



Board of Directors Regular Board Meeting  
 May 1, 2019  
**MINUTES**

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Approved – Sept. 3/19

- Present: Ed Enge ©, Sheron Suutari, Jeff Lehman, Marlene Davidson, Darcey Bailey, Sally Burns, Jennifer Learning, CNO, Doug Moynihan, CEO; Dr. S. Van Der Loo, COS
- Guest: Mike McKinnon, Atikokan Progress
- Absent: Jeremy Dickson-VC, Karen Lusignan, Brent Harris, Chief Financial Officer; Dr. J. Spencer, Pres. Medical Staff
- Recorder: Bonnie Clairmont

	Action Req'd/Date
<p><b><u>PRESENTATION- Acute &amp; Emergency Department – Susan Sampson</u></b></p> <p>S. Sampson, Nurse Manager of the Acute &amp; ER departments shared that she started working at the hospital in 1992 and held the position of Chemotherapy Nurse prior to leaving to work for Home and Community Care and the Family Health Team. S. Sampson mentioned that the last report to the board was done prior to the new wing being built. The new wing is bright, is patient and staff ergonomically safer, offers a dedicated isolation and ante room which has received positive feedback from patients, families and staff. We will be doing some minor renovations to the Emergency department registration area/desk at the same time as the new ramp to the entrance is being redone this summer. S. Sampson explained new staffing changes which will gradually phase out the ward clerk and ER clerical positions. A second float RPN position has been created for increased patient safety. A registered staff person triages patients on their arrival to the ER for better patient care. RN triage training took place in February and there will be ACLS training this spring. We have implemented a new care plan system for patients on the acute care unit which includes all details of care and specific nursing measures unique to each patient diagnoses. Both the ER and acute care unit did well in the Accreditation process and will implement some recommendations made by the surveyors. We currently have four Confederation College students completing their final 6 week preceptorship placements. Monthly mock code scenarios with nurses and physicians have received positive feedback. There are also monthly staff meetings and daily huddles which promote up- to-</p>	

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**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.

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<p>date and repeated opportunities for communication and awareness of any changes and happenings on the unit. S. Sampson is working on developing unit goals with the staff to improve patient care quality and to build a culture of both “patient safety” and “patients first”. May 6 – 10 is National Nursing week and plans have been made to honour our nurses.</p>	
<p><b>1.1 CALL TO ORDER</b> E. Enge, Chair chaired and called the meeting to order at 5:15 pm.</p>	
<p><b>1.2 DECLARATION OF CONFLICT OF INTEREST –</b> None declared.</p>	
<p><b>1.3. AGENDA</b> The agenda was reviewed and accepted as presented.</p> <p><b>MOTION: J. Lehman/M. Davidson</b>  <b>“That the Board approve the agenda of May 1, 2019 as presented.”</b>  <b>CARRIED 2019-041</b></p> <p><b>2. CONSENT AGENDA</b> The Consent Agenda was reviewed and accepted as presented.</p> <p><b>MOTION: S. Suutari/J. Lehman</b>  <b>“That the Consent Agenda be approved as presented.”</b>  <b>CARRIED 2019-042</b></p> <p>With the adoption of the Consent Agenda, the following items were approved:</p> <ul style="list-style-type: none"> <li>a) Approval of Regular Board meeting minutes of March 6, 2019</li> <li>b) Acceptance of the Patient &amp; Family Advisory Council meeting minutes of March 20, 2019</li> <li>c) Acceptance of Quality Committee of the Board meeting minutes of March 20, 2019</li> <li>d) Acceptance of the Special Board meeting minutes of March 20, 2019</li> <li>e) Acceptance of Finance Committee meeting minutes of April 3, 2019</li> <li>f) Acceptance of Governance Committee meeting minutes of April 3, 2019</li> <li>g) Acceptance of Medical Advisory Committee meeting minutes of March 19 and April 16, 2019.</li> <li>h) Acceptance of the Health Professional Recruitment &amp; Retention (HPRR) Committee meeting minutes of April 25, 2019.</li> </ul>	

