

## Board of Directors Regular Board Meeting March 7, 2018

#### **MINUTES**

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Approved – May 2, 2018

Present:

Ed Enge ©; Sheron Suutari, Jeff Lehman, Karen Lusignan, Darcey Bailey,

Jennifer Learning, CNO; Dr. Joanne Spencer, COS; Doug Moynihan, CEO;

Brent Harris, Chief Financial Officer

Guest:

Mike McKinnon, Atikokan Progress

Absent:

Jeremy Dickson, Marlene Davidson, Dr. Van Der Loo

Recorder: Bonnie Clairmont

	Action Req'd/Dat
1. CALL TO ORDER	
E. Enge chaired and called the meeting to order at 5:05 pm.	
2. <u>DECLARATION OF CONFLICT OF INTEREST – None declared.</u>	
3. AGENDA	
Items 5.3: District of Rainy River Sub Region Terms of Referer	ice and
5.4: Update on Non-Urgent Transportation were added to the	
7 <sup>th</sup> agenda. The agenda was reviewed and accepted as amend	ded.
"That the Board approve the agenda of March 7, 2018 as	
amended."  CARRIED 2	2018-014
CARRIED	2018-014
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		Action Req'd/Date
Wit	th the adoption of the Consent Agenda, the following items were	
ap	proved:	
a)	Approval of Regular Board meeting minutes of January 10, 2018	
-	Acceptance of Finance Committee minutes of February 7, 2018	
c)	Acceptance of Governance Committee minutes of February 7, 2018	
d)	Acceptance of Medical Advisory Committee meeting minutes of	
	January 31 and February 6, 2018.	
e)	Acceptance of Health Professional Recruitment & Retention (HPRR)	
	Committee meeting minutes of March 1, 2018.	
<b>5.</b> <u>!</u>	BUSINESS ARISING	
	5.1 Rainy River District West Health Hub (RRDWHH) Update:	
	D. Moynihan shared that the work happening in Fort Frances is helpful	
	and well organized. It gives us valuable information as we look to form	
	our own local hub. The next meeting is on April 12 <sup>th</sup> and both E. Enge	
	and D. Moynihan plan to attend.	
	<b>5.2 Board Retreat Recap</b> : E. Enge shared that the board retreat held	
	with the Family Health Team was successful. K. Lusignan and D.	
	Moynihan have been in touch with A. Katz who will work to get our	
	Caregiver's group on board. A. Katz will be encouraged to follow	
	Direction 1 from the board retreat report which is to "Engage with local	
	Caregivers Group to determine interest and enlist support."The Family	
	Health Team will contact the Caregiver's Group to let them know that	
	A. Katz will be contacting them to get their input. A. Katz will also	
	attend the Caregiver's Meeting on March 22 <sup>nd</sup> .	
	The strategic plan was reviewed and put in place for 2018-2022 with an	
	annual review. A copy of the Assumptions and Beliefs questionnaire (in	
	conjunction with Ted Ball's article "Designing Integrated Healthcare	
	Service Delivery Systems" (that was reviewed at the retreat) was	
	distributed to all board members for completion. The results will be	
	discussed at the Governance meeting in April. The questionnaire and	
	article will also be shared with Family Health Team as well as the	
	leadership team at the hospital.	
	E. Enge had also sent a link to a board self-assessment provided by the	
	Ontario Hospital Association (OHA). E. Enge had asked board members	
	to let him know when they had completed the survey so we could get a	
	report prepared.	

Action
Req'd/Date

#### 6. STRATEGIC DISCUSSION

#### 6.1 Report from the President and CEO

See report attached to minutes.

D. Moynihan recapped some of the highlights from his report including completing an application for additional long term care beds. We are asking to convert three existing rooms to LTC designation. We are working with Colliers Project Leaders to prepare an application to build a new wing on the hospital for a new emergency department, lab services and possibly other functions. We plan to send in our submission in August.

