



Board of Directors Regular Board Meeting
February 23, 2022
MINUTES

Present: Beth Fairfield ©, Lorraine Gauthier Stromberg, VC; Sally Burns, Jeremy Dickson, Jorge VanSlyke, CEO; Dr. Sara Van Der Loo, COS

Guest: Mike McKinnon, Atikokan Progress

Regrets: Stacey O’Sullivan, Tom Hainey, Jennifer Learning, Brittany Beyak-Freamo, Stacey Wood

Recorder: Bonnie Clairmont Approved: March 30/22

	Action Req’d/Date
<p>1.1 <u>Call to Order</u> B. Fairfield called the meeting to order at 5:00 pm.</p> <p>1.2 <u>Declaration of Conflict of Interest</u> - None declared.</p>	
<p>1.3 <u>Agenda</u> The agenda was reviewed and accepted as presented.</p> <p>MOTION: L. Gauthier Stromberg/S. Burns “That the Board approve the agenda of February 23, 2022 as presented.” CARRIED 2022-011</p>	
<p>2. <u>Consent Agenda</u> The Regular Board Meeting Minutes of January 26, 2022 were reviewed and accepted as presented.</p> <p>MOTION: J. Dickson/L. Gauthier Stromberg “That the Consent Agenda be approved as presented.” CARRIED 2022-012</p>	
<p>3. <u>Good News Story/Quality Improvement Highlight:</u></p> <ul style="list-style-type: none"> • J. VanSlyke shared that we have been approved for 22 new LTC beds. • A proposal was submitted in October with the assistance of 807 Management Services. • An announcement was made in early February that we were successful, along with Marathon and Manitowadge in our region. • Construction expected to start in spring of 2023. • We have not received a letter of confirmation yet. 	
<p>4. <u>Reports</u> – Provided in February 23, 2022 agenda package.</p>	

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<p>4.1 Report from Board Chair:</p> <ul style="list-style-type: none"> • B. Fairfield shared that it was a quiet month for the chair; nothing to report • Kudos to the hospital on the announcement of LTC beds. <p>4.2 Chief Executive Officer Report by J. VanSlyke:</p> <ul style="list-style-type: none"> • <u>Rainy River District Ontario Health Team:</u> <ul style="list-style-type: none"> • Refining the Collaborative Decision-Making Agreement • Work continues with three sub-committees: Mental Health, Diabetes, and Digital Health • Funded projects include Patient Navigation, Virtual Care, and Harmonized Information Management Plan • J. VanSlyke travelling to Winnipeg to present about RRDOHT to the Treaty 3 Grand Council • AGH CEO leading the Digital Health sub-committee and part of governance ad hoc committee. • <u>NW Regional Integrated Care Working Group:</u> <ul style="list-style-type: none"> • Preparing to submit applications for two more OHTs in Northwest: Red Lake-Dryden-Sioux Lookout and Thunder Bay / East. • <u>NW Digital Council</u> <ul style="list-style-type: none"> • Moving forward with Meditech Expense • <u>NW Regional CEO Group</u> <ul style="list-style-type: none"> • Supported TBRHSC’s proposal for the EVP of Systems Transformation (fully funded through the Small Hospitals Transformation Fund) to be part of TBRHSC’s leadership as EVP of Equity • Discussing strategies to prepare for the Health Information Systems renewal cost (Meditech Expense) • <u>Small Rural and Northern Provincial Leadership Council</u> The group met on January 24. Discussion around advocating for over 1% increase especially for small hospitals. Other issues discussed include physician shortage, HIS Renewal cost, HHR Shortage. • <u>Kenora-Rainy River Regional Laboratory Program</u> <ul style="list-style-type: none"> • Status quo from last update, succession for Medical Director and working on regional model that includes Thunder Bay to support the NW lab. • <u>Atikokan Family Health Team</u> <ul style="list-style-type: none"> • Planning for Strategic Planning sessions in April • Working with ED to enhance scorecard for board information • Active NP recruitment on-going. <p><i>Pandemic Update:</i></p> <ul style="list-style-type: none"> • <u>Staff being off</u> due to COVID-19 have been fluctuating. The highest number for AGH at one point was 24. • NWHU is seeing an <u>upward trend re: COVID infection in Northwest</u> while the rest of the province is on its downward trend. 	

