



Board of Directors Regular Board Meeting
 March 8, 2017
MINUTES

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Approved – May 17/17

Present: Ed Enge ©; Sheron Suutari, Karen Lusignan, Jeff Lehman, Darcey Bailey, Jennifer Learning, CNO; Dr. Joanne Spencer , COS; Doug Moynihan, CEO (by teleconference); Tina Selman, Financial Services Manager (via Skype)

Absent: Jeremy Dickson, VC; Marlene Davidson, Dr. Van Der Loo

Recorder: Bonnie Clairmont

	Action Req'd/Date
<p>1. <u>PRESENTATION- MaryAnne MacDonald and Candia Anderson, Medical Device Reprocessing Department (MDRD)</u></p> <p>M. MacDonald, lead hand, and C. Anderson gave an update on their department. At Accreditation 2015 they were 100% compliant. Along with the hospital, they also reprocess medical devices for the Family Health Team, Atikokan Medical Associates and the Foot Care Program. M. MacDonald then explained her role in Procurement. MedBuy is the group purchasing organization used to purchase materials and supplies and to obtain quality products at the best price. In the past M. MacDonald only purchased for medical/surgical inventory but has recently taken on Housekeeping, Lab and Capital Equipment. She is currently working on purchasing a transportable ventilator for the hospital. With C. Anderson only allotted 1.5 days a week in MDRD, M. MacDonald is not able to solely focus on procurement. Without a central purchaser in our facility to make sure contracts are committed to and to ensure departments are purchasing from them, the hospital will be buying off contract and paying full list price. M. MacDonald then responded to questions from the Board.</p>	
<p>2. <u>CALL TO ORDER</u></p> <p>E. Enge chaired and called the meeting to order at 5:23 pm.</p>	
<p>3. <u>DECLARATION OF CONFLICT OF INTEREST</u></p> <p>None declared.</p>	

	Action Req'd/Date
<p>4. <u>AGENDA</u></p>	
<p>The agenda was reviewed and accepted with the addition of items 5.2 Grand Opening/150 Birthday Celebration and 5.3.Meeting Invitations.</p> <p>MOTION: J. Lehman/K. Lusignan “That the Board approve the agenda for January 11, 2017.” CARRIED 2017-016</p>	
<p>5. <u>CONSENT AGENDA</u></p>	
<p>The Consent Agenda was reviewed and accepted as presented.</p> <p>MOTION: D. Bailey/J. Lehman “That the Consent Agenda be approved as presented.” CARRIED 2017-017</p>	
<p>With the adoption of the Consent Agenda, the following items were approved:</p> <ul style="list-style-type: none"> a) Adoption of Regular Board Meeting Minutes of January 11, 2017 b) Acceptance of Finance Committee Meeting Minutes of February 9, 2017 c) Acceptance of Governance Committee Meeting Minutes of February 9, 2017 d) Acceptance of Special Board of Directors Meeting Minutes of February 9, 2017 e) Acceptance of HPRR Committee Meeting Minutes of February 22, 2017 f) Acceptance of Medical Advisory Committee Meeting Minutes of January 18 and February 17, 2017 	
<p>6. <u>BUSINESS ARISING</u></p>	
<p>6.1 Board Retreat. E. Enge shared that he felt the Board Retreat went well. The Board is satisfied with the information they received at the retreat and the follow-up plans. No further discussion was necessary.</p>	
<p>7. <u>STRATEGIC DISCUSSION</u></p>	
<p>7.1 Report from the President and CEO See report attached to minutes. D. Moynihan recapped some of the highlights from his report including thanking K. Lusignan and her staff at the Family Health Team and B. Kwasnicia and her staff at Community Counselling for the work they have done with the Health Links project. We are monitoring the</p>	

