similar or different information?
- Limited amount of research available has been conducted in the US
- Ross Baker et al, Healthcare Quarterly 2010 (case studies of 3 Canadian organizations and one US organization, 15 interviews):
  - Efforts to improve the quality and safety in Canada are still in early stages
  - For most of past decade, Canadian hospitals concerned with financial and access questions
  - Board composition doesn’t always include individuals with knowledge of quality and safety
  - Very few boards recruit using a skills matrix
  - Most Boards receive voluminous indicators, revealing little from an information perspective
  - Organizations tend to struggle with compliance with adherence to the Carver model of governance and engaging in meaningful discussions on quality and safety

“It is ultimately the board’s responsibility to ensure that the quality of patient services provided by their [hospital] is monitored, and to ensure that it meets the standard that can reasonably be expected of the community it serves.”
Anne Corbett and Michael Baker, 2008

The standard for what is reasonable is getting more rigorous...
“Was the Board asking and was it listening?”
The Windsor Star, Aug 11, 2010

What has been missing in our attempts to chase better quality and safety over the
past 15-20 years?

Today’s challenge is to move from islands of excellence to transformational change....

Where is your organization?

![Diagram of organizational development over time](source: IHI)

It has become painfully clear to all those working to improve quality and safety that what organizations require are not quick fixes. They require complete transformation.

*Jim Reinertsen, Quality & Patient Safety, Understanding the Role of the Board, OHA, 2008*

**What accounts for this apparent contradiction between Will and Execution?**

- We seem to be willing and able to learn...
- We seem to want to change...
- We sign up in droves to improve safety/quality...
- We seem capable of succeeding on a small scale, some of the time...

Yet...we can’t seem to close the deal organization-wide or system-wide!

Those who study comparative health systems remind us that ... CONTEXT is everything.

*Steven Lewis, 2008*

**Frameworks for Inspiring and Guiding Success....**

*Don Carlow, Healthcare Quarterly, 2010*
**Closing the Gap between Knowledge and Practice: What Should Boards Do?**
Accreditation is necessary but insufficient for closing the gap... “accreditation generally does not provide a level of rigour that can ensure a well-functioning system for quality and safety”.

**Comparing the key attributes of different frameworks...**

<table>
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<tr>
<th>Quality by Design</th>
<th>7 Leadership Leverage Points</th>
<th>Getting Boards on Board</th>
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<tr>
<td>Strategic alignment of aims, measures and activities</td>
<td>Establish &amp; oversee system level aims at highest governance level</td>
<td>Set a specific aim to reduce harm &amp; commit to measurable QI</td>
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<tr>
<td>Quality as a core business strategy</td>
<td>Develop an executable strategy &amp; oversee it at the highest governance level</td>
<td>Overseer execution of the plan</td>
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<tr>
<td>Leadership</td>
<td>Channel leadership attention to improvement (includes leadership &amp; transparency)</td>
<td>Review progress as the 1st agenda item at every Board meeting; use stories to put a human face to data</td>
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<td>Meaningful measurement to support quality improvement</td>
<td>Engage physicians</td>
<td>Monitor a small number of big dot measures that are transparent to whole organization</td>
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<tr>
<td>Engaged physicians and staff workforce</td>
<td>Build improvement capability</td>
<td>Build Board capability</td>
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<tr>
<td>Capability for improvement</td>
<td>Put patients &amp; families on the improvement team</td>
<td>Commit to establish an environment that is respectful, fair and just</td>
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<td>Incentives and accountability</td>
<td>Make the CFO a Quality Champion</td>
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**IHI’s 7 Leadership Leverage Points:**

**Leverage Point 1:** Set specific system-level aims and oversee their achievement at the highest levels of governance...
- Senior leadership team has developed specific “**how much, by when**” aims for system-level measures of quality and safety.
- **Board has adopted the aims and is overseeing** their achievement using system-level measures of progress against the aim.
- **Accountability for achieving the aims is clearly established** in the board’s executive performance feedback system (and these accountabilities are cascaded down through the organization).

**Specific aims adopted by Boards**
“We will achieve an 80% reduction in harm to our patients in 3 years, as measured by Serious Safety Event Rate.”

*Sentara*
Erie St. Clair Community Care Access Centre
Board Meeting Minutes, Thursday, November 25, 2010

“We will achieve a 50% reduction in hospital acquired infections within 12 months, as measured by the sum of Central Line Bloodstream Infections, Ventilator-Acquired Pneumonias, and Catheter-Associated Urinary Tract Infections.”

WellStar Health System

Sample Big Dot Aim with Related Projects and Measures chart identifying AIM and Big Dot Measure, QI Projects & Outcome Measures and Change Ideas & Process Measures was presented.

From the patient’s/family’s perspective...
1. Keep me safe
2. Heal me
3. Be nice to me
...in this order

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What would your Board say are your organization’s heart burn issues & how will you set your targets?
- What are you willing to promise patients about safety through your services?
- What are you willing to promise patients about the use of evidence-based practice through your service delivery?
- What are you willing to promise patients about the level of care and service that will be provided?
- What are you willing to promise the community about access?

Bridgepoint Health Structure for Patient Quality Safety chart was presented

Error Prevention for WellStar Staff Expectations - I am accountable for:
1. Patient, Personal and Peer Safety
   I will demonstrate a personal and peer (200%) commitment to safety
2. Clear, Complete & Timely Communications
   I am personally responsible for professional, accurate, clear, and timely verbal and written communications.
3. Paying Attention to Detail
   I will attend carefully to important details.

Techniques - I will:
1. Practice peer checking & coaching using ARCC
2. Stop and resolve in the face of uncertainty
3. Use the approved “handoff process” when transferring patient care responsibility
4. Use SBAR to communicate patient concerns
5. Use Repeat-Backs and Read-Backs with 1 or 2 Clarifying Questions
6. Document legibly and accurately

ARCC = Ask a question, Request a change, voice a Concern, use Chain of Command when necessary
SBAR = Situation, Background, Assessment, Recommendation
STAR = Stop, Think, Act, Review
Leverage Point 2: Build an Executable Strategy to oversee the aims, and oversee the execution at the highest levels of administration...
• Senior leadership team has developed a plan to achieve aims focused on the right drivers, with the necessary scale and pace.
• Senior leadership team has resourced the projects necessary to achieve the aim with effective leaders.
• Leadership team is steering and adjusting both the strategy to achieve the aim and its execution, based on weekly and monthly review of measures.

Remember that 60 – 80% of projects fail due to inability to execute well!

Formal authority is just one tool, and it’s often the least important. What leaders write and say, and how they allocate resources sends a powerful message throughout the organization.

Reinertson and Shellekens
Great Boards. Bader & Associates Governance Consultants

It is critically important to focus the organization on a small number of high level aims...
• Stop doing” lists are more important than “to do” lists. (Good to Great, 2001)
• If you have 20 priorities, then you have no priorities!
...and then to resource them appropriately

Leverage Point 3: Channel attention to system-level aims and measures...
• Senior executives personally do executive reviews with key project teams working on the aims.
• Measures of progress on each project, and on the overall aims, are widely distributed throughout the organization and the community, even if you aren’t proud of the measures (transparency).
• Leaders are given sufficient time to work on key projects (the work is not just added on to an already busy schedule).

Getting more strategic about your corporate dashboard...
• Comparison Dashboard
• Strategic Dashboard – Big Dot chart and Drivers chart
• Exception Dashboard (regulatory compliance)

Knowing How We Are Doing
Trillium Health Centre and Markham Stouffville Hospital diagram showing Releasing Time to Care - Visit Pyramid: Quarterly Master. Chart identifies how well they are doing.

