

## Board of Directors Regular Board Meeting September 3, 2019

## **MINUTES**

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Approved – Nov 6/19

Present: Marlene Davidson ©, Darcey Bailey – VC (phone telephone); Sheron Suutari,

Jeremy Dickson, Sally Burns, Beth Fairfield, Lorraine Gauthier Stromberg,

Jennifer Learning, Interim CEO; Dr. S. Van Der Loo, COS

Guest: Mike McKinnon, Atikokan Progress, Kim Cross, Finance

Regrets: Brad Ricci, Dr. J. Spencer, Pres. Medical Staff

Recorder: Bonnie Clairmont

	Action Req'd/Date
<ul><li>1.1 <u>CALL TO ORDER</u></li><li>M. Davidson, Chair chaired and called the meeting to order at 5:06 pm.</li></ul>	
1.2 <u>DECLARATION OF CONFLICT OF INTEREST</u> – None declared.	
1.3. <u>AGENDA</u>	
The agenda was reviewed and accepted as presented.	
MOTION: S. Suutari/L. Gauthier Stromberg "That the Board approve the agenda of September 3 as presented."  CARRIED 2019-070	
CONSENT AGENDA     The Consent Agenda was reviewed and accepted as presented.	
MOTION: B. Fairfield/J. Dickson  "That the Consent Agenda be approved as presented."  CARRIED 2019-071	
With the adoption of the Consent Agenda, the following items were approved:	
<ul> <li>a) Approval of Regular Board meeting minutes of May 1, 2019</li> <li>b) Acceptance of Medical Advisory Committee meeting minutes of May 14, June 26 and July 12, 2019.</li> </ul>	

Action Req'd/Date 3. BUSINESS ARISING: From the meeting minutes reviewed, J. Learning responded to questions posed by board members including: an update on the renovation projects happening at the hospital: ER ramp: the bid for this project came in much higher than expected. We received approval from a structural engineer to defer this project until next year. **HVAC** in the lab has been installed. **Chiller in Extended Care Wing:** will be installed when weather is cooler. Extended Care & Parking lot lighting is still to be completed. **Incident Reports:** M. Cornell prepares the scorecard with S. Sampson. Data will be posted on the whiteboard at the acute nursing station. Meals on Wheels Increase: We will review the cost of preparing the meals on wheels to ensure the hospital is not losing money on this community venture. **Tour of Hospital:** will be offered at our next orientation meeting. **Nursing Attendance:** J. Learning reported that overtime and sick time continue to drop since last reported in May. 4. STRATEGIC DISCUSSION 4.1 Report from the Interim CEO See report attached to minutes. J. Learning recapped some of the highlights from the CEO report including: • OTN: Our new telemedicine coordinator is RPN Kim Sportak. • Chemo: We are working on RN nursing staff to obtain/recertify for chemotherapy administration for Atikokan clients. We hope to be able to offer chemo again in Atikokan in early 2020. Surge Learning, an online learning management system will be introduced to all AGH staff in late 2019/early 2020. Rehab offers a successful chronic pain program which runs five days/week. Another GLAD session is scheduled to begin this month and will run for six weeks. Our rehab Aide who is also a Kinesiologist is now recognized by the hospital as a J. Learning to prepare a press registered Kin and can take on additional duties such as release on services creating exercise programs for our LTC residents. We have offered by Rehab. hired a full time Occupational Therapist, Jessica Gosselin and have a physiotherapist on contract through Northstream. We continue to recruit for a full time physiotherapist. Dr. S. Van Der Loo suggested a press release be prepared to let the

community know what Rehab services AGH offers. J. Learning

will prepare the press release.

Action Reg'd/Date

Lab: Tim Brown, a MLT in our Lab has taken a job in another community so we are actively recruiting for a new MLT. In the meantime we have a locum MLT from Terrace Bay with 34 years of experience that comes to provide support. Kristy Matichuk is the lab manager and we have hired the lab manager in Dryden on a contract basis to provide her with support and mentorship. K. Matichuk and S. Sampson will take leadership training offered by Northwest Training.

