Canada’s Cadillac Complex: Hope for a Cure

Governance in Turbulent Times
The Governance Centre of Excellence (GCE) is pleased to present the May 2013 edition of *Boards*. As the official publication of the GCE, *Boards* is devoted solely to you – the board member.

*Boards* provides information on topical issues, governance initiatives and news of upcoming GCE educational programs, tools and supports related to the evolving role of health care boards. As part of the GCE’s commitment to open communication and the sharing of knowledge, *Boards* includes articles from representatives in the field of governance. The views of the authors expressed in this publication do not necessarily reflect the position of the GCE or the Ontario Hospital Association.

We welcome submissions from health care leaders, governance experts, academics and consultants that will foster dialogue and address current issues and leading practices in health care and not-for-profit governance.
Canada’s Cadillac Complex: Hope for a Cure

BY JEFFERY SIMPSON

The French language and culture define the distinctiveness of Quebec. In the rest of Canada, the public health care system, reflects what Canadians see as one of their most important unique values – not to be American. Asked in opinion polls what they believe to be the defining differences between themselves and their neighbours to the south, Canadians consistently put health care, along with gun control, atop the list.

Knowing this, Canada’s elected officials have long considered health care to be the third rail of politics. Touch it and you die. Or at least be shouted down as “un-Canadian” for having the audacity to speak of the Canadian health care system as anything but the best in the world, as a model for all nations. Or to ask, for example, whether our system, one of the highest-cost health care systems in the world and getting relentlessly more expensive, is sustainable. Or to question why, despite this high cost, Canadians get only middling quality of care.

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That’s right: Canadian health care is regularly rated at average or slightly below average in international comparisons, and stands nowhere near the top in any international comparative study. What we do stand at the top for is spending among countries with largely public systems.

So we think we have a Cadillac, we certainly know we are paying for one, we are in actuality driving a Chevy, and acknowledging this reality has historically been blasphemy.

And yet I am guardedly optimistic about the future of health care in Canada, including Ontario, because a necessary truthfulness, one that may ultimately lead to the very difficult choices that will have to be made, has finally started to enter the conversation.

It may just be that we have reached the stage where political actors feel they can tell the truth without putting their jobs in jeopardy. Ontario Health Minister Deb Matthews, for example, is among an emerging group now willing to say clearly that Canada does not have the best health care system in world, but rather an expensive one that is not delivering quality commensurate with that spending.

Most important is the admission that pouring more money into the system, into hospitals in particular, is most definitely not the way to improve quality of care. Travelling in Ontario and across the country, I see that the intense stress facing these institutions is forcing them to find new ways of doing things. And on a list of 50 things we could do to improve care quality, adding more money is the 49th –, possibly the 48th, –best thing we could do, because it would make innovation less necessary and thus slow the pace of positive change.

We have just emerged from the period post-Romanow report, which said explicitly that large amounts of new money were going to “buy change.” Transformative change.

It didn’t happen and Canadians knew it. In 2002, the year of the Romanow report, 44% of respondents to an Environics survey said that underfunding deserved primary blame for the country’s health care problems. By 2012, that number had dropped by a third, to 30%. And according to an Ipsos Reid survey commissioned by the Canadian Medical Association and published in 2011, 15% of respondents thought the extra money had improved the system, 47% thought there was no change, and 36% thought it had gotten worse.

More obviously, and for a number of reasons, Ontario doesn’t have the money anyway and will not for some time. First, two fiscal years from now, the federal transfer for health will be reduced from 6% to between 3.5 and 4%, meaning that Ontario will receive billions fewer dollars for health care spending – assuming the Harper government remains in power.

Next is Ontario’s debt problem. There is a left-wing way of looking at it, there is a right-wing way of looking at it, and then there is arithmetic, which says that over the next three years, the third-largest and fastest-rising item in the Ontario budget, after health care and education, will be interest on the province’s $280-billion debt. So Ontario’s debt is serious and getting worse, no matter what your political stripe.

Of course there is the expanding population of seniors and the shrinking base of young people to tax for the increasing health care costs the elderly will rack up.

Another factor is that we are still feeling the negative effects of the 2008 recession, and will remain queasy for a while to come; prominent voices including former U.S. President Bill Clinton and the IMF’s chief economist are saying it will take at least another five years to recover from it.

Then consider that in the decade before 2008, our national GDP grew at an average of 3% annually. For each of the five years after the current one, we will be lucky if we get 2% growth. This in the face of health care inflation – the rise in cost for the same basket of health care goods and services – that the Canadian Institute for Health Information says rose by 7% annually between 2000 and 2010.

**Solutions**

Why has health care spending grown so rapidly and what can be done about the increasingly chronic state of the Canadian system?

From the week I spent shadowing staff at the Ottawa Hospital in 2011, one of Canada’s largest and a template for big hospitals across the country, the first thing to note is the tremendously impressive dedication and skill of hospital clinicians. I was left with no doubt that any citizen in an acute or emergency situation would receive first-class care.

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The wages, salaries and benefits of these outstanding professionals account for 70% of a hospital’s costs. Recently their pay has been rising above the growth in government revenues. This and Canadians’ increased use of medical services, pharmaceutical drugs especially, are the two biggest drivers of rising health care costs in this country.

I also learned that large hospitals do far too many things. There was the emergency room, full of people not in emergency condition. People who should have been at a family clinic. But since there are not enough family clinics, these people go to emergency, wait and wait, and eventually see highly trained physicians whose skills are wasted on the complaints presented to them.

There were the 13% of beds occupied by people who shouldn’t have been in them: the frail elderly, who wait weeks and weeks for an appropriate spot beyond the hospital to take them at a far lower cost.

There were the surgeries (some orthopedic surgeries, for example) that should be done in a clinic, not in a full-scale hospital. On the flip side of the coin, I was struck by the operating room capacity that was underused, because there was no incentive to do more surgeries. Promisingly, there now is, as in policies in Ontario and British Columbia to reward hospitals for doing more operations rather than forcing them to fit whatever operations they can within a global budget.

Related and more controversially, there is a need to dehospitalize to a degree. There may be rural hospitals doing too many things that should be closed or converted into large clinics, themselves linked to big hospitals whose resources are being fully used. The vacated hospital space could be rented, to private groups of orthopods for example, as in Sweden.

But a hospital is an enormously important source of community pride, and resistance to serious change will be intense. To avoid serious discussion, defenders of the status quo will blame inefficient management and demand the rooting out of waste and duplication.

This point of view is but a dream of efficiency. In the cold light of day, the need for greater efficiency is urgent, but efficiency gains from any massive public system defy how those systems are organized and the nature of incentives within them. In the context of a health care system based on equitable access not just among ourselves but also to future generations, it is our obligation to awaken.

JEFFREY SIMPSON has his finger on the pulse of Canada – and the world. The Globe and Mail’s national affairs columnist since 1984, Simpson is one of the few outstanding political writers who can express his opinions as well spoken, as he can in writing. The author of seven books, including Chronic Condition: Why Canada’s Health Care System Needs to be Dragged into the 21st Century, Simpson is a sought-after speaker at major conferences and abroad.

Simpson is currently a senior fellow at the School of Public and International Affairs at the University of Ottawa. He has also been an adjunct professor at the Institute of Policy Studies at Queen’s University. He was a John S. Knight fellow at Stanford University, a Skelton-Clark fellow and Brockington Visitor at Queen’s University, and a John V. Clyne fellow at the University of British Columbia, among other postings.