Data transparency: Make data meaningful by removing the denominator...
New Pressure Ulcer (Stage 2+) rate of 0.25/1000 client days
vs
3 new Pressure Ulcers (Stage 2+) last month
or
20 days since last new Stage 2+ Pressure Ulcer

Boards should be asking two types of questions about quality and safety...
• How good is our care?
  – How do we compare to others like us?
• Is our care getting better?
Are we on track to achieve our key quality and safety objectives?
If not, why not? Is the strategy wrong, or is it not being executed effectively?
How much variation is there among our providers? How much of a gap is there between our current and desired performance?

**Downside of using data for comparative purposes...**
- It is static (no data over time)
- Usually a time lag in getting the data
- If you look bad, energy is spent on figuring out what’s wrong with the data
- If you look good, you become complacent
- How you look is determined by how others perform
- Benchmarks are full of defects (ie “the cream of the crap”)

So......only do this to help you set targets, perhaps annually & compare to the best, not the 50th percentile

**The standard for measurement in quality improvement is run charts or control charts ...**

"Before" and "After" are based on single points. This shows 110% improvement, from 0.33 to 0.70 bed turns a week!

**Leverage Point 4:** Get patients & families on your team...
- Patient stories about harm or quality issues (either in person, by videotape, or as told by front-line personnel) are part of every board meeting.
- Patients and families are deeply involved in all improvement and redesign teams.
- Some organizations include patients and families on standing committees.

**44 patients/46 events in 2008**

**23 Patients & Events – Jan-Dec, 2009 vs 46 Total for 2008**
48% Reduction SSER from Dec. 08 Baseline
50% Reduction in # of events year to year

**5 Patients & Events to date – Jan-July 2010 vs 46 Total for 2008**
Jan – July, 2010 – 151 consecutive days of zero events as a system ...
On track for 82% less events this year than 2008 baseline year
Capturing and understanding the patient experience, overlaid on a process map

Leverage Point 5: Engage the CFO in achieving the aims...  
- CFO can articulate the business case for each improvement initiative and is a primary driver of quality improvement.  
- Finance representatives are integrated into improvement project teams to support the business case needs.  
- When times are tough, we invest more in quality since it is our primary strategy for removing waste and improving efficiency.

Eliminate quality problems that arise because customers’ (patients’) expectations are not met (e.g., complications/adverse events)

Reduce costs (waste) significantly while maintaining or improving quality (e.g., operational efficiency/inventory/supply chain management)

Articulating ROI by identifying light and dark green dollars...
Chart identified Primary Drivers – Secondary Drivers – Projects

Leverage Point 6: Engage clinicians/providers in achieving the aims...  
- The executive team understands providers’ intrinsic motivation for quality (outcomes, wasted time...).  
- Providers are regarded as partners in the delivery of care, not as customers. Similarly, all providers need to stop seeing their care responsibilities solely from an individual perspective, and start appreciating their responsibility to the system.  
- It is important to assess those aspects of the various cultures that will predictably thwart (or enhance) successful engagement.  
- We use quality methods that encourage provider engagement in quality rather than driving them away (sensible use of data, make the right thing easy to do – small tests of change).

Leverage Point 7: Build the improvement capability necessary to achieve the aims...  
- The entire senior leadership team (including CEO and senior managers) knows and uses the technical and change leadership knowledge required to achieve the aims and execute the strategies:
  - Content knowledge for each strategy
  - Model for Improvement and rapid tests of change
  - A coherent improvement strategy
  - Scale and spread
  - Reliability science
  - Flow management
  - Safety systems

The senior leadership team can, and does, teach the technical and change leadership knowledge to others in the organization.

The line between policy governance & fiduciary responsibility for quality and safety can be fuzzy...
- Several potential avenues allow for balancing the fiduciary responsibility for quality and safety while maintaining a governance perspective:
  - The Ottawa Hospital work on “generative governance”
  - Virginia Mason’s Quality Oversight Committee reviews “red PSAs” as a means of understanding key issues and the adequacy of management’s response
- Both these approaches require considerable skill from board members and attention to “investigating processes” not people
The Quality Committee and the Board need to start demonstrating “organizational backbone” (Edgar Schein, Organizational Culture and Leadership, 2004)
  - Ask hard questions – management should “sweat” the Quality Committee at least as much as the Finance Committee! (Jim Reinertson)

The Board Quality Committee:
Key fiduciary responsibilities & obligations under Bill 46

Six charter tasks of a Board Quality Committee for consideration (Orlikoff & Reinertsen Boardworks, The Summit Series)...

- **Recommend annual quality and safety aims to the full Board for adoption**
  - Understand performance gaps
  - See issues through the patients’ eyes
  - Determine “how good, by when, as measured by”
  - Establish a sense of urgency and will to achieve the aims
  - Frame the aim so as to engage the hearts of all

- **Oversee the achievement of the quality and safety aims**
  - Monitor performance measures and the key drivers of the measures
  - Ask hard questions of management and medical staff if performance is not on track

- **Oversee the integrity and reliability of the credentialing process**
  - Annual audit of process, not of every decision

- **Oversee compliance with Quality and Safety regulatory requirements**
  - Review periodic regulatory compliance status report from management
  - Establish process for immediate notification regarding compliance issues with oversight of corrective action
  - Recommend new/improved quality & safety policies

- **Send clear signals to management regarding desired quality and safety culture**
  - Promote courage: give back-up to staff working to implement safety policies
  - Demonstrate openness, candor and transparency
  (If your lawyer isn’t nervous, you probably aren’t being transparent enough! – Jim Reinertson)

- **Ensure that appropriate levels of resource are available and allocated to achieve quality and safety aims and targets**

Changing the dialogue at Committee Meetings...

- **Stop death by 1,000 Power Points**: the committee should spend much longer asking questions & in discussion than listening to presentations
- Always focus discussions on **stories and data**; ask **probing questions** to understand the data
- Four stages many committees go through: (Reinertson & Orlikoff)
  - The data **are wrong**
  - The data **are right**, but it is **not a problem**
  - The data **are right**, but it is **not our problem**
  - The data **are right**; there is a **problem** and **we accept the burden of improvement to make it better**

Organization vs. System competencies
ECFA requirements and the Board Quality Committee
Requirements of ECFA, starting with hospitals:
• Establish a Quality Committee which will report to the board on quality-related issues
• Develop a publicly available Quality Improvement Plan
• Ensure that Executive Compensation is linked to targets included in the annual quality plan
• Carry out patient/client and caregiver surveys
• Have a patient relations process and make information about the process available to the public
• Produce a patient declaration of values after consultation with the public
• Public Hospital’s Act Regulatory Change relating to reporting of critical incidents (CEO, MAC, Board and disclosure to patient)

Excellent Care for All Act... typical elements of a Quality Plan...
• Inputs (Last year’s results, publicly reported indicators, accreditation, LHIN Accountability Agreement, incident reports*, Patient Satisfaction surveys*, Staff Satisfaction surveys*, patient relations process, etc)
• Quality vision and alignment with corporate strategy
• Quality Framework/Dimensions*
• High level aims (how much, by when?) & big dot metrics*
• Portfolio of initiatives, outcomes and targets (rationale for targets)*
  – executive accountabilities, timelines (compensation tied to targets)*
• Board/executive scorecard
• Strategies to execute on the portfolio (investment in QI capability, provider engagement, decision supports, strategies to encourage just culture, etc)
• Governance structure to support the quality agenda

Template(s) presented at the ECFAA Rountable
How to embark on quality improvement: liking “How” with “What”

Erie St. Clair CCAC Board Meeting Minutes, Thursday, November 25, 2010
How long does it take to reach the transformation tipping point?

