



Board of Directors Regular Board Meeting

November 2, 2016

**MINUTES**

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Approved – Jan 11/17

Present: Ed Enge ©; Marlene Davidson, Sheron Suutari, Jeremy Dickson, Doug Moynihan, CEO; Tina Selman, Financial Services Manager, Jennifer Learning, CNO

Absent: Brent Boyko, VC; Dr. Joanne Spencer, COS; Dr. Van Der Loo

Recorder: Bonnie Clairmont

	Action Req'd/Date
<p><b>1. <u>PRESENTATION- K. Weir, Recreationist/Volunteer Program</u></b>            K. Weir provided an overview of the activities she organizes for residents of the Extended Care Wing to keep their minds and bodies occupied. A monthly schedule is planned including two different activities per day that residents can take part in based on their various needs and to help them participate in ADL (activities of daily living). K. Weir is part of the Falls Prevention team, the Least Restraint Program, Resident Council and Family Council. As well K. Weir manages the volunteers for the hospital. Our volunteer hours have increased from 34.9 hours average in 2015 to 41.08 hours in 2016. M. Davidson asked about using technology so residents can take part in church services or the Remembrance Day service. K. Weir told the board that they do use Skype for residents to communicate with family.</p>	
<p><b>2. <u>CALL TO ORDER</u></b>            E. Enge chaired and called the meeting to order at 5:25 pm.</p>	
<p><b>3. <u>DECLARATION OF CONFLICT OF INTEREST</u></b>            None declared.</p>	
<p><b>4. <u>AGENDA</u></b>            The agenda was reviewed and accepted as presented.</p>	
<p><b>MOTION: M. Davidson/J. Dickson</b>  <b>“That the Board approve the agenda for November 2, 2016.”</b>  <b>CARRIED 2016-087</b></p>	

	Action Req'd/Date
<p><b>5. <u>CONSENT AGENDA</u></b></p> <p>The Consent Agenda was reviewed and accepted as presented.</p> <p><b>MOTION: S. Suutari/J. Dickson</b>  <b>“That the Consent Agenda be approved as amended.”</b>  <b>CARRIED 2016-088</b></p> <p>With the adoption of the Consent Agenda, the following items were approved:</p> <ul style="list-style-type: none"> <li>a) Adoption of Regular Board Meeting Minutes of September 7, 2016</li> <li>b) Acceptance of Quality Committee of the Board Meeting Minutes of October 5, 2016</li> <li>c) Acceptance of Finance Committee Meeting Minutes of October 5, 2016</li> <li>d) Acceptance of Governance Committee Meeting Minutes of October 5, 2016</li> <li>e) Acceptance of HPRR Committee Meeting Minutes of September 22, 2016</li> <li>f) Acceptance of Medical Advisory Committee Meeting Minutes of September 13 and October 12, 2016</li> </ul> <p><b>6. <u>BUSINESS ARISING</u></b></p> <p>E. Enge updated the Board on the status of renewing the CEO’s current contact. They are working with a lawyer and the contract should be ready before the current contract expires. M. Davidson asked about the ventilator discussion from the September 13<sup>th</sup> Medical Advisory Committee minutes. J. Learning, CNO reported that current physicians are interested in having a ventilator on site. This would be a regional collaboration to ensure standardization across the region and with Ornge. Currently physicians are reviewing options available to meet this need.</p> <p><b>7. <u>STRATEGIC DISCUSSION</u></b></p> <p><b>7.1 Report from the President and CEO</b>                  See report attached to minutes.</p> <p>D. Moynihan recapped some of the highlights from his report including that the renovations are getting very close to being finalized. We should take occupancy in a week or so. Nursing, maintenance and all other departments involved are working together to ensure the move of our patients is carefully planned out.</p>	