	Action Req'd/Date
<p>repatriation process with the Thunder Bay Regional Health Sciences Centre to ensure patients wishing to return to Atikokan can do so and to reduce the over capacity at TBRHSC. He touched briefly on the implications of prescribed medications being taken with non-legal substances as shared by Community Counselling. D. Moynihan will be a speaker at the OHA “Drug Oversight, Safety and Understanding the Opioids Epidemic” on March 22nd in Toronto where he will do a presentation on the success of the regional pharmacy program. Phase 2 construction on the newly renovated long term care rooms is going well with the projected completion date of April 21st. We will work with S. Wood, Nurse Manager to ensure a smooth transfer of residents. D. Moynihan is Thunder Bay taking part in a number of LHIN meetings for the remainder of the week.</p> <p>7.2 Quality/Patient Safety Report by Jennifer Learning, CNO See report attached to minutes.</p> <p>J. Learning reported that 19 people took part in LEAP palliative care training. This training was provided by CERAH through the Palliative Care team at the Family Health Team. Nikita Matichuk will do monthly palliative training sessions with the nursing staff. Two nurses will take smoking cessation training for hospitalized patients. Those patients will be passed along to the Family Health Team for follow-up once they are discharged from the hospital. Stacey Wood, LTC Nurse Manager has informed all residents and families of the upcoming move. J. Learning responded to D. Bailey’s inquiry about whether the Falls reported under Risk Management were residents and staff. J. Learning confirmed that these results are for residents and resident’s families/visitors only. E. Enge and D. Bailey both pointed out that we may see skewed results in upcoming Falls reporting as we are ensuring incident reports are completed more thoroughly. J. Learning will review this with M. Cornell.</p> <p>7.3 Financial Services Manager Report by Tina Selman T. Selman joined the meeting via Skype and reviewed the financial statements for January, 2017. She reported that our cash and investments have decreased about \$88,000 in the past month due to redevelopment costs. We are expecting a payment from the Ministry in the amount of \$2.7 million on March 15th. Our accounts payable are at</p>	

	Action Req'd/Date
<p>\$1.4 million of which \$914,000 is attributable to a holdback for Mansfield Construction. D. Moynihan responded to D. Bailey's question about the holdback indicating that a 10% holdback is typical. Salary related liabilities are down \$46K and long term liabilities remain relatively unchanged. From the Summary of Operations we were at a deficit of \$9,597 at January 31st. Salaries continue to be our largest variance from our budget with a variance of \$233K. This is an increase of \$30K from December and is due to nursing departments. We have a \$58K surplus in our Community and Mental Health programs. We have started spending the sessional fees, but this will not be reflected until February. The increase in LHIN funding as well as the increases in salaries and buildings and grounds expense is due to the rent supplement program.</p> <p>8. GENERATIVE</p> <p>8.1 Closed Membership and By-Law Amendment Approval</p> <p>E. Enge reported that we are finalizing the agreed upon move to closed membership for the protection of the corporation once the Non-Profit Act comes into place. Closed membership may make the public feel left out. In order to prevent this, we plan to invite the community to be a part of a Community Health Advisory Committee. The agenda would be driven by the public. This would give them an opportunity to ask questions, voice their concerns and receive feedback from the hospital. Ed extended a thank you to M. McKinnon at the Progress for this hospital coverage in the local paper. D. Moynihan also plans to be more available to the public. J. Spencer voiced her concern that we stress the desire for community input, rather than corporation protection when presenting information to the public. A news article describing the proposed change to closed membership will be prepared shortly.</p> <p>MOTION: S. Suutari/D. Bailey <u>By-Law Number 2</u> " RESOLVED THAT:</p> <p>1. By-Law Number 2 of the Corporation, in the form presented to the Directors, is approved.</p> <p>2. the Corporation is authorized and directed to present By-Law Number 2 to the Members for confirmation by resolution; and</p>	

