WATERLOO WELLINGTON BOARD OF DIRECTORS

MINUTES
September 2014 Public Board Meeting

DATE/ TIME	September 17, 2014 4:30 to 7 p.m.		LOCATION	Cutten Fields Golf Club, 190 College Ave E, Guelph, ON
CHAIR	Brian Cowan		RECORDER	Helene Ireton
PRESENT	Board Directors Brian Cowan, Chair Janet Huber, Vice Chair Ed Arbuckle, Treasurer Robert Dowhan, Board Director Patricia Kahle, Board Director Kathryn MacDonald, Board Director Freeman McEwen, Board Director Erika Wulff Gomez, Board Director Jeffrey Schelling, Board Director Gordon Milak, Secretary of the Board and CEO Barry Monaghan, Incoming Interim CEO			Staff Gloria Cardoso, Senior Director, Partnerships & Performance Rob Forbes, Senior Director, Corporate Services Andrea Martin, Senior Director, Patient Services Scott Hebert, Director, Director, Quality, Risk Management & Planning Helene Ireton, Board Liaison Guest Linda Knight, CEO, Care Partners Members of the public
REGRETS	Marsha Paley, Board Director, Glenn Roach, Board Director			

No.	ITEM	COMMENTS	RESPONSIBILITY & FOLLOW-UP
1.0	Call to Order	The meeting was called to order by the Chair at 4:30 p.m. Barry Monaghan, incoming Interim CEO, was welcomed to the meeting.	
1.1	Declaration of Conflict	Based on the meeting agenda and package received by board directors, no director declared a conflict of interest under Bylaw No. 6.10-16 and Policy V-B-14.	
1.2	Approval of Agenda	IT WAS MOVED by Kathryn MacDonald and seconded by Patricia Kahle that the agenda be approved with one addition. Carried. Addition: Vice Chairs and Chairs Meeting added under Other Items (Janet Huber).	

2.0	**CONSENT AGENDA**		

	CONSENT AGENDA	Items on the Consent Agenda included:
		  2.1 Minutes of June 25, 2014 (Public, AGM-Directors, Post-AGM meetings)
		  2.2 Report of the CEO
		
		It was moved by Freeman McEwen and seconded by Janet Huber that the items on the Consent Agenda be approved as presented.
		 Carried.	

3.0	BUSINESS		
3.00	**Ensure Program Quality & Effectiveness**		
3.10	Client Story Presentation	As part of its commitment to a patient safety and quality focus, the board received a report about a news article that appeared in the Waterloo Region Record in July 2014, profiling a family's concern with inconsistent care provision. The board was provided with the background and an analysis of the situation. The presentation jointly provided by CCAC Senior Director, Gloria Cardoso, and Care Partners CEO, Linda Knight, supplied the board with insight into patient relations and the escalation process needed to resolve patient/family concerns; the importance of a collaborative approach between the CCAC and service providers to resolve patient concerns; and the concern and processes of both CCAC and service providers to reduce events of inconsistent care provision (e.g., cancelled visits, missed visits). Gloria and Linda identified there was collaboration between CCAC and Care Partners to address challenges. Gloria and Linda talked about continuing to build a culture of finding solutions together - no blame approach. It was noted that root cause analysis shows many branches of quality improvement opportunities are embedded across systems; so in many cases, situations may arise partially from system design errors. WWCCAC has worked diligently to create a neutral environment to raise issues while still maintaining accountability. Because of the increasingly more complex needs of patients in the community, PSW services have become a very important and crucial role.	

