



Board of Directors Regular Board Meeting
August 25, 2021
MINUTES

Present: Beth Fairfield ©, Lorraine Gauthier Stromberg, Stacey O’Sullivan, Tom Hainey, Jorge VanSlyke, CEO; Jennifer Learning, CNO; Brittany Beyak-Freamo, CFO, Stacey Wood, Director of Care, ECW

Guest: Mike McKinnon, Atikokan Progress

Regrets: Brad Ricci-VC, Jeremy Dickson, Sally Burns, Dr. Sara Van Der Loo, COS

Recorder: Bonnie Clairmont Approved: Sept. 21/21

	Action Req’d/Date
<p>Tom Hainey was welcomed to the board of directors. He was elected through a motion passed via email. A formal motion, for the minutes, will also be passed.</p> <p>Presentation by Jessica Gosselin, Rehab Manager: J. Gosselin gave an overview of the triumphs and challenges in the Rehab department. The department is staffed by J. Gosselin, Occupational Therapist; M. Benbrahim, Physiotherapist; Kelsey Weir, Rehab Assistant & Kinesiologist and C. Grant, Rehab Clerk. The rehab wait list, which currently has 199 clients, has been organized electronically by priority. The Rehab department will do strategic planning to address the wait list. They will also be looking for regional support as well. We have received a lot of positive feedback about the services we are offering, notably our GLAD program.</p>	
<p>1.1 <u>Call to Order</u> B. Fairfield called the meeting to order at 5:56 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: S. O’Sullivan/T. Hainey “That the Board approve the agenda of August 25, 2021 as presented.”</p> <p style="text-align: right;">CARRIED 2021-080</p>	
<p>2. <u>Consent Agenda</u> The Regular Board Meeting Minutes of May 26, 2021 were reviewed and accepted as presented.</p> <p>MOTION: L. Gauthier Stromberg/S. O’Sullivan “That the Board approve the minutes as per 2.1 as circulated”</p> <p style="text-align: right;">CARRIED 2021-081</p>	

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<p>3. <u>Good News Story/Quality Improvement Highlight:</u> J. VanSlyke shared that the hospital received four patients from the Red Lake hospital during their recent evacuation. The Red Lake patients, along with an RN from Red Lake spent three weeks in Atikokan. The Red Lake Hospital and families expressed their gratitude for the care their patients received and our willingness to help out during their evacuation.</p>	
<p>4. <u>Reports</u> – Provided in August 25, 2021 agenda package.</p> <p>4.1 Report from Board Chair: B. Fairfield shared that since she is new to this role she didn't have a report. She is looking forward to representing the hospital board and facing the new challenges this position brings while advocating for health care in our community.</p> <p>4.2 Report from the AGH Senior Team:</p> <p><u>Chief Executive Officer Report by J. VanSlyke</u></p> <ul style="list-style-type: none"> - <u>Rainy River District Ontario Health Team:</u> Our application for a Research Fellow was not successful with the matched candidate. We are interviewing for an Executive Lead position and an admin / communication staff; Supported funding applications for cybersecurity, virtual / remote monitoring patient care, and patient navigator. - <u>NW Regional Integrated Care Working Group:</u> Also pursuing different funding streams as an OHT in development - <u>NW Regional CEO Group (no new update).</u> Meeting scheduled on August 26, 2021. Slowed down during the summer. - <u>Small Rural and Northern Provincial Leadership Council (no new update)</u> <p><i>Pandemic Update:</i></p> <ul style="list-style-type: none"> - Third dose of vaccine for vulnerable population is currently being planned - Screening staff discontinued in the main lobby due to funding. Rapid testing in ECW is continuing, utilizing current staff - Directive 6 is requiring rapid testing for all unvaccinated employees at AGH (not just LTC) - Travel restriction outside Canada is still in effect <p><i>Operational Update:</i></p> <ul style="list-style-type: none"> - <u>Annual report</u> distributed ahead of schedule. Captures the highlights of the year - <u>Survey Launch:</u> Community and staff survey results for presentation - <u>UNIFOR Bargaining:</u> being scheduled in the fall - <u>ONA Bargaining:</u> for ratification - <u>By-Laws review:</u> followed-up with legal team - <u>Health Professionals Recruitment and Retention:</u> Recruitment lead update in September. 	

