



Board of Directors Regular Board Meeting

March 6, 2019

MINUTES

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Approved – May 1, 2019

Present: Ed Enge ©- by telephone; Jeremy Dickson-VC – by telephone; Sheron Suutari, Jeff Lehman, Karen Lusignan, Jennifer Learning, CNO, Doug Moynihan, CEO; Brent Harris, Chief Financial Officer; Dr. S. Van Der Loo, COS

Guest: Mike McKinnon, Atikokan Progress

Absent: Marlene Davidson, Darcey Bailey, Sally Burns, Dr. J. Spencer, Pres. Medical Staff

Recorder: Bonnie Clairmont

	Action Req'd/Date
<p><u>PRESENTATION- Pharmacy Department – Corina Anderson</u></p> <p>C. Anderson shared that she has worked at the hospital for 10 years; 3 years in nursing and 7 years in the pharmacy. There are four members in the pharmacy team: the CNO/Pharmacy Manager, Pharmacy Assistant, Clinical Pharmacist from Thunder Bay Regional and a part time assistant. The main role and responsibility of the pharmacy is medication and patient safety. The pharmacy takes part in a mandatory and standardized patient safety program which reports medication incidents and near misses to learn from and better understand why they happened and how they can be prevented. The pharmacy takes part in the Ontario College of Pharmacists (OCP) accreditation process each year (since 2015). There are 103 standards with 566 guidelines to have in place. Our next visit is in May. C. Anderson is also the team leader for the Medication Management Team for Accreditation Canada and has been busy preparing for our upcoming survey. C. Anderson shared some statistics from January – December, 2018: The pharmacy entered 7045 physician orders into the electronic medical record (Meditech) to generate medication administration records (MAR) for those admissions; The Pharmacy packaged 44001 medications through the Auto-Print Unit Dose Packager and packaged 5388 “cold seal” (hazardous medications, highly allergic unit dose packages to supply the Acute Care and the ER departments.</p>	

Atikokan General Hospital Mission: Atikokan General Hospital provides access to compassionate and high quality health care as close to home as possible, while supporting and inspiring our staff to ensure that patients, residents and caregivers are always at the centre of care.

	Action Req'd/Date
<p>1.1 CALL TO ORDER K. Lusignan, Acting Chair chaired and called the meeting to order at 5:10 pm.</p>	
<p>1.2 DECLARATION OF CONFLICT OF INTEREST – None declared.</p>	
<p>1.3. AGENDA The agenda was reviewed and accepted as presented.</p> <p>MOTION: J. Lehman/S. Suutari “That the Board approve the agenda of March 6, 2019 as presented.”</p> <p style="text-align: right;">CARRIED 2019-019</p> <p>2. CONSENT AGENDA The Consent Agenda was reviewed and accepted as presented.</p> <p>MOTION: S. Suutari/J. Lehman “That the Consent Agenda be approved as presented.”</p> <p style="text-align: right;">CARRIED 2019-020</p> <p>With the adoption of the Consent Agenda, the following items were approved:</p> <ul style="list-style-type: none"> a) Approval of Regular Board meeting minutes of January 9, 2019 b) Acceptance of the Program Advisory Committee meeting minutes of January 15, 2019 c) Acceptance of the Patient & Family Advisory Council meeting minutes of January 17, 2019 d) Acceptance of Finance Committee meeting minutes of February 6, 2019 e) Acceptance of Governance Committee meeting minutes of February 6, 2019 f) Acceptance of Medical Advisory Committee meeting minutes of January 15 and February 21, 2019. <p>3. BUSINESS ARISING (none for this meeting)</p> <p>4. STRATEGIC DISCUSSION</p> <p>4.1 Report from the President and CEO See report under 5.3 Health System Restructuring. D. Moynihan reported on an inquiry from the January board meeting in regards</p>	