- LTC: S. Wood is seeking out a new pharmacy provided for the Extended Care Wing as we are displeased with service from our current provider. We have met with representatives from Rexall on what they can offer. If we finalize a contract with Rexall, they would cover the cost of our new Surge Learning program. They also provide charitable support to the hospital such as donations to the Foundation, staff appreciation or resident support. The LTC residents have been enjoying the new walkway and outdoor gardens in our renovated outdoor space. The Foundation provided funding for the purchase of outdoor furniture and raised vegetable gardens. The Foundation also agreed to cover the cost of door murals for the resident room doors which will make the ECW more home-like and assist residents in wayfinding.
- Pharmacy: The Ontario College of Pharmacists were here in May and our accreditation went so well they now will only come every other year. The pharmacy assistant II was reduced from two days per week to one as we will no longer be mixing chemo drugs here. Those savings will go towards covering the transportation costs of bringing chemo drugs from Fort Frances to Atikokan.
- Diagnostic Imaging: Our portable X-ray machine incurred a
  total downtime of three months due to electronic
  malfunction. We were able to escalate the service issue to
  GE's highest level and got the repairs expedited at no cost. DI
  will be renegotiating the X-ray contact with GE to lower our
  travel/accommodation costs when service technicians need to
  come and to provide a commitment from the vendor for the
  machinery's up-time performance. We may be gaining the

Action Reg'd/Date services of a second ultrasound technologist to work one week a month to accommodate this increasingly in-demand service. The department also acquired a transvaginal ultrasound probe disinfectant machine which cleans the probe in seven minutes. Previously we had to rely on another department to ready the probe which delayed used of the probe by anywhere from one hour to one week. This machine epitomises a higher standard of patient care. Risk Management: There were two LTC critical incident reports completed over the summer: one when the humidity in the building set off the fire alarms and the other when a resident fell and fractured their right medical tibial plateau. Our RN student performed hand hygiene audits during the month of June. Those results will be posted on the whiteboard at the Acute nursing station. Canadian Patient Safety Week is October 28<sup>th</sup> to November 1<sup>st</sup>. AGH is participating and this year's theme is "Conquer Silence". Housekeeping: New housekeeping routines were implemented with the arrival of a new, automated floor scrubber. Changes will be implemented to the part time rotation schedule to improve work flow and efficiency. Community Counselling: We are working with the LHIN to make some changes to how our Support House works. New staffing responsibilities will be implemented as well. Vocera: Our system has been down since a big storm in August and we have been working to get it restored. Once it is running smoothly it will be tied into our telephone system so staff can answer calls through the Vocera system rather than running for the telephone. During Mission Week Penny Tremblay presented "Play Nice in the Sandbox" to all staff. The sessions were designed to help create a more productive and peaceful work environment. Maintenance Projects: A new HVAC system was installed in the lab. A new chiller will be installed in the Extended Care Wing once the weather cools down and lighting will be updated in the hallways of the older part of the ECW. The ER ramp repairs have been put on hold until next year.

	Action Req'd/Date
4.2 Staff Incidents & Monthly Incident Report Summary – July, 2019:	
J. Learning reviewed the staff incidents and noted that our falls were	
up in 2018-19 due to staff falling in the parking lot due to ice. D. Bailey	
asked if the hospital had a plan to help prevent this for the future and	
J. Learning shared that we are looking at the roof attached at the ECW	
entrance and ensuring buckets of salt are readily available. As well we	
are looking into contracting out the clearing and salting of the parking	
lot. The monthly Incident Report Summary for July, 2019 was reviewed	
and J. Learning noted that she, S. Sampson, S. Wood, M. Cornell meet	
monthly to review the incident reports and make plans to address	
issues.	
4 2 Florestal Construction Provide Construction Construction	
<b>4.3 Financial Services Manager Report:</b> K. Cross reported on the financials for the four months ending July 31, 2019. From the summary	
of operations Revenue we show an increase in Ministry Allocation of	
\$295K due to due an increase in base funding. Our Other Revenue is	
down due to no chemotherapy revenue and less Rehab revenue. Under	
Expenses are salary and wages are down due to less overtime and sick	
time use. At July 31 <sup>st</sup> we show a \$81K surplus. K. Cross is working to	
recover \$220K from Lifelabs which is income we had not applied for in	
over 22 months. Our savings have taking a 3/4 of a million dollar hit due to our deficit position for the last three years. We are slowly	
climbing out of debt on things we have control of (overtime and sick	
time has shown a significant drop). From the Community Mental	
Health Programs we show a surplus of \$62K at July 31, 2019, although	
K. Cross noted that we were still waiting for invoices for some expenses	
that did not arrive during this period.	
MOTION: J. Dickson/S. Suutari	
"That the Board contract out the hospital's finances to Dryden Regional	
Health Centre" CARRIED 2019-72	
Representatives from the Dryden Regional Health Centre will visit the	
nospital in September to review and learn our financial system.	
. Learning reported that we are waiting on Ministry approval of our	
change orders from the recent redevelopment build prior to releasing our	
LO% holdback.	1