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<ul style="list-style-type: none"> • AGH is now ready to offer <u>travel-related PCR test</u> for COVID-19 for \$200 (\$225 if same-day result is needed). Communication to be sent out to community soon. • <u>The cost of PPE</u> supplies is at least 3x more. • With booster mandated in LTC, AGH included the <u>third dose</u> as part of the full immunization definition against COVID-19. All employees are mandated to have it. We have 17 more staff that are due for boosters by the March 14 deadline. • All staff are still rapid testing every 48 hours. • We received 25 Hepa Filters from the Ministry. • No funding guarantee for COVID-19 expenses past March 31, 2022. • Looking for more staff wellness options including psychological safety / mental health strategies in the workplace. <p><i>Operational Update:</i></p> <ul style="list-style-type: none"> • <u>Infrastructure / Maintenance</u> • We had a site visit from RVI and potential bidders for HVAC completed. Closing date for submission is March 1, 2022. • Working with RVI to assess work that must be completed asap to address the service wing boilers and sewage • Approved for 22 new LTC beds. Waiting for confirmation letter and next steps. Confirming planning team by end of February. • Supportive addiction treatment beds were not approved, but Fort Frances Tribal Area Health Services will receive additional beds for their Treatment Centre – a win for our district. • <u>Human Resources</u> <ul style="list-style-type: none"> - Four long-term employees retiring: Mental Health Counsellor, Risk Coordinator, Cook and Accounting Clerk - Re-inventing the Risk role into Occupational Health, Wellness, and Safety Coordinator - Advertising for Manager of Community Counselling. This role is currently under the CEO. • <u>Unifor bargaining</u> is scheduled on March 8 and 9. • Annual <u>performance appraisals</u> on-going. • Starting to prepare for <u>Accreditation</u> for 2023. • Ramping up compliance preparation under the <u>Accessibility for Ontarians with Disabilities Act and Active Offer</u> (French Language services) • Team is preparing for <u>Year End</u> • Ongoing <u>physician recruitment</u> and adjusting to influx of locums with physician shortage. We now have 6 locum housing options. <p><u>Chief Nursing Officer Report by J. Learning</u></p> <p><i>Nursing:</i></p> <ul style="list-style-type: none"> • Started to have regular scheduled infusions and dressing changes with our chemotherapy nurse so patients who need an outpatient intervention can have a scheduled time and not be turned away when the ER is very busy. 	

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<p>Nursing (cont'd)</p> <ul style="list-style-type: none"> Offering Basic Life Support for all staff who need the training as part of their licensing at the beginning of March and the end of March. Staff continue to do Rapid Antigen Testing every other day when they are working and this is going well. The Assessment Centre remains quite busy as Covid spreads in our community. <p>Pharmacy</p> <ul style="list-style-type: none"> The Ontario COVID-19 Drugs and Biologics Clinical Practice Guidelines recommends the following drugs to help with the therapeutic management of adult patients with COVID-19. We currently have these in stock in our pharmacy: <ol style="list-style-type: none"> Fluvoxamine 50 mg (Luvox) tablets: Antidepressant/SSRI; Budesonide 200 mcg/metered dose (Pulmicort) Turbuhaler: Corticosteroid; Sotrovimab 500 mg Injectable: Antiviral Agent (Monoclonal Antibody); Remdesivir 100 mg Injectable: Antiviral Agent. Dr. Van Der Loo responded to a question about the use of new COVID drugs and noted that these drugs are used for COVID positive adults only that meet an outlined criteria. J. Learning shared that there are protocols for nursing staff to follow. These drugs have been used once so far in the hospital. Starting to review the Formulary so there will be monthly Pharmacy and Therapeutic Committee meetings for the next while so all the drugs can be reviewed and either removed from Formulary or new ones added to the Formulary. <p>Rehab</p> <ul style="list-style-type: none"> Physiotherapist is going to be going on a 3 month leave for personal reasons but we will have a contract person to replace him while he is gone. Hopefully there will be minimal disruption in service. There are two GLAD programs currently running. They are being run virtually one day and then in person the other day for 6 weeks. There is also a lower back pain group that has started and it is part virtual and part in person too. <p>Lab:</p> <ul style="list-style-type: none"> We are now able to offer Covid 19 swabs for those who need them for travel. They cost \$200.00 for the swab and \$250.00 if the person needs the swab results within 24 hours. They have to pay at the finance office before they receive their swab. They can contact the Assessment Centre in order to book the swab. We are now able to process four Covid-19 swabs at once so our turn-around time is faster. The lab is preparing for a full Accreditation assessment by Accreditation Canada in mid-April. 	