Jeffrey Simpson has won all three of Canada’s major writing prizes: the Governor-General’s award for nonfiction writing; the National Magazine Award for political writing; and the National Newspaper Award for column-writing. He has also won the Hyman Solomon Award for excellence in public policy journalism, and the Arthur Kroeger prize for public discourse.

Simpson was made an Officer of the Order of Canada in 2000 for his contribution to journalism. His views have been published in Saturday Night, The Report on Business Magazine, The Journal of Canadian Studies and The Queen’s Quarterly.
One of the most feared aspects about being involved in a board of an organization is developing an understanding the board’s financial performance. If you do not have a background in finance or accounting, the information could be similar to trying to read a another language that is unknown to you. Today, more than ever, finances are a significant topic of discussion at board meetings. Previously, it was mainly the finance and audit committees who discussed these matters in any depth. Due to funding reform, the topic of finances is an agenda item which consumes a great deal of time in board meetings.

There are many ways to help educate yourself about your hospital’s financials and become more financially literate. First step is to ensure that you participate in the orientation session for new board members. In these sessions, management will typically review the financial statements and explain how revenue is recognized, the types of expenses the hospital incurs, etc. If this type of session is not provided, you may want to meet with the Chief Financial Officer of the hospital to have a one-on-one briefing. The important documents to cover are the most recent audited annual financial statements, the operating budget, the Hospital Service Accountability Agreement (H-SAA) and the capital budget. continued >
To obtain further knowledge about the hospital’s finances, you could also attend an audit/finance committee meeting even if you are not a member. Most boards encourage members not on these committees to attend these meetings from time to time and the experience can be very beneficial. Particular meetings that could be insightful would be the meeting to approve the budget, or where the annual results are reviewed with the external auditors.

Another source to educating yourself is the Ontario Hospital Association’s (OHA) course offerings. There are a couple of courses aimed at assisting board members in increasing their financial knowledge of hospital operations.

Once you have obtained the necessary knowledge, you will be more comfortable in asking questions at board meetings. The key areas of focus relating to financial matters for board members would be:

- **Interim financial results** – what are the latest estimates for full year results and how do they compare to budget? Any risks in the numbers which could result in negative results? (eg. revenue that may get clawed back from the MOHLTC or surges in volumes which will escalate costs) What are management’s plans to mitigate the negative results?
- **Budgeting process** – what are the significant assumptions especially relative to funding? Are anticipated operational changes reflected in the budget?
- **Internal audit** – what are the areas of focus and do they coincide with the risk areas of the hospital?
- **H-SAA/M-SAA** – is management comfortable with the volumes in these agreements (they should be stretch goals, but not completely unachievable)? Any risks with not meeting the volumes (given many are now tied to revenue)
- **Major capital projects** – what is the latest estimate of the cost of the project? If there are projected overruns, what is the mitigation strategy?

Some members believe that the finances are best left to the audit/finance committee. However, at times, members of the board not involved in this committee ask insightful questions. Understanding the hospital finances, at least at a high level, is an important obligation of every member of a board and you should approach it in the same manner as getting to know hospital operations in general.

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**TERRI MCKINNON** is an assurance partner and public accountant with PricewaterhouseCoopers LLP and has been involved with non-profit organizations for over 20 years. Terri has significant experience with government funded organizations, including hospitals and health care related organizations. She is responsible for providing a full range of assurance and business advisory services to her clients. In addition to the core audit services, she has been involved in many business advisory services, including providing advice to boards on governance matters, risk management and accounting advice. Terri is the GTA assurance leader for the health care sector.

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To learn more about these two programs and to register, **click here**.
Effective Communication in the Boardroom
The GCE’s interview with Doug Mepham

Q: How has the requirement for greater transparency changed the role of communications for hospital boards and for their members?

A: The changes are being felt differently at different boards. A great deal depends on where they are on the road to greater transparency. And to a degree, the size of the community the hospital serves plays a role in how and when boards communicate.

For many years, most hospital boards conducted their business quietly, out of the spotlight. If there wasn’t a big public issue, people in many communities didn’t know what decisions were being made, or who was making them. In general, the larger the centre, the more likely board members were to be out of the public eye, dissolved into a large population.

As boards across the province have adopted various approaches to improved transparency, there are a couple of common themes.

Boards and board members gain a voice: In many cases, the board – usually through the chair or a designated spokesperson – now needs to be ready to respond to enquiries. Community leaders, media, patients and others have an easier path to board leadership and, indeed, individual members. While hospitals have always had a communications function to manage an array of communication issues on behalf of management, many are increasingly called on to support the board communication needs. This puts added demands on those departments, but synchronizing board and operational communications pays long-term benefits.

Board members as ambassadors: With higher profiles and greater recognition for their service, board members in some hospitals have shouldered the role of ambassadors for the institution in their communities. Some play an active role, taking part in community events and consultations; some play a more informal role, over the back fence, on the phone or at the coffee shop, for example. All need to be prepared to communicate board issues and board process without compromising delicate internal discussions or inadvertently tipping into areas best left to management.

Q: Ontario’s hospitals differ a great deal — large vs small, urban vs community, multi-site vs single location and so on. Does the communication challenge posed by greater transparency differ from one institution to the next?

A: Every hospital probably has a slightly different experience here and that really does reflect the size, location, catchment area, demographic make-up and myriad other factors that make each hospital unique. But again, there are some common threads.

Hospitals in smaller communities have an outsized impact on those communities. They are major employers, purchase local goods and services, work in close cooperation with other institutions, deploy big capital projects and generally have a large footprint and high profile. That attracts a disproportionate interest in smaller communities, where even a small hospital is big news. Board members are more likely to be known in their communities, and more accessible. This implies a greater opportunity (and demand) for communication. continued >
The larger the community, the lower the profile of the hospital and the less demand on the board and its members to be part of the communication process. And while large hospitals in large centres still faces significant issues and communication challenges, their board members are more likely to go unrecognized by their neighbors. In a small hospital serving a small community, everyone knows at least someone on the board; in a much larger community, most residents couldn’t identify a single member of the hospital board – that all changes, of course, in the case of a high-profile issue.

Q: In most structures, the board chair often takes on increased responsibility for external communications as well as shouldering the more traditional board duties. What advice do you have for chairpersons contemplating this expanded role?

A: First, make friends with the staff of the communications department!

In all seriousness, the communication department can be enormously helpful to the senior board leadership. On the one hand, pre-meeting preparation from the communication staff on issues that can be newsworthy or might attract unusual attention is a great early warning system on what has caught the interest of local media, politicians, interest groups or others. Regular distribution of press clippings, ‘heads-up’ notes on developments and other background provided by the communicators keeps leadership from being surprised between meetings.

Support from the department for speeches, presentations and other public events is welcomed by the individuals and helps keep communication consistent with what – and how – the hospital communicates on other issues.

Finally, if the chair isn’t comfortable in the role of spokesperson, he or she should consider delegating that task to another board member with the experience or willingness to take on that job. Better yet, get communication skills training for senior leadership to help them better represent their institution.

Q: Some hospital boards are having their meetings in front of the public and media for the first time. As some of those boards are discovering, there are both benefits and challenges. What are some of those benefits and challenges?