	Action Req'd/Date
<b>4.4 Quality Performance Scorecard:</b> J. Learning reviewed the Q1 data and explained what indicators we are measuring for quality improvements and how targets were set. The data will be compared quarterly and yearly.	
5. <u>GENERATIVE</u>	
<b>5.1 Review and Signing of Board Member Position Description and Board Code of Conduct policies:</b> M. Davidson reviewed the board member position description and code of conduct policies and stressed the importance of board members signing these documents. The board members present signed the documents which will be filed in the CEO's office. M. Davidson asked board members to review the Committee Membership form (from Orientation binder, page 7) and consider which committee they may want to sit on. We will be reviewing the Committee Membership at the upcoming Governance meeting.	i l
<b>5.2 CEO Recruitment Update:</b> M. Davidson shared that the Succession Committee has had two meetings. All resumes have been reviewed and the top ten were selected for telephone interviews. We hope to do the telephone interviews in September and early October. Once those interviews are reviewed we will choose two candidates to come to visit Atikokan and do an in-person interview here with board and staff.	
6. <u>IN CAMERA SESSION</u>	
MOTION: S. Suutari/L. Gauthier Stromberg	
"That the Board move to an in-camera session of the meeting at 6:20 pm." CARRIED 2019-073	3
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pm." CARRIED 2019-073	
pm." CARRIED 2019-073 7. RETURN TO OPEN SESSION	
pm."  CARRIED 2019-073  7. RETURN TO OPEN SESSION  MOTION: J. Dickson/B. Fairfield  "That the Board return to an open session of the meeting at 6:45 pm."	

		Action Req'd/Da
MOTION: B. Fairfield/L. Gauthier S	Stromborg	
Credentialing: (from May 14, 2019	•	
Active Staff Appointment	WAC Weeting)	
"That the following profession	nal staff:	
Dr. Joseph Barbero		
be approved for appointment to	the Active staff for the remainder of the	
calendar year 2019."	CARRIED 2019-076	
MOTION: J. Dickson/B. Fairfield		
Credentialing: (from May 14, 2019	9 MAC Meeting)	
Regional Staff Appointment		
"That the following profession	nal staff:	
Dr. Alyson Dykstra  be approved for appointment to the	ne Regional staff for the remainder of the	
, ,	ne Regional staff for the remainder of the CARRIED 2019-077	
be approved for appointment to th calendar year 2019."	_	
be approved for appointment to th calendar year 2019."	ext <u>regular board meeting</u> will be held on	
be approved for appointment to the calendar year 2019."  7. DATE OF NEXT MEETING: The now we will be with the calendar year 2019 at the calendar year 2019 at the calendar year.	ext <u>regular board meeting</u> will be held on	
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## Acting CEO/Chief Nursing Officer's Board Report September 3, 2019

<u>Nursing:</u> Our telemedicine coordinator is now Kim Sportak RPN and she began her new role in July and has been doing very well. Kim spent two days at Riverside in Fort Frances training with the telemedicine coordinator there.

Working on RN nursing staff to obtain / re-certify for chemotherapy administration for Atikokan clients. Riverside is entering into a partnership with us where they will complete the mixing of the chemotherapy medications and then ship them into Atikokan the same day. Hoping for an early 2020 start to resuming some chemotherapy services here at AGH.

Advanced Cardiac Life Support (ACLS) training is going to be offered here September 26 & 27. There are 10 RN's taking part, one physician and one RPN.