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<p>S. Suutari noted from the Patient &amp; Family Advisory Council minutes that committee members commented that the strategic plan diagram provides a lot of information and may be hard to absorb. Board members discussed having a hospital version and a version for the general public. Board members will discuss at a future meeting. Dr. S. Van Der Loo responded to a question about Courtesy Staff credentialing and verified what privileges each staffing level has. She also reported that although we currently have nine physicians, locums are still used to fill in for physician vacations.</p> <p><b>3. <u>BUSINESS ARISING</u></b> (none for this meeting)</p> <p><b>4. <u>STRATEGIC DISCUSSION</u></b></p> <p><b>4.1 Report from the President and CEO</b>                  See report attached to minutes. D. Moynihan recapped some of the highlights from the CEO report including:</p> <ul style="list-style-type: none"> <li>• Hospital receiving official designation as an accredited hospital based on our March visit by Accreditation Canada surveyors.</li> <li>• Ontario government and the Ministry of Health and Long Term Care continue to provide direction on major changes which will result in health care restructuring. The ministry is inviting providers to come together and demonstrate their readiness to become an Ontario Health Team. Other announced changes include merging ambulance services from 59 operators down to ten and reducing public health units down to 10 across the province. They are also looking to create a centralized procurement system. AGH is currently a member of the group purchase organization, Northern Supply Chain and realize significant saving on our purchases.</li> <li>• Northwest hospitals continue to look for opportunities to improve efficiencies with the Regional Pharmacy plan, a Regional Mental Health and Addictions plan and discussing the role of the Northwest Health Alliance regarding improving our Electronic Medical Record.</li> <li>• AGH continues to upgrade and renovate with plans this summer to install a new air conditioning/heating unit for the lab, new air conditioning unit for the extended care wing, new parking lot lighting, new exterior ramp access to the emergency department, a new fuel tank system for our generator, new telephone system, and completion of the new sprinkler system in the original extended care wing.</li> </ul>	<p>Board to discuss strategic plan for general public.</p>

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<p>J. Lehman asked about the status of the board portal on the new website and expressed his concern of the risk board members face using personal email accounts. He cautioned board members to be careful of their email content when “replying to all”. D. Moynihan will discuss the board IT issues with N. Palmai and T. Thorburn, our webmaster and have hospital email accounts set up for board members.</p> <p><b>4.2 Quality/Patient Safety Report by Jennifer Learning, CNO</b> See report attached to minutes.</p> <p>J. Learning recapped some of the highlights from the CNO report including:</p> <ul style="list-style-type: none"> <li>• Nursing: Our census has been dropping and our ALC numbers are also reducing as beds have opened up in the ECW. There has been a decrease in overtime and sick calls for ONA since we are now fully staffed. We are trialing not having an ER clerk as we have two registered staff in the ER during the day. We will soon be able to tie our phone system into our Vocera which will improve our efficiency at contacting patients wanting to enter the ER. We are implementing a new process and asking the public to enter through the main doors rather than the ER when they need to come for lab work, x-rays or telemedicine to streamline our services.</li> <li>• Rehab: We currently run the chronic pain program with 3 days of land exercises and 2 days of pool exercises. We are continuing to be able to run the GLAD program. We are still actively looking for a full time Occupational Therapist and Physiotherapist. We currently have a contract with Northstream to provide us with an OT who comes 3 days every other week to help us provide services.</li> <li>• Lab: Our lab staff was significantly impacted by the influenza outbreak which caused us to have to close our lab to outpatient services for several days. We have hired a second casual MLA and have another returning for the summer. We are also working to improve the set-up for outpatient services as currently the system of sitting in a chair in the hall, is not ideal.</li> </ul>	<p>D. Moynihan to discuss board IT concerns with Nick/Tim</p>