A: The most powerful benefit is the one intended by the move to greater transparency: A better understanding of the hospital and the great work it does. It sounds hackneyed, but transparency really is its own reward, and the benefits are greater understanding of the issues faced by the hospital and increased trust in those board members dealing with them. We would like to think that manifests in improved fundraising, better community relations and greater support from the community.

The downside is the risk that difficult, complex, sensitive issues can be misunderstood or taken out of context by some stakeholders who view the proceedings without the proper background or context. With hospitals on the front lines of the battle to control health care costs, it is easy for some observers and special interests to paint the hospital, its management and board as the villains. As a result, there is an additional risk that discussion of these issues by the board is constrained or stifled for fear of igniting a firestorm of concern and criticism. Discussion that rightfully belongs in the boardroom can get pushed into the corridors and back rooms.

A number of tactics have proven helpful to boards dealing with the downside issues of transparency. Proper agenda management has been very helpful in bringing issues to the board table with the proper preparation and background. Consensus on what belongs on the agenda and how the discussion will be framed can reduce or eliminate some of the risks.

Some hospitals tell me they have had great success in publishing or providing access to as much material from the board meetings as can properly be made available to the public. This helps create the salient background and understanding necessary to give stakeholders the assurance they need that decisions are fully considered, and that the board and its members are deserving of their trust. continued
Q: Because some hospitals have had the opportunity to try innovative approaches to communicating around board discussions and decisions, there have been some good news stories. What trends do you see developing?

A: There are some valuable lessons from some of the success stories around the province.

Creative use of social media: Despite what some enthusiasts say, social media isn’t a cure for all that ails but it has certainly proven effective for institutions that have deployed it selectively. Chair or other leaders who Tweet or blog, good use of Facebook for special events and other tactics have been useful. For some institutions, the ability to go around uncooperative or even antagonistic media to deliver their messages directly to stakeholders opens vast new possibilities.

Board members in the community: Board members who open up to the role of being ambassadors for their hospitals have become an effective two-way communication avenue when they wear that mantle in public. Hearing from concerned or interested members of the community may not surface any new issues, but the ability of board members to listen and have meaningful, instructive conversations with stakeholders is part of the process of building trust and understanding.

Community consultation: Listening to the community – and being seen to listen to the community – is harder than it sounds. But public meetings, briefings that bring together boards and key stakeholders, and formalized ‘listening post’ systems for boards are part of the foundation of transparency. The Quinte Health Care model of a committee of community advisors that feed back the needs and concerns of stakeholders to the board works in both directions: Those advisors are also ambassadors for the hospital, helping to explain policies and decisions directly to neighbours, friends and family.

DOUG MEPHAM is a founding partner of MacDonald & Co., and has crossed and re-crossed the lines between journalism and corporate communications for more than 30 years. At the core of his experience is involvement in strategic business issues, crisis – or high risk – assignments and consumer products.

A graduate journalist and veteran of the Toronto Telegram, he joined The Financial Post as Associate Editor – Media and Communications and Automotive Editor with responsibility for both The Post and Financial Post Magazine. He has written for countless business and financial publications, winning awards for his magazine work. His corporate resume includes the Ford Motor Company of Canada where he added hard-won experience in front-line media relations and crisis management.

As a corporate consultant since 1981, he has worked on behalf of some of the largest organizations in Canada including private, not-for-profit and financial sectors. Doug is extensively involved in providing senior counsel for organizations with highly sensitive communication needs and has worked with several hospital boards around communication practices.
More and more boards, including those within the not-for-profit and health care sectors, have moved from receiving hardcopy materials to electronic “board portals” as the primary access point for board materials. A board portal is a confidential web-based workspace devoted to the board that provides directors access to past and present board materials. Rather than ship overnight packages to directors, an electronic depository of documents is created through the secure board portal to allow directors to retrieve documents from anywhere, at any time.

The GCE recently asked three health care organizations questions regarding their use of electronic board portals: Grey Bruce Health Services (GBHS), Mississauga Halton Community Care Access Centre (MH CCAC), and the South West Community Care Access Centre (SW CCAC).

In general, each of the three boards decided to switch to a board portal to reduce costs and the time needed to produce hardcopy materials, while also taking advantage of technological advances.

According to the respondents, the board portals have also been used as e-libraries and repositories of information for the board, and include documents such as governance and pertinent organizational materials, contact lists, meeting and event calendars, educational opportunities, and links to other websites of interest. Additionally, the GBHS board portal enables directors to reserve a laptop for meetings.

Usage varies among boards. The SW CCAC fully utilizes its Board Portal as an enabler to paperless board meetings, and it is regarded as the single source of truth for all the information the board members need to do their job effectively. For the GBHS board, internet speed is a factor, particularly in the more rural areas; as such, not all board members use the portal to its full capacity. Personal preference has been recognized as a factor with MH CCAC board members, because not all members readily accept the electronic environment in the same way and with the same level of comfort. Some MH CCAC board members use it more than others.

Although not considered to be a major limitation, discomfort in using portals may relate to issues around computer stability as well as ensuring security measures for the web-based site are in place.

Despite the risks and challenges, all three boards have experienced great successes and shared some of the benefits of board portals, such as savings from print and courier costs, savings in time, environmental friendliness, the ability to forgo sending multiple emails containing board materials, instantaneous access to documents, and increased confidentiality. continued >
When asked for advice for boards considering the switch to a board portal, the respondents provide a variety of tips, including:

- Provide as much training and support upfront (SW CCAC);
- Make the passwords and log in process as simple and straightforward as possible (SW CCAC);
- Map out how to use the portal (MH CCAC);
- Find a champion on the board to convince more reticent members (MH CCAC);
- Consult with the board on the development of the site (MH CCAC);
- Ask members who are not “technologically savvy” to try the site and provide feedback before going live (MH CCAC);
- Start off slowly and gradually add content (GBHS);
- Develop a feedback mechanism and respond to the feedback (GBHS); and,
- Ensure buy-in from the board officers and CEO (GBHS).

To read the full responses from the GBHS, MH CCAC and SW CCAC, click on the links below:

**Grey Bruce Health Services**
*Maureen Solecki, President & CEO; Rebecca Cummings, Director, Human Resources; and, Joanne Carter, Executive Assistant to the President & CEO*

**Mississauga Halton Community Care Access Centre**
*Richelle Komes, Executive Assistant to the CEO & Liaison to the Board of Directors*

**South West Community Care Access Centre**
*Mary Lapaine, Board Chair; Cate Patchett, Corporate Liaison*
Thank you to the GCE Advisory Group

Since August 2012, the GCE has periodically convened a group of health care and governance experts and leaders to provide guidance in the development of new products and services to ensure we are better positioned to meet the needs of board members.

Under the Advisory Group’s guidance, the GCE accomplished many important objectives, including the development of:

- A new GCE website;
- A new GCE brand;
- A vision for governance for the health care sector;
- A GCE thought leadership framework;
- Submission guidelines and a selection process for the inaugural annual Awards in Leading Governance Excellence; and,
- Guidance respecting the creation of a board self-assessment tool, board member accreditation/certification program, as well as a GCE community of practice.