	Action Req'd/Date
<p>Fifteen leaders took part in eight days of professional development which was an excellent exercise. We have seen a 10% drop in sick leave since last year and a 25% decrease in occurrences.</p> <p>Staff and physicians received recognition for their outstanding job after receiving multiple trauma patients on October 8<sup>th</sup>. We have created a new manager on-call service to have a non-union manager available to back-up the charge nurse in the case of an incident that requires response with more staff than is normally on site in the evenings and on weekends.</p> <p>D. Moynihan shared the Analysis of Hospital Services for October, 2016 and noted that there was a 19.7% increase in the acute care occupancy rate for October, compared to September, 2016. He shared that most of our rooms are occupied with CCAC and ALC patients. This is a province wide pattern, particularly in the rural north.</p>	
<p><b>7.2 Financial Services Manager Report by Tina Selman</b></p> <p>T. Selman distributed the financial statements for September, 2016. She reported that our deficit has improved slightly since last month but continues to exist primarily due to staffing costs – banked time, vacation, overtime, recruitment and orientation as well as a new locum house we have just taken on.</p> <p>The operating budget needs to be submitted by November 21<sup>st</sup>. A special board meeting will be set up for the week of November 14<sup>th</sup> to approve the budget.</p>	
<p><b>7.3 Quality/Patient Safety Report by Jennifer Learning, CNO</b></p> <p>See report attached to minutes.</p> <p>J. Learning reported that we are currently recruiting to fill a vacant part- time RN position which became available when the Chemo/telemedicine position was filled. Once this position is filled, the acute department will be fully staffed. J. Learning is working with HR and ONA to create a new orientation program for new RN hires.</p> <p>The lab performed very well at its recent mid-cycle surveillance accreditation review. They are also participating in a RFP for a coagulation analyzer.</p>	

	Action Req'd/Date
<p>The wait list for physiotherapy is virtually non-existent. J. Learning is working with S. Holmgren and the Rehab staff to do some PR and let people we have openings.</p> <p>Compliance from the Ministry of Health and Long-Term Care was here for five days and inspected the Extended Care Wing. We are awaiting their report.</p> <p>Pharmacy is looking for a casual pharmacy tech. Carina Desramaux from the Regional Pharmacy Program has been here and is a good support to C. Anderson who runs the Atikokan hospital pharmacy.</p> <p>The Falls Prevention Committee has set-up a meeting to address the increase in falls.</p> <p>J. Learning reported that with the recent provincial news about deaths associated with the management and administration of Insulin that AGH has a secure system where two signatures are required for insulin administration and all stock used is recorded and balanced daily.</p> <p><b>8. STRATEGIC DISCUSSION</b></p> <p><b>8.1 Strategic Plan Implementation Update</b> E. Enge reported that he and D. Moynihan have presented the Strategic Plan to the public at the Pioneer Centre at the town council meeting. They will do a final presentation at the upcoming Interagency Meeting. We have not received any feedback on the strategic plan from our web page. If there is no further feedback, we will look at formalizing and implementing the new strategic plan.</p> <p><b>8.2 Board Committee Representation</b> E. Enge asked for members to represent the Board on some hospital committees. J. Dickson will join E. Enge and B. Boyko on the Compensation and Performance Review Committee. M. Davidson will be the board representative, replacing P. Halwachs on the AGH Foundation and S. Suutari will be the board representative on the Program Advisory Committee.</p> <p><b>8.3 Public Consultation – Long Term Care Home Licensing</b> There will be a public meeting at the Atikokan Economic Development Training Room on November 30<sup>th</sup>. D. Moynihan and E. Enge will attend to answer any questions the public may have.</p>	

