



Board of Directors Regular Board Meeting  
September 13, 2017  
**MINUTES**

W:\2017\M - MNGT\MINUTES\Reg 13-097 minutes.docx

Approved – Nov 1/17

Present: Ed Enge ©; Jeremy Dickson, VC; Marlene Davidson, Sheron Suutari, Karen Lusignan, Jeff Lehman, Darcey Bailey, Jennifer Learning, CNO; Dr. Joanne Spencer, COS; Doug Moynihan, CEO; Brent Harris, Financial Services Manager

Absent: Dr. Van Der Loo

Recorder: Bonnie Clairmont

	Action Req'd/Date
D. Moynihan welcomed and re-introduced Brent Harris, our new Financial Services Manager, to those who had not met him previously.	
<b>1. <u>PRESENTATION- Stacey Wood, Extended Care Wing</u></b> S. Wood shared that she has been employed with the Atikokan General Hospital for the past 10 years as an RN where she has worked on Acute Care, in Emergency, Chemotherapy, Telemedicine and Diabetes Education. She began her role as Nurse Manager of the Extended Care Wing in June, 2016. S. Wood shared the responsibilities that her position carries and the different committees that she either leads or sits it on. As well, she discussed the changes with the recent renovation which now is the home to 26 residents. S. Wood shared that we have adjusted staffing to provide the best patient care. S. Wood answered questions from board members regarding restorative care – cognitive help. S. Wood explained that T. Hampshire, our recreationist, organizes many activities and offers audio books to residents to keep residents cognizant. S. Wood reported that the ECW is always looking for volunteers to spend time with residents, especially in evenings and on weekends when the recreationist is not here.	
<b>2. <u>CALL TO ORDER</u></b>	
E. Enge chaired and called the meeting to order at 5:20 pm.	
<b>3. <u>DECLARATION OF CONFLICT OF INTEREST</u></b>	
None declared.	

	Action Req'd/Date
<p><b>4. <u>AGENDA</u></b></p> <p>The agenda was reviewed and accepted as presented with the addition of 5.2 Ethic Committee Queries.</p> <p><b>MOTION: K. Lusignan/S. Suutari</b>  <b>“That the Board approve the agenda for Septmber 13, 2017.”</b>  <b>CARRIED 2017-069</b></p>	
<p><b>5. <u>CONSENT AGENDA</u></b></p> <p>The Consent Agenda was reviewed and accepted as presented.</p> <p><b>MOTION: S. Suutari/K. Lusignan</b>  <b>“That the Consent Agenda be approved as amended.”</b>  <b>CARRIED 2017-070</b></p> <p>With the adoption of the Consent Agenda, the following items were approved:</p> <ul style="list-style-type: none"> <li>a) Adoption of Regular Board Meeting Minutes of May 17, 2017</li> <li>b) Adoption of the Special Board Meeting #1 Minutes of June 7, 2017</li> <li>c) Adoption of the Special Board Meeting #2 Minutes of June 7, 2017</li> <li>d) Acceptance of HPRR Committee Meeting Minutes of May 29 &amp; June 23, 2017</li> <li>e) Acceptance of Medical Advisory Committee Meeting Minutes of May 9 and June 21, 2017</li> </ul> <p>M. Davidson questioned what was happening regarding the Smoke Free Hospital law coming into effect in January. D. Moynihan responded that a committee has been formed and are working on strategies and signage to support residents, patients and staff to comply with the new regulations. J. Learning also shared that the NWHU will be policing this regulation. As long as the hospital shows it has done due diligence to show we have created a smoke-free environment (signage, documented steps we have taken with patients/residents for smoking cessation) the hospital should not be fined, but patients/residents who do not obey the regulation may be. J. Lehman asked if there was a way to have a “grandfather clause” for long term residents. The Smoke-Free committee will do further investigation, offer education and put ads in the local newspaper and posters on-site to ensure the public also knows of the upcoming regulation coming into effect.</p>	