The GCE wishes to thank the following individuals for their dedication and contributions on the GCE Advisory Group:

- **Sharon Baker** Chief Operating Officer, Ontario Association of Community Care Access Centres
- **Ruthe-Anne Conyngham** Chair, Board of Directors, London Health Sciences Centre; Board Member, Cancer Quality Council of Ontario; Past Chair, Canadian Healthcare Association; Past Chair, St. Joseph’s Health Care, London; Past Board Chair, OHA; OHA Life Member
- **David Craig** Board Chair, North Wellington Health Care Corporation
- **Sue Davidson** Director of Training, Ontario Community Support Association/Capacity Builders
- **Carol Hansell** Senior Partner, Davies Ward Phillips & Vineberg LLP
- **Teddene Long** Board Chair, Central Community Care Access Centre; Board Chair, Ontario Association of Community Care Access Centres
- **Richard (Dick) Mannisto** Board Member, Greystone Trust; Board Member, Thunder Bay Regional Health Sciences Centre
- **Hilary Short** Former President and CEO, OHA; OHA Life Member; Trustee, Sunnybrook Health Sciences Centre
- **Neil Stuart** Board Chair, Cancer Care Ontario; Board Member, VON Canada; Board Member, The Change Foundation
- **Clarys Tirel** Senior Project Lead – FHT Governance, Quality, and Operations, Association of Family Health Teams of Ontario
- **Wally Wiwchar** Past Board Chair, OHA; Past Chair, Timmins and District Hospital; Past Acting Chair, NE LHIN

The input and suggestions have provided the team with clear direction to guide the way forward in providing leading governance excellence and meeting the governance needs of directors and boards.
Gregory’s Vision for Health Care Governance in Ontario:

“I believe that health care governance is a necessary part of our health care system. I also believe that such governance, to be effective, must be populated by volunteer community members who are afforded the opportunity for continuous growth in those areas of knowledge, skills and abilities that are critical to that governance effectiveness.”

GREGORY CONNOLLEY has been a corporate member of the Peterborough Regional Health Centre since 2000 and joined the board of directors in 2004. Since then he has served on the Governance and Planning Committee, Quality Committee, Stewardship Committee and Executive Committee. He has also served as committee chair on two occasions, the most recent as the chair of the Stewardship Committee in 2011-2012 and as Treasurer of the Corporation. Gregory currently sits on the Governance Committee and is the Chair of the Board Nominating Sub-Committee.

Having been involved with the Ontario Hospital Association and the Governance Centre of Excellence since joining the board in 2004, Gregory has attended many OHA and GCE events including HealthAchieve and has benefitted from each event learning new skills as well as learning from the experiences of other attendees. He was also a speaker and panel member at the annual Conference for Board Finance Committee Members in 2012.

He is a retired 30-year veteran of the Ontario Provincial Police and the Royal Canadian Mounted Police. He has continued his association with police work since his retirement acting as an Adjudicator and Hearing Officer and is currently a professor in the School of Justice and Business Studies at Fleming College. He also enjoys traveling, reading, cycling and fitness in general. Gregory and his wife Judy are parents and grandparents and enjoy spending time with their children and grandson as often as possible.

Gregory’s Vision for Health Care Governance in Ontario:
Introducing the Professional Staff Credentialing Video Series

The Governance Centre of Excellence (GCE) is pleased to announce that the individual chapters of its Professional Staff Credentialing Toolkit are now available as video recordings.

Presented by legal experts, hospital leaders and clinical leaders with deep experience in various credentialing issues, this video series is made up of 12 videos – one for each chapter of the OHA and GCE’s Professional Staff Credentialing Toolkit (Toolkit). Viewers will have an opportunity to hear presenters’ experiences based on their unique roles in credentialing, and to gain insights into key issues described in the Toolkit.

The webcasts are intended for boards, as well as CEOs and senior management, clinical leaders, legal counsel and those who administer a hospital’s credentialing files.

This online approach allows you to learn through this important resource independently at home, in the office, on the go, or as a team in your hospital or boardroom.

The videos are available on the GCE website under the Resources section. To access the video series click here.

For more information about the Toolkit and the video series, contact Sundeep Sodhi, Consultant, Governance Centre of Excellence at ssodhi@thegce.ca or 416 205 1307.
Local Governance Matters

As readers of Boards know, Ontario hospitals have had a long and proud history of local and independent voluntary governance.

In 2006, when Local Health Integration Networks (LHINs) were introduced as regional structures, the Government of Ontario made a clear decision to maintain voluntary, independent governance in our hospitals, making Ontario the only province in Canada to have such a model.

This was an implicit vote of confidence in Ontario’s hospital boards. It was a decision that mattered because it further allowed community members to bring a trusted and independent perspective to the board table.

“When one considers that close to 3,000 volunteers serve in the governance of Ontario’s hospitals, there can be little doubt that our hospitals have meaningful connections to their communities,” said Wally Wiwchar, past Chair of the Timmins & District Hospital Board of Directors and of the Ontario Hospital Association (OHA) Board of Directors.

The Importance of Skilled boards

The health care system today is always evolving, and so are boards’ responsibilities. That is why Ontario hospitals have worked hard to ensure that their board members represent community interests while also bringing important skills and experience to the board table.

Highly-skilled boards have helped Ontario’s hospitals meet new challenges successfully. As Ruthe Anne Conyngham, Chair of the Board of Directors of London Health Sciences Centre and Past Chair of the Board of Directors of the OHA said, “Ontario hospitals reach into their communities to attract volunteers who generously give their skill, talent, experience and time to steer these complex organizations toward often lofty goals, focused on improvement in the areas of quality, safety, service and exceptional patient experience. Often, the challenges faced by hospitals are similar to those already overcome by other sectors. As a result, the varied perspectives at the board table add insight and lived experience to discussions related to even the most complicated issues facing the hospital.”

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From the OHA’s perspective, improving the standard of governance has been a strategic priority for a number of years. Recent engagement with hospital members on the OHA’s 2013-2016 strategic plan revealed high levels of satisfaction with the Governance Centre of Excellence’s (GCE) skill-developing resources and educational programming.

Skilled board members have helped hospitals carry out substantial restructuring plans smoothly. They have made difficult financial decisions in order to ensure long-term sustainability. And they have partnered and collaborated with government, LHINs, and other health service providers to meet the changing needs of their growing and aging communities.

Perhaps most impressive is the fact that even though hospital funding has continued to decrease, Ontario hospitals’ efficiency levels have grown. “The efficiency of Ontario’s hospitals is, in my experience, the result of local oversight, local decision making and local accountability for quality of care,” said Mr. Wiwchar. “We do enjoy the most efficient hospital system in Canada.”

Mr. Wiwchar is right. Ontario hospitals’ efficiency allows them to be funded at a per capita rate that is approximately 18% lower than the average of all other provinces. That, in turn, has generated a $4.1 billion efficiency dividend that the government can invest in other priorities.

When comparing the relative efficiency of Ontario’s hospitals, and the quality of care they provide, to provinces which have regional health authorities and no independent local leadership, the differences become even clearer.

We don’t believe that the superior performance of Ontario’s hospitals is accidental. Rather, we believe that a straight line can be drawn between these successes, and this province having high-functioning, local hospital governance.

Ontario’s Hospital Boards are up for the Challenge

As the work of Ontario’s volunteer hospital boards becomes more complex, more demanding and more scrutinized, our boards are stepping up and embracing their expanding and evolving roles.

