



Board of Directors Regular Board Meeting
September 12, 2018
MINUTES

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Approved – Nov 7/18

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

Guest: Mike McKinnon, Atikokan Progress

Absent: Marlene Davidson, Darcey Bailey, Dr. Joanne Spencer

Recorder: Bonnie Clairmont

	Action Req'd/Date
<p>1. <u>PRESENTATION- Jill Leduchowski, Dietary</u></p> <p>J. Leduchowski, lead hand of the Dietary department shared information from her department which includes four full time, six part time and one casual employee. The Dietary department operates from 6 am to 8 pm, seven days per week and serves three meals per day following specific guidelines from the Ministry of Health & Long Term Care. Last year the dietary department served a total of 40,328 meals. The hospital also provides meals for nine Meals on Wheels clients in the community. From April to August, 2018 they have provided 628 meals to the community. The dietary department also caters to in-house meetings and luncheons as well as stocks the food and coffee vending machines in the staff cafeteria and provides daily stock to the Extended Care Wing, Acute Wing, Emergency Department and Doctor's Lounge. E. Enge thanked J. Leduchowski for her dedication (over 30 years service) and complimented the department on the food quality and service as expressed by hospital patrons.</p>	
<p><u>1. CALL TO ORDER</u></p> <p>E. Enge chaired and called the meeting to order at 5:05 pm.</p>	
<p><u>2. DECLARATION OF CONFLICT OF INTEREST – None declared.</u></p>	

	Action Req'd/Date
<p>3. <u>AGENDA</u></p> <p>The agenda was reviewed and accepted as presented.</p> <p>MOTION: S. Suutari/K. Lusignan “That the Board approve the agenda of September 12, 2018 as presented.”</p> <p style="text-align: right;">CARRIED 2018-073</p>	
<p>4. <u>CONSENT AGENDA</u></p> <p>The Consent Agenda was reviewed and accepted as presented.</p> <p>MOTION: K. Lusignan/S. Suutari “That the Consent Agenda be approved as presented.”</p> <p style="text-align: right;">CARRIED 2018-074</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 May 2, 2018 b) Acceptance of Health Professional Recruitment & Retention (HPRR) Committee meeting minutes of May 3, 2018. c) Acceptance of Medical Advisory Committee meeting minutes of April 24, May 23 and June 20, 2018. 	
<p>5. <u>BUSINESS ARISING</u> (none for this meeting)</p>	
<p>6. <u>STRATEGIC DISCUSSION</u></p> <p>6.1 Report from the President and CEO See report attached to minutes.</p> <p>D. Moynihan recapped some of the highlights from his report including the impact of a change of government on the LHIN’s roles and relationships with the sub-region planning tables and hubs. Jean Bartkowiak & Dr. Peter Voros from the Thunder Bay Regional Health Sciences Centre visited our hospital in July and and Dr. Rhonda Crocker Ellacott, new LHIN CEO visited in August. We also celebrated the official opening of our new acute wing and renovated LTC rooms in August. Accreditation teams have been busy reviewing policies and standards for our review in March, 2019. Our two unions Unifor and ONA successfully completed central and local negotiations. Our Phase 2 planning is progressing towards a final draft which will be brought to the board before it goes to the LHIN and Ministry.</p>	

	Action Req'd/Date
<p>6.2 Quality/Patient Safety Report by Jennifer Learning, CNO See report attached to minutes.</p> <p>J. Learning recapped some of the highlights including:</p> <ul style="list-style-type: none"> • nurse staffing issues and our challenge to fill the Chemotherapy position • new Acute & Emergency Department Manager, Susan Sampson; • ultrasound now able to offer shoulder exams here; • recruitment for a new Occupational Therapist • new lab management • renovations to the Long Term Care gazebo area • RL6 electronic incident reporting • Fan-Out exercise • new Infection Control stations for ECW and Acute Care units • new wander alarm system recently installed in Acute care unit • an update on our new communication device, Vocera and • Pharmacy Accreditation in July with a PASS with action plans. The main focus was on hazardous sterile compounding (chemotherapy). <p>6.3 Analysis of Hospital Services since April, 2018: D. Moynihan and B. Clairmont reported that occupancy in our acute department from April to August, 2018 was 57.8% with June being our highest occupancy at 63.3%. For fiscal year 2017/18 our average occupancy was 59.9%. This is based on 19 beds (for April, 2017) and 15 beds from May, 2017 on.</p> <p>6.4 Financial Services Manager Report: B. Harris distributed updated copies of the July, 2018 financial statements and gave an overview of the balance sheet and summary of operations. Overall the operating budget at July 31, 2018 was a \$61K deficit. We are currently \$140K over budget in wages and benefits combined. This is a result of sick time, resulting in overtime; maintenance wages, lab wages, and an unbudgeted summer student. We have a \$10K overage in Supplies and Other Expenses as a result of the capital planning and our Contracted Out balance is over budget due to health records coverage. Our current ratio is 2.5% (current assets/current liabilities).</p>	