- Minimum of ten years of sustained effort to get measurable results across a whole system or organization...earlier results in 3-5 years
- Threshold is only reached when a number of the infrastructure elements that create the conditions that lead to better outcomes are in place for a significant period of time

"The initial investment in change goes into the balance sheet, not operating results...therefore, you need to be careful to stay the course, and not to change direction before the old direction has had time to deliver."


There are no short-cuts; this is not a fad nor a passing idea. This is a strategy for entering the future...

Strategies for Increased Efficiency and Effectiveness,
Swedish Association of Local Authorities and Regions, 2008

CQCI
Building on lessons from high performing health care systems around the world, the Centre for Healthcare Quality Improvement at The Change Foundation (CHQI) aims to assist organizations to achieve breakthrough results in quality outcomes in areas of provincial strategic priority. The Centre will accomplish this by working with senior health care leaders to build the case for improvement as a business strategy, by initiating and coordinating large scale improvement initiatives, and by using action-based learning to strengthen the capacity and capability for quality improvement among leaders and providers in the system.

If you have questions, please contact:

Paula Blackstien-Hirsch
Executive Director
Centre for Healthcare Quality Improvement At The Change Foundation
Phone: 416-205-1469
Email: pblackstien-hirsch@changefoundation.com
Website:www.chqi.ca

Paula Blackstien-Hirsch, Executive Director, Centre for Healthcare Quality Improvement at the Change Foundation answered questions from the Board throughout the presentation. She also provided recommendations for our own quality report and agenda. She noted there is a lot of activity in the organization; encouraged to remove the bottom-up approach. She noted that there are too many indicators; identify which indicators are to be monitored by each of front-line, senior executive, and Board. There is a mix of processes and outcomes, utilization versus indicators. You should only see outcomes on the Board scorecard, move away from
denominators and use run charts that tell a story.

Barbara Bjarneson thanked Paula Blacksten-Hirsch, Executive Director, Centre for Healthcare Quality Improvement at the Change Foundation for her presentation to the Board entitled Quality – The Business Strategy for Healthcare. What is the Board’s Role?

2.2 **Organizational Development**
No items were presented.

2.3 **Program Development**
No items were presented.

2.4 **Emerging Issues**
No items were presented.

3.0 3.1 **Approval of Agenda Items**
The Board of the Erie St. Clair Community Care Access Centre reviewed the agenda. James Greenway noted that he wished to include for discussion a news article entitled “Lack of care beds a local crisis”. Rose Scott, Chair noted the item will be added to the agenda as item 6.2.

**Moved by:** Dr. Gordon Simmons  
**Seconded by:** Cathie Luxton

**THAT** the Board of the Erie St. Clair Community Care Access Centre approve the agenda as amended.  **CARRIED.**

3.2 **Approval of Consent Agenda Items including Approval of Minutes**
The Board of the Erie St. Clair reviewed the consent agenda dated Thursday, November 18, 2010. Barbara Bjarneson queried the Performance Monitoring and Compliance reporting; we are reporting too much. Following tonight’s presentation the Board needs to seriously consider their top priorities; what are the two or three big dot items. Rose Scott, Chair noted that we could set this as a generative discussion question and review the key priorities. This will be reviewed further under the Standing Committee report from the Governance Committee for further discussion now or deferred to the December Board meeting.

**Moved by:** James Greenway  
**Seconded by:** Barbara Bjarneson

**THAT** the Board of the Erie St. Clair Community Care Access Centre accept the revised consent agenda and endorse the acceptance, receipt and filing of information contained therein as follows:

i) Approval of the Erie St. Clair Community Care Access Centre Board Minutes of the meeting held on Thursday, October 28, 2010.

ii) Approval of the Erie St. Clair Community Care Access Centre Board Annual Retreat Minutes of the Meeting held on Friday, October 29, 2010.

iii) Standing Committee Report from the Governance Committee.

iv) November Governance Tips from Betty Kuchta, Chief Executive Officer and Annette Zimmer, Executive Assistant, Corporate Coordinator.

v) Report from Betty Kuchta, Chief Executive Officer, dated Thursday, November 18, 2010 regarding Performance Monitoring and Compliance Reports.

vi) Report from Betty Kuchta, Chief Executive Officer, dated Thursday, November 18, 2010 regarding CEO Report.

vii) Report from Caen Suni, Director of Communications dated Thursday, November 18,
The Board of the Erie St. Clair Community Care Access Centre noted that the Key Messages document provided by Caen Suni, Director of Communications was excellent and helpful to the Board.

4.0 Establish Strategic Direction

4.1 Standing Committee Report from the Governance Committee.

Rose Scott, Chair reviewed the Standing Committee Report from the Governance Committee from the meeting held on Thursday, November 16, 2010.

Moved by: Heather Haines
Seconded by: Dr. Gordon Simmons

THAT the Board of the Erie St. Clair Community Care Access Centre endorse Governance Committee motion regarding recommendations from the Nominations Sub-Committee as follows:

IT WAS AGREED THAT the Nominations Sub-Committee recommends that:

i) efforts be made next year for recruitment of Director with financial experience, perhaps a recently retired certified accountant, given that there was the least amount of interest expressed in serving on the Finance Committee, and,

ii) Policy V-A-3 of Board policy be revised to include a statement that “Directors be encouraged to serve on a variety of Committees throughout their tenure” to provide fresh perspectives, and to promote a broad and integrated view of the organization. CARRIED.

Moved by: Dr. Gordon Simmons
Seconded by: Heather Haines

THAT the Board of the Erie St. Clair Community Care Access Centre endorse the Governance Committee motion regarding the Erie St. Clair Community Care Access Centre Community Engagement Plan as follows:

IT WAS AGREED THAT the Governance Committee recommend to the Board that the following Community Engagement Plan be endorsed by the Board: i) Stakeholder Consultation on Organizational Values and Patient Declaration of Values, ii) Community Summit Follow-up, and iii) Strategic Plan feedback loop with stakeholders originally consulted and others. CARRIED.

Discussion took place regarding the amount of time devoted to the Annual Retreat. It was felt that the second day session could have been longer. Betty Kuchta, Chief Executive Officer noted that comments and feedback are welcome; please send any comments or suggestions to either herself or Annette Zimmer, Executive Assistant, Corporate Coordinator.

Moved by: Barbara Bjarneson
Seconded by: Esdras Ngenzi

THAT the Board of the Erie St. Clair Community Care Access Centre endorse the Governance Committee motion regarding the 2010 Annual Board Retreat follow-up as follows:

IT WAS AGREED THAT the Governance Committee: i) is of the opinion that the stated objectives for the 2010 Annual Board Retreat were achieved, ii) is interested in feedback from the full Board on the retreat, iii) establish an Annual Retreat Planning Committee consisting of Dr. Gordon Simmons, Heather Haines, Martha Haines and Shannon DeBacker to plan the Annual Retreat for the 2011 year, and iv) that Administration
prepare an Ethical Decision-Making Framework for Board feedback to come before the Governance Committee at a meeting in the January – March 2011 time period. **CARRIED.**

Discussion took place regarding adopting the suggested revisions to the Erie St. Clair CCAC Board Policies, and whether to adopt effective immediately or forward revisions to the OACCAC for consideration to standardize the policies across the CCAC sector and wait for approval. It was noted that the changes to the policies are wording changes in terms of clarification.