Our boards know that the Excellent Care for All Strategy, the extension of freedom of information legislation to hospitals, amendments to the Public Hospitals Act affecting board composition, new procurement directives and requirements under the Broader Public Sector Accountability Act, while challenging, are crucial opportunities that can demonstrate their ability to meet public expectations related to quality, patient safety, transparency, and overall accountability.

“In a time of fiscal restraint it often means making difficult decisions in the best interests of the hospital and the community,” said Mr. Wiwchar. “But the satisfaction gained in serving one’s community by impacting on the quality of care is most rewarding.”

“While the time commitment of serving on a board is significant, the rewards are many,” said Ms. Conyngham. “I have had the opportunity to work alongside terrific people, both on the board and within the hospital organizations I have served. I have learned so much about our system of healthcare delivery and have such respect for the exceptional work accomplished every day by truly caring people. I will always feel a special connection to my local hospitals as a result of my time on the board. I have often said that while I loved my lifetime work, I found a special purpose and great reward as a hospital trustee. I feel very privileged to have had the experience.”

The GCE will continue their efforts to ensure that hospital boards have the education, tools and resources they need to help their organizations deliver even better care to patients, improve efficiencies even further, and to achieve a high-performing health care system for all of Ontario’s communities.
The GCE is excited to offer a new on-line Board Self-Assessment Tool to complement the Guide to Good Governance, 2nd edition, which will be based on the framework for good governance described in the Guide. The Board Self-Assessment Tool will enable boards to assess their overall governance against current leading practice guidelines.

By participating in this assessment, board members will collectively rate the performance of their board and compare their board’s results with those of other participating organizations. The GCE will tabulate the responses for each board and each participating board will receive a confidential report, summarizing how well each aspect of governance appears to be working in the collective opinion of the board members, as well as province-wide average scores. The individual reports will provide boards with evidence to support the further development of governance objectives and priorities. For instance, results may be used in discussions during a board meeting, special sessions on governance or board retreat. Boards will be encouraged to participate in the self-assessment on an annual basis in order to track progress over time.

The Self-Assessment Tool will be launched in the fall 2013. Participation will be open to all boards of OHA member organizations, health care and non-profit organizations. There is no requirement for participants to have reviewed the Guide to Good Governance prior to participating; the Tool will include chapter references to the Guide, intended for information and discussion purposes only. There will be no charge to participate for hospital member boards.

Stay tuned for further information, including key dates and frequently asked questions, which, will be posted on our website at www.thegce.ca

To express your board’s interest in participating in the 2013 GCE Board Self-Assessment, please contact: Maggie Fung, Consultant, Health System Governance, at mfung@thegce.ca or 416 205 1528.
The Governance Centre of Excellence (GCE) is pleased to launch the Board of Directors Mentorship Program. This program is a demonstration of our commitment to provide leadership development services for newly elected board members and foster a community of practice.

The one year pilot program will commence in September 2013.

Objectives of the Mentorship Program
The purpose of the Board Mentorship Program is to assist new board members in their growth and development on a health care board or not-for-profit board. This program is intended to:

• Provide a unique learning experience for new board members
• Be a resource for board members through peer to peer learning – encourages sharing of knowledge, experience and productive involvement in board matters
• Provide a private and confidential learning experience that is not easily obtained within the boardroom or classroom
• Facilitate trusting and meaningful board member relationships

Additional program details will be available shortly.

For more information contact: Carissa Lewis, Consultant, Governance Centre of Excellence clewis@thegce.ca or 416 205 1364.
Governance in Turbulent Times –
A Board Stewardship Committee
Member’s Perspective

BY GREGORY C. CONNOLLEY
I have been a member of our hospital board of directors for a number of years. While my tenure has taken me through some significant moments in the life of our hospital and its governance, the constant change in the recent past and the present are the most memorable for me. I would predict this will continue in the future, particularly in budgeting.

To me, flexibility and innovation are the new words in financial management. This seems key to successful financial management. Our performance based funding requires astute forecasting of what may occur in the next fiscal year(s). It takes careful planning by our financial staff in conjunction with hospital service providers. The stewardship (finance) committee and ultimately the board are responsible for a sober in-depth look at budget proposals before approving.

I hope what I have said does not sound negative. It is change, but it is also an opportune time for board members to have a critical look at their corporation with an eye to ensuring that the hospital can continue to provide the high quality and safe care that its community needs. This care must be provided within a strict financial framework. Not an easy thing to do.

Peterborough Regional Health Centre (PRHC) was incorporated in 2000 as a result of the amalgamation of the two older hospitals in the city. After years of work by all involved, a new state of the art hospital was finally completed in 2008. It was a wonderful achievement.

The hospital had accumulated debt as well as an ever growing annual operating deficit. In 2009, the hospital went to the Ministry of Health and Long Term Care, to make a “case for support”. We received a Peer Review process.

In 2010, the hospital developed and initiated a two year Hospital Improvement Plan. This ambitious, but planned and steady process, under the leadership of our senior team and the engagement of staff, was successful in eliminating a substantial forecasted deficit and posting a modest surplus in 2012. We have improved our surplus in 2013 and are forecasting a surplus budget in 2014. All of this was done while maintaining or improving the quality of care and safety provided to our patients. As well, during this period, significant enhancements were added to our regional services at PRHC, including cardiovascular, renal dialysis and cancer care (with the new radiation bunker being operational within months).

I have learned that hospital governance, particularly in recent years, is constantly dynamic with no sacred untouchable “status quo” areas. Fiduciary responsibility is ever increasing. Financial processes are fluid and more complicated as hospitals attempt to deliver top quality and safe care with limited funding. Significant demographic pressures in our clientele base face all of us.

What I have found though, is that our board is meeting these continuous challenges with energy, focus and a determination to do the very best that we can.

As I mentioned previously, I have observed significant moments in the past history of the hospital, but in my opinion, none more so than what has been initiated since 2010 and continues in the present. In 2009, we were basically told what we were doing was financially unacceptable and things had to change.

Things certainly did change. An ambitious board directive to senior staff started the transition and as I have previously mentioned, positive results were realized. We still have financial pressures to face as all hospitals do, including eliminating our debt while identifying funding to invest in new information technology and medical equipment.

As a member and chair of the stewardship committee during the implementation of the Hospital Improvement Plan, I was fortunate to have a VP and chief financial officer who had the ability to patiently explain some very complicated financial processes to the committee and board as we worked our way through our financial processes and planning. continued >
It is not my intention to take up your time in providing a magical formula for board financial forecasting and decision making, but to offer you a glimpse at what I consider to be a “high functioning” board and its crucial role in oversight of the total operation of the hospital including financial management.

What is most impressive to me in this whole improvement process is that the board and its committees have not slowed or stopped. There has been no “resting on our laurels” after the 2012 surplus. The continuous review of hospital functions and processes is ongoing. The result of the work by dedicated staff has been amazing. The board has had an in-depth look at its own processes and made changes to ensure that our time together is more focused on those critical issues, rather than “paper work”.

I see the board as a high energy, focused and skilled governance unit that is engaged in its oversight responsibilities. We have a skills based board of volunteers with business, government, education and past health care experience. We also have Community Members at Large, appointed by the board to sit on the four standing committees. This provides the board with additional expertise at the committee level. We have a chair who leads. The discussions at committee and board meetings are fulsome with discussion, questions and debate. Senior staff is at committee and board meetings to provide the information needed by the board to make decisions. When decisions are made by the board, I feel confident that they are made after full vetting of the information including the pros and cons of the potential outcomes.