**Surge Learning** is to be introduced to all AGH staff late 2019/early 2020. Surge is an online learning management system for all departments. Managers and department heads are preparing the courses available for their staff. Some of the examples are Fire training, WHIMIS, Falls prevention training, Cultural Awareness Training and Dementia training in LTC. Surge tracks the various courses which staff are completing for both annual training required by the MOH and MOL as well as numerous optional training courses and videos.

**Rehab:** We are continuing with the very successful chronic pain program which continues to run 5 days a week. We are starting up another GLAD session in September to run for 6 weeks. Our rehab aid who is also a Kinesiologist is now being recognized by the hospital as a registered Kin and can take on even more duties under her Kin degree such as creating exercise programs for our Long Term Care residents.

We have hired a full time Occupational Therapist Jessica Gosselin who is from Atikokan. She was already working in the position on a contract basis so she has fit in nicely with our rehab area. We have a Physiotherapist on contract through Northstream who comes here once a week and she is well loved by our clients. We continue to actively recruit for a full time physiotherapist.

<u>Lab:</u> Over the summer one of our MLT's, Tim Brown, moved to a different community for other work. We are actively recruiting a new MLT to replace him. In the meantime we did find a locum MLT who is from Terrace Bay with 34 years of experience. She has come here throughout the summer to help support the lab which has been very helpful. We put Kristy Matichuk in the lab manager role and have hired the lab manager in Dryden on a contract basis to provide support and mentorship for her while she learns her role. Kristy, along with Susan Sampson, will be taking the leadership training offered

by Northwest Training that the other managers from this hospital have taken in the past.

**Long Term Care:** Stacey Wood is currently working on seeking out a new pharmacy provider for the Extended Care Wing. We currently have a contract with Janzen's pharmacy (a privately owned pharmacy) in Thunder Bay which has been in place for the past three years – the contract expires this year and both management and staff have been displeased with the services Janzen's has been providing. Stacey has been consulting with Rexall Pharmacy out of Toronto who services 13 LTC homes in Canada and is Accredited by Accreditation Canada. Our local Rexall pharmacy has agreed to work with the contract services from Toronto to assist with medication refills in between medication shipments, after hours, and on weekends. Stacey has also reached out to Geraldton hospital who recently made the switch from Janzen's pharmacy to Rexall pharmacy due to similar issues we are currently experiencing. Geraldton staff had great feedback from Rexall services and encouraged Stacey to go ahead with the switch over. A pharmacy representative from Rexall came down from Toronto last month and met with Jennifer and Stacey to discuss what they can offer and had a tour of the unit. Rexall pharmacy has partnerships with Surge Learning (the education software AGH has recently purchased) and there is an opportunity for the cost of Surge to be covered by Rexall if we finalize a contract with them. They also provide targeted investments where they offer charitable support back to the hospital such as donations to the Hospital Foundation, Staff appreciation, or Resident support.

The residents have been enjoying our outdoor space this summer – making use of the walkway and outdoor gardens. The project is still not fully complete, and we may need to wait until next spring to see the completion of the space. Earlier this summer the Foundation approved a proposal from Stacey to purchase outdoor furniture for the residents to enjoy in the gazebo, as well as outdoor raised vegetable gardens and a perennial garden created by Karen Vandoorne that the residents can enjoy year after year. The raised gardens were purchased and the residents did plant some vegetables this summer, however the garden is still not fully complete but Karen hopes to complete in the next week or so (she had a busy summer!). The ordering of the outdoor furniture was put on hold due to awaiting for maintenance to complete some renovations inside the gazebo, and now that summer has almost come to an end we will plan on purchasing the outdoor furniture in the spring.

The Foundation has also generously agreed to cover the cost of door murals for the resident room doors. These murals appear like house doors in a variety of styles and colours – the idea is to assist residents in wayfinding as it is difficult for some to find their way when all the doors look the same, as well as to provide a more "home-like" feel to the unit transforming it into a more comfortable, personal and neighbourhood-like environment. The door murals can also help stimulate memories and assist in orientation as the residents will be able to identify which door is theirs based on design and colour. The murals have been selected and ordered – we are now awaiting for creation and shipment.

