



Board of Directors Regular Board Meeting

January 8, 2020

MINUTES

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Approved – Mar 4/20

Present: Marlene Davidson @, Darcey Bailey – VC; Sheron Suutari, Sally Burns, Brad Ricci, Beth Fairfield, Lorraine Gauthier Stromberg, Jennifer Learning, Interim CEO; Dr. Sara Van Der Loo, COS; Dr. Joanne Spencer, Pres. Medical Staff; Alex McAuley, CFO

Guest: Mike McKinnon, Atikokan Progress

Regrets: Jeremy Dickson

Recorder: Bonnie Clairmont

	Action Req'd/Date
<p><u>PRESENTATION- Wellness Committee – N. Palmai & K. Grainger</u></p> <p>N. Palmai and K. Grainger shared that the Wellness Committee is a committee with representatives from the hospital departments that meet to plan events to promote a healthy, positive workplace. The Wellness Committee has five bulletins throughout the hospital advertising upcoming events. They also send out emails to all staff with activities and advertise them in the monthly staff newsletter. Some events that the Wellness Committee organize include Mission Week and Spirit of Christmas activities, wing nights, fishing derbies, a curling bonspiel and golf tournament. As well, the Wellness Committee recognizes a different hospital department each month and presents them with a healthy basket. Funds are raised for the Wellness Committee from our vending machine sales and Blue Jean Fridays. The Wellness Committee has also taken on management of the employee assistance program, LifeWorks.</p>	
<p><u>1.1 CALL TO ORDER</u></p> <p>M. Davidson, Chair chaired and called the meeting to order at 5:25 pm.</p>	
<p><u>1.2 DECLARATION OF CONFLICT OF INTEREST</u> – None declared.</p>	
<p><u>1.3. AGENDA</u></p> <p>The agenda was reviewed and accepted as presented.</p> <p>MOTION: D. Bailey/B. Ricci “That the Board approve the agenda of January 8, 2020 as presented.” CARRIED 2020-001</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>2. <u>CONSENT AGENDA</u></p> <p>The Consent Agenda was reviewed and accepted as presented.</p> <p>MOTION: B. Ricci/D. Bailey</p> <p>“That the Consent Agenda be approved as presented.”</p> <p style="text-align: right;">CARRIED 2020-02</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 November 6, 2019 b) Acceptance of the Finance Committee meeting minutes of December 4, 2019. c) Acceptance of the Governance Committee meeting minutes of December 4, 2019 d) Acceptance of Medical Advisory Committee meeting minutes of October 23, November 14 and December 12, 2019 <p>From the meeting minutes reviewed, J. Learning responded to questions posed by board members including:</p> <p>Hand Hygiene Audit: J. Learning presented the results of the hand hygiene audit which was performed in May & June. Hand hygiene was observed 149 times before a patient encounter (100%) and 146 times after a patient encounter (98.6%). The hospital will also conduct housekeeping audits as the policies and procedures have recently been updated.</p> <p>Mandatory Vaping Reporting: Dr. Van Der Loo shared that there have been no vaping related incidents at our hospital to be reported.</p> <p>Blood Draw for Police: Nurses at our hospital can draw blood from the public for the OPP to test for drug or alcohol impairment.</p> <p>3. <u>BUSINESS ARISING</u> :</p> <p>3.1 Review & Signing of Board Member Position & Board Code of Conduct Policies: The board member position and code of conduct policies have been signed by all board members with exception of one. B. Clairmont will follow-up and get the policies signed.</p> <p>3.2 CEO Recruitment Update: M. Davidson shared that the CEO contract has been sent to our lawyers for review and will then be sent to J. VanSlyke. J. VanSlyke will resume her CEO duties on February 3rd. She will be driving here with her family and expects to arrive in the community by January 27th. She wants to meet with the board so B. Clairmont will organize a get-together the week she arrives. M. Davidson thanked the succession team for their commitment and dedication to help with the hiring of our new CEO.</p>	<p>B. Clairmont to organize CEO meet and greet.</p>