On the people side of the equation, this particular group of people epitomizes the definition of “team” and this is what is needed on a hospital board, or any board for that matter, for it to be successful. When I come into the board room, I have the sense that good decisions will be made. It is obvious that the members are prepared for the meeting, having previously read their “board package” and having margin notes with their questions or comments. The atmosphere is respectful, collegial and supportive but questions that have to be asked are asked.

Some discussions can become very in-depth and intricate, particularly dealing with financial matters. Members are excellent in asking those explanatory questions in such a critical area, so all members, particularly those without a finance background, can have a competent understanding of the question at hand.

I think that the care givers in our hospital, support staff and senior staff deserve all of the plaudits they can receive. They are tireless in providing top quality care to the regional community. Their pride and compassion is obvious.

I do not expect that the reader of this column would want another list to consider, but you are going to get one anyway. It is just a few things that I have found have helped me become a better board member. There might be one that you can use.

Prepare for board meetings (read your pre-meeting package), attend all meetings, listen (really listen), ask questions if you don’t understand (especially those acronyms), always consider your organization’s mission, vision and values in your decisions, make your decisions in good faith, engage, be enthusiastic, be optimistic and enjoy.

To my fellow board members, thank you. You certainly have made me a better board member.
Local Governance Educational Sessions and Custom Training

The Governance Centre of Excellence (GCE) is pleased to provide a service where we can host our existing governance certificate courses at your facility or within your region upon request. These programs are run on a flat-rate fee structure and the sessions can be structured in various ways. Talk to us about your board’s educational needs and we can suggest a solution that is right for you.

We can also adapt our course offerings to allow for more tailored content for your board depending on your needs. Our course faculty members are all recognized leaders in health care governance and their experience and dedication helps to enhance the educational experience for board members.

The advantages of holding a local program include:

- An educational session that addresses your specific needs
- Flat-rate fee cost-sharing option with neighbouring boards
- Sessions can be scheduled when it is most convenient for your board members
- Reduction of costs and time associated with travel for your board members
- Your board will learn together as a team and can bring relevant examples to the table

Let the GCE Come to You!

For more information on local or custom programming or simply to discuss your governance educational needs, please contact: Katy Miller, Coordinator, Courses and Regional Programs, Governance Centre of Excellence kmiller@thegce.ca or 416 205 1406
Save the Date for the Must Attend Governance Event

The Governance Centre of Excellence is pleased to present the annual Health Care Governance Forum taking place this September 27 & 28 in Toronto. This annual governance event is the must-attend event for all health care board members – regardless of whether you are new to a board or if you are a seasoned leader in the governance area, the Health Care Governance Forum is the one place you need to be this fall.

Health care boards in Ontario face both internal challenges and external scrutiny on the quality, effectiveness and efficiency of the execution of their fiduciary duties. Now more than ever, the industry requires excellent governance structures, processes, communications and documentation.

Experienced and dynamic speakers will present on many topics including:

- Health System Integration and the Continuum of Care: What are the Governance Implications?
- Ethical Decision Making Framework for Health Care Boards
- Effective Communication Strategies to Minimize Reputational Risk
- The Board and Strategic Planning – Common Pitfalls
- Launch of the GCE’s Board Self-Assessment Tool
- Board Succession Planning and much more…

Join us on September 27 & 28 for this opportunity to examine the current issues in health care governance, network and share best practices with colleagues.

Feedback from past program 2012 conference participants:

- IT HIT ON ALL THE KEY ITEMS IN CURRENT GOVERNANCE ISSUES AT HOSPITALS.
- I AM A NEW MEMBER OF A HOSPITAL BOARD, SO FOUND THE NETWORKING WITH MY PEERS VERY BENEFICIAL. ALSO THE PROGRAM WAS VERY INFORMATIVE
- PRESENTATIONS ON RELEVANT AND TIMELY TOPICS FROM EXPERTS

The completed agenda will be available shortly. Visit www.thegce.ca/education for regular updates and to register today!
Governance at HealthAchieve

This year’s Governance session at HealthAchieve will feature Dr. Jim Rice. Dr. Rice is a globally recognized thought leader, whose 35-year career highlights leadership, management, and governance as essential vehicles for high-quality, accessible, efficient, and cost-effective health services. He has served as an advisor to health systems, physician groups, boards of directors, and ministries of health in more than 30 countries.

Dr. Rice’s consultancies have ranged from a micro-enterprise initiative with a Zimbabwe women’s cooperative to support primary health services, to the development of a health plan in Chile that evolved into the largest health delivery system in Latin America. He guided health system reforms in Central and Eastern Europe, bringing innovative approaches to public-private partnerships. He has planned and evaluated income-generating health projects for USAID in Kenya, Bangladesh, Zimbabwe, and the Dominican Republic. He has trained managers of USAID child-survival projects in strategic planning and project management.

He has also designed and conducted leadership development programs for health care leaders all over the world, most recently in a WHO course on strategy and policy implementation for senior officials of the Iraq Ministry of Health.

Dr. Rice was Executive Vice President of Integrated Healthcare Strategies, a consulting group focused on health delivery system effectiveness. He led the Governance and Leadership Services practice, focusing on developing strategic governance and leadership skills for physicians. He is also vice-chairman of The Governance Institute (TGI), an organization dedicated to enhancing the governance of health systems through knowledge generation and dissemination.

He is on faculty of the Judge Business School, Cambridge University England; the School of Public Health, University of Minnesota, and former faculty of Nelson Mandela School of Medicine South Africa, and the Thunderbird Graduate School in Arizona.

Join this year’s Governance session at HealthAchieve to hear Dr. Rice speak about collaborative governance and how boards can work together to address broader health system planning beyond individual organizations.

HealthAchieve takes place this November 4, 5 and 6 at the Metro Toronto Convention Centre. The Governance Session takes place on Monday, November 4.

Early bird rates now available so register today!

Remember, if you work for an organization that is part of the OHA’s Benefit Plan, then you can attend HealthAchieve for FREE!

To find out if your organization is a member, visit www.oha.com/benefitplanmembers and register for all three days of HealthAchieve, the must-attend health care event.
Welcome to the following individuals who have recently joined a health care board. The GCE welcomes you and looks forward to supporting you and your board in achieving excellence in health care governance.

**Ontario Shores Centre for Mental Health Sciences**

**VIRAJ DESAI** Board Member at Ontario Shores Centre for Mental Health Sciences (Ontario Shores), is the Managing Director of CIM Professional Services, the consulting firm that she founded. Prior to this Ms. Desai held senior roles in Deloitte’s Strategy and Operations consulting practice and at a number of public and private sector healthcare organizations with responsibility for planning, operational management and fiscal results. She has a clinical health care background in Physiotherapy. Ms. Desai works with clients across industry sectors (e.g. healthcare, public sector, infrastructure, insurance and financial services, telecommunications, retail). Her specific areas of expertise include strategic planning, operational review, process improvement and corporate performance measurement. She holds a BSc. PT and MBA from the Rotman School of Management at the University of Toronto. Ms. Desai has been involved in various volunteer roles and currently serves as a mentor for the Rise Asset Development Program which provides micro-financing and mentorship to entrepreneurs with a history of mental health or addiction challenges.