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<p><b>8.4 Bill 41:</b> E. Enge shared that Bill 41 has now replaced Bill 210. Bill 41 incorporates the changes that the OHA had recommended.</p>					
<p><b>9. <u>IN CAMERA SESSION</u></b></p> <p><b>MOTION: S. Suutari/M. Davidson</b></p> <p>“That the Board move to an in-camera session of the meeting at 6:02 pm.”</p> <p style="text-align: right;"><b>CARRIED 2016-089</b></p>					
<p><b>10. <u>RETURN TO OPEN SESSION</u></b></p> <p><b>MOTION: J. Dickson/S. Suutari</b></p> <p>“That the Board return to an open session of the meeting at 6:12 pm.”</p> <p style="text-align: right;"><b>CARRIED 2016-090</b></p>					
<p><b>MOTION: M. Davidson/S. Suutari</b></p> <p>“That the Board approve the In-Camera minutes of September 7, 2016.”</p> <p style="text-align: right;"><b>CARRIED 2016-091</b></p>					
<p><b>MOTION: J. Dickson/S. Suutari</b></p> <p><b>Credentialing:</b> <u>Locum Appointment</u></p> <p>“That the following professional staff:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Dr. Kathryn Buddo</td> <td style="width: 50%;">Dr. Priya Kohli</td> </tr> <tr> <td>Dr. Kathleen Murphy</td> <td>Dr. Armit Shah</td> </tr> </table> <p>be approved for appointment to the Locum staff for the remainder of the calendar year 2016.”</p> <p style="text-align: right;"><b>CARRIED 2016-092</b></p>	Dr. Kathryn Buddo	Dr. Priya Kohli	Dr. Kathleen Murphy	Dr. Armit Shah	
Dr. Kathryn Buddo	Dr. Priya Kohli				
Dr. Kathleen Murphy	Dr. Armit Shah				
<p><b>MOTION: S. Suutari/M. Davidson</b></p> <p><b>Credentialing:</b> <u>Courtesy Staff Appointments</u></p> <p>“That the following professional staff:</p> <p>Dr. Adrien Chan</p> <p>be approved for appointment to the Courtesy staff for the remainder of the calendar year 2016.”</p> <p style="text-align: right;"><b>CARRIED 2016-093</b></p>					

<p><b>MOTION: S. Suutari/J. Dickson</b>  <b>Credentialing:</b>  <u>Regional Staff Appointments</u>  <b>"That the following professional staff:</b>          Dr. Alireza Bagherli                                 Dr. Marion Hagerty          Dr. Olivier Baho                                         Dr. Wendy Liu          Dr. Elaine Sarah Bouttell                             Dr. Ikenna Okorafor          Dr. Lindsay Churchley                                Dr. Judy Patterson          Dr. Kushal Jagdish                                    Dr. Lisa Ann Stein          Dr. Shiraz Yahia Mohamed Elkheir                 Dr. Kevin Douglas Bezanson</p> <p><b>be approved for appointment to the Regional staff for the remainder of the calendar year 2016."</b></p> <p style="text-align: right;"><b>CARRIED 2016-094</b></p>	
<p><b>MOTION: S.Suutari/M. Davidson</b>  <b>Credentialing:</b>  <u>Regional Staff Re-Appointments</u>  <b>"That the following professional staff:</b>          Dr. Rudolf Novak                                         Dr. Gary Robert Small</p> <p><b>be approved for re-appointment to the Regional staff for the remainder of the calendar year 2016."</b></p> <p style="text-align: right;"><b>CARRIED 2016-095</b></p>	
<p><b>11. <u>ADJOURNMENT</u></b>  <b>With no further business, the meeting was adjourned: at 6:15 pm on a motion by M. Davidson/J. Dickson</b></p> <p style="text-align: right;"><b>CARRIED 2016-096</b></p>	
<p>The next <u>regular Board meeting</u> will be held on Wednesday, January 11<sup>th</sup> at 5:00 pm in the basement boardroom.</p> <p>The joint Finance Committee/Governance Committee meeting will take place on Wednesday, December 7<sup>th</sup> at 5:00 pm in the basement boardroom.</p>	
<p>_____</p> <p>Ed Enge, Board Chair</p>	<p>_____</p> <p>D. Moynihan, CEO</p>

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## **Atikokan General Hospital Regular Board Meeting November 2, 2016 - CEO Report**