	Action Req'd/Date
<p>3. following the confirmation by the Members of By-law Number 2, the Chair of the Board and the Chief Executive Officer of the Corporation are authorized and directed to sign By-law Number 2 as so enacted and confirmed as evidence of the foregoing and to insert the same in the minute book of the Corporation.”</p>	
<p style="text-align: right;">CARRIED 2017-018</p>	
<p>MOTION: J. Lehman/S. Suutari <u>By-Law Number 2 Approval</u></p>	
<p>“Resolved That By-Law Number 2 of the Corporation, which has been approved by the Board, is confirmed.”</p>	
<p style="text-align: right;">CARRIED 2017-019</p>	
<p>8.2 Grand Opening/150 Birthday Celebration: E. Enge discussed having a Grand Opening for our newly renovated hospital to possibly tie in with Canada’s 150th birthday. This would be a community event. L. Fenton from the museum has offered to help us with hospital historical information. We would like to form a committee to start this planning and invite board members, staff, community and Ministry representatives to join the planning committee. An invitation will be put in the local newspaper inviting community input.</p>	
<p>8.3 Meeting Invitations: Ed discussed some upcoming events for Board members to consider attending. The LHIN is funding seven, 4-hour Anishinaabe Cultural Engagement sessions in the district (one in Atikokan) for front line staff and two, 8-hour sessions in Fort Frances for Senior Management/Board. J. Lehman shared his concern with only a 4 hour session for staff actually working with Indigenous people, while 8 hours for senior management/board. B. Clairmont will find out if Board can attend 4-hour session in Atikokan. K. Lusignan and possibly S. Suutari will attend the March 31st session. B. Clairmont will inquire if the session slide deck will be available for reviewing.</p>	
<p>The Rainy River District Health Hub is having a follow-up session to the December G2G session in Fort Frances on March 22 – 23rd. This is the same day as our scheduled Quality Committee of the Board meeting. Karen may be able to attend this session on behalf of the Board as well as the Family Health Team.</p>	

<p>E. Enge extended an invitation for Board members to attend the Rural and Northern Health Care Leadership Conference and Governance Workshop in Toronto on May 10 – 12th. K. Lusignan, D. Moynihan, S. Wood, J. Learning and E. Enge will attend from the hospital.</p>	
<p>9. <u>IN CAMERA SESSION</u></p> <p>MOTION: S. Suutari/J. Lehman</p> <p>“That the Board move to an in-camera session of the meeting at 6:13 pm.”</p> <p style="text-align: right;">CARRIED 2017-020</p>	
<p>10. <u>RETURN TO OPEN SESSION</u></p> <p>MOTION: K. Lusignan/S. Suutari</p> <p>“That the Board return to an open session of the meeting at 6:35 pm.”</p> <p style="text-align: right;">CARRIED 2017-021</p>	
<p>MOTION: S. Suutari/J. Lehman</p> <p>“That the Board approve the In-Camera minutes of January 11, 2017.”</p> <p style="text-align: right;">CARRIED 2017-022</p>	
<p>MOTION: J. Lehman/S. Suutari</p> <p>Credentialing: <i>Active Staff Re-Appointment</i></p> <p>“That the following professional staff: Dr. Joanne Spencer Dr. Sara Ellinor Van Der Loo</p> <p>be approved for re-appointment to the Active staff for the remainder of the calendar year 2017.”</p> <p style="text-align: right;">CARRIED 2017-023</p>	
<p>MOTION: S. Suutari/D. Bailey</p> <p>Credentialing: <i>Locum Staff Re-Appointment</i></p> <p>“That the following professional staff: Dr. Selena Matthews</p> <p>be approved for re-appointment with change of Associate Staff to Locum staff as of March 1, 2017 for the remainder of the calendar year 2017.”</p> <p style="text-align: right;">CARRIED 2017-024</p>	

MOTION: S.Suutari/B. Boyko**Credentialing:****Regional Staff Re-Appointments****“That the following professional staff:**