**Moved by:** Barbara Bjarneson  
**Seconded by:** Esdras Ngenzi

**THAT** the Board of the Erie St. Clair Community Care Access Centre endorse the Governance Committee motion regarding Review of Board Policies as follows:  
**IT WAS AGREED THAT** the Governance Committee endorse the suggested revisions, as amended, to the Erie St. Clair CCAC’s Board of Directors’ Policies, and further, that changes as adopted be forwarded to the OACCAC Governance Committee for consideration in their review of the standardized policies for CCAC Boards. **CARRIED.**

Barbara Bjarneson noted that as earlier discussed in the meeting, we could move the discussion regarding the Performance Monitoring and Compliance reporting to the next Board meeting for generative discussion, or this could be referred back to the Governance Committee for further discussion for the kinds of techniques used.

**Moved by:** William Baker  
**Seconded by:** Dr. Gordon Simmons

**THAT** the Board of the Erie St. Clair Community Care Access Centre endorse the Governance Committee motion regarding moving to a Best Practices Governance Board as follows:  
**IT WAS AGREED THAT** the Governance Committee agreed that the Board put policies and practices in place to become a Best Practices Governance Board and will begin with the December Board meeting. **CARRIED.**

5.0 **Provide for Excellent Management**

5.1 **Report from Annette Zimmer, Executive Assistant, Corporate Coordinator dated Thursday, October 21, 2010 regarding Occupational Health and Safety – Accountability Framework.**

The Board reviewed report from Annette Zimmer, Executive Assistant, Corporate Coordinator dated Thursday, October 21, 2010 regarding Occupational Health and Safety – Accountability Framework.

The Board discussed the health and safety plan initiated by the staff and the elements that are incorporated into the Annual Health and Safety report to the Board. It was determined that next year’s annual report to the Board will include more specific reference to health and safety data.

**Moved by:** William Baker  
**Seconded by:** Heather Haines

**THAT** the Board of the Erie St. Clair Community Care Access Centre adopt the Occupational Health and Safety – Accountability Framework as presented and that it be signed by the
Chief Executive Officer and entered into the policy records of the organization as a Board-approved policy; and, FURTHER THAT the Occupational Health and Safety – Accountability Framework be posted on the Occupational Health and Safety bulletin board for availability to all staff, noting that it is also accessible to all staff on the Intranet Portal. CARRIED.

6.0 Ensure Program Quality and Effectiveness

6.1 Standing Committee Report from the Quality Committee.

Barbara Bjarneson, Chair, Quality Committee reviewed the Standing Committee Report from the Quality Committee. She noted that the Complaints and Appeal Policy process was amended to include the addition of an external mediator.

Discussion took place regarding the use of the independent mediator. A number of queries were made such as who is considered an independent mediator; when would the services of the independent mediator be implemented; and how is the independent mediator determined. Betty Kuchta, Chief Executive Officer noted that the independent mediators may be those listed with the LTC Action Line: some may be available through law firms. It was noted that many trained and certified mediators are lawyers. Should the services of the independent mediator become necessary the client would choose from three independent mediators. It was noted that an independent mediator is only used in extreme cases and after all other avenues have been exhausted. Tricia Khan, Senior Director, Client Services added that there is a flowchart to accompany the policy which illustrates the process. She noted the goal is to resolve the issue as close to it first surfacing as possible. Betty Kuchta, Chief Executive Officer noted that Organizational Policies requiring Board approval can be posted on the Board Portal – this includes the Complaints and Appeals policy to include the flowchart.

Moved by: Barbara Bjarneson
Seconded by: Dr. Gordon Simmons

THAT the Board of the Erie St. Clair Community Care Access Centre endorse the Quality Committee motion regarding the Complaints and Appeal Policy as follows:

IT WAS AGREED THAT the Quality Committee recommend that the Erie St. Clair CCAC Board adopt the Complaints and Appeal Policy as presented, and THAT the Annual Complaints Report to the Board include information regarding the use of an independent mediator. CARRIED.

Barbara Bjarneson, Chair, Quality Committee noted that a number of indicators have been removed from the organization performance metrics. She noted that following tonight’s presentation the Quality Committee will take another look at the metrics and drill down to three or four. Betty Kuchta, Chief Executive Officer noted that there is a need to start setting baseline targets and start tracking these targets.

Moved by: Barbara Bjarneson
Seconded by: Heather Haines

THAT the Board of the Erie St. Clair Community Care Access Centre endorse the Quality Committee motion regarding changes to the organization performance metrics as follows:

IT WAS AGREED THAT the Quality Committee recommend that the Erie St. Clair CCAC Board adopt the proposed changes to the organization performance metrics for quarterly and annual reporting as presented. CARRIED.

6.2 Lack of Care Beds a Local Crisis
James Greenway queried the statements printed in the news article regarding a crisis in the long-term care accommodations and the waitlists. Betty Kuchta, Chief Executive Officer noted that the occupancy is not the issue but the number of beds is an issue. Board discussion took place regarding long-term care home beds, wait-times and the changes to the Long-Term Care Act.

7.0 Ensure Financial Viability
7.1 No items were presented.

8.0 Ensure Board Effectiveness
8.1 No items were presented.

9.0 Build Relationships
9.1 No items were presented.

10.0 In-Camera (Confidential Matters, i.e., Personnel, Property, Litigation, Security):
Moved by: James Greenway
Seconded by: Heather Haines

THAT the Board of the Erie St. Clair Community Care Access Centre move In Camera to discuss confidential matters. CARRIED.

Moved by: Dr. Gordon Simmons
Seconded by: Shannon DeBacker

THAT the Board of the Erie St. Clair Community Care Access Centre rise from In-Camera to report the following:

THAT the Board of the Erie St. Clair Community Care Access Centre accept with regret the resignations of Scholastica Lyanga and William Baker from the Board of the Erie St. Clair Community Care Access Centre and thanked Scholastica Lyanga and William Baker for their years of service, and, THAT the Board of the Erie St. Clair Community Care Access Centre has appointed Barbara Bjarneson as the ice Chair of the Board. CARRIED.

11.0 Emerging Trends and Risk Analysis

The Board of the Erie St. Clair Community Care Access Centre reviewed report from Betty Kuchta, Chief Executive Officer dated Thursday, November 18, 2010 regarding Risk Management Report.

Moved by: Dr. Gordon Simmons
Seconded by: Heather Haines

THAT the Board of the Erie St. Clair Community Care Access Centre receive the report from Betty Kuchta, Chief Executive Officer Thursday, November 18, 2010 regarding Risk Management Report for information. CARRIED.

12.0 Other Business
12.1 No items were presented.
13.0 **Next Meeting Dates**

13.1 The next regular Board Meeting is scheduled to take place is Thursday, December 16, 2010 at 5:00 pm to 8:00 pm.

14.0 **Adjournment**

The Board meeting adjourned at 10:35 pm.

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Rose Scott, Chair
Erie St. Clair Community Care Access Centre
Quick Governance Tips

From the desk of Betty Kuchta

Boards are encouraged to annually review their governance and fiduciary obligations as trustees and Directors of the Corporation. Typically we have invited our legal counsel to provide this education annually as part of on-going Board Education. This is a good governance practice. We may consider modifying the session this year to include simulation exercises or case studies to understand how Board obligations translate into real life responses at the Board table and beyond.

From the desk of Annette Zimmer

How to Join a Live Meeting Event!
Joining a Live Meeting event is easy. In order to attend a Live Meeting event, you must first receive an invitation by email. This invitation will be created by me and will be sent to your Board laptop to your CCAC Outlook Email account.

You can join the Live Meeting directly from the e-mail invitation or you can save the Outlook Calendar invitation. The invitation contains a Join the meeting link that automatically starts the Microsoft Office Live Meeting client and connects you to the meeting.

To join a meeting
- Do one of the following:
  - In your e-mail Inbox, open the meeting invitation.
  - Or, in your Outlook Calendar, open the meeting item.