	Action Req'd/Date
<p>4. <u>STRATEGIC DISCUSSION</u></p> <p>4.1 Report from the Interim CEO</p> <p>See report attached to minutes. J. Learning recapped some of the highlights from the CEO report including:</p> <ul style="list-style-type: none"> • Nursing: We continue to work to bring chemotherapy back to Atikokan. The hospital's medicine dispensing system went down during an evening in December and management had to find an alternative plan to access the pharmacy so nurses could access medications. A new plan is in place which still restricts access to the pharmacy, but allows for access during unexpected system failure. • Rehab: We continue to search for a full time physiotherapist but in the meantime our Kinesiologist has taken on more work and is helping the LTC residents to maintain mobility and provide the GLaD program. We have hired a temporary full time rehab assistant to help with the workload. <p>Lab: We had to delay the go-live date for the new wet chemistry analyzer because of a delay in getting the water system that we need in order to run the system. The lab is in the process of validating a new machine that we will be able to test flu swabs here. This may take several months due to wait for license approval. This will improve our response time with prophylaxis treatment for any flu outbreaks. Our lab manager is going on maternity leave in the spring and we have come up with an alternative plan if we are not successful in hiring a replacement. The senior MLT and MLA have agreed to pick up most administrative duties and the rest will fall to the lab manager in Dryden who we have a contract with.</p> <ul style="list-style-type: none"> • Long Term Care: Thirteen staff (RNs, RPNs and PSWs) took Gentle Persuasive Approach training that provides them with tools and techniques in caring for patients with dementia who display responsive behaviors. A P.I.E.C.E.S. education session will be held for RNs and RPNs to use a non-pharmacological assessment to help them determine causes for behavioral and psychological systems associated with dementia. Three critical incidents were submitted to the Ministry of Health over the past two months. Two incidents were regarding falls that resulted in fractures and the other was our recent respiratory outbreak which had four residents isolated, one of which tested positive for Influenza A. We are transitioning our 	

	Action Req'd/Date
<p>LTC pharmacy provider from Janzens to Rexall which the switchover scheduled for February 19th.</p> <ul style="list-style-type: none"> • Diagnostic Imaging: We have run into a snag which is preventing GE from remotely accessing our portable x-ray unit for trouble-shooting. We are working to get a new sonographer to help out in the department and to permit ultrasound coverage during Robert's absences. • Risk Management: There was an influenza outbreak declared on December 17th after residents showed signs of respiratory infection. One tested came back positive for Influenza A (H1N1). Tamiflu treatment was started for the ill residents and the non-ill residents were started on Tamiflu prophylaxis. The outbreak was declared over on December 26th with no further cases. • Community Counselling: The office hours have been extended to 7 pm on Tuesdays (same time clinic is open). We have received \$50,000 to develop a "safe room" in the hospital. We have also applied for funding for detox training for physicians and nurses. • Information Technology: Telus did a third party audit of our current IT policies and practices to see where improvements are needed. Eighteen risks were identified, some being high, some medium and three being low. One of the biggest risks was inadequate logging and monitoring so they can track who did what and when. Our Vocera system continues to give us trouble and Vocera is planning to send a team here to try to rectify the problems. Meditech is coming to provide training for our IT person on how to trouble shoot problems. Our computers need to be updated from Microsoft Office 7 to Microsoft Office 10 and the servers need to be replaced this fiscal year. • OHT Udate: J. Learning and Dr. S. Van Der Loo went to Toronto and attended a trust building information session along with leaders of the different health agencies from the District of Rainy River. The meeting was a discussion about building trust and how we can work together to create a better health care system for the Rainy River District. The group will meet again in January to continue talks. • New Hires: We have hired two casual staff to work in the business office to learn payables and receivables as well as assist the Foundation. They will also provide vacation back-up. We are waiting for input from the CEO before filling the vacant HR position. 	