Abdallah, Dr. Amel	Abdel-Malak, Dr. Mamdouh
Abu-Bakare, Dr. Asiru	Ayers, Dr. Ian
Baho, Dr. Olivier	Bhatia, Dr. Rajni
Bowerman, Dr. Brian	Bruni, Dr. Teresa
Chu, Dr. Fan Victor	Churchley, Dr. Lindsay
Coulombe, Dr. Rene	Davis, Dr. Geoff
Dudar, Dr. Amber Dawn	Exley, Dr. Graham Douglas
Fairley, Dr. Henry Stephen	Fidler, Dr. Wesley
Fletcher-Stackhouse, Ms. T, NP	Goulet, Dr. David
Haq, Dr. Iftikhar Ul	Jacobs, Dr. David
Jollymore, Dr. Kory	Kehler, Dr. Faye Elaine
Lefrancois, Dr. Tina	Long, Dr. Michael Douglas
Luks, Dr. Vanessa P.J.	Lysenko, Ms. Krista, Midwife
MacDonald, Dr. Mary	MacDougall, Dr. Andrea
Malik, Dr. Saleem	McLeod, Dr. Lindsay
Melton, Dr. Ellen	Newbery, Dr. Sarah
Nigro, Dr. Frank	Noy, Dr. Janet
Nugent, Dr. Robert	Orrantia, Dr. Eliseo
Patchett-Marble, Dr. Ryan	Phipps-Wetelainen, Ms. N, NP
Prowse, Dr. Owen	Puskas, Dr. David
Ree, Ms. Dona Jane, NP	Remus, Dr. John L
Retson, Dr. Jillie	Scott, Dr. Douglas Frederick
Sergeant, Ms. M.T.P., Midwife	Shahbazi, Dr. Nasim
Shahrour, Dr. Walid	Simpson, Dr. Kathleen
Skehan, Dr. Anthony	Sokolova, Dr. Elena Anatolievna
Stein, Ms. Lisa Ann, NP	Tadwalkar, Dr. Sayali
Thibert, Dr. Mark R	Thompson, Ms. Alison, NP
Trochimchuk, Dr. Teegan	Valente, Dr. Colleen Ruth
Velsher, Dr. Lea Shechter	Viherjoki, Dr. Stephen
Watson, Dr. Paul	Whitlock, Dr. Richard
Wilson, Dr. Tracy	Yee, Dr. Raymond
Zaib, Dr. Jehan	Zielke, Dr. Diane B

be approved for re-appointment to the Regional staff for the remainder of the calendar year 2017.”