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<ul style="list-style-type: none"> <li>• Long Term Care: We just finished going through an influenza outbreak with affected 11 residents and unfortunately 3 residents passed away due to contracting the illness. We really appreciate all the staff for their hard work and dedication during this difficult time. A debriefing and outbreak audit is tentatively scheduled for May 6<sup>th</sup>.</li> <li>• Pharmacy: We are creating updated policies and procedures to give clear directions around medications. The Ontario College of Pharmacists (OCP) will be here May 14<sup>th</sup> to do their annual accreditation with the focus being on how we dispense medications from our Emergency department.</li> </ul> <p><b>4.3 Monthly Incident Report Summary – March, 2019:</b> J. Learning reviewed the incident report for March and noted that more incidents are being reported since staff can now enter them electronically. J. Learning, M. Cornell, S. Sampson and S. Wood meet monthly to review the data and to look for patterns. J. Learning also distributed a scorecard she has created which matches up to our strategic plan. She also created goals for the strategic priorities. The board commended J. Learning on the scorecard, which will be reported on quarterly. Once the board portal is set up, this data can be saved there for comparison.</p> <p><b>4.4 Financial Services Manager Report:</b> D. Moynihan reported on the financials in B. Harris’ absence. The financial review shows a continuation of past trends of being over budget in our Salary and Wages expenses as well as Supplies and other Expenses, Medical and Surgical Supplies, Drug and Medical Gas expense (due to usage) and Contracted Out expenses. At March 31<sup>st</sup> we show a deficit of \$274K.</p> <p><b>5. <u>GENERATIVE</u></b></p> <p><b>5.1 Board Representation- Program Advisory Committee (PAC):</b> E. Enge noted that with K. Lusignan’s upcoming resignation from the board, we will need to find a board member to fill her vacancy on the PAC committee. The committee meets quarterly to promote awareness of mental health and addiction issues as lead by Atikokan Community Counselling and Addiction Services. A copy of the terms of reference were included in the agenda package. E. Enge asked the board members to let him know if they are interested in filling this vacancy.</p>	

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<p><b>5.2 Board Member Application:</b> J. Lehman shared that he felt the current board member application process was too onerous and should be revamped. The most effective recruitment tool is current board members reaching out to their colleagues. An ad will be put in our local paper as well. Board members are requested to send J. Lehman the names of people that have been approached so a list can be compiled for review by board members.</p> <p><b>6. <u>IN CAMERA SESSION</u></b></p> <p><b>MOTION: S. Suutari/J. Lehman</b></p> <p><b>“That the Board move to an in-camera session of the meeting at 6:38 pm.”</b> <b>CARRIED 2019-043</b></p> <p><b>7. <u>RETURN TO OPEN SESSION</u></b></p> <p><b>MOTION: J. Lehman/S. Burns</b></p> <p><b>“That the Board return to an open session of the meeting at 7:10 pm.”</b> <b>CARRIED 2019-044</b></p> <p>D. Bailey left the meeting at 7:30 pm and M. Davidson left the meeting at 7:35 pm.</p> <p><b>MOTION: S. Suutari/J. Lehman</b></p> <p><b>“That the Board approve the In-Camera minutes of March 6, 2019.”</b> <b>CARRIED 2019-045</b></p>	<p>Put ad for new board members in local newspaper.</p>
<p><b>MOTION: J. Lehman/S. Suutari</b></p> <p><b>Credentialing: (from March 19, 2019 MAC Meeting)</b></p> <p><b><u>Courtesy Staff Appointment</u></b></p> <p><b>“That the following professional staff:</b></p> <p>Dr. Marion Hagerty    Dr. Kevin Ramchandar    Dr. Vivian Yau</p> <p><b>be approved for appointment to the Courtesy staff for the remainder of the calendar year 2019.”</b> <b>CARRIED 2019-046</b></p>	

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<p><b>MOTION: S. Suutari/J. Lehman</b>  <b>Credentialing: (from March 19, 2019 MAC Meeting)</b>  <u>Regional Staff Appointment</u>  <b>“That the following professional staff:</b>  Dr. Kristen Malcolm</p> <p><b>be approved for appointment to the Regional staff for the remainder of the calendar year 2019.”</b></p> <p style="text-align: right;"><b>CARRIED 2019-47</b></p>																																																																																																										
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<p><b>MOTION: J. Lehman/S. Burns</b>  <b>“That the Board authorize a mutually agreeable decision for Mr. Moynihan to leave employment with the Atikokan General Hospital effective May 17, 2019; and that the remainder of his contract, which expires on March 31, 2020, be paid out accordingly as per negotiated terms. “</b>  <b>CARRIED 2019-050</b></p>																																																				