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<p>to how often the services of Atikokan Community Counselling & Addiction Services are used. He noted there has been an increase from four to 30 new intakes in December, 34 new enrollments in January/February and 124 unique clients identified in January and February. This service is well used in our community.</p>	
<p>4.2 Quality/Patient Safety Report by Jennifer Learning, CNO See report attached to minutes. J. Learning recapped some of the highlights from the CNO report including:</p> <ul style="list-style-type: none"> • Positive feedback on new staffing model (2 RPNs and 2 RNs) and RPNs are enjoying the opportunity to work in ER department. • ER & Inpatient accreditation is complete • Monthly MOCK codes are happening monthly and RNS have completed CTAS Triage training. • Rehab: We are currently without OT or PT and are using OT support from Northstream on weekends to meet patients' needs. We are continuing to offer the GLA:D program and Chronic Pain Program with the help of our kinesiologist/rehab aide. • Lab: Introducing a new heparin test soon. Hired a permanent casual Medical Laboratory Assistant. • LTC: The Ministry of Health conducted an "off-site" follow-up inspection and no non-compliances were issued. Vipond has been here installing a new sprinkler system which should be complete by the end of March. • Health & Safety: The Joint Occupational Health and Safety Committee met in February and reviewed patient and staff safety incidents. There were no incidents of patient violence or staff injury in February. • Pharmacy: Looking at partnering with Riverside to provide chemotherapy. • Diagnostic Imaging: We have a high school student who may be interested in being an x-ray technician doing her coop placement with us for the new few months. • Risk Management: The RL6 electronic incident reporting system is up and running and staff like it. 	

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<p>4.3 Analysis of Hospital Services for January, 2019: Since the AGH statistics have remained consistent with no notable changes, D. Moynihan recommended that we discontinue reviewing this analysis at the regular board meetings.</p> <p>4.4 Financial Services Manager Report: Due to other commitments there was no January financial statement to review, but B. Harris noted there was not much change from the December, 2018 financial review. B. Harris asked for motions for: a) approval of the 2018/2019 capital budget additions for the telephone and lab HVAC systems, b) for approval of the 2019/2020 capital budget additions for the ECW chiller and parking lot lighting and c) that the Finance committee chair be added to the hospital signatory list at the bank.</p> <p>MOTION: K. Lusignan/J. Lehman</p> <p>“That the Capital Budget additions (telephone system & lab HVAC system) for 2018/2019 be approved as presented at the March 6, 2019 Board Meeting.” CARRIED 2019-021</p> <p>MOTION: J. Lehman/S.Suutari</p> <p>“That the Capital Budget additions (ECW Chiller & parking lot lighting) for 2019/2020 be approved as presented at the March 6, 2019 Board Meeting.” CARRIED 2019-22</p> <p>MOTION: K. Lusignan/S.Suutari</p> <p>“That the Finance Committee Chair be added to the hospital signatory list at the bank.” CARRIED 2019-23</p>	
<p>5. <u>GENERATIVE</u></p> <p>5.1 HIROC Integrated Risk Management Program Evaluation: At the board retreat in February, the board was asked to rate the current state of our integrated risk management (IRM) program. Collectively the board rated the hospital a “3” on a scale of 1 – 5. The board asked management to rate the other questions on the evaluation regarding the use of the IRM system.</p> <p>5.2 Review and Acceptance of Vision, Mission and Values: The board had reviewed the strategic plan at the February board retreat and recommended amendments to the vision, mission and values. A motion was passed to accept the amendments.</p>	<p>Management to answer questions 2 – 4 on HIROC IRM evaluation.</p>

