

# Board Report

**TO: Board of Directors**  
**FROM: Lance Thurston, President and CEO**  
**DATE: June 22, 2016**  
**SUBJECT: Summary of Noteworthy Issues**

## Purpose

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

## Achieving Best Outcomes

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

### *The Healing Power of Art*

Our Communications and Public Relations Department is working with an interested member of staff and the Tom Thomson Art Gallery in Owen Sound to explore options for hanging art on the walls of the new Oncology Centre on the 5<sup>th</sup> Floor at the Owen Sound Regional Hospital. Great care is being taken in determining what will be appropriate and tasteful for this new space. There is a growing body of literature that suggests the healing powers of art within healthcare settings. Bringing a professional and consistent approach to our new Oncology Centre is seen as an excellent small first step in what could become a corporate program.

The suggestion to advance this idea came from a member of staff at the Owen Sound Regional Hospital who has an art background and a real interest in the power of art in a healthcare setting. This was an item referenced in the CEO's initial "Six Month Report".

It is noted that the Meaford Hospital has had a ceiling tile painting program for years, wherein local artists paint scenes on the ceiling tiles throughout the hospital. It is quite a striking display and receives many positive comments from patients and visitors. It clearly demonstrates the value of art in a health care setting

### *Patients First Legislation*

The Provincial Government has introduced legislation to enable the implementation of the Ministry of Health's *Patient First* health system reform agenda. The legislation has been given First Reading and will now be referred to standing committees for detailed review and recommended revision over the summer. During this time the Government will also initiate a broad public consultation process to gain input into the proposed legislation. It is expected that Bill 120 will be introduced in the Legislature in the Fall for second and third reading, with Royal Assent being granted before Christmas.

The detailed advance planning required to implement the legislative agenda is underway at the Ministry and LHIN levels. The SW LHIN has established a transformation team to lead the changes within this region, including the establishment of an expert advisory panel to provide advice and feedback to the transformation team as it puts the new framework in place across the region.

Members of the expert advisory panel (EAP) are:

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

The Grey Bruce area, which is one of the new “sub-region” planning areas within the SWLHIN is fortunate to have two representatives on the EAP. In addition, the transformation team lead for the LHIN is Sue McCutcheon, now stranger to GBHS, in addition to her being the Grey Bruce sub-region transformation lead. While Public Health is not directly affected by this new legislative agenda.

A link to a legislation backgrounder prepared by the Ontario Hospital Association is provided below. It is early days in the life of this legislation and there likely will be many changes made to the Bill before it is finally passed. We will continue to monitor its progress through the legislative process and report back to the Board regularly.

[LINK](#)

### *Orillia Go Live*

We welcome Orillia Soldiers’ Memorial Hospital as of June 7<sup>th</sup> as the fifth hospital corporation to join our GBIN electronic medical record (EMR) shared platform. The memo below provides some sense of the great team effort involved in bringing OSMH on board.

As has been noted previously, much work lies ahead for the partner organizations to formalize the ongoing working relationship and governance framework for GBIN. On our part we are working to

develop new information pathways to ensure that the Board, through the IT committee, is well informed and involved as necessary in GBIN decision-making.



Orillia Goes Live with  
EMR.docx

## Creating Positive Experiences

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

### *Saugeen Memorial Hospital ER/Lab Expansion Project*

Full steam ahead!

### *Centre Grey Hospital New Building Project*

The staff project team continues to work with the Ministry project team to finalize space allocation and configuration details required at Stage 2 of the approvals process. Staff submitted answers to three outstanding questions that Ministry staff had about the project details in our initial submission. There are only minor outstanding issues to be clarified and confirmed at a meeting of the project teams in the coming weeks.

We were pleased to receive a copy of a letter from Bill Walker, M.P.P. to Minister Hoskins (previously circulated) asking the Minister to ensure that the project continues to move forward in a positive and timely manner.

### *Meaford Physician Recruitment and Retention*

On June 17<sup>th</sup> Medical Affairs staff, officials from the communities of Meaford and Thornbury and our physicians and staff at Meaford Hospital hosted a group of about 30 post graduate Year 1 and Year 2 University of Toronto Family Medicine/Rural Community Medicine Residents for the day. This is being held as part of the Rural Ontario Medicine Program (ROMP).

A physician panel discussion was followed by tours of the hospital, the Meaford Clinic, and learning sessions on topics such as cardiac monitoring, birthing and casting.

The students were also treated to a Scarecrow Invasion workshop hosted by local volunteers, and a tour of the Meaford Land Force Training Centre.

## Securing Our Future

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

### *Regional Surgical Services Review*

The final report from Deloitte has been received and is being reviewed by staff and physicians to determine next steps for formal receipt and implementation.

The report recommends a commitment to a regional vision for surgical service programming. It also recognizes that the three hospital organizations are facing different program and financial pressures

that may make it difficult to move collectively now on achieving the vision. The urgency for GBHS to proceed with making changes to its surgical program in an effort to find efficiencies and remain viable within the new HSFR funding formulae is also noted.

Based on the analysis of current surgical service resources, practices and volumes in the region a collection of 11 recommendations were generated:

#### Regional Collaboration Initiatives Delivery Model Redesign Strategic Growth Areas

1. Implementation of a Grey Bruce Regional Surgery Program Management Committee
2. Development of a centralized mechanism for referral, intake and scheduling of selected services
3. Formalization of a dual-region physician coverage model (general surgery)
4. Establishment of regional shared sterilization infrastructure
5. Re-design of the surgical preadmission process by establishing standardized criteria
6. Consolidation of dental services across the region at two hospitals
7. Completion of a further review to determine siting for delivery of endoscopy procedures in the region
7. Concentration of inpatient general surgery at three hospital sites
8. Introduction of endovascular procedure capability to the region
9. Future endorsement of a Level 2 Thoracic Cancer Centre model from Cancer Care Ontario
10. Formalization of electroconvulsive therapy service delivery in the region

It is recognized that implementation of these recommendations will require a set of critical enablers to be in place and will require time and investment to scale up these advancements to a regional level. As a result, the Steering Committee endorsed a *phased implementation* of the recommendations that will successively build towards the future vision of surgical services. As the largest provider in the region, *Grey Bruce Health Services will begin implementation* of the recommendations at a corporate-wide level while *South Bruce Grey Health Centre and Hanover and District Hospital continue planning activities to ready capacity* for scaling up the recommendations to the region-wide level. GBHS is also moving ahead immediately to explore and implement internal changes to our surgical programs as part of the Transformation **Action**Plan implementation strategy.

## Inspiring Passion in our People

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

### *V.P. Clinical Recruitment*

We have received many applications for this vacant position. HR staff is in the process of reviewing and ranking each application against the criteria of the position posting. Once that is completed a short list of applicants will be selected for interview by a recruitment panel that will include: the CEO, the CHRO, one representative each from the Professional Practice Council and the Nursing Practice Council, and the Chief of Staff.

Respectfully,

Lance Thurston, President and CEO