We are working with the Ontario College of Pharmacy, Cancer Care Ontario and the MOHLTC to build action plans to meet the new NAPRA standards. J. Learning, C. Anderson and H. Mosbeck took part in QUESS training in Montreal to learn how to compound hazardous (chemotherapy) goods properly and wearing and using the necessary equipment to clean the chemo room to meet the NAPRA standards. Our policies and policies will be updated to meet the standards which go into effect in January, 2019.

# **6.2 Quality/Patient Safety Report by Jennifer Learning, CNO** See report attached to minutes.

J. Learning recapped some of the highlights including nurse staffing (2 new RPNs and 2 new RNs). Chemotherapy services are on hold until the end of May when our chemo nurses will be trained. We have hired a casual X-ray technologist who will also be a casual ward clerk. Abdul Wadood, our new lab manager will arrive on March 12<sup>th</sup>. He will work with K. Parker to prepare for the April 13 and May 2<sup>nd</sup> lab accreditation.

M. Cornell is working on summarizing the results of our Quality Improvement Plan (QIP) for 2017/18 and submitting our 2018/19 QIP. The plan will also be shared with the Patient and Family Advisory Council which meets later this month.

The pharmacy is getting ready for the Ontario College of Pharmacist's accreditation that will take place in July. C. Anderson and J. Learning will apply their training from the QUESS training session they attended to ensure the necessary standards are in place for the pharmacy accreditation.

	Action Req'd/Date
<b>6.3 Analysis of Hospital Services:</b> D. Moynihan and J. Learning reviewed the analysis for January and February, 2018 and noted that our Emergency Department visits were down. Currently our actute department census is low with only four ALC patients.	
<b>6.4 Financial Services Manager Report:</b> B. Harris distributed updated copies of the January, 2018 and gave an overview of the balance sheet and summary of operations. Under Current Assets, our cash is down due to a redevelopment project payment. At January 31 <sup>st</sup> , the hospital was sitting at a deficit of \$139K. Salary and wages continue to be our biggest variance in the budget. This includes nursing and new maintenance staff wages. From the Community Mental Health Programs, our Sessional Fees are not showing because we have not received invoicing yet.	
Capital Budget 2018-2019: The capital budget for 2018-19 was presented which also includes future years' plans. Some big items in this budget include a new Security/Communication System. The AGH Foundation has offered to contribute towards this item or we may be able to use HIRF funding. D. Bailey noted the purchase of Smart boards in the proposed budget and cautioned their value and warned of licensing fees. J. Lehman found them very useful in his profession. K. Lusignan shared that the Family Health Team have just purchased a smart board and will share their opinions.	
Under Building Services, we list a \$125K cost for Emergency entrance repairs. FCAP engineers have noted structural repairs that must be done within two years. If the entrance is considered a safety risk, we may be able to get HIRF funding to do repairs. Another item under Building Services is Sprinkler Updates for the old LTC wing including hallway and patient rooms. We have secured a contract with Vipond to have this work done before the end of 2018. We have money earmarked from our Rainycrest fund for this project.	
There are no changes to the capital budget for Community and Mental Health programs.	
MOTION: K. Lusignan/D. Bailey "That the Capital Budget Submission for 2018/2019 be approved as presented at the March 7, 2018 Board Meeting."	
CARRIED 2018-016	

B. Harris also reviewed the Mental Health Rent Supplement agreement. This is rent subsidy funding that comes from the Ministry, which is not LHIN funded.

**MOTION: J. Lehman/S. Suutari** 

"That the Rent Supplement Program Submission for 2018/2019 be approved as presented at the March 7, 2018 Board Meeting."

**CARRIED 2018-017** 

The CAPS budget submission was discussed at the January 10<sup>th</sup> regular board meeting. The motion to approve that submission follows:

MOTION: D. Bailey/K. Lusignan
"That the CAPS Submission for 2018/19 be approved as presented at the
March 7, 2018 Board Meeting."