**Pharmacy:** The Ontario College of Pharmacists were here in May to do the pharmacy accreditation and it went very well. They will now only come every other year. They continue to update policies and procedures to continuously improve our pharmacy and reduce medication errors. The pharmacy assistant II was also reduced from 2 days a week to 1 day a week as we will no longer be mixing chemotherapy so there is less support needed in the pharmacy. That money will go towards helping to cover the cost of transporting the chemotherapy from Fort Frances to Atikokan.

<u>Diagnostic Imaging:</u> Our portable X-Ray machine incurred a downtime totalling three months, related to electronic malfunction. We were able to escalate the service issue to GE's highest level which involved their Engineering Department and the Imaging Division's president and got the repairs expedited and at no cost.

DI department will be re-negotiating the X-Ray equipment contract with GE as soon as possible to lower our costs attributed to service techs' travel/accommodation and to provide a commitment from the vendor for the machinery's up-time performance. The latter will reduce down-time of the X-Ray equipment.

This fall, we may be gaining the services of a second ultrasound technologist to work one week a month, thus minimizing workflow interruptions of this increasingly indemand service.

The department also recently acquired a transvaginal ultrasound probe disinfectant machine that facilitates the completion of obstetrical/gynaecological exams. It is quite new to the market. It cleans the probe in seven minutes.

Previously, we had to rely on another department to ready the probe for the next patient, with technical issues and staffing issues making the probe unavailable for anywhere from one hour to one week. This little machine epitomises a higher standard of patient care.

<u>Risk Management</u> There were two long term care Critical Incident Reports completed over the summer. One was on July 15<sup>th</sup> when the humidity in the building set off the fire alarms so they had to put them in bypass mode for 6 hours while they cooled down the rooms. The other critical incident reported was on Aug 27<sup>th</sup> when a resident fell and fractured their right medical tibial plateau.

The RN student was provided training and performed Hand Hygiene audits during the month of June. Results will be posted on the White Board across from the Acute Nursing Station.

Canadian Patient Safety Week runs October 28<sup>th</sup> to November 1<sup>st</sup> this year. AGH is registered to participate and waiting for information packages from the Canadian Patient Safety Institute (CPSI), expected to be released in September. The theme this year is "Conquer Silence".

<u>Housekeeping:</u> New housekeeping routines were implemented in July following the staff being trained on the use of the new automated floor scrubber. Further changes will be coming to the part time rotation schedule in order to improve work flow & efficiency. This department has been working short staffed for most of the summer due to some unforeseen circumstances and I would like to acknowledge the staff for covering the extra shifts. We are currently recruiting for a permanent part time position.

<u>Community Counselling:</u> We are working with the LHIN to make some changes to how our Support House works. It will still have it's same mandate but there will be mandatory meetings that the residents must attend and clearer agreements as what the expectations are when they are living in the house. There has also been some movement with different responsibilities amongst the staff which will be implemented September 2, 2019.

<u>Other:</u> Our Vocera system has been down since a big rain storm in August and we are working with our IT and Sioux Lookout's IT department to try to get it up and running again. Once it is up again it will be tied into our new phone systems that we just had installed through-out the hospital so staff can answer the phone through their vocera instead of running to the phone.

The lab received a new HVAC system and the Long Term Care is getting a new Chiller once the warm weather leaves. They are also getting updated lighting in the older part of the Extended care wing and in the parking lot.

During Mission week in the beginning of June, the Wellness Committee, with the support of management, brought in Penny Tremblay to present her talk called "Play Nice in the Sandbox" which is geared towards creating a more productive and peaceful work environment. All staff were asked to attend the session and the feedback was very positive. The Wellness committee continues to plan activities for staff employees throughout the year such as wing nights and the Christmas party.

Maintenance Projects: We are working on wrapping up the final bills and outstanding change orders to finish everything with the new build. There are a few items that still need to be taken care of by the contractors who are coming back in September to finish them. A new HVAC system was put in for the lab which should help a lot with temperature control in the lab. A new chiller for LTC is going to be installed in the fall along with updated lighting in the hallways of the older part of the ECW. The fixing of the ER ramp has been put on hold for another year due to unexpected cost estimates.