CARRIED 2017-027

<p>MOTION: S. Suutari/D. Bailey Credentialing: <u>Locum Staff Appointments</u> “That the following professional staff: Dr. Joanne Mary Reid be approved for appointment to the Locum staff for the remainder of the calendar year 2017.”</p> <p style="text-align: right;">CARRIED 2017-028</p>													
<p>MOTION: K. Lusignan/S. Suutari Credentialing: <u>Regional Staff Appointments</u> “That the following professional staff:</p> <table border="0" style="width: 100%;"> <tr> <td>Dr. Naba Al Saadi</td> <td>Dr. William Anderson</td> </tr> <tr> <td>Ms. Ashley Benoit, NP</td> <td>Dr. Robert Frederick Carlson</td> </tr> <tr> <td>Dr. Thaddeus R. Czolpinski</td> <td>Dr. Joey S. Deveau</td> </tr> <tr> <td>Dr. William Alexander Harris</td> <td>Ms. Amy Larson, Midwife</td> </tr> <tr> <td>Dr. Andrew Maeng</td> <td>Ms. Evie Pietila, NP</td> </tr> <tr> <td>Dr. Bertha Carolina Vidal Peralta</td> <td>Dr. Raga Badr Elmaarif Sirror</td> </tr> </table> <p>be approved for appointment to the Regional staff for the remainder of the calendar year 2017.”</p> <p style="text-align: right;">CARRIED 2017-029</p>	Dr. Naba Al Saadi	Dr. William Anderson	Ms. Ashley Benoit, NP	Dr. Robert Frederick Carlson	Dr. Thaddeus R. Czolpinski	Dr. Joey S. Deveau	Dr. William Alexander Harris	Ms. Amy Larson, Midwife	Dr. Andrew Maeng	Ms. Evie Pietila, NP	Dr. Bertha Carolina Vidal Peralta	Dr. Raga Badr Elmaarif Sirror	
Dr. Naba Al Saadi	Dr. William Anderson												
Ms. Ashley Benoit, NP	Dr. Robert Frederick Carlson												
Dr. Thaddeus R. Czolpinski	Dr. Joey S. Deveau												
Dr. William Alexander Harris	Ms. Amy Larson, Midwife												
Dr. Andrew Maeng	Ms. Evie Pietila, NP												
Dr. Bertha Carolina Vidal Peralta	Dr. Raga Badr Elmaarif Sirror												
<p>12. <u>ADJOURNMENT</u> With no further business, the meeting was adjourned: at 6:40 pm on a motion by S. Suutari/K. Lusignan CARRIED 2017-030</p>													
<p>The next <u>regular Board meeting</u> will be held on Wednesday, May 17th at 5:00 pm in the basement boardroom.</p> <p>The Quality Committee of the Board Meeting will be held on Wednesday, March 22nd at 5:00 pm. The joint Finance Committee/Governance Committee meeting will take place on Wednesday, April 5th at 5:00 pm in the basement boardroom.</p>													
<p>_____</p> <p>Ed Enge, Board Chair</p>	<p>_____</p> <p>D. Moynihan, CEO</p>												

**CEO Report to the Atikokan General Hospital Board of Directors
March 8 2017**

Partnerships

Working with the Atikokan Family Health Team, the **Health Links Project** continues to make progress. The target groups for initial implementation were clients with four or more Chronic Conditions and high users of health care services like hospital, home care, Family Health Team and ambulance services. From January 2017-March 31 2017 we expect to reach 32 clients. At this time we are on target to reach this goal. We are not currently looking at reaching out to anyone outside the target group. All people whom were reached were in need of intensive Health Links services. This program has not been advertised as we are only looking at a select population and have been given lists of clients requiring Health Links by the AGH, CCAS and the FHT therefore these are the clients whom we are reaching out to. Participants thus far have been satisfied with the program and the program has a good reputation in Thunder Bay, which was an early adopter of Health Links. The participants found out about the program thru Health Links Navigational Coaches reaching out to them and asking them to participate. Eighteen clients have participated in the program so far.

Outcomes Short-term outcomes, which have been achieved:

- 1) Client Care Plans done on all 18 clients
- 2) Transportation assistance given to clients in need to help them reach their goals
- 3) All clients have identified goals which they would like to start working on
- 4) All clients who want to be on the Relay Health Portal have been invited
- 5) All Atikokan Health Links Navigational Coaches are meeting once/week (every Thursday) to review clients goals and support one another
- 6) Staff are learning about other services in the community which we could partner with to support our clients
- 7) Physicians groups are aware of Health Links and are on board with supporting our clients
- 8) Community partners are aware of Health Links and are willing to help support Health Links clients within each of their roles
- 9) Fort Frances and Atikokan Family Health Team's are communicating often and supporting one another

Equitable and Accessible Programs

We are engaged with all the hospitals in monitoring the efficiency of repatriating patients from Thunder Bay back to Atikokan. We are working with Riverside Health Care in Fort Frances to further the goals and aims of the LHIN and of our sub-LHIN , the Rainy River District. For example an Anishinaabe Cultural Engagement session will be offered in Atikokan for front line health care providers. Another session on health equity was recently hosted in Fort Frances.