**Niagara Health System**

**BERNICE (BUNNY) ALEXANDER** is a retired human resources professional, specializing in organizational development, as well as a registered nurse, having worked many years as a clinical manager at the Welland Hospital prior to the amalgamation of the Niagara Health System in 2000. Bunny then worked as Senior Consultant, Organizational Development with responsibility for employee and leadership development, employee recognition, performance development and student and volunteer resources. In her retirement, Bunny has held numerous volunteer positions, and most recently served as Vice-Chair of the Hamilton Niagara Haldimand Brant Community Care Access Centre Board of Directors. Previously, she was a member of the City of Welland Senior Citizens’ Advisory Committee, Chair of the Ad Hoc Committee for Palliative/Hospice Care Planning for South Niagara, in addition to volunteering with Hospice Niagara. Bunny and her family reside in Welland.

**DALE GOLDFHAWK** is a journalist, author and broadcaster with more than 45 years of experience in newspapers, radio, and television. Currently, Dale hosts Goldhawk LIVE, a 90-minute public affairs show on Rogers TV in Toronto. He is also the host of Goldhawk Fights Back, a daily citizen advocacy show on Zoomer radio. Dale was nominated by the Canadian Association of Journalists as one of Canada’s outstanding investigative journalists in 2001; was a Gemini Award nominee for Best TV Reporter in 1996; and a national Radio Award nominee for Best Broadcaster in 1992. In 2005, Goldhawk won a Best Performance award from the Canadian Cable Television Association. He is past president of the Alliance of Canadian Cinema, Television and Radio Artists and the Alzheimer Society of Canada and serves as an elected member of the Board of Directors for Alzheimer’s Disease International. Dale has done extensive volunteer work for Easter Seals Ontario, hosting its telethon for more than 25 years. He is a recipient of both the Queen’s Golden Jubilee Medal and the Queen’s Diamond Jubilee Medal, in recognition of his work with charities.

**RICHARD C. BAKER** is a retired Architect and former partner of Baker and Elmes Architects of St. Catharines, and recently a consultant to Quartek Group Inc. He holds a Bachelor of Architecture from the University of Virginia. In his professional role, Richard has participated in the design of numerous projects throughout the Niagara Region and beyond. He currently serves as Chair of Niagara Ina Grafton Gage Foundation, and has recently served as Juror of the Niagara Community Design Awards and as a Member of Council of the Ontario Association of Architects. Richard’s expertise is in the areas of construction and project management, and strategic planning. Richard and his family reside in St. Catharines. continued >
MARTI JURMAIN is an experienced educator and administrator with over thirty-five years in the Ontario College system. Marti recently retired as the Director of Research and Innovation at Niagara College, and has proven experience and interest in strategic planning, quality assurance and performance measures. She was founder and Director of the New Product Development Division at Niagara College, which involved the development of new academic programs and the opportunity to work with several regional health service agencies. She holds a Master of Arts, English Language and Literature from the University of Western Ontario. Marti has served as a volunteer on numerous committees and fundraising initiatives in the Niagara Region, including Chair of the Niagara Region Cancer Campaign, President of the St. Catharines YMCA, and member of the United Way Executive for St. Catharines and District. Marti and her family reside in St. Catharines.

KEN KAWALL has over twenty years’ experience in the private and public sector, specializing in the areas of customer service, operations, technology and change management. He is currently the Assistant Deputy Minister and Chief Information Officer, Enterprise Financial Services and Systems with the Ministry of Government Services, Ontario Public Service, providing financial management services to all Ministries of the Ontario Government. He formerly worked as Chief Information Officer with the Ministry of Transportation, providing strategic and operational information management and information technology leadership to the Ministries of Transportation, Labour, Economic Development and Trade, Research and Innovation and Consumer Services. Ken holds a Master’s of Business Administration from the University of Western Ontario and is a Certified Management Accountant. Ken has served as President and Chair of the Board of the Oakville Arts Council and Treasurer and Director of the Trafalgar Township Historical Society. He and his family now reside in Vineland. continued >
JOHN MACDONALD is the former Chief Administration Officer for the City of Niagara Falls, having been responsible for the planning, control and management of City government initiatives, and all Corporate and Administrative Divisions. John’s professional career with the City of Niagara Falls spanned over a period of 32 years. Prior to becoming CAO, John was the Executive Director of Community Services. In his retirement, John remains active as the National Director with the Anglican Network in Canada, providing leadership and oversight to all operational and administrative activities. John holds a Master’s in Public Administration from the University of Western Ontario, and a Bachelor of Recreation and Leisure Studies from Brock University. He has been involved on various community board service and fundraising organizations. John and his family reside in Niagara Falls.

Catherine Mindorff-FACCA is a retired Registered Nurse and Epidemiologist from Hamilton Health Sciences. She holds a Master of Science (Epidemiology) from McMaster University and has completed advanced training in Surveillance, Prevention and Control of Nosocomial Infections, Centers for Disease Control in Atlanta. In her professional career, Catharine provided hospital and community infection control services, and completed a secondment to the Laboratory Centre for Disease Control with Health Canada, where she was Acting Chief. Over the past ten years, Catherine has devoted her efforts to ground-breaking volunteer service, with a focus on building community capacity for collaborative action toward a stronger Niagara. She led the move to bring Community Health Centres to Niagara, was founding Chair of Niagara Connects (formerly known as the Niagara Research and Planning Council), served as a trustee for Brock University, was Chair of FACS Niagara, and served on the Steering Committee for the Clinical Services Planning Project of the HNHB LHIN. Catharine and her husband, Jack reside in Ridgeway.

MURRAY PATON is a lawyer serving as Counsel to Walker Sorensen LLP, Toronto, a business law firm focused on the financial services industry and corporate governance. He spent most of his career as a Partner of McCarthy Tetrault, Toronto, advising major public companies principally in the financial services industries on business transactions and financings, joint ventures and regulatory and corporate governance matters. Murray has also served as General Counsel of the 407 ETR Group, advising on, among other things, infrastructure, policy development, corporate governance and government relations matters. Murray also has extensive governance experience through his role as a Director of two federally-regulated Canadian insurance companies (Munich Reinsurance Company of Canada and Temple Insurance Company), as a member of the Independent Review Committee overseeing conflicts of interest for The Bank of Nova Scotia’s public mutual funds and as Board member and past Chair of Halton Healthcare Services, a multi-site Ontario public hospital. Murray is a member of the Institute of Corporate Directors and holder of the Professional Director designation. He and his wife reside in Niagara-on-the-Lake.
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WELCOME ON BOARD

Niagara Health System

CATHY SUTHERLAND is a Financial Executive and Chartered Accountant. Cathy’s professional experience lead her to Home Capital Group Inc/ Home Trust Company, where she spent several years in the finance division, and later becoming the Senior Vice President, Finance. Her responsibilities included chief financial advisor to the Chief Executive Officer, President and Audit Committee of the Board. Cathy is a guest lecturer at Brock University, speaking on issues related to women in business, financial services, human relations and job recruitment. In addition to achieving her CA designation with the Ontario Institute of Chartered Accountants, Cathy holds an Honors Business Administration degree from Brock University. Her community activities include volunteer participation at The Hope Centre in Welland, a committee member with the Hamilton YWCA Walk a Mile in Her Shoes, Board member with Hamilton Health Sciences Volunteer Association where she currently sits as Chair of its Board Development Committee. Cathy is retired and she and her husband reside in Welland.