	Action Req'd/Date
<p><b>6. <u>BUSINESS ARISING</u></b></p> <p><b>6.1 Grand Opening Planning Update.</b> D. Moynihan shared that the unplanned visit by the Premier has downplayed the need for another official grand opening and perhaps we should just do a mural unveiling ceremony instead. Board members felt it was important that the public be able to celebrate the opening of the newly renovated hospital. The date for the grand opening has been changed to October 20<sup>th</sup> to allow for planning and completion of the mural.</p> <p><b>7. <u>STRATEGIC DISCUSSION</u></b></p> <p><b>7.1 Report from the President and CEO</b> See report attached to minutes.</p> <p>D. Moynihan recapped some of the highlights from his report including an update on the redevelopment project. The laying of sod is complete and contractors are completing work on the nurse call system and the LTC entrance. We have received a report from the Engineering/ Architectural company Stantec on what renovations are required in our Pharmacy/Chemotherapy area to comply with regulations to offer chemotherapy in our hospital. There are 13 hospitals taking part in this study. Changes will need to be complete by January, 2019. The hospital is part of the cNEO (Connecting Northern and Eastern Ontario) project with Bridget Davidson being the contact. This new system will allow health care providers with access to patient information when providing care.</p> <p><b>7.2 Quality/Patient Safety Report by Jennifer Learning, CNO</b> See report attached to minutes.</p> <p>J. Learning recapped some of the highlights including nurse staffing, new lab staff and a new coagulation analyzer; Diagnostic Imaging warranty renewal and reported on the Pharmacy receiving a certificate of Pharmacy Accreditation. An orientation package for nursing staff was created as medication management and patient safety is a high priority. Miranda Riding has been hired as a Kinesiology intern for one year. The Risk Manager, Acute nursing manager and Pharmacy manager meet monthly to review all medication incident reports. We have made changes to the ECW staffing as we now have two RPNs on the unit for our 26 residents. Construction is almost complete in the ECW which includes a renovated shower, non-slip flooring, new wall</p>	

	Action Req'd/Date
<p>protection and replacing the wooden handrails. The Ministry did their annual inspection August 28 – September 1st. We expect the final report of their findings in 4 – 6 weeks.</p> <p>J. Learning also reviewed the Analysis of Hospital Services for August. Comparison of data with last year is skewed as we now have 15 beds rather than 19 last year. The Emergency Department has been busier, with an average of 25 – 27 patients daily between 8 am – 4 pm.</p> <p><b>7.3 Financial Services Manager Report</b></p> <p>B. Harris gave an overview of the July 31, 2017 balance sheet and summary of operations. The current ratio is 2.41. At July 31<sup>st</sup>, the hospital was sitting at a deficit of \$52 K. Comparatively, last year we were sitting at a deficit of \$132K. The hospital received additional funding from the Ministry (PCOP) related to the new building expenses.</p> <p>The hospital is currently over budget, however this can be explained by nursing coverage for vacation and orientation of new staff as well as additional expenses in Maintenance, Housekeeping and Procurement.</p> <p><b>8. <u>GENERATIVE</u></b></p> <p><b>8.1 Executive Compensation Framework Regulation Update</b></p> <p>E. Enge shared that the hospital must complete the framework for all staff who earn \$100K or higher, which includes our CEO and CNO. Comparators of hospitals of the same size are reviewed to find a match. Wages will then be adjusted for the new three years. E. Enge, J. Dickson, D. Moynihan and P. Kronenberg are meeting to complete the framework which is due on September 29<sup>th</sup>.</p> <p><b>8.2 Ethic Committee Queries</b></p> <p>In follow-up to the Ethic Committee's query on Telemedicine and whether physicians receive training on delivery, we will approach the LHIN to make them aware of issues. Ontario Telemedicine Network (OTN) has an evaluation survey that patients receive. As well the board suggested that patients be sent the OTN guidelines prior to their first telemedicine visit.</p>	

<p>The Ethics committee also asked about a Mental Health First Aid (MHFA) trainer to offer training to hospital staff. This will be reviewed with our training budget. We will collaborate with the other 13 hospitals in the LHIN to see if we can share this resource.</p> <p><b>9. <u>IN CAMERA SESSION</u></b></p> <p><b>MOTION: J. Dickson/M. Davidson</b></p> <p><b>“That the Board move to an in-camera session of the meeting at 6:28 pm.”</b></p> <p><b>CARRIED 2017-071</b></p>	
<p><b>10. <u>RETURN TO OPEN SESSION</u></b></p> <p><b>MOTION: K. Lusignan/D. Bailey</b></p> <p><b>“That the Board return to an open session of the meeting at 6:43 pm.”</b></p> <p><b>CARRIED 2017-072</b></p>	
<p><b>MOTION: D. Bailey/S. Suutari</b></p> <p><b>“That the Board approve the In-Camera minutes of March 8, 2017.”</b></p> <p><b>CARRIED 2017-073</b></p>	
<p><b>MOTION: S. Suutari/D. Bailey</b></p> <p><b>Credentialing: (from June 21, 2017 MAC Meeting)</b></p> <p><b><u>Locum Staff Appointment</u></b></p> <p><b>“That the following professional staff:</b></p> <p>Dr. Shraddha Krishnan</p> <p>Dr. Dan Shilensky</p> <p>Dr. Nicholas Wang</p> <p>Dr. Jun Park</p> <p>Dr. Eileen Ten Cate</p> <p><b>be approved for appointment to the Locum staff for the remainder of the calendar year 2017.”</b></p> <p><b>CARRIED 2017-074</b></p>	
<p><b>MOTION: S. Suutari/K. Lusignan</b></p> <p><b>Credentialing: (from June 21, 2017 MAC Meeting)</b></p> <p><b><u>Regional Staff Appointments</u></b></p> <p><b>“That the following professional staff:</b></p> <p>Dr. Hazem Elmansy</p> <p><b>be approved for appointment to the Regional staff for the remainder of the calendar year 2017.”</b></p>	

