

OPERATIONAL REVIEW QUARTERLY UPDATE

RECOMMENDATION #	UPDATE & STATUS	GREEN (Completed)	YELLOW (in progress)	RED (not initiated)
Recommendation 1: GBGH should immediately reinvigorate the Code of Conduct.	Code of Conduct Policy reviewed and updated with Workplace Violence & Harassment Prevention Policy. Approved by Senior Management, MAC, and Board November 2015. Is part of annual mandatory training on Medworxx (staff learning management system), next training September 2016.	Completed		
Recommendation 2: All GBGH physicians should be required to sign the Code of Conduct as part of annual credentialing.	All physicians signed the Code of Conduct as part of the 2016 credentialing process.	Completed		
Recommendation 3: GBGH should consistently apply the expectations of the Code of Conduct to all staff and physicians.	All Code of Conduct complaints are recorded, investigated and reported to Board, through Senior Management and Board Quality & Safety Committee.	Completed		
Recommendation 4: GBGH should include staff satisfaction metrics into regular Balanced Scorecard reporting.	Staff engagement/satisfaction survey tool being investigated for launch in 2017-18. Results to be incorporated into HR metrics report for BSC.		In progress	
Recommendation 5: All GBGH position descriptions should include expectations with respect to employee and physician roles to contribute to a positive work environment.	All job descriptions under review to include adherence the Hospital's Values, Privacy, Code of Conduct as an expectation and condition of employment.		In progress	
Recommendation 6: GBGH should establish a broad based Advisory Committee to oversee the promotion of a positive work environment. This Committee should be accountable to the Board Quality & Safety Committee.	Terms of Reference for Committee established. Expression of interest for staff to sit on the Committee requested. Committee to be functional by Sept. 2016.	Completed		

<p>Recommendation 7: Appropriate “whistle blower” protection policies should be developed and implemented within 6 months.</p>	<p>Policy is written and waiting for contract with third party to be signed. Once the contract has been signed the policy will go through the appropriate approval process.</p>		<p>In progress</p>	
<p>Recommendation 8: The Board should direct senior leadership to develop a new Strategic Plan for GBGH that is comprehensive and includes Vision, Mission, Values, Strategic Directions, Tactics and Metrics.</p>	<p>Governance Committee is taking the lead with developing RFP for the new strategic planning process facilitator. Process to occur in fall 2016.</p>		<p>In progress</p>	
<p>Recommendation 9: The Board should direct senior leadership to develop a new balanced scorecard at the governance level that will serve as the foundation for reporting across the organization.</p>	<p>New Balanced Scorecard is being developed by the Quality & Safety Committee.</p>		<p>In progress</p>	
<p>Recommendation 10: A consistent approach for reporting to the Board on tactics identified in the strategic plan should be developed and implemented.</p>	<p>Will be done after new Strategic Plan is developed.</p>			<p>Not Initiated</p>
<p>Recommendation 11: The Board should review best practices with respect to meeting processes. Specifically, the frequency of meetings and how material is reviewed at the Board level should be examined, and necessary changes implemented.</p>	<p>Review has been undertaken. Board to make decision in September. Two Board Committees have already decided to reduce their meetings to six per year.</p>		<p>In progress</p>	
<p>Recommendation 12: The Board should consider engaging a Coach to provide mentorship and support through the implementation of the recommendations in this report.</p>	<p>Board has sought coaching by interacting/consulting with other hospital Board Members/Chairs. Board has also received coaching/education by LHIN Board Chair.</p>	<p>Completed</p>		

<p>Recommendation 13: The Board should link the evaluation of CEO and COS performance to the key strategic directions, tactics and metrics identified in the strategic plan discussed in Recommendation 8.</p>	<p>Will be done once the new Strategic Plan is developed.</p>			<p>Not Initiated</p>
<p>Recommendation 14: The Board should define its expectations of the Chief of Staff with greater clarity, particularly in respect to the quality of medical care.</p>	<p>This has been accomplished by the Board Chair and the COS.</p>	<p>Completed</p>		
<p>Recommendation 15: Critical incidents leading to death or harm need to be reported to the Board and Quality & Safety Committee in a timely fashion.</p>	<p>All critical incidents leading to harm since Jan. 2016 have been reported to the Board in a timely fashion.</p>	<p>Completed</p>		
<p>Recommendation 16: The Board should direct staff to develop a quarterly written critical incident report for review at the Quality & Safety Committee that identifies incidents, key investigative findings, improvement actions, target dates and accountability.</p>	<p>By legislation, reporting to the Board of critical incidents three times per year is required.</p>	<p>Completed</p>		
<p>Recommendation 17: The revised balanced scorecard that builds upon a new strategic plan needs to include quality metrics, and those metrics should be included in the evaluation of the CEO and Chief of Staff.</p>	<p>Will be done once the new Strategic Plan is developed.</p>			<p>Not Initiated</p>
<p>Recommendation 18: Develop a Board education plan that includes a Board education session related to quality at the majority of Board meetings.</p>	<p>This has been accomplished by the Governance Committee.</p>	<p>Completed</p>		

<p>Recommendation 19: The Board should include a patient story at each meeting of the Quality & Safety Committee.</p>	<p>This is being done at each Quality & Safety Committee Meeting.</p>	<p>Completed</p>		
<p>Recommendation 20: Create a joint medical/management committee focused on quality and safety as the operational counterpart to the Board Quality & Safety Committee.</p>	<p>Will be created once the organizational structure for Medical Staff leadership is operationalized.</p>		<p>In progress</p>	
<p>Recommendation 21: The Board should revise and strengthen the terms of reference for the MAC to ensure the appropriate focus on medical quality and credentialing issues.</p>	<p>This has been accomplished by the COS in consultation with the Board Chair.</p>	<p>Completed</p>		
<p>Recommendation 22: The Board should direct GBGH staff to move towards a revenue-based approach to budgeting.</p>	<p>Budgeting software acquisition underway. Revenue based budget timed for FY 17/18</p>		<p>In progress</p>	
<p>Recommendation 23: The Board should only accept and/or approve proposals when there is a credible financial plan showing sources of necessary funds.</p>	<p>Revised business case developed.</p>		<p>In progress</p>	
<p>Recommendation 24: The Board should also develop a policy requiring that proposals will only be considered when a robust sustainability plan is included.</p>	<p>Review current terms of reference for A&F in summer/fall 2016.</p>		<p>In progress</p>	
<p>Recommendation 25: The Board should increase the amount of time it dedicates to relationship building.</p>	<p>The Board has spent considerable time developing relationships with the LHIN (CEO & Board Chair), Orillia Soldiers Memorial Hospital (CEO & Board Chair and Muskoka Algonquin Healthcare (Board Chair).</p>	<p>Completed</p>		

<p>Recommendation 26: The Board should regularly consider "Collaboration and Partnership" as a potential tactic to achieve strategic directions.</p>	<p>Will be done in the context of strategic planning</p>		<p>In progress</p>	
<p>Recommendation 27: Terms of Reference for The GBGH Community Health Care Partners Forum should be developed.</p>	<p>Discuss consolidation of two community partners groups with CEO. Develop Terms of Reference document to include needs of the hospital, community partners and principles of collaborative approach to service common population of patients. Share TOR with the group for input and finalize. Establish meeting frequency, agenda and workplan for the year. Develop tool and process for evaluation of group effectiveness.</p> <p>The Terms of Reference have been revised and the Committee reconstituted under the leadership of Liliana Canadic.</p>	<p>Completed</p>		