**Redevelopment** - A massive logistical task is underway by the staff to prepare and move into the new acute wing. Formal weekly meetings and many site tours and visits have occurred so that furnishing, fixtures and equipment can be purchased and/or relocated in a timely fashion. First step will be the official ownership / occupancy permit transferred from the contractor to the hospital for the 11 new acute rooms which we are expecting to occur the week of October 31. Afterwards we will finalize our cleaning and ensure all items like carts and desks, tables and computers are in the right place. The plan to move patients is currently scheduled for Monday November 14. However, as with most change strategies in a hospital, that plan may be amended if an unplanned incident occurs. Phase 2 will commence later in November and will require more adjustments as old acute bedrooms are hoarded off and converted to new Long Term Care beds.

**Engaged Employees** - 15 leaders (including the CEO, managers and union team leads) received 8 full days of high quality intense professional development. The training goal was aimed at improving their skills to manage their functions and lead their staff along the path of continuous change and quality improvement. Tina Selman, Financial Services Manager and Jennifer Learning, Chief Nursing Officer officially started their new jobs November 1. Kim Cross and Esther Richards are now officially retirement. Our sick leave performance continues to improve with a 10% drop in total hours absent year over year and a 25% decrease in occurrences. The Employee Wellness Committee sponsored a luncheon BBQ and now is planning Christmas events.

**Quality and Timing**- As a result of a preliminary debrief of the October 8 incident, and a review of other hospitals in the NWLHIN, we have created a new manager on-call service. If there happens to be an incident that requires response with more staff than is normally on site in the evenings and weekend, all the hospitals in our LHIN have a non-union manager on site or available to come in and back-up the charge nurse. AGH now has a similar system. The staff and physicians who responded to the incident received recognition in the Regional Critical Care Response newsletter for their “outstanding job after receiving multiple trauma patients”.

**Financial Sustainability** – The accounting department (Tina and Kim) have been completing the quarter 2 reports for the ministry and also have results of our current operating budget as of September for board approval November 2. They have been meeting with all function leaders to start the process to build our new 2017/18 operating budget and on a new capital budget. The new 17/18 budget will require a special board meeting for approval before the LHIN deadline of November 21<sup>st</sup>.

## **Chief Nursing Officer Report to the Board November, 2016**

Nursing: Esther Richards has retired from the Chief Nursing Officer Position. The current Nurse Manager for the Acute/ER side is off on sick leave and we are actively looking for someone to fill this position in the interim. The Chemo/telemedicine position has been filled starting November 1, 2016. We are now seeking a part-time RN to fill a vacancy created when the Chemo/telemedicine position was filled and then we will be fully staffed on the Active Side. The CNO is working with HR and ONA to create a new orientation program for new RN hires. We are also changing the corporate orientation that all staff receives when they first start working at the hospital.

Lab: On Oct 5, 2016 IQMH assessors were on-site for the mid-cycle surveillance visit (full accreditation will be in 2018)

- The AGH lab along with Riverside, Dryden, Sioux Lookout and Kenora are now ISO plus accredited
- The mid-cycle surveillance visit assessed:
  - the previous non-conformances from the 2014 assessment which included 3 majors and 43 minors and found that they had all been rectified
  - 132 accreditation requirements – the lab met 129 of these requirements and received two minor non-conformances – both of which are in the process of being rectified
  - the hospitals collectively received a major non-conformance due to the structure of the KRRRLP; the managers are meeting on Monday Oct 24, 2016 with the Lab Medical Director and the ED to perform a Risk Assessment of the KRRRLP as a first step in addressing the major non-conformance
  - The Atikokan General Hospital purchased the OMNI-Assistant Compliance Software for the Lab in July, 2015 and this had a significant positive impact on the results of the assessment
- AGH Lab is currently participating in an RFP for coagulation analyzers through the Northern Supply Chain with Dryden, Riverside, Kenora and Red Lake; a request for capital purchase has been submitted for the 2017/18 fiscal year to replace our current aging analyzer.