<b>CARRIED 2017-075</b>	
	Action Req'd/Date
<b>11. ADJOURNMENT</b> <b>With no further business, the meeting was adjourned at 6:45 pm on a motion by S. Suutari/K. Lusignan.</b> <b>CARRIED 2017-76</b>	
<p>The next <u>regular</u> Board meeting will be held on Wednesday, November 1<sup>st</sup> at 5 pm in the NOSM conference room.</p> <p>The joint Finance Committee/Governance Committee meeting will take place on Wednesday, October 4<sup>th</sup> at 5:00 pm in the NOSM conference room. The Quality Committee of the Board Meeting will be held on Wednesday, November 18 at 5:00 pm.</p>	
<p>_____ Ed Enge, Board Chair</p> <p>_____ D. Moynihan, CEO</p>	

---

**CEO Report to the regular meeting of the Board of Directors  
Atikokan General Hospital  
Wednesday September 13, 2017**

**Premier's Visit**

We were honored to receive a visit from the Premier and Minister Mauro in August. They toured our new redeveloped facility, spoke to staff and residents and enjoyed some fresh blueberries. The ribbon cutting with the Premier and Minister was a special occasion.

**Historical Mural**

Plans are under way to install a mural in the entrance hallway that will highlight some of the history of health care in Atikokan. A committee composed of staff and citizens will recommend topics and people to feature in pictures and text. The target date for completion is October 6.

**Redevelopment Project**

We are in the final months of activity as Mansfield completes the 3 rooms in stage 3, and replaces all the wall protection and hand rails in the old LTC wing. They renovated the shower in the old LTC and should be laying sod to finish the landscaping. Some additional nursing calls and amending the new LTC entrance are also slated for completion.

**Pharmacy**

The Regional Pharmacy Committee continues to progress towards ensuring all pharmacies will meet the new Accreditation targets expected to be in force by January 2019. In particular we expect to receive an engineering / architectural report on what needs to be renovated so that we can continue to offer chemotherapy.

**Regional HR**

Plans are underway to create a LHIN wide Human Resource Committee. The purpose will be to standardize best practices in the HR health profession and support the small hospitals that may not have sufficient resources to employ their own specialized staff.

---

## **Provincial Patient Information Sharing**

Here is information from Bridget Davidson regarding eHealth's Connecting Ontario Project and AGH's involvement in the cNEO Project:

eHealth's Connecting Ontario Project is divided into three portions, or geographical areas:

1. Connecting Northern and Eastern Ontario (**cNEO**): Led by The Ottawa Hospital, encompasses South East, Champlain, North East and **North West**.
2. Connecting GTA (cGTA): Led by the University Health network, encompasses hospitals in the Greater Toronto Area.
3. Connecting South West Ontario (cSWO): Led by London Health Sciences Centre, encompasses remaining hospitals in SW Ontario.

AGH is part of the cNEO Project – Connecting Northern and Eastern Ontario. AGH has completed the eHealth Privacy and Security Assessments and is now ready to begin Clinical Validation (CV) testing this month. Clinical Validation testing involves health records staff verifying that the clinical information flowing from AGH Meditech EMR into the eHealth cNEO Clinical Viewer is identical; any errors or discrepancies will be reported for follow up. eHealth has standards for the Clinical Validation testing and AGH cannot go live until clinical information flow has met these criteria, ie. error free flow of information from one system into the other. Health Records staff is looking forward to completing the validation process and moving closer to implementing the Clinical Viewer at AGH, which will allow health care providers increased access to patient information when providing care.