	Action Req'd/Date
<p>4.2 Chief Financial Officer Report: A. McAuley, CFO reported on the financials for the period ending November 30, 2019. From the balance sheet A. McAuley noted that our short term borrowing is at \$430K year to date. We have been using our line of credit less. This is about a \$50K difference from last year at this time. A. McAuley reviewed the Financial Summary and noted that the Fund Type 1 surplus can be kept while the Fund Type 2 accounts are “use it or lose it” and any unused funds must be returned. From the Operating Statement A. McAuley noted that at November 30th, we show a \$127K deficit. He shared that the hospital had one-time settlements that came out in November. Aside from the one-time payouts, the hospital is operating in a surplus. The Supplies and Other Expenses are higher than budgeted due to increase in service contracts. This increase has been built into next year’s budget. The Small Hospital Transformation Fund is not included in our operating statement as we are not sure of our pay-out due to the region’s restructuring. We are hoping for a surplus in this fund of \$30 - \$50K at year end. The LHIN is aware of our financial situation and are happy with our plans to get out of the deficit position. We have planned for a balanced budget for next year. The Community Mental Health programs financials were also reviewed.</p> <p>J. Learning shared that the hospital needs to invest \$120K to purchase new servers and update our computers to Windows 10 by the end of this fiscal year. D. Hildebrand, our IT manager (from Sioux Lookout) has been hired on a 5-year contract to provide IT services to our hospital. He has made recommendations to get our IT systems up to date. A. McAuley presented two options to cover this expenditure: 1) taking the funds from our investments or 2) taking out a demand loan. The board discussed the pros and cons of both options and decided to take out a demand loan (motion below). The IT budget will be increased annually to help cover IT operating expenses.</p> <p>MOTION: S. Suutari/S. Burns</p> <p>“That the Board approve the \$120,000 purchase to mediate our Information Technology (IT) needs including an upgrade to our servers and upgrading our computers to Windows 10, by taking out a demand loan.”</p> <p style="text-align: right;">CARRIED 2020-003</p>	

	Action Req'd/Date
<p>Audit: A. McAuley will send a summary of the two proposals to the audit committee for review. They will then review costs and choose the auditors for the hospital for this fiscal year.</p> <p>4.3 Quality Performance Scorecard for Q3: J. Learning reviewed the data recorded on the scorecard as of Q3 (December). This is the first year the hospital has prepared a scorecard so management welcomes any changes or additions. We have color coded the items indicating whether we are in line or over our predicted annual target. D. Bailey recommended we also color code the Average/Quarter YTD as a way to note our progress to date. J. Learning noted that some items are higher than 2018-19 and our annual target due to staff not formally reporting Infection Control, Maintenance, Facility or IT issues previously. The information shared on page 1 of the scorecard comes from incidents reported through our RL6 electronic Incident Report. D. Bailey noted the big decrease in HR sick days used in Q3 and offered kudos to the staff. Our sick time is also reported to the LHIN.</p> <p>4.4 Board Members Committee Reporting: There were no committee meetings for board members to report on for this meeting. M. Davidson thanked the board members who attended the Foundation's Celebration of Friends gathering.</p> <p>5. <u>GENERATIVE</u></p> <p>5.1 Update on Ontario Health Team development and Toronto Conference: J. Learning shared that she, Dr. S. Van Der Loo and K. Lusignan from the Atikokan Family Health Team travelled to Toronto to attend a Trust workshop with other health care providers from the Rainy River District who wish to form an Ontario Health Team. The conference was to a great way to get to know the partners better. All partners were engaged and highly committed to working together as a health team. Some cons are our past history with Fort Frances, travel, no governance structure or terms of reference. The partners will meet again at the end of January to build on what has been started. Dr. Van Der Loo noted that primary care had not been approached about the formation of the Rainy River District Ontario Health Team.</p>	

<p>6. <u>IN CAMERA SESSION</u></p> <p>MOTION: B. Ricci/S. Burns</p> <p>“That the Board move to an in-camera session of the meeting at 7:11 pm.” CARRIED 2020-004</p> <p>7. <u>RETURN TO OPEN SESSION</u></p> <p>MOTION: S. Burns/B. Ricci</p> <p>“That the Board return to an open session of the meeting at 7:38 pm.” CARRIED 2020-05</p> <p>MOTION: S. Burns/B. Ricci</p> <p>“That the Board approve the In-Camera minutes of November 6, 2019.” CARRIED 2020-06</p> <p>MOTION: S. Burns/B. Ricci Credentialing: (from October 23, 2019 MAC Meeting) <u>Regional Staff Appointment</u></p> <p>“That the following professional staff: Dr. Thomas Jordan Dr. Song Bo Zheng</p> <p>be approved for appointment to the Regional staff for the remainder of the calendar year 2019.” CARRIED 2020-07</p> <p>MOTION: D. Bailey/B. Ricci Credentialing: (from November 14, 2019 MAC Meeting) <u>Active Staff Appointment</u></p> <p>“That the following professional staff: Dr. Nelson Lyon</p> <p>be approved for conversion from Associate to Active Staff status” CARRIED 2020-08</p>	
<p>MOTION: D. Bailey /B. Ricci Credentialing: (from November 14, 2019 MAC Meeting) <u>Regional Staff Appointment</u></p> <p>“That the following professional staff: Ms. Samantha Hamilton, NP Dr. Brianne Lewis Dr. Natalie Melton Dr. Jennifer Nicholson</p> <p>be approved for appointment to the Regional staff for the remainder of the calendar year 2019.” CARRIED 2020-09</p>	