<p>MOTION: K. Lusignan/S.Suutari</p> <p>“That the board accept the strategic plan, vision, mission and values that were amended at the February 22 – 23, 2019 board retreat.”</p> <p style="text-align: right;">CARRIED 2019-24</p> <p>5.3 Health System Restructuring: D. Moynihan shared the slide show from the OHA’s <i>Health System Transformation & The People’s Health Care Act, 2019</i> webinar which was held on March 5th and distributed copies of the Bill 74 backgrounder. The Ministry is looking at phasing out the LHIN model and transferring that power to Ontario Health Teams. Ontario Health Teams would be phased in over several years. Local governance is not being addressed at this time which means no changes to our current board structure.</p> <p>5.4 Rural and Northern Health Care Leadership Conference & Advanced Board Program for the Health Care Sector Conference: E. Enge invited board members to take part in these conferences being offered by OHA scheduled for May 7 – 10, 2019. D. Moynihan and J. Learning will attend from the hospital and there is availability for one board member to also attend. Board members are to let E. Enge know if they are interested in attending.</p> <p>5.5 Accreditation Status Update: B. Clairmont shared that Accreditation surveyors will be at the hospital from March 11 – 13, 2018. The surveyor will meet with the Governance team on Monday, March 11th at 9:45 am in the basement boardroom. E. Enge will join the meeting by teleconference and all board members available are invited to attend. J. Lehman asked for clarity on how to address the topics presented for discussion by Accreditation Canada and was told to review the governance standards and the hospital’s strategic plan. J. Lehman also questioned why we take part in the Accreditation process as he is aware of the stress it puts on staff. Board members and management shared that Accreditation gives us the opportunity to look at what we are doing and how we can improve processes and have continual improvement. J. Learning noted that if we have set standards we get better results. The standards are set by an independent company (Accreditation Canada) who prepare these standards for all hospitals.</p>	
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	Action Req'd/Date
<p>6. <u>IN CAMERA SESSION</u></p> <p>MOTION: K. Lusignan/J. Lehman</p> <p>“That the Board move to an in-camera session of the meeting at 6:25 pm.” CARRIED 2019-025</p> <p>7. <u>RETURN TO OPEN SESSION</u></p> <p>MOTION: K. Lusignan/J. Lehman</p> <p>“That the Board return to an open session of the meeting at 6:30 pm.” CARRIED 2019-026</p> <p>MOTION: J. Lehman/K. Lusignan</p> <p>“That the Board approve the In-Camera minutes of January 9, 2019.” CARRIED 2019-027</p>	
<p>MOTION: K. Lusignan/J. Lehman</p> <p>Credentialing: (from January 15, 2019 MAC Meeting)</p> <p><u>Associate Staff Appointment</u></p> <p>“That the following professional staff:</p> <p>Dr. John Fotheringham Dr. Carla Barkman</p> <p>be approved for appointment to the Associate staff for the calendar year 2019.” CARRIED 2019-028</p>	
<p>MOTION: K. Lusignan/J. Lehman</p> <p>Credentialing: (from January 15, 2019 MAC Meeting)</p> <p><u>Regional Staff Appointment</u></p> <p>“That the following professional staff:</p> <p>Dr. Ravinder Dhaliwal Rebecca Hautala, NP</p> <p>Katie Langille, NP Dr. Ali Masood</p> <p>Alexis Peplinskie, NP Nicole Sereda, NP</p> <p>Dr. Joel Warkentin</p> <p>be approved for appointment to the Regional staff for the calendar year 2019.” CARRIED 2019-029</p>	