	Action Req'd/Date
<p><b>10. <u>ADJOURNMENT</u></b>  <b>With no further business, the meeting was adjourned at 7:12 pm on a motion by S.Suutari/J. Lehman</b>  <b style="text-align: right;">CARRIED 2019-051</b></p>	
<p>The next meeting will be the special board meeting followed by the Annual General Meeting to be held on Wednesday, June 5, 2019 beginning at 6:00 pm. Regular board meetings will resume in September.</p>	
<p>_____</p> <p>Marlene Davidson, Board Chair</p>	<p>_____</p> <p>Jennifer Learning, Interim CEO</p>

## CEO Board Report May 1, 2019

Since our last regular board meeting we have received official designation as an accredited hospital. Accreditation is a continuous improvement process to create a culture where staff work together to achieve best practice standards in health care.

The Ontario Government and Ministry of Health and Long Term Care continue to provide direction on major changes that will result in Health Care restructuring. The ministry are inviting providers to come together and demonstrate their readiness to become an Ontario Health Team. Such a team would be clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population. The ministry have provided education sessions and templates for groups to use to assess through a self assessment, their ability to be considered for the next step.

Integration and coordination continue to be themes in changes that the government is making. For example, the government is merging ambulance services from 59 operators down to 10. The government is also reducing public health units down to 10 across the province. As well, the recent Ontario Budget noted that it is the government's intentions to create a centralized procurement system to better manage the purchase of products and devices for hospitals, home and community care, and long term care. AGH currently is a member of a group purchase organization called the Northern Supply Chain. The NSC has been very effective in helping health care providers, especially small hospitals, throughout the Northeast and Northwest, realize significant savings on our purchases. We hope that the government will respect our system that is working well in the north.

During these provincial wide initiatives our northwest hospitals continue to look for opportunities to improve efficiencies. The regional pharmacy plan is helping build relationships among the hospitals, the Ontario College of Pharmacy, and Cancer Care Ontario, to better meet new standards for sterile preparations. There was progress made to develop a Regional Mental Health and Addictions plan that will improve services for critically ill patients. And discussions continue on the role of our Shared Services Organization called the Northwest Health Alliance regarding improving our Electronic Medical Record.

Internally, AGH continue to upgrade and renovate. There are various projects planned for this summer including: a new air conditioning / heating unit for the lab, a new air conditioning unit for the extended care, new parking lot lighting, a new exterior ramp access to the emergency department, a new fuel tank system for our generator, a new telephone system, and completion of the new sprinkler system in the original extended care wing.

From Atikokan Community Counselling and Addictions Services recent staff training has included: Three staff people attending a conference in Kenora on poverty, one staff person attending Mental Health First Aid this weekend, and the manager is attending the Annual Addictions & Mental Health Conference at the end of May.

Also:

- Proposal for one time funding through the LHINS was approved; 7 computers purchased for the agency, waiting to be installed and networked with the hospital
- Working Alone Policy completed and Code White for ACCAS updated.
- Mental Health Week – May 6 to 10; a couple of community activities planned
- Participated in Health & Wellness Fair
- Support House – some renovations to be planned and 3 residents in now with one leaving by the end of April; one applicant waiting for confirmation
- Currently 4 individuals in Rent Supplement Program
- Month of March – 122 unique clients, 12 referrals with 8 being new to the agency

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Another highlight from Bridget Davidson our Director of Health Records is the physicians going live with the eHealth Connecting Ontario **“Clinical Viewer”** next week. This will allow physicians to view a patients’ provincial electronic medical record. Following the roll out of physician access, AGH nursing staff who have completed the mandatory eHealth privacy and security training will also be given access. Getting to this point involved revamping AGH privacy and security policies to align with eHealth Ontario standards.

The Ontario Clinical Viewer contains personal health information being contributed by:

- Hospitals including emergency room reports and discharge summaries from the Acute and Community Care Clinical Data Repository (acCRD),
- Lab results from the Ontario Laboratories Information System (OLIS),
- Publicly-funded drugs, pharmacy services and all monitored drugs from the Narcotic Monitoring System (NMS), of which all information comes from the Digital health Drug Repository (DHDR),
- Diagnostic reports / images from the Diagnostic Imaging (DI) Common Services repository, and
- Data and operations information on LHIN home and community care services, and information from home and community care organizations including referral details, client risks and assessments, and care plans.