In the e-mail invitation or the calendar item, click the Join the meeting link. Microsoft Office Live Meeting automatically opens and joins you to the meeting.
How to Join a Live Meeting Event cont’d

When you open the email invitation this is what you will see:

After clicking on Join the meeting this will be the next screen you will see.

To check out who else has joined the Live Meeting event, click on the Attendees to open the drop down pane.

Once connected to Live Meeting you will be able to see the Attendees, turn on Voice & Video, use the Q&A function.
How to Join a Live Meeting Event cont’d

How to connect to the computer Voice & Video:
1. Click on Join the Meeting link to join the meeting.
2. When you are connected to the meeting, the computer audio is usually on by default. If it is not on, in the Voice & Video pane, click Join Audio.
3. To mute the speakers or microphone, in the Voice & Video pane, click the Mute Microphone or Mute Speakers icon.
4. To modify the speaker or microphone volume, in the Voice & Video pane, click the Microphone or Speaker drop-down and move the volume slider up or down.
5. To show your video, in the upper right of the meeting client,

How to Ask and Answer Questions:
Attendees can only ask one question at a time. When the presenter has answered your question, you can then type another question. You can also edit the question you asked by clicking Edit. Or, you can delete your question by clicking the Retract Your Question icon.

To ask a question:
1. In the meeting client, click the Q&A menu.
2. Type your question in the Q&A text box.
3. Click Ask.

To answer questions:
1. Click the Q&A menu, and then click the Manage tab.
2. On the Manage tab, a list of all questions received from attendees is displayed. Click the question that you want to answer.
3. In the answer text box, type your response, and then click Reply to All or Reply Privately. Or you can Chat or Give the Floor to the person who asked the question.
PURPOSE OF REPORT:
To provide information to the Board on activities of the CEO office to gain an understanding of breadth of organizational activity. This report is provided monthly.

RECOMMENDATIONS:
For information.

INFORMATION:

1) Leadership
The Executive Leadership Team meets monthly to develop strategies for carrying on the work of our organization in the most efficient, cost-effective and responsible manner with meeting client needs as the primary focus. The deliverables for the Transformational Operations Review are complete, well underway, or adapted/abandoned for good reason. A key focus continues to be the right mix of talent, skills and staffing levels to achieve the organization’s strategic directions, as well as identifying and continually validating our organizational priorities. A review of the organizational chart and our priorities was the subject matter of this month’s deliberations. We made good progress in identifying initiatives as part of our broader Strategic Goals and Objectives, thereby paving the way for narrowing the scope of activity for many projects. In addition we are beginning to have discussions to identify our most-desired patient safety and client care initiatives in order to participate fully in partnership with the Board in the development of our organization’s two or three top Quality Initiatives.

The first meeting of the managers at the Director level was held in November with positive feedback. It will be a difficult journey, as there is little precedent for working in a shared accountability environment. For the most part, the group will be charting its own course, guided by the organization’s desire to promote open communication and team-work for the achievement of stellar results. The effort is an important part of the strategy for our collective effort to broker talent within our organization and to visibly demonstrate that our organization values the contribution of middle management.

The recruitment deliverables and schedule for Senior Director, Partnership Development and Strategic Planning are on target. Recruitment ads and notices were placed in a wide variety of local and national publications, both print copy and web-based, last week. You will note that the title has been changed from Senior Director Strategic Planning and Integration. We should have someone in place no later than mid-April 2011.

2) CEO Council
The LHIN CEOs and CCAC CEOs met in Toronto this week as part of a regular...
series of meetings in 2010 to review opportunities for system improvements through joint efforts and by leveraging CCAC strengths and capacity. These are important considerations given the provincial goal for reduction in wait-times and use of Alternate Level of Care days in hospital.

The Provincial Auditor General’s Report was released on December 6, 2010. It highlights improvement measures including the need for more resources to support the growing demand for home care. The CEOs are working collectively to address the issues identified.

The CCAC Sector Public Report Card on Quality is in the final stages of preparation, with launch planned for late winter/spring.

3) LHIN Collaboration
We were involved in a Health-Based Allocation Model (HBAM) simulation exercise on December 2 with our five area hospitals. There were two in the Province, the other being in the Champlain LHIN. These were organized by the LHIN and the MOHLTC. The purpose was to review and test assumptions for the new patient-based funding model for hospitals planned for implementation in 2011/2012 with later expansion to the community. It provided yet another opportunity for the 6 major Health Service Providers in our area to engage in joint planning of programs and services, to identify the most promising areas for development of regional programs, and to discuss innovative solutions for improved system capacity and quality. In this respect, it was successful.

4) Partnerships
We are from time to time asked to participate as a stakeholder in the strategic planning exercises of other organizations. Currently three are underway: the Chatham-Kent Health Alliance, Hospice of Windsor-Essex and Windsor Regional Cancer Program. These will involve surveys and interviews with the CEO and Senior Staff. The bulk of the work rests with the Senior Director, Partnership Development and Strategic Planning portfolio. The Board Chair was asked to respond to a survey from the Chatham-Kent Health Alliance, as part of their stakeholder consultation, and she has done so on our behalf.

The Director of Communications has worked with Communication staff at the Chatham-Kent Health Alliance to highlight our collaborative wound care program. An article appears in the 2010 Fall edition of the Chatham-Kent Health Alliance, “health and wellbeing” magazine, entitled: “Better Wound Care for our Community”. (Article is attached.)

5) Community Engagement
Four representatives from our agency attended an OHA sponsored seminar on Community Engagement in Toronto on December 1st. It was titled: “Community Engagement in the Time of Tough Decisions and the Quest for Quality. The attendees were Rose Scott, Betty Kuchta, Tricia Khan, and Caen Suni. It was very useful – information about resources for leading practices in the field of public participation and community engagement were provided. As well there was a good line-up of speakers, including a compelling presentation from Robert Biron, President and CEO of Northumberland Hills Hospital presenting their Case
Study on community engagement for resource allocation and development of services and programs. It is clear that effective community engagement requires a significant commitment of time, resources, and money.

6) Other
We continue to sponsor a number of Value-stream mapping events (Kaizen) with staff and stakeholders to streamline care and service protocols for more effective and efficient client services. This is occurring in four areas: i) our Integrated Client Care Project (Wound Care – Diabetic Foot Ulcer and Venous Leg Ulcers), ii) our Proof of Concept for a new client service model for the frail and elderly, iii) the development of our Palliative Care Consultation Team in Windsor-Essex, and iv) our intake processes. We plan to use the technique for development of our School Health Support Services model. Much of this work is sponsored by the Project Management Office working intensively with the Client Services department, and to a lesser degree support staff.

/az
We’re Setting the Bar for Excellence in Patient Safety

Accreditation Canada is an independent organization that provides health organizations with an external peer review to assess quality of services based on standards of excellence.

Since its last scheduled visit to Chatham-Kent Health Alliance (CKHA) in 2007, Accreditation Canada has had a makeover. Its revised format, named Qmentum (Quality and Momentum), is designed to be an ongoing, voluntary process of quality improvement. Throughout the three year cycle, staff, board members and physicians participate in online self-assessments and surveys on patient safety culture, work life and governance. Results are used to plan quality improvements and education to ensure we meet the standards of excellence.

So why participate? Patient safety is the cornerstone of the Accreditation process. It is measured by 32 Required Patient Safety Organizational Practices (ROPs). An ROP is an essential practice that health organizations must have in place to enhance patient safety and minimize risk, such as a prevention program for falls, pressure ulcers and infection control.