<p>MOTION: D. Bailey/S. Burns Credentialing: (from December 12, 2019 MAC Meeting) <u>Regional Staff Appointment</u> “That the following professional staff: Dr. Vishaal Bhambhwani be approved for appointment to the Regional staff for the remainder of the calendar year 2019.” CARRIED 2020-10</p>	
<p>MOTION: S. Burns/S. Suutari Credentialing: (from December 12, 2019 MAC Meeting) <u>Regional Staff Appointment</u> “That the following professional staff: Dr. William Anderson Dr. Ghazala Basir Dr. Steffen DeKok Ms. Lidija Dosen, NP Dr. Azadeh Mofid Dr. Elrasheed Osman Dr. Hadi Shojaei Dr. Shannon Winterburn be approved for appointment to the Regional staff for the calendar year 2020.” CARRIED 2020-11</p>	
<p>MOTION: S. Burns/D. Bailey Credentialing: (from December 12, 2019 MAC Meeting) <u>Courtesy Staff Re-Appointment</u> “That the following professional staff: Ms. Laura Hendren, NP Dr. Christopher Lai Ms. Kristi Withrow, NP be approved for re-appointment to the Courtesy staff for the calendar year 2020.” CARRIED 2020-12</p>	
<p>MOTION: S. Burns/S. Suutari Credentialing: (from January 8, 2020 MAC Meeting) <u>Active Staff Re-Appointment</u> “That the following physicians: Dr. Joseph Barbero Dr. Nelson Lyon Dr. Shawn Minor Dr. Joanne Spencer Dr. Aneesh Vaghadia be approved for re-appointment to the Active staff for the remainder of the calendar year 2020.” CARRIED 2020-13</p>	
<p>MOTION: D. Bailey/B. Ricci Credentialing: (from January 8, 2020 MAC Meeting) <u>Associate Staff Re-Appointment</u> “That the following physicians: Dr. Carla Barkman Dr. Melanie Rodrigues be approved for re-appointment to the Associate staff for the remainder of the calendar year 2020.” CARRIED 2020-14</p>	

<p>MOTION: B. Ricci/S. Burns Credentialing: (from January 8, 2020 MAC Meeting) <u>Locum Staff Re-Appointment</u> “That the following physicians: Dr. Albert Beller Dr. Rajni Bhatia Dr. Jonathan Ding Dr. Joseph R. Ennett Dr. Coleen Fuller Dr. Shauna Gallagher Dr. Christine Hwang Dr. Melissa Cindy Lui Dr. Andrew Maeng Dr. Baijayanta Mukhopadhyay Dr. Joanne Mary Reid Dr. Priya Shah Dr. Amit Shah Dr. Dan Shilensky Dr. Kimberly Varty be approved for re-appointment to the Locum staff for the remainder of the calendar year 2020.” CARRIED 2020-15</p>	
<p>MOTION: S. Burns/D. Bailey Credentialing: (from January 8, 2020 MAC Meeting) <u>Courtesy Staff Re-Appointment</u> “That the following professional staff: Dr. Ramez Hanna Ms. Laura Hendren, NP Dr. Mohammed Ibrahim Dr. Melissa Kern Dr. Nicole Laferriere Dr. Christopher Lai Dr. James Kerry MacDonald Ms. Nikita Matichuk, NP Dr. Michael Kenneth McLennan Dr. Lise Michelle Mozzon Dr. Kevin Ramchandar Dr. John Rawlinson be approved for re-appointment to the Courtesy staff for the remainder of the calendar year 2020.” CARRIED 2020-16</p>	
<p>MOTION: S. Suutari/D. Bailey Credentialing: (from January 8, 2020 MAC Meeting) <u>Regional Staff Appointment</u> “That the following professional staff: Dr. Nikki Bozinoff Dr. Edward Hargzssner Dr. Roy Laine Dr. D. Brianne Lewis Dr. Raquel Lopez Dr. Jeremy B. Mozzon Dr. Richard Charles Parker Ms. Vivian Siciliano, NP Ms. Marlyss Thiessen, NP Dr. Renee Marie Vachon be approved for appointment to the Regional staff for the remainder of the calendar year 2020.” CARRIED 2020-17</p>	
<p>7. DATE OF NEXT MEETING: The next <u>regular board meeting</u> will be held on Wednesday, March 4, 2020 at 5 pm. The Finance Committee and Governance Committee meetings will be on Wednesday, February 5th at 5:00 pm.</p>	
<p>8. ADJOURNMENT With no further business, the meeting was adjourned at 7:40 pm on a motion by D. Bailey/S.Suutari CARRIED 2020-18</p>	
<p>_____ Marlene Davidson, Board Chair</p>	<p>_____ Jennifer Learning, Interim CEO</p>