And finally from the dietary department, they report an increase in our Meals-on-Wheels program from a low of 71 meals in the month of January, 2018 to a high of 288 meals in January, 2019.

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**Chief Nursing Officer's Board Report  
May 1, 2019**

**Nursing:** Our census has been dropping in the last month and our ALC numbers are reducing also as a fair number of beds have opened up on our ECW wing over the last month. We have noticed a decrease in our overtime hours and our sick calls for ONA since we are now fully staffed with RNs.

We are trialing not having an ER clerk to see if we need one now that there are two registered staff in the ER during the day. We will soon be able to tie our phone system into our vocera which will improve our efficiency at contacting patients wanting to enter the ER. We are asking the public to enter through the main doors instead of the ER doors when they need to come for lab work, x-rays or telemedicine. This is a new process for patients but we are looking at making other changes to our outpatients to streamline services for them and part of these potential changes means having all outpatients come through the main doors.

**Rehab:** We are currently running our chronic pain program with 3 days of land exercises in the rehab department and 2 days of exercise in the pool. Our land exercise days are currently full and we have a waitlist but there is still room for patients to participate in the pool exercises.

We are continuing to be able to run the GLAD program because we have been able to bring in a physiotherapist from Fort Frances to do the initial assessments. We are still actively looking for a full time Occupational Therapist and Physiotherapist. We currently have a contract with Northstream to provide us with an Occupational Therapist, Jessica Gosselin, who is able to come here 3 days every other week which helps us to provide a few services.

**Lab:** Our lab staff were significantly impacted by the influenza outbreak which caused us to have to close our lab to outpatient services for several days. We have hired a second casual MLA in the lab and we have another one returning for the summer so this should help us to be able to offer ongoing outpatient lab services. We are looking at trying to improve the set up for outpatient services as we know the current system of sitting in a chair, unsure if they know you are there for blood work, is not ideal.

**Long Term Care:** We just finished going through an Influenza outbreak in our Extended Care Wing which affected 11 residents. Unfortunately 3 residents passed away due to contracting the illness. We really appreciate all the staff for their hard work and dedication during this difficult time. Here is a breakdown of what took place:

- The first 2 residents showed symptoms the evening of April 5<sup>th</sup>, followed by another resident exhibiting symptoms the evening of April 7<sup>th</sup>
- Outbreak was declared April 8<sup>th</sup>, 2019 early afternoon (all residents with symptoms isolated)
- Causative agent was confirmed to be Influenza A (April 9<sup>th</sup>, 2019 - PHO)
- As of April 9<sup>th</sup> all ill residents were treated with Tamiflu and the remainder of residents were given Tamiflu prophylaxis.
- By April 11<sup>th</sup> eleven residents had fallen ill with respiratory symptoms
- All but 1 of the ill residents had received their flu vaccine (Oct 2018)
- 1 ill resident was hospitalized and later died
- 2 other resident deaths occurred in the ECW (all 3 deaths related to flu-like illness & all 3 had received flu vaccine)
- Critical Incident Report filed & Medical Officer of Health (Dr. Kit – Kenora) informed of outbreak status through NWHU.
- Outbreak was declared over April 19<sup>th</sup>

During the outbreak, ill residents were provided meals in their rooms and a 4hr evening shift was added to housekeeping. Visitors were limited and outbreak notices/ signage posted at all entrances to ECW.

Group activities from outside organizations were cancelled as well as all residents' day passes being cancelled.

- 7 staff members reported being ill with respiratory symptoms between April 5<sup>th</sup> and 10<sup>th</sup> (includes 6 flu vaccinated)
- 7 staff members refused Flu vaccine and/or Tamiflu
- 10 unvaccinated staff received Tamiflu prophylaxis during the outbreak
- 72% of staff had received Flu vaccine prior to the outbreak.

Debriefing and Outbreak Audit is tentatively scheduled for May 6<sup>th</sup>, 2019.

**Pharmacy:** We are creating updated policies and procedures to give staff clear directions around medications. We are trying hard to reduce medication errors but this is an ongoing process. The Ontario College of Pharmacists (OCP) will be here May 14 to do their annual accreditation with the focus being on our Emergency room and how we dispense medications from there.