CKHA’s preparation for Qmentum began in May 2009. Accreditation Canada surveyors (trained experts with years of healthcare experience) will be on site Dec. 6 to 10 to assess our compliance using a new “tracer” process. A tracer is an interactive process where surveyors will “trace” the path of a patient visit or a process in order to gather evidence about the quality and safety of care at CKHA. During the tracer, surveyors will speak to patients, family, staff, volunteers and physicians who are part of the patient process being traced. Surveyors will use open-ended questions and put people at ease while they gather information on topics such as work life/workforce, culture of safety, infection prevention and control, medication management and communication techniques.

CKHA embraces ongoing quality improvements, and achieving Accreditation demonstrates our commitment to best practices and patient safety.

BETTER WOUND CARE FOR OUR COMMUNITY

Every year, thousands of Canadians suffer from chronic nonhealing wounds that can become infected and, in extreme cases, result in amputation or death. Age, smoking, poor dietary habits and obesity can increase a person’s risk of developing a chronic wound, as can conditions such as hypertension and diabetes, which limit blood flow and slow the body’s healing process.

Wound and skin care issues account for significant healing time for the patient, longer hospital stays, and significant healthcare resources and service hours for health professionals. Preventing wounds with best practices is the key to limiting health risks.

CKHA and the Erie St. Clair Community Care Access Centre (CCAC) have partnered to improve patient outcomes, by educating hospital and community nurses and healthcare providers about best practices in skin care and wound prevention and healing.

By working and learning together, and ensuring consistent practices and products, this partnership will produce a better experience and results for patients, and ultimately substantial savings for the healthcare system.
**Items Discussed**

<table>
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<th>Item</th>
<th>Description</th>
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| 1)  | **Nomination and Selection of Audit Committee Vice-Chair**
|     | Vice Chair elected – Jeewen Gill |
| 2)  | **Broader Public Sector Accountability Act, 2010**
|     | Betty Kuchta, Chief Executive Officer presented highlights of Bill 122 to Audit Committee and its implications to Erie St. Clair CCAC. |
| 3)  | **Audit Committee Workplan 2010-2011**
|     | The Audit Committee reviewed the Committee Workplan for 2010-2011. |

**IT WAS AGREED THAT** the Audit Committee endorse the Audit Committee Workplan 2010-2011 as follows:

**Over-all Goals:**
- Stewardship of resources provided to carry out organizational mandate
- Ensure that systems are in place for the sound fiscal management and fiscal integrity of the organization
- Oversee audit processes

**October – December 2010**
- Committee orientation and logistics (meeting schedule, venue, etc.)
- Review of Audit Findings Letter filed by Auditor at year-end 2009/2010
- Confirm scope of Audit for year-end 2010/2011; plan education session
- Selection of Audit Committee Vice Chair

**January – March 2011**
- Meeting with Auditor to confirm commencement of Audit within defined scope
- Management Reports: Procurement, Asset Protection, Disaster Recovery Plan for Computers, and Adequacy of Internal Controls
- Establish metrics and indicators for Committee Performance
- Review and consider recommendations from Provincial Auditor regarding CCACs
- Review Committee Terms of Reference

**April – June 2011**
- Receipt of Auditor’s Report
- Committee and Auditor delivers Auditor’s report to Board
### Audit Findings Letter filed by Auditor at year-end 2009-2010

Committee reviewed Report from Aaron Ryan, Director of Finance dated November 10, 2010 which included the Audit Finding Letter dated August 24, 2010 filed by the Auditor with our organization. The auditor highlighted two specific internal control matters that should be addressed:

1. **General Ledger Maintenance - General ledger accounts should be reviewed and reconciled on a regular basis.** This is now occurring on a monthly basis. It was occurring on a monthly basis at the time of the audit was completed with the exception of a series of payroll and payroll benefit accounts.

2. **Confirmation of services received;** there is no formal mechanism to validate services provided to clients by contracted third parties.

The Committee was satisfied that these were addressed, as follows:

1. The payroll and payroll benefit accounts referred to were part of the evolution of the Erie St. Clair CCAC moving from six unions to two and several different benefit providers to standard providers for all employees. These accounts have now been closed and the remaining accounts are reconciled on a monthly basis.

2. Verification of services is an ongoing provincial issue. There is a provincial solution to this verification currently under development which will be rolled out to all CCACs in the future.

It was noted that there were no other significant difficulties encountered during this audit that needed to be brought forward to the attention of the Audit Committee.

### Emerging Risks And Trends

1. **New Information For Audit Committee Regarding Procurement**

   Policies and procedures for procurement are in place; presentation of new information and requirements to Audit Committee took place at the meeting; policies will be updated as required to reflect new obligations as they are enacted.

2. **Confirmation of Services Received**

   No formal mechanism to validate services provided to clients by contracted third parties; CCAC sector developing plan to address this for implementation by all CCACs

Committee approved Thursday, November 18, 2010.

For information.
Facts and Key Messaging Tool  
Prepared for the Erie St. Clair Board of Directors  
December 2010

**NOTE: An additional section has been added regarding the Auditor General’s Annual Report**

### General Key Messages

**Key messages designed to describe the CCAC and our purpose**

- The CCAC can help you stay in your own home longer by providing care in your home and by coordinating care in your community, including specialized support services. The CCAC can provide you with information about Long-Term Care home options if it becomes too difficult for you or your loved ones to live independently at home.

- The CCAC is the health care system navigator in our region, and we are the only health care service mandated to serve the entire region of Erie St. Clair. The CCAC assists the community by acting as an information resource for health based needs available in the community.

- As members of the community are referred to the CCAC, the CCAC provides assessments through qualified case managers. Based on eligibility, residents contacting the CCAC will be made aware of all services available to them by the CCAC. The CCAC will also provide information about other community resources to residents who are not eligible for CCAC services.

- The clients of the CCAC are diverse. Although a slight majority of our clients can be described as ‘seniors’, the remaining clients are distributed among various age groups, including children and young adults.

### Facts and Figures

**Quantitative key messages**

- In 2009-2010, the CCAC provided service to almost 34,000 residents, or 5% of all residents living in Erie St. Clair.

- For the year 2010-2011, the base budget of the CCAC is $105 million. The budget of the CCAC is 100% funded by the Erie St. Clair Local Health Integration Network through the Ministry of Health and Long-Term Care.

- The Erie St. Clair CCAC employs nearly 400 staff.  
  - Our expert team of Case Managers include registered nurses, therapists and social workers.  
  - Our clinical staff are supported by an efficient administrative core with a depth of experience in the health care field.

- Over 90% of the base budget of the CCAC is dedicated to direct client care through case management, medical supply purchases and community support, which leaves less than 10% dedicated to administrative costs.

- Of our 34,000 clients, 3,500 are children. We serve these children in a variety of settings including at school and in their homes. In the last year, the CCAC has experienced a double-digit increase in demand for services for children; we expect this trend to continue.
Key messages designed to address a timely issue affecting our community

Q.) What is going on with Long-Term Care Homes? I keep reading that they are full, and there are waiting lists that are 5 years long in some areas, is this true? [Key message for Windsor: What is happening with this Malden Park situation? Why close a perfectly good facility? There is a new facility opening, will this help the problem we’re facing?]