**CARRIED 2018-018** 

#### 7. **GENERATIVE**

7.1 Quality Improvement Plan Draft Narrative Review and Feedback:

A copy of the Quality Improvement Plan (QIP) narrative was distributed. Board members were asked to review the document and let J. Learning or D. Moynihan know of any changes. The QIP from 2017/18 and proposed QIP for 2018/19 along with the narrative will be reviewed at the upcoming Quality Council and Quality Committee of the Board meetings. The 2018/19 QIP will need to be signed at the March 28<sup>th</sup> Quality Committee of the Board meeting.

#### 7.2 Accreditation 2019 Governance Team Leader and members:

Accreditation Canada is a company that sets international standards for hospital functions. E. Enge will lead the Accreditation team which will review the Governance standards. Surveyors from Accreditation Canada will come to the Atikokan hospital in March, 2019 to check if we have attained the standards. A Governance Tool questionnaire was distributed to all board members for completion by March 15<sup>th</sup> to be reviewed at the next Governance meeting. J. Lehman has volunteered to sit on the Governance Accreditation team.

**7.3 District of Rainy River Sub Region Table Update**: D. Moynihan gave a recap from recent meetings. Atikokan has four representatives that are part of the DORR Sub Region Table: M. Davidson, K. Lusignan, B. Kwasnicia and D. Moynihan. D. Moyihan shared that the main objectives of the table are to a) Advise up to the LHIN on regional issues; b) Implement down from the LHIN and c) Collaborate with partners horizontally. The table has no decision making power.