Acting CEO/Chief Nursing Officer's Board Report January 8, 2020

Nursing: We are continuing to try to bring chemotherapy back to Atikokan. We have a nurse who is trained but are running into difficulties getting our chemotherapy mixed. The regional pharmacy program is planning to take on central mixing sooner than they first thought which means we may be able to get our chemotherapy mixed in Thunder Bay sooner than expected. Riverside is still looking into mixing for Atikokan also and we are waiting to hear their final decision on this matter.

The medication dispensing system went down in the night in December and management had to come up with an alternative plan to access the pharmacy so nursing could access medications. There is now a new plan in place which still restricts access to the pharmacy but allows for access during an unexpected systems failure.

Rehab: We continue to search for a full time physiotherapist but in the meantime our Kinesiologist has increased her capacity and is taking on more work such as helping the residents in Long Term Care to maintain their mobility. She is also providing the GLaD program again for another 6 weeks in partnership with St. Joseph's hospital which provided the physiotherapists assessments needed in order to run the program. We hired in a temporary full time rehab assistant to help with the workload until we are able to hire a physiotherapist.

Lab: We have had to delay the go-live date for the new chemistry analyzer because of a delay in getting the water system that we need in order to run the system. The go-live will now be in February. The lab is in the process of validating a new machine which will be able to test the flu swabs here in our lab instead of sending them out to another facility. This will improve our response time with prophylaxis treatment for any flu outbreaks that occur although it might take several months before we can be completely up and running with the machine due to waiting for license approval. Our lab manager is going on maternity leave in the spring and we have come up with an alternate plan if we are not successful in hiring someone to replace her. The senior MLT and MLA have agreed to pick up most of the administration duties and the rest will fall to the lab manager in Dryden who we have a contract with in order to help mentor our current lab manager. Our new MLT is working out very well and she will be ready to take call in March.

Long Term Care: Staff training was provided to RNs, RPNs & PSWs in November. Thirteen staff took the Gentle Persuasive Approach Training that provides them with tools and techniques in caring for patients with dementia who display responsive behaviours. There will be another session held in the New Year, as well as a specialized education session called P.I.E.C.E.S for registered staff (RN/RPN) P.I.E.C.E.S is a non-pharmacological assessment tool used by healthcare professionals to help them

determine causes for behavioural and psychological symptoms associated with dementia.

Three critical incidents were submitted to the Ministry of Health and Long Term Care over the past two months. Two incidents were in regards to a fall that resulted in a significant change in resident condition (fracture). Most recently, a disease outbreak was submitted due to our current Influenza outbreak.

We are currently moving forward with transitioning our pharmacy provider from Janzen's pharmacy (who have serviced us for the past three years) to Rexall pharmacy out of Sudbury. Our local Rexall will provide backup support and services in between medication deliveries. We recently signed the two year contract which included some added perks, such as full payment of our new Surge Learning system, our LTC documentation system (mede-care), 20% discount cards for all residents, families, and staff of ECW, all new equipment required for medication administration and an annual "Home Support Grant" equal to \$1,500 to be used for the intention to assist with the safety, quality of care and well-being of the residents of Extended Care wing. The switch over is scheduled to occur on February 19th, 2020.