		Linda provided handouts and gave highlights of the history of Care Partners from inception to this date, data about staffing in the Waterloo Wellington area, and development of a technology platform that will help address these issues.	
3.20.0	Quality Committee	The Quality Committee's report was received by the Board in the meeting package and highlighted by the committee chair. Topics overviewed included a very comprehensive orientation about the work of the Quality Committee, an overview of performance reporting with first quarter results for the Performance Measurement Framework (PMF); a report on three Enterprise Risk Management categories showing medium risk, with mitigation strategies. The Committee reported on its receipt of a privacy report in accordance with board policy, along with a report on legal issues. A report on a mid-term staff satisfaction survey in follow up to the 2013 full survey was provided, with note that a more comprehensive survey will be conducted again this fall. It was noted a report on a service provider satisfaction survey will be brought to the next Committee meeting.	
3.20.1	Quality Improvement Plan (QIP)	The Quality Improvement Plan update was received by the board in the meeting package. It was noted each metric is tracked in our project management system and risk flags are reviewed monthly by directors and weekly by the senior leadership team. It was noted all QIP projects are on track and an explanation of each metric highlighted in the report was briefly explained, as well as the approach for on-going development of the QIP. Patient-centered care in an environment of finite resources was raised and the need for CCAC to understand the finite resources of our contracted providers and to be aware that we need to achieve a very delicate balance. Noted this is very relevant to our patient story. It was noted that our QIP is posted on our website as part of our commitment to providing high quality patient care; it is tied to executive compensation and to patient safety culture.	
3.20.2	Q1 Performance Management Framework (PMF)	A detailed report on the PMF for first quarter was received by the Board. It was noted that focused efforts are moving five of the six measures toward meeting 2014-15 targets. Noted PMF metrics are shared quarterly with our contacted service providers and shared with our LHIN early in the year and at year-end. Additional context was provided – e.g., each metric relates directly to our Strategic Plan and is connected to what is happening in the	

		community. Each metric was briefly explained. Inclusion of contracted service providers and other specialists in the conversations around how to achieve best possible care/leading practices for patients was noted.	
3.20.3	Quality Committee Dashboard	The Quality Committee's report about the Dashboard was received by the Board as a supplemental report to the board meeting package and highlighted by the committee chair. #7 in the Report was noted in particular (Alternative Level of Care - ALC days) with explanation about alternative level of care. It was noted there are concrete ways CCAC can demonstrate how many saved hospital ALC days were influenced by CCAC. The average costs of patient care by CCAC compared to hospital care was explained – significant savings.	For future meeting – drill down of Home First.
3.20.4	Risk Statement	The Quality Committee reported that a risk appetite statement for the *information/knowledge risk* had not been developed at the inception of the Enterprise Risk Management (ERM) assessment tool and the Committee brought forward a recommendation for a risk tolerance statement for adoption by the Board. **It was moved by Janet Huber; seconded by Jeff Schelling that the Board adopt the following Risk Statement for the Information/Knowledge Risk Category: "We will not accept information and knowledge risk which would impair staff and the Board's ability to make effective decisions specific to patient and community health and well-being."** **Carried.**	
3.30.0	WWLHIN System Dashboard & CCAC Alignment	A report providing an overview of the WWLHIN 2014-2015 System Performance Dashboard with illustration of how the CCAC is contributing to the achievement of system targets was received by the Board in the meeting package. Senior Director of Partnerships & Performance and Senior Director of Patient Services provided an overview of the Report, discussing each of those programs to which CCAC contributes to the system dashboard. It was suggested board directors read this document again prior to the joint LHIN/CCAC board meeting to refresh their understanding of the LHIN plan and CCAC's role in supporting it.	