A.)
- The CCAC is mandated by the Government of Ontario to manage Long Term Care placement, and the CCAC is a primary resource for information about Long Term Care in the Community.
- We’ve all read the headlines about the lack of beds in our system and the pressures in our system. It is very difficult to outline these issues fully in a short news article, and
- A specific number for a waitlist does not necessarily exist. For example, a ‘5 year waiting list’ for a particular home is not an accurate statement. Each case is assessed based on individual need, and those needs will correspond to a length of time to placement. An average waitlist time can be considered, however, it is also made up of individual cases and fluctuates regularly.
- The CCAC is working with the LHIN to establish Long Term Care Home beds at Leamington Court Rest and Retirement Home.
- [Windsor] Malden Park is not being closed; its purpose is being converted to a separate use. If you have concerns about the facility and its use, I strongly urge you to contact the Windsor Regional Hospital administration.
- [Windsor] The CCAC is successfully supporting the current residents of Malden Park to alternate Long Term Care Home destinations as the facility prepares to meet a different need in the community.
- [Windsor] A new facility in Windsor will be opening in mid-January; it is called the Village of Aspen Lake. The CCAC will be managing placement for this facility, as it does with all Long Term Care homes.
- [Windsor] The CCAC expects that the Village of Aspen Lake will alleviate some pressure in the short term.

Success Stories

Key messages surrounding a positive development at the CCAC

Background
Under the leadership of the Board of Directors, Board Governance Committee and the Strategic Planning and Integration Department, the Community Summit initiative was launched, bringing together a planning committee consisting of urban planners, national, provincial and local agencies and representatives. The Community Summit Regional Leadership and Partnership Committee organized two Community Summit days: Knowledge Exchange, October 8, 2009 and Call to Action, November 19, 2009. Information, feedback and expertise was collected from participants and a report was designed and launched on May 11, 2010. Furthermore, participants were asked about their willingness for further involvement in Community Summit activities and implementation of recommendations in the Community Summit Report. At present, a Regional Leadership and Partnership Committee will continue the great work of the Planning committee, and see to the implementation of report recommendations.

Key Messages
- The work of the Regional Leadership and Partnership Committee will be guided by a vision developed during the Community Summit events – “A healthy community in the Tri-Counties area means an inclusive community that supports healthy living and emphasizes accessibility as well as choice for people of all ages and abilities”.
- The Committee is composed of representatives from our municipalities, agencies and community support services.
- The work of the Committee will be to support and advance conversations about affordable, accessible accommodations. This is a key function given the growing importance of advancing Assisted Living, walkable neighbourhoods and healthy communities.
- The Committee is always interested in diversifying its membership, if you are interested in joining or working with the committee, please contact the CCAC at 519-436-2222 or caen.sunil@lesc.ccac-ont.ca
# Special Section

## Background

The Office of the Auditor General released its Annual Report 2010 on December 6, 2010. The report is a summary of the work conducted by the office over the last year, and profiles the Financial, Value for Money and Responsibilities Under the Government Advertising Act Audits. Of particular relevance to the Board of Directors are the audits on the Discharge of Patients and Home Care Services.

## Key Messages

- We are pleased that the Auditor General’s Report recognizes the growing need for home care services in Ontario, and the need to appropriately resource this service in the health care system.
- The Board of Directors is committed to quality service improvement; we dedicate 25% of our time to quality initiatives. We look forward to being a part of initiatives that will bring greater consistency and overall quality of service both in our catchment area and throughout our province.
- The Board of Directors is committed to working with the LHIN, Ministry of Health and Long-Term Care and all of our health care partners to implement the recommendations made by the Auditor General’s report.
## Items Discussed

1) **Signing Authority Policy**  
The Committee reviewed the Erie St. Clair CCAC Signing Authority Policy. Betty Kuchta, Chief Executive Officer noted that the Policy was amended to include once change, the obligation of the Chief Executive Officer to ensure that any pay increases comply with the Public Sector Compensation Restraint Act, 2010 (see attached policy).

**IT WAS AGREED THAT** the Finance Committee recommend that the Board approve the Signing Authority Policy as amended and **THAT** the Chief Executive Officer be authorized to sign the Policy on behalf of the Board and enter it into the policy records.

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<td>Committee approved November 23, 2010</td>
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<td>Requesting Board approval December 16, 2010</td>
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RATIONAL: To establish consistency and accountability in connection with the execution of contracts, documents and other instruments in writing (collectively referred to herein as “instruments”) on behalf of the Erie St. Clair Community Care Access Centre (“ESC CCAC”).

SCOPE: This policy establishes signing authorities in connection with the execution of instruments on behalf of ESC CCAC. For clarity, this policy is not intended to establish or alter decision making authorities, and in the event of any conflict, inconsistency, ambiguity or difference between the provisions of this policy and of any policy which sets out decision making authorities, then the provisions of the latter shall govern and be paramount.

This policy applies to the Board of Directors of ESC CCAC (the “Board”), and all ESC CCAC employees and management staff. However, notwithstanding anything in this policy to the contrary, the Board in respect of all instruments and the Chief Executive Officer in respect of all instruments other than those requiring the execution of one or more Board members, shall have the power from time to time to appoint any Board member or members, or any officer or officers, or any other person or persons, on behalf of ESC CCAC either to sign instruments generally or to sign specific instruments.

POLICY:

A clear and consistent policy in respect of signing authorities is essential to ensure accountability in connection with the execution of instruments on behalf of ESC CCAC.
SIGNING AUTHORITIES:

i. **Instruments to be Executed by the Board:**

   The following instruments shall be signed by the Board Chair:

   a. Employment, employment related contracts, and related documentation in respect of the Chief Executive Officer;
   b. Audited financial statements;
   c. Contract for external audit services; and
   d. Such other instruments as may be directed by the Board from time to time.

   The following instrument shall be signed by the Chair of the Audit Committee:

   a. Audit engagement letter; and
   b. Such other instruments as may be directed by the Board from time to time.

ii. **Instruments to be Executed by the Board Chair and the Chief Executive Officer:**

   The following instruments shall be signed by the Board Chair and the Chief Executive Officer:

   a. The service accountability agreement with the Erie St. Clair Local Health Integration Network;
   b. Funding and accountability agreements with the Erie St. Clair Local Health Integration Network;
   c. Financial institution agreements and related documentation, including cheques signed with specialized software; and
   d. Such other instruments as may be directed by the Board from time to time.

iii. **Instruments to be Executed by the Board Chair and one of the Senior Director, Corporate Services and Director of Finance:**

   The following instruments shall be signed by the Board Chair and one of the Senior Director, Corporate Services and Director of Finance:

   a. Annual reconciliation report; and
   b. Such other instruments as may be directed by the Board from time to time.

iv. **Instruments to be Executed by the Chief Executive Officer:**

   The following instruments shall be signed by the Chief Executive Officer:

   a. Employment, employment-related contracts and related documentation for Senior Directors;
   b. Any instrument entered into with the Ministry of Health and Long Term Care;
   c. Any funding or accountability instrument entered into with a third party;
   d. Any funding or accountability instrument entered into with the Ontario Association of Community Care Access Centres;
e. Any instrument entered into with a third party service provider including, without limitation, agreements for the provision of nursing, personal support, respite care, and therapy services;
f. Any instrument relating to the purchase of medical supplies and equipment;
g. Consultancy contracts with a value of $150,000 or greater;
h. Service agreements with health care partners with a value of $150,000 or greater;
i. Any instrument similar in nature to those listed in paragraphs (a) – (h) above; and
j. Such other instruments as may be directed by the Board from time to time.
k. Certification of compliance with existing policy, past practice and the Compensation Restraint Act for non-union employee rate increases and initial grid placement for new hires.

v. Instruments to be Executed by Senior Director, Human Resources:

The following instruments shall be signed by the Senior Director, Human Resources, or alternatively the Chief Executive Officer:
a. Employment letters, employment-related contracts and related documentation for all staff excluding the Senior Directors and the Chief Executive Officer;
b. Collective agreements, letters of understanding, and letters of intent that govern the terms and conditions of employment of any employees;
c. Agreements with carriers relating to employee benefit plans;
d. Instruments similar in nature to those listed in Paragraphs (a) – (c) above; and
e. Such other instruments as may be directed by the Chief Executive Officer from time to time.