## **Human Resources**

There has been lots of activity in HR over the summer with over 20 transfers and new hires combined. Local negotiations in both unions will commence in the coming months. The Wellness Committee is preparing activities to engage staff in healthy events.



Chief Nursing Officer Board Report  
September, 2017

**Nursing:** Staffing has been difficult this summer. We had 4 full time RNs resign from their positions over the summer. Two returned to Toronto, one took a different job and one decided to go part time. As of September 12 we have replaced all 4 so we are back up to full complement for full time RNs. To help reduce our nursing shortage we have hired two new RNs, Alandra Brown (part time) and Kelly Taggart (casual). Both RNs are experienced nurses from other hospitals who recently moved to Atikokan. For RPNs we hired Eliza Bernadez to cover a maternity leave and Michelle Polochowicz went from casual to part time for another RPN maternity leave. We are actively recruiting for more part time and casual RNs, RPNs and PSWs as it is difficult to replace sick calls and find staff for transfers. Recruitment is constantly ongoing.

**Lab:** The lab has hired Michael Ashbee as a lab tech to replace one of the techs going on maternity leave. The lab has purchased a new coagulation analyzer and it is up and running now and we have added a new test to our testing menu that physicians can order when they see patients in the ER. We are looking at having the nurses do some blood draws and testing in the ER to reduce the burden on our lab staff and reduce the amount of money spent on call backs. We are launching this with a lot of support and training to the nursing staff so they feel confident with the new procedures.

**Diagnostics:** The warranty for our x-ray suite is expiring at the end of this month so we are looking at different options for further warranty. The Thunder Bay Regional's radiologists are interested in providing service to our site and they are coming here sometime in the fall to make a presentation on the services they can offer. We currently use CTS based in Markham to read our x-rays.

**Pharmacy:** The Ontario College of Pharmacists site visit/pharmacy assessment took place on June 5/17. We received our Certificate of Pharmacy Accreditation for the second year on August 1/17. Corina Anderson, our Pharmacy Assistant, did a lot of work in preparation for this assessment and they were pleased with the system we have in place. Stantec visited our site on July 17/17 to complete an infrastructure assessment in regards to compliance for the upcoming implementation of the pharmacy NAPRA standards (chemotherapy delivery) from the Ontario College of Pharmacists. There were 4 engineers on site to complete the all day assessment. We will be receiving a report in the next few months. This assessment is a part of the Regional Pharmacy Program GAP analysis.

An orientation package for the nursing staff was created specifically for pharmacy as medication management and patient safety is a high priority. We have put 8 nurses through the orientation so far and they have all found it very beneficial. We hired a part time pharmacy assistant as the previous one has left to study ultrasound.

**Rehabilitation Department:** We have received funds through the Northern Ontario Heritage Fund to hire a Kinesiology intern for one year. She starts in October and will work with the rehab department, recreation and acute developing programs for our clients. The department is working with long term care to help create a more structured Restorative Care program. The Rehabilitation Assistant is spending more time in the mornings on Long Term Care helping the residents do various exercises and activities.

**Risk Management:** We have started having monthly meetings with the Acute nursing manager, the pharmacy assistant and the risk manager reviewing all medication incident reports. The pharmacy orientation for nurses was developed as a direct result of these meetings. The risk assessment manager is also planning to do process mapping for several common medication errors with the nursing staff, looking for issues with processes when delivering medication so we can help to reduce medication errors. In June we implemented all updated policies and procedures and tools to help prevent falls throughout the entire hospital. It starts with patients entering the ER who are screened for being at risk for falling and this process continues throughout their stay. The falls committee meets monthly to review all falls and make recommendations for improvements.

**Extended Care Wing:**

The last few months on ECW have been going well. There has been some changes made to staffing as we now have two RPNS on the unit for our 26 residents – each RPN is responsible for care, medication, and treatment of 13 residents each. PSW compliment remains the same. Staff and residents are adjusting well to the change and staff continue to work together to provide the best care possible to our residents.

- Mansfield has completed renovation to our resident shower in the “old wing” last week. A new non-slip flooring was installed and looks great!
- New wall protection and hand rails are currently being installed down the old wing replacing the carpet that was once on the walls and the old wooden handrails – this will be an improvement for infection control.
- The ministry of health and long term care visited for their annual inspection from August 28<sup>th</sup> to September 1<sup>st</sup>. We are happy to report we have no immediate orders and they complimented us on how friendly and helpful our staff were during their visit. We can anticipate a final report of their findings in 4-6 weeks.