



Board of Directors Regular Board Meeting
May 4, 2016
MINUTES

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Approved – June 1/16

Present: Ed Enge ©; Doug Moynihan, CEO; Joan McIntosh; Sheron Suutari; Marj Lambkin, Marlene Davidson, Dr. Joanne Spencer, COS; Esther Richards, CNO

Absent: Brent Boyko, VC; Pat Halwachs; Dr. Van Der Loo; Kim Cross, CFO

Recorder: Bonnie Clairmont

	Action Req'd/Date
<p>1. <u>PRESENTATION- S. Holmgren, Dietitian</u> S. Holmgren shared with the Board her roles in the hospital which include assessing LTC and long-time active ward residents; review and approve menus and assist dietary lead hand with nutrition information; fulfill CCAC contract obligations by assessing and educating clients in their homes in the Rainy River district. Since AGH lost its Diabetes funding, S. Holmgren does her diabetes education work from the Family Health Team office and shared her calendar for May. S. Holmgren also touched on projects she is working on and recent Leadership Training (Rotman) course that she attended.</p>	
<p>2. <u>CALL TO ORDER</u> E. Enge chaired and called the meeting to order at 5:15 pm.</p>	
<p>3. <u>DECLARATION OF CONFLICT OF INTEREST</u> None declared.</p>	
<p>4. <u>AGENDA</u> The agenda was reviewed and accepted as presented.</p> <p>MOTION: P. Halwachs/M. Davidson “That the Board approve the agenda for May 4, 2016.” CARRIED 2016-038</p>	

	Action Req'd/Date
<p>5. <u>CONSENT AGENDA</u></p> <p>The Consent Agenda was reviewed and accepted as presented.</p> <p>MOTION: S. Suutari/M. Davidson “That the Consent Agenda be approved as presented.” CARRIED 2016-039</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 April 6, 2016. b) Acceptance of the HPRR Committee Meeting Minutes of April 12, 2016 c) Acceptance of the Medical Advisory Committee Report of April 26, 2016. 	
<p>6. <u>STRATEGIC DISCUSSION</u></p> <p>a. Report from the President and CEO See report attached to minutes. Analysis of Hospital Services: D. Moynihan pointed out there was a 20% decrease in ER activity for April, 2016 compared to March, 2016. Year to Year Sick Time Analysis: D. Moynihan shared the 2015/16 sick time expenses and sick hours which are \$65,224 and 2,471 hours less than 2014/15. The graphs indicate that the strategy set out in November, 2015 is working.</p>	
<p>b. Quality/Patient Safety Report by Esther Richards, CNO See report attached to minutes. E. Richards recapped the highlights of the items from the report including that Lab Outpatient hours have been increased. Those hours are now 7:30 am to 3:00 pm Monday to Friday. As well she reported that the x-ray installation is on schedule. The x-ray department will be closed for a month while the installation takes place, so x-rays will be done with the portable x-ray unit.</p>	
<p>c. Finance/Governance Committee E. Enge shared that there are different options for committees. They will be reviewed at the upcoming Governance meeting and will be shared at the next regular board meeting.</p>	

<p>7. <u>IN CAMERA SESSION</u></p> <p>MOTION: M. Davidson/P. Halwachs</p> <p>“That the Board move to an in-camera session of the meeting at 5:25 pm.”</p> <p style="text-align: right;">CARRIED 2016-040</p>	
<p>8. <u>RETURN TO OPEN SESSION</u></p> <p>MOTION: P. Halwachs/S. Suutari</p> <p>“That the Board return to an open session of the meeting at 6:14 pm.”</p> <p style="text-align: right;">CARRIED 2016-041</p>	
<p>MOTION: S. Suutari/M. Davidson</p> <p>“That the Board approve the In-Camera minutes of April 6, 2016.”</p> <p style="text-align: right;">CARRIED 2016-042</p>	
<p>MOTION: M. Davidson/P. Halwachs</p> <p>Credentialing: <u>Locum Appointment</u></p> <p>“That the following professional staff: Dr. Hisham Ali</p> <p>be approved for appointment to the Locum staff for the remainder of the calendar year 2016.”</p> <p style="text-align: right;">CARRIED 2016-043</p>	
<p>MOTION: M. Lambkin/P. Halwachs</p> <p>Credentialing: <u>Regional Staff Appointments</u></p> <p>“That the following professional staff: Ms. Ashley Edwards Dr. Walid Shahrouh Dr. Mary Elizabeth MacDonald Dr. Mandy Spencer</p> <p>be approved for appointment to the Regional staff for the remainder of the calendar year 2016.”</p> <p style="text-align: right;">CARRIED 2016-044</p>	

<p>MOTION: M. Lambkin/M. Davidson Credentialing: <u>Regional Staff Re-appointments</u> “That the following professional staff: Dr. Britt Lehmann-Bender</p> <p>be approved for re-appointment to the Regional staff for the remainder of the calendar year 2016.”</p> <p style="text-align: right;">CARRIED 2016-045</p>	
<p>MOTION: P.Halwachs/M. Lambkin Credentialing: <u>Courtesy Privileges</u> “That the following professional staff: Dr. Lise Mozzon</p> <p>staff status be changed from Regional Ordering to Courtesy Staff as of April 26, 2016.”</p> <p style="text-align: right;">CARRIED 2016-046</p>	
<p>9. <u>ADJOURNMENT</u></p>	
<p>With no further business, the meeting was adjourned: at 6:19 pm on a motion by P. Halwachs/S. Suutari</p> <p style="text-align: right;">CARRIED 2016-047</p>	
<p>The next meeting date will be Wednesday, June 1st at 5pm.</p> <p>The next Governance Committee meeting is Wednesday, May 18th. Finance Committee meets Monday, May 9th at 5 pm.</p>	
<p>_____</p> <p>Ed Enge, Board Chair</p>	<p>_____</p> <p>D. Moynihan, CEO</p>

**CEO Report to the Atikokan General Hospital Board
Regular Meeting of May 4, 2016**

Engaged Employees

Several staff engagement sessions designed to review the Organization Culture Inventory were held in the past few weeks. The group reports will be reviewed and be used to create an action plan to help improve such items as communication, training and staff recognition.