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<p>7. <u>GENERATIVE</u></p> <p>7.1 Quality: E. Enge noted that in the Governance accreditation standards we need to address quality at board meetings. It was decided that Quality will be a standing agenda item following the CEO & CNO reports on the board meeting agenda. J. Learning shared that the Patient & Family Advisory Council has also been given the opportunity to offer suggestions on the hospital's quality improvement plans. K. Lusignan commented that the hospital's image is being affected by staff smoking off site.</p> <p>7.2 Board Committees: Board members are asked to think about what committees they may be interested in chairing or being vice-chair. We will elect new chair and vice chair at upcoming Finance, Governance and Quality Committee meetings.</p> <p>7.3 Accreditation: E. Enge stated that there is still a lot of work to be done to create action plans to address accreditation standards we currently do not meet. We will work on action plans for the following standards at the October 3rd Governance meeting:</p> <p>7.8 – Succession plan for CEO 11.3 & 11.4 – Establish, implement and evaluate a communication plan for the organization including strategies to communicate key messages. 12.3 – Ensure that an integrated risk management approach and contingency plans are in place. 13.6 & 13.7 – Evaluation of board members and board chair.</p> <p>8. <u>IN CAMERA SESSION</u></p> <p>MOTION: S. Suutari/K. Lusignan</p> <p>“That the Board move to an in-camera session of the meeting at 6:03 pm.”</p> <p style="text-align: right;">CARRIED 2018-075</p> <p>9. <u>RETURN TO OPEN SESSION</u></p> <p>MOTION: J. Dickson/K. Lusignan</p> <p>“That the Board return to an open session of the meeting at 7:02 pm.”</p> <p style="text-align: right;">CARRIED 2018-076</p>	

	Action Req'd/Date
<p>MOTION: J. Dickson/K. Lusignan Credentialing: (from September 12, 2018 MAC Meeting) <u>Locum Staff Re-Appointments</u> “That the following professional staff: Dr. Matthew Tucker Dr. Helena Gousseau</p> <p>be approved for re-appointment to the Locum staff for the remainder of the calendar year 2018.”</p> <p style="text-align: right;">CARRIED 2018-082</p>	
<p>MOTION: K. Lusignan/S. Suutari Credentialing: (updated from May 23, 2018 MAC Meeting- updated at September 12, 2018 meeting) <u>Staff Status Change</u> “That the following professional staff: Dr. Joseph Barbero</p> <p>be approved for change in privileges from Active to Associate staff for the remainder of the calendar year 2018.”</p> <p style="text-align: right;">CARRIED 2018-083</p>	
<p>MOTION: S. Suutari/K. Lusignan Credentialing: (from September 12, 2018 MAC Meeting) <u>Associate Staff Appointment</u> “That the following professional staff: Dr. Shawn Minor</p> <p>be approved for appointment to the Associate staff for the remainder of the calendar year 2018.”</p> <p style="text-align: right;">CARRIED 2018-084</p>	
<p>MOTION: S. Suutari/K. Lusignan Credentialing: (from September 12, 2018 MAC Meeting) <u>Regional Ordering Staff Appointments</u> “That the following professional staff: Dr. Joshua Burley Dr. Jordan Green Dr. Matthew Igves Andree V. Perrier, Nurse Practitioner Dr. Vivian Yau Dr. Pestros Zezos</p> <p>be approved for appointment to the Regional Ordering staff for the remainder of the calendar year 2018.”</p> <p style="text-align: right;">CARRIED 2018-085</p>	

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<p>10. <u>ADJOURNMENT</u> With no further business, the meeting was adjourned at 7:06 pm on a motion by K. Lusignan/S. Suutari.</p> <p style="text-align: right;">CARRIED 2018-086</p>	
<p>The next <u>regular board meeting</u> will be held on Wednesday, November 7, 2018 at 5 pm. The Finance Committee and Governance Committee meetings will be on Wednesday, October 3rd at 5:00 pm.</p>	
<p>_____</p> <p>Ed Enge, Board Chair</p> <p style="margin-left: 300px;">_____</p> <p style="margin-left: 300px;">D. Moynihan, CEO</p>	

**CEO Report to the Board of Directors
Atikokan General Hospital Regular meeting
September 12, 2018**

Since our Annual General Meeting in June we have been very busy managing change on a number of strategic initiatives. The change in government has given the LHIN an opportunity to review some of the regional projects. For example, clarification on the roles and relationships between the sub - region planning tables and the role of local health integration organizations or Hubs, is being reviewed.