	Ensure Board Effectiveness		
3.40.0	Governance Committee Report	The committee's report was received by the Board in the meeting package. The CEO provided an overview of the work of the meeting. The topic of meeting evaluations was raised – i.e., Quality Committee uses a different evaluation tool than the board and other committees. There will be further discussion to establish some continuity.	
	Enterprise Risk Management Refresh	The Board received a report on the bi-yearly internal Enterprise Risk Management Assessment from senior leadership and the Governance Committee. It was noted each board committee has responsibility to monitor specific risks and the associated mitigation strategies. The Quality Committee developed and recommended a risk appetite statement for one of the remaining four categories (Information / Knowledge) on this date, and the three remaining risks for which risk appetite statements need to be developed were identified. There was discussion about political risk, noting overlap of areas of risk at CCAC level and sector level.	The Governance Committee proposed a refresh of all risk appetite statements be done because the current statements were developed in 2012 and the CCAC environment has changed since that time.
3.40.2	Roundtable: Board Orientation	After home visits are completed by new directors, an evaluation will be completed on the overall orientation process. Feedback was invited: • Fabulous experience – home visit related to items discussed during orientation sessions and board meetings. Very useful –the care coordinator demonstrated the performance tool that staff work with – very enlightening, well presented. • Excellent visit – questions were raised and answered. • Experienced director would like to do home visits more frequently, not just as a new director. Found orientation session very helpful and was encouraged hearing it more than once – encouraged refreshers and mechanisms to incorporate education into committee meetings. • Director had the sense that the patient appreciated that someone from the Board came to their home. • It was noted that MPPs and hospital CEOs have been taken on home visits. • It was noted visiting in the home gives perspective about the debate about the care coordinators' role - clinical vs. administrative.	

	Ensure Financial Viability		
3.50	Resources Committee Report	The Committee's report was received by the Board in the meeting package. It was noted an orientation at the first meeting familiarized new committee members with the Committee's responsibilities and Terms of Reference. Members were introduced to the Resources Committee dashboard, Provincial Performance and Benchmarking Reporting, the Committee work plan, governance policies, and Enterprise Risk Management – especially the risk category monitored by the Resources Committee.	
		As a result of the Committee's review of core benchmark indicators developed by LHINs and CCACs to track performance of all 14 CCACs, and examination of the results of the fiscal 2013-2014 Performance and Benchmarking Provincial LHIN Report, the Committee reported to the Board that, overall, Waterloo Wellington CCAC performance compared favorably with other CCACs and no major areas of concern were identified.	
		The Committee also reported on the indicators tracked on the Committee dashboard for Q1, noting results, as well as identification of opportunities and development of strategies by the Internal Leading Practices Team for improving efficiencies are being tracked, with monthly updates to the Treasurer and Board. .	
		The Committee highly endorsed the Multi-year Human Resources & Organizational Development (HROD) "People Plan" 2014-2015 and noted it is available for all Board members' on the board's portal.	
		The Committee reported on its review of governance policies, noting in particular that a recommendation is going to the Governance Committee to revise Policy V-B-10 to direct board members to submit expense forms within seven working days of the month end in which they are incurred. Policies II-8 and VI-5 had been reviewed by the Committee as well, with no revisions recommended.	
		It was moved by Ed Arbuckle and seconded by Erika Wulff Gomez that revised Policy V-B-10 Reimbursement of Board Director Expenses be adopted. **Carried.**	
4.0.	OTHER ITEMS	Janet Huber reported about the meeting with Hospitals' Chairs, Vice Chairs and CEOs on Monday. Janet Huber and Barry Monaghan	

		attended on behalf of the CCAC. Two key topics were presented. • 12 integrated programs projects resulting from the Optimus Report. (CCAC is the lead on wound program.) • Discussion about a strategic approach to IT – focus was on a proposed common IT system for Grand River and St. Mary's Hospital. Janet reported the conversation became about scope and governance structure, and members agreed to take the issue back to their boards. Janet brought this forward for board information as an issue that will be coming forward, noting a regional planning and financial perspective, in particular for the hospitals. Gordon Milak noted this has been discussed at the CEO's table (WW Hospitals and CCAC Network) and noted this is an important IT strategic approach for the hospitals and CCAC will play a supporting role.	
5.0.	Evaluation	Reminder to submit meeting evaluations to Helene, either electronically or in paper format.	
6.0.	Conclusion	It was moved by Freeman McEwen that the meeting be adjourned. Carried. The public meeting of the board concluded at 6:25 p.m.	

APPROVAL OF MINUTES

On a motion duly made, seconded and carried unanimously, the above-noted minutes were approved.

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Brian Cowan, Chair   **Gordon Milak, CEO**

Date: _____