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<p>MOTION: K. Lusignan/J. Lehman Credentialing: (from January 15, 2019 MAC Meeting) <u>Courtesy (Oncology) Staff Appointment</u> "That the following professional staff: Dr. Mohammed Ibrahim be approved for appointment to the Courtesy (Oncology) staff for the calendar year 2019."</p>	CARRIED 2019-30
<p>MOTION: K. Lusignan/S. Suutari Credentialing: (from January 15, 2019 MAC Meeting) <u>Active Staff Re-Appointment</u> "That the following professional staff: Dr. Joanne Spencer be approved for re-appointment to the Active staff for the calendar year 2019."</p>	CARRIED 2019-031
<p>MOTION: K. Lusignan/S. Suutari Credentialing: (from January 15, 2019 MAC Meeting) <u>Active Staff Re-Appointment</u> "That the following professional staff: Dr. Sara Van Der Loo be approved for re-appointment to the Active staff for the calendar year 2019."</p>	CARRIED 2019-032
<p>MOTION: J. Lehman/K. Lusignan Credentialing: (from January 15, 2019 MAC Meeting) <u>Associate Staff Re-Appointment</u> "That the following professional staff: Dr. Nelson Lyon Dr. Shawn Minor be approved for re-appointment to the Associate staff for the calendar year 2019."</p>	CARRIED 2019-033
<p>MOTION: K. Lusignan/J. Lehman Credentialing: (from January 15, 2019 MAC Meeting) <u>Courtesy Staff Re-Appointment</u> "That the following professional staff: Dr. Hazem Al-Tajjar Dr. Margaret Anthes Dr. Adrien Chan Dr. Robert Cooke Dr. Carlos Sequeira Dr. Ehsan Haider Dr. Ramez Hanna Dr. James MacDonald Dr. Michael McLennan Dr. Lise Mozzon Dr. John Rawlinson</p> <p>be approved for re-appointment to the Courtesy staff for the calendar year 2019."</p>	CARRIED 2019-034

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<p>MOTION: S. Suutari/J. Lehman Credentialing: (from January 15, 2019 MAC Meeting) <u>Locum Staff Re-Appointment</u> “That the following professional staff: Dr. Albert Beller Dr. Jeffrey Bradley Dr. Monica Carter Dr. Joseph Ennett Dr. Colleen Fuller Dr. Christine Hwang Dr. Shoan Kale Dr. Andrew Maeng Dr. Priya (Kohli) Shah Dr. Amit Shah Dr. Ankeeta Tatkase Dr. Denise Wong</p> <p>be approved for re-appointment to the Locum staff for the calendar year 2019.” CARRIED 2019-035</p>	
<p>MOTION: K. Lusignan/S. Suutari Credentialing: (from February 21, 2019 MAC Meeting) <u>Locum Staff Re-Appointment</u> “That the following professional staff: Dr. Melanie Rodrigues be approved for re-appointment to the Locum staff from January 1, 2019 to April 8, 2019.” CARRIED 2019-036</p>	
<p>MOTION: J. Lehman/K. Lusignan Credentialing: (from February 21, 2019 MAC Meeting) <u>Associate Staff Appointment</u> “That the following professional staff: Dr. Melanie Rodrigues be approved for appointment to the Associate staff beginning April 8, 2019 and for the remainder of the calendar year 2019.” CARRIED 2019-037</p>	
<p>MOTION: K. Lusignan/J. Lehman Credentialing: (from February 21, 2019 MAC Meeting) <u>Courtesy Staff Appointment</u> “That the following professional staff Dr. Joseph Del Paggio Dr. Mohammed Ibrahim</p> <p>be approved for appointment to the Courtesy staff for the remainder of the calendar year 2019.” CARRIED 2019-038</p>	
<p>MOTION: J. Lehman/S. Suutari Credentialing: (from February 21, 2019 MAC Meeting) <u>Regional Staff Appointment</u> “That the following professional staff: Dr. Mark Lipson be approved for appointment to the Regional staff for the remainder of the calendar year 2019.” CARRIED 2019-039</p>	

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<p>10. <u>ADJOURNMENT</u> With no further business, the meeting was adjourned at 6:33 pm on a motion by K. Lusignan/J. Lehman CARRIED 2019-040</p>	
<p>The next <u>regular board meeting</u> will be held on Wednesday, May 1, 2019 at 5 pm. The Finance Committee and Governance Committee meetings will be on Wednesday, April 3 6, 2019 beginning at 5:00 pm.</p>	
<p>_____</p> <p>Ed Enge, Board Chair</p>	<p>_____</p> <p>D. Moynihan, CEO</p>

Chief Nursing Officer's Board Report March 6, 2019

Nursing: It has been nearly one full month of our new staffing model implementation (2 RPN's & 2 RN's) for day shift. Nursing staff have verbalized positive feedback and are enjoying the RPN opportunity to work in the ER setting and having more opportunity to work their full scope of practice. The new model provides improved care times and added safety measures, as well during times of high inpatient census a much safer staffing model.