In July we had a visit from the Thunder Bay Regional Health Sciences Center President, Jean Bartkowiak and his new VP of acute in patient services, Dr. Peter Voros. We discussed opportunities to collaborate and improve patient care.

In August we had a visit from the new LHIN CEO, Dr. Rhonda Crocker Ellacott. We discussed such topics as:

- Transportation (non urgent, stretcher).
- The Small Hospital Transformation Fund,
- The future of Shared Services,
- Our local Atikokan Health Hub,
- Support to license three new LTC beds,
- Our application for the next phase 2 to build a new emergency and laboratory department.
- Mental Health and Addictions
- Regional Pharmacy and Human Resources projects

Also in August we celebrated the official opening of our new acute wing and renovated Long Term Care rooms. We also published our Annual report and with a new format and color pictures it has received very positive comments.

Accreditation, scheduled for March 2019, has been active with each of the 10 teams' busy meeting to ensure that policies and standards are reviewed and communicated to all staff.

Our two unions, UNIFOR and ONA successfully completed central and local negotiations. Wage and benefit changes will be implemented for the staff.

The pre-capital proposal for our Phase two planning is progressing with an expected submission to the LHIN and the Ministry this month.

Chief Nursing Officer's Board Report September 12, 2018

Nursing: We have had a lot of staffing issues due to RN's, RPNs and PSWs being off sick over the summer. We have a full time person going into the chemo/telemedicine position starting September 10 and we have just hired a part time RN who has agreed to take the chemotherapy nursing course. We hope this means we can bring chemotherapy back to Atikokan by January 2019. In the meantime we have signed a contract with a company called PRN nursing hoping to get their help finding a qualified RN to run the chemo program this fall, so far without luck.

Keira Lacosse, our nurse manager, resigned from her position so she could work part time as a RN here so she could meet family obligations that she found working full time difficult to manage. To replace her we have hired Susan Sampson who has 26 years of nursing experience, most of it at this hospital, and the feedback from the nursing staff has been overwhelmingly happy that she is returning. We hope this helps to boost morale which has been quite low over the summer with so many nursing staff off on sick leave.

Diagnostics: Our ultrasound technologist is now able to offer shoulder exam. The practice of Sonography in Ontario is going to be regulated exclusively by the CMRTO (College of Medical Radiation Technologists of Ontario) as of January 1, 2019. Robert's application and registration has been approved to be part of this College so we don't need to interrupt ultrasound services. Up until now Sonography has been unregulated in Ontario so they are trying to remove unqualified practitioners through regulation. Stats for diagnostic testing over the summer are about the same as other summers and Robert feels that the orientation for physicians is working really well in keeping the afterhours call backs down to a manageable level.

Rehab: We said goodbye to our Occupational Therapist and are actively looking for a new one. We have an application we are currently considering. Our Kinesiology intern went back to school so we had to say goodbye to her earlier than expected. She started our chronic pain program in the spring and it is very popular and all participants have improved from being in the program. This is currently being run by our Rehab Aid and Physiotherapist and will be evaluated to see if we can continue it with limited staff.

Lab: We had to relieve our new lab manager of his position after very careful consideration and before his probationary period was complete. We did this with the full support of the Regional Lab Director Dr. Macdonald. Our plan now is to have the lab manager from Riverside Health Care facilities help our MLT Tim Brown manage the lab. I have taken on the performance and discipline duties of the manager role and Tim and Toni, the Riverside Lab manager have split the lab manager duties. We are waiting for a MLT to return from maternity leave at the beginning of October and then evaluating what we going to do next. By the end of October we will have 3 MLTs who can cover

call which is more than we have had since April and it will alleviate some of the burden of covering call.

Tim and Toni are actively pursuing getting our new blood gas analyser up and validated and Tim will track the call backs they get to see if we are getting very many for blood gases as this new machine has the ability to be a point of care that the nurses can run blood gas testing in the ER. Tim is working on several projects that Karen was working on before she left as lab manager and they are all progressing well.