vi. Instruments to be Executed by Director, Human Resources:

The following instruments shall be signed by the Director, Human Resources, or alternatively one of the Senior Director, Human Resources and the Chief Executive Officer:
a. Employment-related contracts and related documentation for non-union employees who are not a Senior Director or CEO; and
b. Such other instruments as may be directed by the Chief Executive Officer from time to time.
c. Certification of compliance with existing policy, past practice and the Compensation Restraint Act for non-union employee rate increases and initial grid placement for new hires.

vii. Instruments to be Executed by Senior Directors:

The following instruments shall be signed by any Senior Director, or alternatively, the Chief Executive Officer:
a. Any instrument not specifically set out in this Section IV including without limitation:
   i. Instruments relating to purchase or lease of real or personal property; and
   ii. Contracts, documents or instruments relating to computer software and systems;
b. Service agreements with health care partners with a value of less than $150,000;
c. Consultancy agreements with a value of less than $150,000;
d. Any instrument set out in Section IV(viii) below; and
e. Such other instruments as may be directed by the Chief Executive Officer from time
to time.

viii. **Instruments which may be Executed by Directors:**

The following instruments may be signed from time to time by a Director:

a. Instruments not specifically set out in Sections IV which relate to a legally
binding commitment or arrangement on the part of ESC CCAC of less than
25,000; and
b. Such other instruments as may be directed by the Chief Executive Officer
from time to time.

All instruments signed in accordance with this Section IV shall be binding upon ESC CCAC
without any further formality.

If the Senior Director, Corporate Services is not a signatory to any instrument executed on
behalf of ESC CCAC, a copy of the executed instrument shall be provided to the Senior Director,
Corporate Services as soon as possible after execution of the same.

**OUTCOMES/EVALUATION:** The expectation is 100% compliance with this policy in regards to
both execution of instruments and the provision of executed instruments to the Senior Director,
Corporate Services. Adherence to the policy as it relates to execution of instruments will be
evaluated by the external auditor as part of its annual audit.

**PROCEDURES:**

Core Team Standard: (For future use – related to accreditation)
Quality Dimension: (For future use – related to accreditation)
Training:
  o Information/Read Only on Intranet
  o Present/Review at regular staff meeting
  o Instruction Required
  o Other

**RELEVANT DOCUMENTATION:** n/a

**DEFINITION(S):** n/a

**REFERENCE/SOURCE:** n/a
To: Board of the Erie St. Clair Community Care Access Centre
From: Betty Kuchta, Chief Executive Officer
Date: Wednesday, December 8, 2010
Subject: Change of Board Size

PURPOSE OF REPORT:
To effect the change in Board Size from twelve (12) directors to ten (10) directors.

RECOMMENDATIONS:
That the Board adopt the following resolution:
Be it resolved that the Board size be changed from twelve (12) directors to ten (10) directors effective December 16, 2010 and that, accordingly, the first sentence of Paragraph 4.01 of By-law No. 2 of the Corporation be amended to read: “The affairs of the Corporation shall be managed by a board of ten (10) directors.”

BACKGROUND:
Given the resignation of two Board members, the Board expressed its wish at the November Board meeting to reduce the Board size to ten (10) to give sufficient time to plan and implement an effective Board Member recruitment strategy, in preparation for the September 2011 Annual Meeting.

The procedure for doing so is by “special resolution”. Special resolution, as defined in our By-Law in paragraph 1.01 “means a resolution passed by the directors and confirmed with or without variation by at least two-thirds of the vote cast at a general meeting of the members of the Corporation duly called for that purpose, or in lieu of such confirmation, by the consent in writing of all of the members entitled to vote at such a meeting.”

Accordingly here is the process being used to effect the change to a Board of ten (10).

i) The Board of Directors will pass the resolution as stated in the Recommendation paragraph above.

ii) There will be no general meeting called to cast a vote on this resolution.

iii) Instead, each member of the Board will sign a document giving consent to the resolution as a Board Director, and will sign a second document giving consent to the resolution as a member of the Corporation. The document forms are attached. DO NOT SIGN THESE.

iv) The signed consents should be obtained as soon as possible, so these will be circulated for signature at the end of the Board meeting. If a Board member is not available, he or she will be contacted for signature soon thereafter.

v) The amendment will be made to By-Law No. 2 and the documents will be filed with the By-law.

This process has been reviewed by Jillian Swartz of Blakes Law Firm, Toronto, the original drafter of the By-Law.

/az

Outstanding care - every person, every day / Des soins exceptionnels - chaque personne, chaque jour
Resolution Board Size – Member 2010

Moved by:

Seconded by:

Be it resolved that the Board size be changed from twelve (12) directors to ten (10) directors effective December 16, 2010 and that, accordingly, the first sentence of Paragraph 4.01 of By-law No. 2 of the Corporation be amended to read: “The affairs of the Corporation shall be managed by a board of ten (10) directors.”

Carried.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Rose Scott, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Barbara Bjarneson, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Heather Haines, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Martha Knight, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Gordon Simmons, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________James Greenway, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Esdras Ngenzi, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Jeewen Gill, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Cathie Luxton, dated December ___, 2010.

Outstanding care - every person, every day / Des soins exceptionnels - chaque personne, chaque jour
Resolution Board Size – Director 2010

Erie St. Clair Community Care Access Centre Special Resolution to Change Size of Board

Moved by:

Seconded by:

Be it resolved that the Board size be changed from twelve (12) directors to ten (10) directors effective December 16, 2010 and that, accordingly, the first sentence of Paragraph 4.01 of By-Law No. 2 of the Corporation be amended to read: “The affairs of the Corporation shall be managed by a board of ten (10) directors.”

Carried.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Rose Scott, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Barbara Bjarneson, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Heather Haines, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Martha Knight, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Gordon Simmons, dated December ___, 2010.

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_________________________________________James Greenway, dated December ___, 2010.

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_________________________________________Esdras Ngenzi, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Jeewen Gill, dated December ___, 2010.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.

I, the undersigned, as a Member of the Corporation, consent to the above resolution.
_________________________________________Cathie Luxton, dated December ___, 2010.

Outstanding care - every person, every day / Des soins exceptionnels - chaque personne, chaque jour
ERIE ST. CLAIR COMMUNITY CARE ACCESS CENTRE
CENTRE D’ACCÈS AUX SOINS COMMUNAUTAIRES D’ÉRIÉ ST-CLAIR

To: Board of the Erie St. Clair Community Care Access Centre
From: Betty Kuchta, Chief Executive Officer
Date: Wednesday, December 8, 2010
Subject: Generative Discussion – Patient Care, Quality and Safety Agenda

PURPOSE OF REPORT:
To begin discussions on those key areas of concern to you as a Board in the areas of Patient Care, Quality and Safety.

RECOMMENDATIONS:
To have some discussion on what concerns you most about ESC CCAC Patient Care, Quality and Safety.

BACKGROUND:
We need to focus our efforts as an organization on one or two key areas related to Quality.
This will be used to develop the Board Dashboard and Key Organizational Metrics.
Quality Committee members discussed this at their December 8th Quality Committee meeting.

However, each Board member has a unique perspective and we encourage open discussion at the Board meeting. Discussions are also taking place at the Administrative level. All contributions will be identified in a compilation report presented in the late spring for a preliminary statement of commitment to our key patient care, quality and safety priorities. At some point consideration should be given to broader stakeholder engagement, including staff, service provider, LHIN, allied health partners, clients and the public.

Outstanding care - every person, every day / Des soins exceptionnels - chaque personne, chaque jour