	Action Req'd/D
7.4 Update on Non-Urgent Transportation: D. Moynihan shared that due	
to geological challenges, \$1.5 – 3 million is currently being spent on non-	
urgent transportation. There are 34 different agencies within our LHIN	
working on a solution.	
8. <u>IN CAMERA SESSION</u>	
MOTION: K. Lusignan/S. Suutari	
"That the Board move to an in-camera session of the meeting at 6:15	
pm."  CARRIED 2018-019	
9. RETURN TO OPEN SESSION	
MOTION: K. Lusignan/D. Bailey	
"That the Board return to an open session of the meeting at 6:40 pm."	
CARRIED 2018-020	
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MOTION: D. Bailey/K. Lusignan	
"That the Board approve the In-Camera minutes of January 10, 2018."	
"That the Board approve the In-Camera minutes of January 10, 2018."  CARRIED 2018-021	
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"That the Board approve the In-Camera minutes of January 10, 2018."  CARRIED 2018-021  MOTION: S. Suutari/K. Lusignan  Credentialing: (from February 6, 2018 MAC Meeting)  Locum Staff Appointment	
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"That the Board approve the In-Camera minutes of January 10, 2018."  CARRIED 2018-021  MOTION: S. Suutari/K. Lusignan  Credentialing: (from February 6, 2018 MAC Meeting)  Locum Staff Appointment  "That the following professional staff:  Dr. Stephen Lee  be approved for appointment to the Locum staff for the remainder of the calendar year 2018."  CARRIED 2018-022  MOTION:K. Lusignan/D. Bailey	
"That the Board approve the In-Camera minutes of January 10, 2018."  CARRIED 2018-021  MOTION: S. Suutari/K. Lusignan  Credentialing: (from February 6, 2018 MAC Meeting)  Locum Staff Appointment  "That the following professional staff:  Dr. Stephen Lee  be approved for appointment to the Locum staff for the remainder of the calendar year 2018."  CARRIED 2018-022  MOTION:K. Lusignan/D. Bailey  Credentialing: (from February 6, 2018 MAC Meeting)	
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MOTION: K. Lusigna				
•	r February 6, 2018 MA	C Meeting)		
Regional Staff Appoi	<u>ntments</u>			
"That the follow	ing professional staff:	}		
Dr. Rey Acedillo	Dr. Giampiero Bart	tolucci Dr. Ar	mour Boake	
Dr. Cheryl Foster	Ms. Shannon Halvo	orsen, Midwife Dr. Ale	eem Jamal	
Dr. Lorena Jenks Dr. Sibongikosi Khum	Dr. Shaquil Kassam nalo NP Ms. Colleen Morro		meen Khan	
be approved for calendar year 20	appointment to the R	egional staff for the	e remainder of the	
calellual year 20	10.		CARRIED 2018-024	
MOTION: K. Lusigna	n/J. Lehman			
<b>Credentialing: (from</b>	February 6, 2018 MA	C Meeting)		
Active Staff Re-Appo	intment			
Active Staff Re-Appo		:		
"That the follow Dr. Joanne Spend	ring professional staff: er Dr. Sara	Van Der Loo	e remainder of	
"That the follow Dr. Joanne Spend	ring professional staff: er Dr. Sara re-appointment to the	Van Der Loo  e Active staff for the		
"That the follow Dr. Joanne Spend be approved for the calendar yea	ring professional staff: er Dr. Sara re-appointment to the r 2018."	Van Der Loo  e Active staff for the	e remainder of CARRIED 2018-025	
"That the follow Dr. Joanne Spend be approved for the calendar yea  MOTION: S. Suutari/	ring professional staff: er Dr. Sara re-appointment to the r 2018."  K. Lusignan	Van Der Loo  e Active staff for the		
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"That the follow Dr. Joanne Spend be approved for the calendar yea  MOTION: S. Suutari/ Credentialing: (Febr Locum Staff Re-Appo "That the follow Dr. Joseph Barbero Dr. Usne Butt	ring professional staff: er Dr. Sara re-appointment to the r 2018."  K. Lusignan uary 6, 2018 MAC Me intment ring professional staff:	eting)  Dr. Rajni Bhatia Dr. Theresa Clinton	Dr. Jeffrey Bradley Dr. Jonathan Ding	
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MOTION: D. Bailey/K. Lusi	gnan		
Credentialing: (February 6	, 2018 MAC Meeting)		
Courtesy Staff Re-Appointr	•		
"That the following pro			
Dr. Hazem Al-Tajjar	Dr. Margaret Anthes	Ms. Kathryn Bean	
Dr. Minoo Bozorgzadeh	Dr. Adrien Chan	Dr. Perry Choi	
Dr. Robert Cooke		Dr. Amir Faghih	
Dr. Ehsan Haider	Dr. Carlos De Sequeira Dr. Melissa Kern	Dr. Nicole Laferriere	
	Dr. JAMES MACDONALD	Ms. Nikita Matichuk NP	
Dr. Christopher Lai	Dr. Mitesh Mehta		
Dr. Michael Mclennan		Dr. Lise Mozzon	
Dr. John Rawlinson	Dr. Dolores Sicheri	Dr. Sundeep Toor	
• • • • • • •		y staff for the remainder of	
the calendar year 2018	."	CARRIED 2018-027	
MOTION: K. Lusignan/S. Su	tari	CARRILD 2018-027	
Credentialing: (February 6			
Regional Staff Re-Appointr			
"That the following pr	ofessional staff:		
Dr. Amel Abdallah	Dr. M Abdel-Hamid	Dr. lan Ayers	
Dr. Olivier Baho	Dr. Ghazala Basir	Dr. Kevin Bezanson	
Dr. Dennis Boparai	Dr. Brian Bowerman	Dr. Teresa Brun	
Dr. Robert Carlson	Dr. Lindsay Churchley	Dr. Rene Coulombe	
Dr. Claude Cullinan	Dr. Thaddeus Czolpinski	Dr. Neema Dadgostar	
Ms. Ursula Danner NP	Dr. Eric Davenport	Dr. Geoff Davis	
Dr. Peter de Bakker	Mr. Shawn Dookie NP	Dr. Amber Dudar	
Dr. Graham Exley	Dr. Henry Fairley	Dr. Wesley Fidler	
Ms. T Fletcher-Stackhouse NP	Ms. Carolyn Gagnon NP	Ms. Sara Gleeson NP	
Dr. Sanjoy Gupta Dr. William Harris	Dr. Andrej Habjan Ms. Ashley Hilton NP	Dr. Iftikhar Haq Dr. Maria Hudecova	
Dr. David Jacobs	Ms. Sharon Jaspers NP	Dr. Jon Johnsen	
Dr. Naana Jumah	Dr. Tina Le François	Dr. B Lehmann-Bender	
Dr. Michael Long	Dr. Vanessa Luks	Dr. Mary MacDonald	
Dr. Andrea MacDougall	Dr. Bryan MacLeod	Dr. Saleem Malik	
Dr. Gabriel Mapeso	Dr. Stephen McCluskey	Dr. Lindsay McLeod	
Dr. Ellen Melton	Ms. Carey Murphy Midwife	Dr. Sarah Newbery	
Dr. Frank Nigro	Dr. Janet Noy	Dr. Robert Nugent	
Dr. Eliseo Orrantia	Ms. N Phipps-Wetelainen NP	Ms. Evie Pietila NP	
Dr. Gordon Porter	Dr. Owen Prowse	Dr. David Puskas	
Dr. Kevin Ramchandar	Dr. John Remus	Dr. Jillie Retson	
Dr. Blair Schoales	Dr. Douglas Scott	Dr. Nasim Shahbazi	
Dr. Walid Shahrour	Ms. Vivian Siciliano NP	Dr. Raga Sirror	
Dr. Elena Sokolova	Ms. Lisa Stein NP	Dr. Mark Thibert	
Dr. Teegan Trochimchuk Dr. Bertha Vidal Peralta	Dr. Colleen Valente Dr. Richard Whitlock	Dr. Lea Velsher Dr. Kevin Wilberforce	
Dr. Tracy Wilson	Mr. Jeff Yahn NP	Dr. Ji Zhou	
	atara and a disamenta a	l staff for the remainder of	