Long Term Care: Staffing continues to be an ongoing issue due to summer vacation, medical leaves and people moving to different positions. We did make it through the summer without working short staffed and managed to recruit one new part-time RPN and two new part-time PSWs. We also were happy to have a Recreationist student this summer with the help of a summer student grant from the Metis Nations of Ontario.

Our residents are happy to hear that we will be getting some work done on our outdoor gazebo area! Starting next week, the gazebo area will be given a “face lift” where we will be renovating and constructing a new double-wide continuous walkway around the gazebo where residents can safely go outside and walk around, equipped with new handrails, seating areas, enclosed fencing and gardens.

The Ministry of Health and Long Term Care conducted their annual compliance inspection from June 18th to the 22nd. The inspectors were initially planning to stay for a two week inspection period, but only stayed one week as their inspection did not trigger further investigating of non-compliance. We received a report from the Ministry on June 28th and a copy was provided to the Board of Directors Chair. In short - we had 6 written notifications on non-compliance, one of which contained an order. The order was in regards to our 3 month medication reviews not being completed in the 3 month/90 day period. We are currently working with our doctors to ensure that we are in compliance with this order and medication reviews are completed prior to or by the 3 month period. Our other 5 notifications on non-compliance issued were in regards to updating residents care plans, safe storage of medications, infection control & hand-hygiene, consulting with Resident’s council re: satisfaction survey, and reporting of critical incidents to the Director. All non-compliance items issued have been rectified and we will continue to work toward compliance of each of these.

Risk Management: Administrator training is currently under way for the RL6 electronic incident reporting software. ‘Go Live’ expected after user training is complete (hopefully in Oct 2018). User training will emphasize the purpose of completing incident reports – to detect gaps in processes and identify opportunities for improvement. The ‘Fan Out’ exercise done in June 2018 went well overall, however some issues were identified and required streamlining – another exercise will be scheduled in the near future, after changes have been implemented.

Infection Control: No outbreaks or nosocomial infections identified since the March 2018 ECW Respiratory Outbreak. New 'Infection Control Stations' have been ordered and will be placed near the entrances to ECW and Acute Care Unit (similar to the infection control station located in the front lobby). The Infection Control Accreditation Team has reviewed the self assessment survey and discussed action plans required – will meet again in September 2018 to review progress made. Automated Dispensing Systems are now in use by housekeeping staff – these ensure proper dilution of cleaners/disinfectants as well as functioning to protect staff from direct exposure to concentrated chemicals.

Patient Safety/Quality: New Wander Alarm system installed on Acute Care Unit. Canadian Patient Safety Institute (CPSI) 'Patient Safety Week' – Oct 29th to Nov 2nd. AGH is registered for this event and further information will follow. The focus this year is on Medication Safety. Next Patient & Family Advisory Council meeting is scheduled for September 12th, 2018.

Occupational Health & Safety: The Vocera communication system is now in use – some issues still remain to be resolved and efforts remain underway to work these out (telephone system). Departmental Hazard analyses have been completed for 2018. Activities identified as High Risk included handling of chemicals, sharps exposure & lifting. AGH has numerous controls in place to reduce exposures to all types of hazards identified, regardless of whether they have been rated as High, Medium or Low risk.

Pharmacy: We had our Ontario College of Pharmacists (OCP) visit on July 18/18. Our assessment outcome was PASS with Action Plan. The main focus this year was on the Hazardous Sterile compounding (chemotherapy). They were mainly focused on the people and the processes which includes: policies and procedures and the appropriate training of all staff (pharmacy, nursing, housekeeping). They were also focused on the facilities and equipment which includes: the clean room/anteroom, the chemo hood and purpose built fridge, quality assurance program, verification of equipment/facilities (logs), PPE.

Medication security, storage and safety are always an area of focus and we met the majority of those standards that were assessed. This would include the automated dispensing cabinets, the packaging of medications, technology, and narcotic and controlled substances.

A portion of the assessment focused on drug diversion of narcotic and controlled medications in patient care areas. Our focus going forward will be regular and frequent auditing of narcotic and controlled drugs in the Emergency department, as well as close monitoring of the narcotic wastage in patient care areas. The action plan was reviewed and there were specific areas that needed to be reported back to the OCP by August 23/2018. Which required the uploading of further information requested, time lines for the action plan, and the completion of specific items with evidence.