ER & Inpatient Accreditation preparation is complete. A binder has been created for nursing staff to have opportunity to review and add their contributions to the ROP's and the High Priority standards. This is a good chance to include all nursing staff in the accreditation process and to communicate with them regarding new P&P's, guidelines, and why we need to continually improve.

Monthly MOCK codes are happening with the MD's and nursing staff. This provides opportunity to learn, refresh skills, and a hands on approach with the equipment. CTAS Triage training for all RN's completed in February to provide up to date and standardized care in the ER setting. The training was excellent and the feedback was positive for new learning.

Rehab: Our Occupational Therapist's last day with us was February 15 and we wish her well in her new job in Kenora. Our current physiotherapist is on medical leave so we are actively looking for help to replace these positions either permanently or temporarily. We are continuing to offer the GLA:D program and the Chronic Pain Program with the help of our kinesiologist/rehab aid.

Lab: We are going to be introducing a new heparin test soon which means we can run heparin drips here again, which we have not been able to do for several years. We have hired a permanent casual Medical Laboratory Assistant.

Long Term Care: During the week of February 6th, the Ministry of Health and Long Term Care conducted an "off-site" follow-up inspection. The inspector reviewed our latest compliance order regarding quarterly medication reviews that was issued on our last Resident Quality Inspection visit in June of 2018. They spoke to the Nurse Manager and reviewed resident documents. They also followed-up on some critical incidents that were submitted over the past year. As a result of this follow-up inspection **no** non-compliances were issues and the previously issues order was found to be now in compliance. A copy of the report was provided to the CEO.

The company, Vipond, has been on-site in the Extended Care Wing unit installing the updated sprinkler system. They began work in late January and anticipate completion of the sprinkler installation by the end of March. The workers have been great at working around the resident's schedules with a goal to cause the least amount of disruption as possible.

We have been working with a new staffing model since the beginning of February which has been working very well so far. The staff feedback have been very positive and resident care needs continue to be met with care and efficiency.

Health and Safety: JOHSC met on February 27 and reviewed patient and staff safety incidents since the last meeting. There were no incidents of patient violence or staff injury in the month of February reported.

Pharmacy: We are looking at partnering with Riverside to provide chemotherapy. They would mix the chemotherapy and then it would be transported to Atikokan the same day and hung that day by our chemo nurse. This is a pilot project to see if this will work for both hospitals.

Diagnostic Imaging: We have a co-op student in DI for several months from the High School. She is possibly interested in being an x-ray technician so this gives her exposure to this type of work.

Risk Management: Our RL6 electronic incident reporting system is up and running and so far staff really likes it. We have developed better practices around reviewing the incident reports generated using a team approach and we are doing ongoing training with staff about understanding that we use the reports to implement changes in process to improve patient and staff safety.

Reported Incidents:

Type Incident	Nov 2018	Dec 2018	Jan 2019	Total
Medication Related	10	5	5	20
Falls	7	10	13	30
Responsive Behaviours	12	3	3	18
Elopements	1	2	0	3
Other	10 Includes: 3 documentation errors, 4 procedural errors, 2 order processing error & 1 resident non-compliance regarding the use of 'personal' medications.	5 Includes: 1 fire alarm accidentally activated, 1 documentation error, 1 communication & 2 cigarette smoking issues	2 Includes: 1 documentation error & 1 order processing error	17
Total	40	25	23	88