	Action Req'd/D
MOTION: K. Lusignan/D. Bailey	
Credentialing: (February 27, 2018 MAC Meeting)	
Regional Ordering Staff Re-Appointment	
"That the following professional staff:	
Dr. Lukasz Kwapisz	
Dr. Rory Silverberg	
Ms. Paula Stringer-Hussey NP	
be approved for re-appointment to the Regional Ordering staff for the	
remainder of the calendar year 2018."	
CARRIED 2018-	029
MOTION: J. Lehman/K. Lusignan	
Credentialing: (February 27, 2018 MAC Meeting)	
<u>Locum Staff Re-Appointment</u>	
"That the following professional staff:	
Dr. Shauna Gallagher	
Dr. Shauna Pawa	
Di. Silaulia i awa	
Dr. Ankeeta Tadkase	of
	of
Dr. Ankeeta Tadkase  be approved for re-appointment to the Courtesy staff for the remainder	
Dr. Ankeeta Tadkase  be approved for re-appointment to the Courtesy staff for the remainder the calendar year 2018."	030
Dr. Ankeeta Tadkase  be approved for re-appointment to the Courtesy staff for the remainder the calendar year 2018."  CARRIED 2018-  10. ADJOURNMENT	030
Dr. Ankeeta Tadkase  be approved for re-appointment to the Courtesy staff for the remainder the calendar year 2018."  CARRIED 2018-  10. ADJOURNMENT  With no further business, the meeting was adjourned at 6:48 pm on a motion	030 on
Dr. Ankeeta Tadkase  be approved for re-appointment to the Courtesy staff for the remainder the calendar year 2018."  CARRIED 2018-  10. ADJOURNMENT  With no further business, the meeting was adjourned at 6:48 pm on a motio by K. Lusignan/D. Bailey.	030 on 031
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# CEO Report to Board of Directors Atikokan General Hospital- March 7, 2018

#### **Integrating Health Care in Atikokan Health**

In keeping with direction from the Ministry of Health and Long term Care (MoHLTC) and our NWLHIN we are working on creating a Local Health Hub. We will reach out to other Health Service Providers in Atikokan to identify the opportunities to improve the quality of care for our residents.