The Human Resources function has been very busy filling 11 vacancies in the past month mostly in nursing. There are currently nine active recruitment files open.

Partnerships

Again many activities involving regional partners, for example:

- Shared Services – The interdisciplinary task force looking into the opportunity to expand shared services is expected to receive a final report that will encourage the health service providers (there are 93 funded by the LHIN) to enhance a current organization called the Northwest Health Alliance that will add value to the patient care in our LHIN. The committee’s focus is on ‘back-office’ services like human resources, finance, IT, but also could include pharmacy, infection control, lab, decision support, change management and quality improvement.
- Small Hospital Transformation Fund- the Ministry has renewed, for the third year, a fund that hospitals can apply to for funding that will enhance the way we interact to add value to patient care. The CEO will propose a continuation of the Regional Pharmacy Program.
- Northwest Health Network – CEOs of many of the hospitals discussed the action by the Ontario College of Pharmacists to introduce accreditation standards. Hospitals already have a general overall hospital accreditation program and a laboratory accreditation program.
- An Integrated Health Care Organization (IHCO) model was discussed with the LHIN as a conceptual tool to help implement the Blue Print. The new organization called NOSH (North of Superior Health) group is an example of an IHCO resulting in the amalgamation of the Marathon Wilson Memorial and the Terrace Bay McCausland hospitals under one organization.

Project

Over 50 staff and physicians have been given a tour by Grant Pfeifer our maintenance engineer, of the new addition. Specifically Grant took staff to a mock-up room to show them how the plans will result in the final design of a patient room. The staff provide their feedback on what they think will work best and that feedback is conveyed to the architect and builder. Once the mock-up room is approved progress will quickly occur to construct the other 9 acute care rooms. A similar process with a mock-up room will occur before constructing the new LTC rooms. Meetings were held with staff and the project manager to finalize plans for furniture in the patient rooms. As well the plans for the closed circuit TV and the nurse-call were reviewed.

Quality/Patient Safety Report – For May 4th Board of Director’s Meeting**PHARMACY**

The regional pharmacy program went live on April 1st, 2016. There are 2 contracted pharmacists for the region that work from the TBRHSC and provide services for the 7 hospitals participating. Orders are now scanned to the pharmacists for review prior to being approved. This is a big step in improving the safety of all of our patients.

The next phase of the RPP is currently in the works. It is focusing on working towards the recommendations made from the Ontario College of Pharmacists (OCP) assessments that all hospitals had last July. A few key areas we are looking to improve as a region are dose limits for order entry in MediTech, medication (IV) pump drug libraries, regional Antimicrobial Stewardship program and chemotherapy preparation in the region.

ACUTE CARE

We have recently hired 2 new RPN’s and RN’s. Three have started their orientation and one RN will start the middle of May. Areas at the end of the hall are congested at times with construction taking place, but all seems to be flowing well. Maintenance is great at keeping us posted with the changes.

CHEMOTHERAPY

The chemotherapy department continues with 6 community patients actively receiving treatment through our site, ensuring our patients less travel for their chemotherapy treatments.

Two of our chemotherapy staff members are attending the Community Oncology Professional Education Workshop (COPE) on May 5th and 6th in Thunder Bay. This workshop is put on by the TBRHSC Cancer Centre and delivers current and relevant information for health care professionals involved in the field of oncology. This workshop also creates an opportunity for networking, collaboration, sharing of information and best practices. Hotel and travel expenses are covered by TBRHSC Cancer Centre.

RADIOLOGY

Robert attended the X-Ray Safety Officer course in Toronto this month and received his certification. This certificate is intended to encourage the Ministry of Health to consider appointing Robert as this facility’s Radiation Protection Officer.

The new X-Ray suite’s transformer and disconnect switch are currently under assembly, on schedule. We are arranging the purchase of the second digital detector, so we don’t have to rely on just one detector for all our X-Ray needs.

LABORATORY

- New MLT training is complete, putting the lab staffing to full complement with 2 permanent full-time MLT's and one permanent full-time MLA
- We will be celebrating Lab Week April 25-29th
- MLA student from Confederation College will be in the lab May 2-27 to complete her clinical training.
- Beginning May 2nd
 - Lab Outpatient hours will be: 7:30am-3:00pm
 - Lab will be staffed Mon-Fri 7am-5pm

INFECTION CONTROL

Marie attended the Regional Infection Control Committee meeting in Dryden on April 14th.

They discussed added resources available through Public Health Ontario, including addition services, support and programs for hospitals and LTC.

RISK MANAGEMENT**Patient Safety Reports Summary**

January – March 2016 (53 total)						January – March 2015 (51 total)
	Active	AC-NM	ECW	ECW-NM	Total	
Medication Errors	3	2	1		6	17
Falls	5	1	10	1	17	18
Behaviour	6		2		8	2
Elopement	2		1		3	3
Misc.	13	2	4		19	11

- NM = Near Miss
- Misc. = safety hazards, equipment malfunctions, testing delays, etc.