Quality and Timely Services

Mental Health and Addictions - Bill 41- Patients First Act is providing some helpful direction for future planning of health services. The essence of the Act is that patients and local care providers with expertise should be more widely consulted for the purposes of healthcare decision-making. In a February 8, 2017 news release from the MOHLTC, it was reported that Patients First initiatives should create a sustainable, “equitable, high-performing and recovery-oriented” system that ensures “mental illness is treated like any other chronic disease”. Further, the intent is to:

1. Develop a structured psychotherapy program that uses evidence-based therapies;
2. Create up to nine youth (ages 12-25) hubs for “walk-in, one-stop access to mental health and addictions services, as well as other health, social and employment supports under one roof” and
3. Provide “Up to 1,150 additional supportive housing units across Ontario for people living with mental illness and addictions, especially those who are homeless or at risk of becoming homeless.”

“Ontario is investing \$140 million over three years to support these initiatives, which will be followed by a sustained increase in funding of \$50 million annually. This investment is in addition to the \$3.7 billion that Ontario invested in mental health and addictions services in 2015-2016.”

Health Canada put out an alert about the first detections of Carfentanil in Ontario. Carfentanil, a synthetic opioid (narcotic) used as a large animal (elephants, moose) tranquilizer has been detected in street drugs. Reportedly 100 times stronger than fentanyl (an opioid analgesic) and 10,000 times more potent than morphine, a grain of the drug can be fatal (no deaths in Ontario; 15 deaths in Alberta) (CBC News, 2017). Police and First Responders are at risk, as exposure through skin, inhalation, and contact with clothing can be dangerous. Naloxone – an antidote for opioid overdoses may not counteract the effects. Police reportedly use Ebola masks when responding to an overdose call, as they initially have no information on the source of the overdose.

Engaged Employees

Our human resources officer, Peter Kronenberg, attended a training course called **Managing in a Unionized Environment**. He has been sharing his knowledge with staff. We are currently recruiting for a Nurse Manager and Housekeeping Aides.

**Chief Nursing Officer Report to the Board
March 8th Board Meeting**

Nursing: Staff are adjusting well to the new acute care wing. The nursing staff has had some palliative care education from Nikita Matichuk who is the palliative care nurse for CCAC and we have 8 staff who are participating in LEAP training which is palliative care training for professionals, paid for by the local palliative care group at the Family Health Team.

We are sending two nurses for smoking cessation training for hospitalized patients. They will provide intensive education around smoking cessation and then ensure the patients are referred to the Family Health Team to continue to receive support in their quitting efforts once they leave the hospital. New provincial legislation will ban all smoking on hospital grounds effective January 1, 2018.

Pharmacy:

We are participating in the development of a regional pharmacy program. This initiative was started several years ago and is working towards collaborating with other hospitals to standardize policies, procedures, training and equipment. We are also working with other hospitals in the LHIN to prepare for new standards set by the Ontario College of Pharmacy. The new standards are expected to come into force January 1, 2019.

Lab: Atikokan General Hospital now has an electronic interface between glucose meters and Meditech (our electronic medical record). This improvement will help to meet several lab accreditation requirements regarding point-of-care and improve auditing of the POC.

Diagnostics: The GE digital X-Ray suite is no longer suffering software failures because they installed a new computer with new operating software.

We have hired a third X-Ray technologist, Amanda DeCorte, to work on a casual basis. Her orientation should finish by the end of March. Robert is going to Sioux Lookout this spring to learn more ultrasound techniques to increase his scope of practice.

Rehabilitation: Jennifer is now directly managing the rehabilitation department. She is working with Firefly and CCAC to reorganize hospital contracts with these agencies. The OT, who is a recent OT grad, has gone to Kenora for training on how to work specifically with high needs children and he is managing the Firefly and CCAC contracts for high needs children. We are reviewing staffing and programs to ensure we meet community and hospital needs.

Extended Care Wing:

There has been much activity in the ECW.