FRANK VASSALLO is Vice-President, Physician IT Adoption, OntarioMD, a wholly owned subsidiary of the Ontario Medical Association that is focused on assisting Ontario’s community-based physicians adopt information technology. In his 23-year career in health services administration in both the public and private sectors, Frank has served in various senior management roles spanning clinical and information technology management, performance measurement, government relations and business development. Frank holds a Master of Health Services Administration as well as a post-graduate Fellowship in Hospital Administration. Frank has recently completed a Master of Communications Management (Public Relations). Frank has served in various volunteer capacities, including Board member and Chair of the former Niagara District Health Council. Frank is a longtime resident of Niagara, currently residing with his family in St. Catharines.

BARRY WRIGHT is Associate Professor, Goodman School of Business, Brock University. Barry holds a Ph.D. from Queen’s University (specializing in organizational behaviour), a Master’s degree from Queen’s University, and a Bachelor of Physical Education from the University of Alberta. Barry’s academic research focuses on understanding and solving leadership challenges, change and its influence on organizational members, and creating effective work environments. Prior to joining Brock, Barry was Associate Professor at the Schwartz School of Business and Information Technology at St. Frances Xavier University in Nova Scotia. Barry is a member of the Board of the Greater Niagara Chamber of Commerce and Leadership Niagara. Barry and his family reside in St. Catharines.

Dryden Regional Health Centre

SID WINTLE The Board of Directors at the Dryden Regional Health Centre is pleased to welcome Mr. Sid Wintle as Director. As a past Mayor of the community, Mr. Wintle currently sits as a Councillor with the City of Dryden and a Member of the Local Citizens Advisory Committee with the Ontario Ministry of Natural Resources. He brings a keen knowledge and understanding of finance, government, advocacy and executive leadership to the Board of Directors and believes that, through focused collaborations, the Dryden region can be one of the healthiest communities in Ontario. continued >
Central Community Care Access Centre

DENNIS DARBY P.Eng., ICD.D was appointed to the Central Community Care Access Centre Board of Directors on February 21, 2013. A senior level executive with over 27 years’ experience in the private and not-for-profit sectors, Dennis is currently the CEO of the Ontario Pharmacists’ Association, representing over 13,000 pharmacists. Previously Dennis led external and government relations for Procter & Gamble, both in North America and abroad. An accomplished public speaker and business leader, Dennis has a strong record of service as board member and Chair with a range of hospitals, charities, arts organizations and industry associations including St. John’s Rehab Hospital and the Juravinski Cancer Foundation. He is currently co-chair of Ontario’s Pharmacy Council.

KATHERINE BERG Ph.D. joined the Central Community Care Access Centre Board of Directors on February 21, 2013. Currently she is Chair of the Physical Therapy Department and the Graduate Department of Rehabilitation Science, Faculty of Medicine, University of Toronto. She is also Adjunct Scientist for the St. John’s Rehab Research Program at Sunnybrook Health Sciences Centre and Adjunct Associate Professor in the School of Public Health and Health Systems, at Waterloo University. Katherine is Past Chair, Canadian Universities Physical Therapy Academic Council (CUPAC), and a former Board member of St. John’s Rehab Hospital. Throughout her career, Katherine has worked to advance the field of rehabilitation science, including through her participation on dozens of committees, scientific and expert panels.

TO PROFILE A NEW MEMBER OF YOUR BOARD, CONTACT CARISSA LEWIS AT CLEWIS@THEGCE.CA
Advanced Certificate in Board Governance
Saturday, September 21, 2013
Pembroke, Ontario

The roles and responsibilities of hospital board members have become increasingly complex within today’s dynamic health care system. Today’s hospital board members must be knowledgeable about advanced governance matters in order to best contribute to and influence the performance of their boards. This course is designed for hospital trustees interested in advancing their contribution on a board and being involved for more than one term.

With the changing landscape within the health care industry and added legislative requirements, being a trustee on a hospital board has gone beyond community support and moved into a realm of decision-making and significant responsibility. Acquiring the knowledge and skills to thrive in a hospital board environment is critical to successful relationships, maintaining accountability, creating a culture of quality and effective overall hospital governance.

In this educational session, through a series of didactic presentations, group discussion with peer collaboration and case study work, participants will have the opportunity to address many questions about board participation including:

• What is the role of the trustee and of the board as a whole?
• What is the role of the board when the CEO is not complying with his or her obligations?
• What is the role of the board with respect to professional staff?
• How can you avoid finding your organization in front-page headlines?
• How will new legislation affect board performance and financial viability?
• What is the board’s role in integration initiatives?

For more information and to register visit www.thegce.ca/education

Conference for Corporate Secretaries
Friday, September 20, 2013
Toronto, Ontario

Corporate Secretaries play a critical role supporting health care boards in carrying out their governance responsibilities and providing senior management with support to ensure effective board performance. This has never been more critical than in today’s health care environment.

The GCE’s 4th Annual Conference for Corporate Secretaries will bring together experienced speakers who will offer practical advice on how to handle the many responsibilities of the corporate secretarial position. Topics to be addressed include:

• An Update on the Ontario Not-for-Profit Corporations Act
• Board Self-Assessment Tool
• The Role of the Corporate Secretary in the Onboarding Process
• Managing Difficult Board Relationships

In addition, two highly interactive workshop sessions on Meeting Management will address items including:

• When is the board required to be in camera?
• Who remains in the room during an in camera meeting?
• Agenda planning and the use of an annual work plan to facilitate meeting management
• The relationship between committees and the board
• And much more

For more information and to register visit www.thegce.ca/education
Leadership by Influence: A Prescription for Highly Effective Boards
June 19, 2013, Toronto

Essentials Certificate in Health Care Governance for New Directors
September 9, 2013, Toronto

Understanding Hospitals and the Health Care System
September 13, 2013, Toronto

Conference for Corporate Secretaries
September 20, 2013, Toronto

Advanced Certificate in Board Governance
September 21, 2013, Pembroke

Health Care Governance Forum
September 27 & 28, 2013, Toronto

Leadership Certificate for Hospital Board and Committee Chairs
October 4, 2013, Toronto

Financial Literacy for Hospital Board Directors
October 7, 2013, Toronto

Building a Culture of Good Governance
November 3, 2013, Toronto

Good Governance for Health Care Organizations
November 18, 2013, Toronto

The Community Engagement Imperative for Health Care Boards
November 29, 2013, Toronto

For a current list of programs visit www.thegce.ca/education

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To subscribe to future issues of Boards: Official Publication of the Governance Centre of Excellence email clewis@thegce.ca.

We welcome your content submissions and ideas: Please contact Carissa Lewis at 416 205 1364 or clewis@thegce.ca.
This year, it’s all about you.

At HealthAchieve 2013, you’ll be more than just a delegate – you’ll be the main event. We’ve created a new, richer delegate experience, focusing on three elements: **Learn—Share—Evolve.** That means you’ll play a central role in making the event what it is.

**How, exactly?**
- **Learn** from keynotes, educational sessions and innovations on the exhibit floor
- **Share** your knowledge, experiences, and success stories with colleagues
- **Evolve** your understanding of issues, point of view, expertise and profile

**Learn—Share—Evolve.**
We’re making it all about you. You, in turn, will make it about everyone.

Register now at [www.healthachieve.com](http://www.healthachieve.com)