ECW Report: Things on ECW have been going fairly well. From September 19<sup>th</sup> to September 23<sup>rd</sup> two LTC Homes Inspectors from the Ministry of Health visited our unit to conduct their annual Resident Quality Inspection of the Home. This inspection has been condensed from what used to take place over a two week period to one week. During their inspection they interviewed a number of staff members, as well as approximately 20 residents and resident family members. No immediate orders were



issued. We will receive a full report on their inspection within the next two months or so.

ECW staff took part in a mandatory education session on September 30<sup>th</sup> on Elder Abuse and Neglect – hosted by RNAO Best Practice Guidelines Coordinator, Heather Woodbeck.

This past month has been busy with some minor renovations happening on the unit. Our old nursing desk was removed and a new, larger desk was installed over the course of about a week. Although there was lots of noise and commotion going on, the residents enjoyed watching the men and women work at putting the desk together. Minimal disruption in work function occurred and we are happy to have a new work space. Compliance was here from the Ministry of Health and Long-Term care and inspected for 5 days. We are awaiting their report.

Rehabilitation: The physiotherapy waitlist is virtually non-existent. This is a combination of improved processes, a lull in referrals (especially over the summer), and a history of a long waitlist (i.e. people think they won't be able to get in for months so they are declining referrals). Samantha will be working with the staff in the department and Jennifer to do a little PR and let people know that we have openings, while we continue to work in improvements in our systems.

Dietary: The fall and winter menu is out. Samantha our dietitian will be working on some glitches in the way the therapeutic diet sheets are laid out. (Therapeutic diet sheets are spreadsheets which indicate whether each item on the menu is allowed on several different diet types).

Clinical Nutrition: Samantha's schedule will be changing next month. She will be at the hospital all day Monday-Wednesday and at the FHT Thursday-Friday. This should allow for much greater consistency as she takes on the dietary management.

Diagnostic Imaging:

The X-Ray department has now two functioning image receptors; one for the room, one for the portable. Both machines can be providing service simultaneously, if need be. We are looking to see if anyone would like to take the ultrasound training so Robert is not the only person in Atikokan who can provide ultrasounds.

Pharmacy:

October 4/16 – Regional Pharmacist (Carina Desramaux) from the Regional Pharmacy Program was here for a site visit. The regional pharmacist goal is to be visiting each site at least quarterly throughout the year.

While on site, Carina completed a narcotic audit in the pharmacy department, as well as all the narcotic destruction. Carina also attended the P&T (Pharmacy and Therapeutics) meeting and was able to meet a few of our physicians.

Infection Control:

- No nosocomial infections / HAIs
- Next Regional Infection Control meeting scheduled for Nov 9<sup>th</sup>, 2016

Occupational Health & Safety:

- Met with ONA regarding construction noise etc. on October 25<sup>th</sup>
- Marie Cornell updated WHMIS station (Lower service wing) & Safety Data Sheet binder – still working with some departments to update lists.

<b>Employee Incidents Summary</b>		
<b>Month</b>	<b>Total #</b>	
May 2016	8	includes 7 incidents of staff being punched, hit etc. by patient/resident
June 2016	16	includes 15 incidents of staff being struck by patient/resident
July 2016	6	Includes 2 incidents of staff being struck by patient/resident
August 2016	0	
September 2016	2	

\*None of the above resulted in lost time

Risk Management:

- Marie Cornell is reviewing available software programs for document control, learning management system and compliance as we have had several incident reports directly relating to the use of our current data management system.

<b>Patient Safety Report Summary</b>		
	<b>Total May 2016 thru September 2016</b>	Total May 2015 thru September 2015
Medication Errors	<b>22</b>	18
Falls	<b>46</b>	28
Responsive Behaviour	<b>36</b>	8
Elopement	<b>11</b>	7
Misc.	<b>26</b>	17

\*Misc. = safety hazards, equipment malfunctions, document accessibility