- In late January, senior management approved the request from the Infection Control Committee to have the carpet removed from the walls in the Extended Care

- Wing. This was brought up as an infection control concern. The plan is to replace the carpet with vinyl wall protection that can be easily cleaned and protects the drywall from damage.
- Management & staff of ECW are addressing the non-compliance notices from our compliance visit in September. Policies and procedures are being reviewed and updated, new equipment is being looked at for purchase, education and staffing concerns are being dealt with.
 - The renovation project of the new wing has continued and regular meetings are happening with administrative staff to ensure all appropriate equipment and supplies are ordered and plans followed. The expected occupancy date is still around the end of April. A firm date is yet to be decided.
 - To prepare for the move, management has proposed a plan that will address costs to residents for their accommodation. All EXISTING residents however, will be '**grandfathered**' at their current rates.
 - From February 17th to 27th ECW experienced an Enteric Outbreak of the Norovirus.
 - 14 Residents and 5 staff were affected by the outbreak
 - Outbreak Management Team Meetings were held daily to control the outbreak situation
 - Extra PSW staff were required to adequately provide appropriate care to all residents during the outbreak and extra housekeeping was also added to keep up with the added laundry and garbage.
 - NWHU commended the Atikokan General Hospital staff on a job well done in managing the outbreak and stated it was the shortest gastric outbreak they had seen in 20 years! (most outbreaks last 3-4 weeks)
 - Some of our registered staff are attending a LEAP Palliative Care training course this coming weekend (March 3rd, 4th & 5th) and two of our PSWs will be attending a Palliative Care course March 14th & 15th. We are working with the Community Palliative Care Team (funded by the LHIN) to improve palliative care services and education in ECW and AGH as a whole.

Infection Control

- a) Infection Control Committee met Jan 10th, 2017 resulting in recommendations being forwarded to the senior management team regarding removal the carpet in the ECW and
- b) Installation of a chemical dispensing system in the new Acute Care housekeeping room

The nursing staff and the infection control manager provided good leadership in managing our gastroenteric outbreak in ECW. A Critical Incident Report was submitted to the MOHLTC.

Health & Safety

1. Joint Occupational Health & Safety Committee (JOHSC) met Jan 18th, 2017:
 - a. CBRNE (Chemical, Biological, Radiation, Nuclear and Explosive) training remains as a standing agenda item as AGH currently has only one qualified staff member.
 - b. The need for Non-Violent Crisis Intervention for staff was discussed. One staff member completed the trainer course in late January and will schedule staff training and education sessions on site.
2. Monthly Workplace Inspections including corrective actions taken and Code Exercises & Evaluations were reviewed by the committee.
3. Employee Incidents/Accidents were reviewed:

Employee Incident Summary		
Month	Total #	
October 2016	1	Needlestick injury
November 2016	1	Patient Action (violence)
December 2016	3	1 Overexertion/Strain & 2 Patient Action (violence)
January 2017	1	Overexertion/Strain **
February 2017	2	1 Exposure (splash in eye) 1 Fall

** 3 day lost time injury

Risk Management / Quality

1. The format of Incident/Occurrence Report form is currently being reviewed and revised in order to ensure that all relevant information is captured while at the same time being user friendly.
2. The Complaint Policy and Procedure for Members of the Public is under review and a new Complaint Form has been created. It has been recommended that this be made available on the AGH website.
3. Work on the 2017/18 QIP is underway. This is due for submission to HQO by April 1st, 2017. The QIP will be reviewed at the upcoming Quality Council and Quality Committee of the Board meetings.
4. Plans are underway for an initial meeting of the Family & Patient Advisory Council in early April.
5. **Incident Reports:**

Summary of Reports Received		
	Oct 2016 thru Feb 2017	Previous 5 Month Period (May 2016 thru September 2016)
Medication Errors	22	22
Falls	55	46
Responsive Behaviour	11	36
Elopement	5	11
Misc.	40	26

* Misc. = safety hazards, equipment malfunction, transport issues & documentation errors