### **Application for more Long Term Care Beds**

We have responded to the government's invitation to apply for additional long term care beds. We are asking to convert three (3) of our existing recently renovated rooms to officially be designed for LTC.

### Pre Capital Submission for phase two construction

We are in the process of completing the application to build a new wing on the hospital to contain such services as a new emergency department, new laboratory, and possible other functions. Schedule for submission is August .

#### **Regional Transportation Program**

A large committee representing many stakeholders in our LHIN have been working on creating a system to transport non-urgent patients. The planning and exploring of options is aimed in part to incorporate the Ministry of Transportation's grant for intercommunity service.

#### **District of Rainy River Health Care Planning**

This Sub-region planning table's role is to advise the LHIN on local health care priorities and local strategies.

#### Rainy River District West Health Hub

This is a large group of health care providers in the Fort Frances area who are looking at improving the delivery of care. Ed and I have observer status at their table and it is very valuable for us to see what steps they are taking to build their Hub. They have completed an inventory of services and now are generating ideas to fill the GAPs in service.

### **Regional Pharmacy Standards**

All the hospitals in our LHIN continue to collaborate with the Ontario College of Pharmacy, Cancer Care Ontario, and the MoHLTC to build action plans to meet new standards for the safe delivery of Chemotherapy drugs.

# Chief Nursing Officer's Board Report March 7, 2018

**Nursing:** We have two new RPNs hired and are being orientated and two new RNs who are hired and are being orientated. We have two RNs taking the chemotherapy course from April to the end of May and then we will be able to offer chemotherapy again.

<u>Diagnostics:</u> We have hired a casual x-ray technologist, Emily Butts, to help cover call for the department and she will also be working as a casual ward clerk. It was very successful having Cindy Huston from Red Lake come here for two days to do ultrasounds in January. She is willing to come back in the spring to help Robert with ultrasound case load and train him on certain exams not normally done here.

**Rehab:** Our Kinesiology intern has put together a proposal for a chronic pain program to be run here in Atikokan with the assistance of the Family Health Team. We are hoping to partner with the town also in order to provide use of the pool for water exercises.

We had two Physiotherapy students here for six weeks from Queen's University. They found the experience valuable and enjoyed their learning experience. We have an Occupational Therapy student from McMaster coming here at the end of the month for six weeks also.

<u>Lab:</u> We have hired a new lab manager, Abdul Wadood, who comes from southern Ontario with a lot of lab experience and leadership education. He is arriving March 12 and Karen will be orientating him and working with the entire to team to get ready for lab accreditation April 13 and May 2. Karen will be finished after accreditation is done.

Risk Management/Infection Control: Marie is working on Quality Improvement reports for 2017/18 and working on submitting our 2018/19 Quality Improvement Plan (QIP). She is also gathering final data from the various departments in the hospital who participated in quality Improvement for their different areas. Each department is planning what they will be working on for a quality improvement project for 2018/19. These will be incorporated into our QIP plan that we submit to Health Quality Ontario. The Patient Advisory Group is going to be meeting in March to review our Quality Improvement plan and give us further feedback with ideas for our survey questions.

**Pharmacy:** We are getting ready for the Ontario College of Pharamcist's accreditation that will probably take place in the summer of 2018 here. Corina and Jennifer went to Montreal to get training on how to ensure that any compounding of hazardous goods is done properly, wearing the proper equipment and following best practice standards for safety. We are working hard on making sure we have all the necessary standards in place for when we do our pharmacy accreditation.