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<p><u>Chief Financial Officer Report by B. Beyak-Freamo</u></p> <p><u>Financial Summary as at January 31, 2022</u></p> <table border="1"> <tr> <td>Revenue</td> <td>\$8,729,372</td> </tr> <tr> <td>Expenses</td> <td>\$8,582,740</td> </tr> <tr> <td>Surplus/(Deficit) from Hospital Operations</td> <td>\$146,632</td> </tr> <tr> <td>Amortization</td> <td>(\$51,173)</td> </tr> <tr> <td>Total Surplus/(Deficit) from Fund Type 1</td> <td>\$95,459</td> </tr> <tr> <td>Surplus/(Deficit) from Other Votes</td> <td>\$33,340</td> </tr> <tr> <td>Overall Surplus/(Deficit)</td> <td>\$128,799</td> </tr> </table> <p>Wages and benefits are higher throughout January due to people being off sick and requiring coverage.</p> <p>Interim audit work has been completed with no issue. It went smoothly and we are all set for year end the week of April 25th.</p> <p>No Foundation Report this month. Next Foundation meeting scheduled for February 25, 2022.</p> <p><u>Chief of Staff Report by Dr. S. Van Der Loo</u></p> <ul style="list-style-type: none"> • Dr. S. Van Der Loo noted that the items she was to report on were addressed in the CEO report. 			Revenue	\$8,729,372	Expenses	\$8,582,740	Surplus/(Deficit) from Hospital Operations	\$146,632	Amortization	(\$51,173)	Total Surplus/(Deficit) from Fund Type 1	\$95,459	Surplus/(Deficit) from Other Votes	\$33,340	Overall Surplus/(Deficit)	\$128,799
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<p><u>Director of Care, ECW Report – Reported by J. VanSlyke for S. Wood</u></p> <ul style="list-style-type: none"> • The Ministry of Long-Term Care is slowly lifting restrictions to allow residents on social outings and allow more visitors back in the home. We are awaiting new announcements this week on the lifting of enhanced measures. This will likely include the re-introduction of general visitors. • We have welcomed back our Volunteers to continue providing services to our residents. Volunteers follow the same guidelines as our staff in regards to testing and vaccination requirements. • As we continue to conduct rapid antigen testing of our staff, volunteers, and caregivers (essential visitors), we have hired 3 screeners/rapid antigen testers to support us in managing and meeting these requirements. • We are still currently recruiting for Personal Support Workers for ECW. We are in need of 2 Temporary part-time PSW for approximately 6 months duration each. • J. VanSlyke responded to S. Burn’s inquiry about vaccination requirements of staff by noting that all new hires must be fully vaccinated, including the booster. • Our application that was submitted in December 2021 to add 22 new Long-Term Care beds to AGH was approved on Friday February 11th! Ontario Health provided us with a projection of what we will need to meet the needs of our community and that was 48 beds by 2035. We will begin our project planning so we can continue to support our community in receiving care close to home! 																

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<p>4.3 3rd Quarter Scorecard:</p> <ul style="list-style-type: none"> • J. VanSlyke reviewed the scorecard and noted that at Q3 we are on track for meeting our annual targets. • The scorecard is a work in progress and we continue to explore what data is valuable to track and measure. • It is a picture of how programs and services are working at the hospital. • J. VanSlyke noted that the Wastage Based on Expiry (MDR) includes stock that we need to have on hand, but is not used before expiry. We are working with other hospitals/partners to eliminate wastage. • Dr. Van Der Loo offered kudos to T. Lavallee for keeping track of stock and putting this practice into place. <p>MOTION: S. Burns/L. Gauthier Stromberg “That the Board approve all reports as presented.”</p> <p style="text-align: right;">CARRIED 2022-013</p> <p>J. Dickson joined the meeting at 5:30 pm and all motions to this point were passed.</p>	
<p>5. <u>New Business:</u> No new business to be discussed.</p> <p>6. In-Camera Session</p> <p>MOTION: J. Dickson/L. Gauthier Stromberg “That the Board moves to an in-camera session of the meeting at 5:32 pm.”</p> <p style="text-align: right;">CARRIED 2022-014</p> <p>7. Return to Open Session</p> <p>MOTION: J. Dickson/S. Burns “That the Board returns to open session of the meeting at 6:00 pm.”</p> <p style="text-align: right;">CARRIED 2022-015</p> <p>MOTION: J. Dickson/L. Gauthier Stromberg “That the In-Camera Agenda (reviewed In-Camera) of February 23, 2022 be approved as presented.”</p> <p style="text-align: right;">CARRIED 2022-016</p> <p>MOTION: S. Burns/L. Gauthier Stromberg “That the Consent Agenda (reviewed In-Camera) including the In-Camera Minutes of January 26, 2022 and MAC Meeting Minutes of February 16, 2022 be approved as presented.”</p> <p style="text-align: right;">CARRIED 2022-017</p> <p>Credentialing (from February 16th Medical Advisory Committee meeting)</p> <p>MOTION: S. Burns/L. Gauthier Stromberg “That the list of professional staff, as presented, be approved for appointment and re-appointment for the remainder of the calendar year 2022.”</p> <p style="text-align: right;">CARRIED 2022-018</p>	