Diagnostic Imaging: We've run into a snag which is preventing GE from remotely accessing our portable X-ray unit for trouble-shooting. AGH doesn't have the hardware and internet circuit for the required VPN yet, and it's delayed due to budget constraints. Otherwise, the portable has been functioning more reliably than it has for a long while. We are working on getting a new sonographer to help out in the department; this will at least permit ultrasound coverage during Robert's absences.

Our ultrasound stats are maintaining a distinct upward trend, while X-Ray and cardiac stats are stable.

Risk Management There was an influenza outbreak declared on Dec 17, 2019 after 3 residents showed signs of respiratory infection. All three residents were swabbed to see if it was influenza and one came back positive for influenza A (H1N1). Tamiflu treatment was started for all ill residents and 1 PSW with symptoms was excluded from work. The hospital implemented the *Influenza Outbreak for Employees Procedure*. On Dec 18 another resident showed signs of infection and was started on Tamiflu and all non-ill residents (20) were started on Tamiflu prophylaxis. Two residents were in hospitals so there were only 24 residents when the outbreak started. The outbreak was declared over on Dec 26, 2019 with no new further cases.

Prior to the outbreak there were 21 of the 24 residents immunized and 95 staff was immunized. 17 staff was started on the antiviral prophylaxes that were non ill and 3 employees refused the antiviral and had to stay home during the outbreak.

Community Counselling:

- All staff changes have been implemented and so far are going well: Barb Jackson, Addictions Counsellor; Melissa Caron, Case Manager; Ferenc Lako, primary Transition House Worker.
- Rent Supplement Program now rolled into the Case Management Position.
- Office hours have been extended to 7 pm on Tuesdays.
- Funding approved for the development of a Safe Room; currently waiting to hear about training funds for managing patients that are in withdrawal from substances.
- Some staff, Transition House current and past residents enjoyed a Christmas Lunch on December 12. Staff each brought something for the Potluck.
- Candace will be working in partnership with Lisa Belluz, Manager for Riverside Community Counselling, on the Mental Health Task Force. Lisa will be formally applying to be the Rainy River District Member.
- As of December 31st the Haarala Lane Transition House will have two residents; we will have two vacant rooms.

Statistics:	December 1 – 24	All Programs
112	Unique Clients	
12	New Program Enrollments	
215	Encounters	
	<ul style="list-style-type: none"> • 141 face to face • 33 home visits • 41 telephone 	

IT: In the summer the hospital hired Telus as a third party do a security review of our current IT policies and practices to see where we need to make improvements. Hiring a third party was a requirement by the Deloitte Insurance Company to ensure that our home care files were secure. The report identified the high, medium and low risks that they see we need to address in order to improve our IT security for the entire hospital, not just our home care files. 18 risks were identified, some being high, some medium and 3 were low risk. One of the biggest risks was inadequate logging and monitoring so they can track who did what and when. There is software we can purchase to help us with this and the report will be brought to our Information Systems Steering Committee (ISSC) meeting in January to start looking at the report and developing next steps. Our VOCERA system continues to give us trouble and now they are planning to send a team up here to see what is causing the problem so we can get it up and running correctly.

Meditech is coming here January 7 to provide training for our IT person on how to trouble shoot any problems so we have someone in person to help staff with any

Meditech issues. Our older computers need to be updated from Microsoft Office 7 to Microsoft Office 10 within this fiscal year. We also need to replace our servers this year. We recently implemented a new e-mail phishing management program. A program called ZEROSPAM connects through our E-mail server and catches any suspicious looking e-mails and holds them in a quarantine where IT can go in and review them before releasing them. The tool has been super helpful and in the short time we've had it, it's caught over 1000+ spam e-mails. On the rare occasion that it catches a legitimate e-mail, we can go in from the back end and release it to the recipient.

OHT Update: Jennifer and Sara Van Der Loo went to Toronto to attend an information session about building trust. They went along with various leaders of different health agencies from the District of Rainy River including the Tribal Health Access Center, GHAC, Riverside hospital and the AFHT. This meeting was a very frank discussion about how we build trust and work together to create a better health care system for the Rainy River District. There will be meetings in January to bring everyone back together to start talking. It is very preliminary at this stage.

New Hires: We have hired two casual staff to work in the business office, to learn the payables and receivables as well as what to do for the Atikokan Foundation as we need back up help in this office when staff are away on vacation. We have decided to put hiring the new Human Resources person on hold until the new CEO starts and the position will be re-evaluated at that time.