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<ul style="list-style-type: none"> - <u>Volunteer Program</u> now AGH-wide under Bonnie Clairmont’s coordination - <u>One Patient Family Advisory Council approved</u> – ongoing recruitment for members - <u>Language Translation Services</u> – contract to offer translation services. - <u>Assessment Centre</u> – now operating in-house. <p>Infrastructure Update</p> <ul style="list-style-type: none"> - LTC HVAC upgrade: RVi was awarded the contract management. A site visit has been completed. Design to be presented in fall. - LTC Sprinkler Tender: Northern Supply Chain is managing the RFP. <p>Chief Nursing Officer Report by J. Learning</p> <p>Nursing:</p> <ul style="list-style-type: none"> • Hired a part time chemotherapy/home care nurse who will start in October. She will work 3 days a week setting up the program, taking the chemotherapy course and doing the overflow home care visits. We anticipate that we will be able to offer chemotherapy services starting in December. She is a nurse with many years of experience who wanted to move back home to Atikokan. • Had 4 patients from Red Lake who have now been transferred back to the Red Lake hospital. • Assessment center is up and running in our hospital. The hours are from 8am to 2pm Monday to Friday and the phone number to call is 597-4215 ext 362. Patients come in through the main doors, screen and then be escorted to a room for their swab. All patients will receive a phone call with their results. Patients must make an appointment in order to receive a test. • Hired 3 RPNs who were orientated over the summer and then able to pick up some shifts so we could offer more vacation in August to staff who were initially denied. <p>Rehab:</p> <ul style="list-style-type: none"> • Hired a full-time physiotherapist on as a permanent employee. Mohamed Benbrahim was here on a contract with an agency but decided to sign on full time. He is enjoying living in Atikokan with his wife. We are very excited to have a full-time physiotherapist again at our hospital. <p>Diagnostics:</p> <ul style="list-style-type: none"> • Our portable x-ray software crashed and we had to go back to using the old cassette tapes in order to take portable images. Everything was fixed and they replaced the software so the portable is working again as usual. <p>Pharmacy:</p> <ul style="list-style-type: none"> • We hired a part time pharmacy assistant to work one day a week and provide vacation and sick coverage. The hospital is helping to sponsor this assistant to take the 3-year pharmacy technologist course which is being brought to our region through our Regional Pharmacy Steering Committee. 	

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<p>Pharmacy: (Cont'd)</p> <ul style="list-style-type: none"> The pharmacy was accredited without any orders for another 2 years by the Ontario College of Pharmacists. The Pharmacy RPN did a fantastic job preparing for the accreditation. <p>Lab:</p> <ul style="list-style-type: none"> The lab manager is back from maternity leave so we are once again fully staffed in the lab with 3 MLTs and a full time and a part time MLA. The Covid-19 swabs will now be done through the hospital assessment center so the lab will be able to run the swabs on the BioFire as soon as we receive instead of waiting until the end of the day to run the swabs on the machine. Our Interim Lab Manager is returning to being a full time MLT and will also take on the responsibility of helping the hospital properly use our policy management system (OMNI) and manage our infection control practices. Covid-19 highlighted the importance of infection control throughout the hospital so he will work with the Risk and Infection Control Coordinator to ensure our infection control practices meet the latest standards. <p>Chief Financial Officer Report by B. Beyak-Freamo</p> <ul style="list-style-type: none"> Throughout Q1 our covid expenses continued in a downward trend We still spent close to \$50,000 on covid related expenses including PPE, screeners, rapid antigen testers and additional housekeeping The MOH has indicated that covid expenses will continued to be reimbursed, however, they are updating the list of claimable expenses effective July 1st We have received payment on covid expenses up until January 2021 for both incremental operating and capital expenses The deficit shown below should start to lessen and move towards a surplus over Q2. This balance does not show any reimbursement for covid expenses, and our base increase for our global funding was not received until July. Cash flows remain strong throughout the first quarter 		
<p><u>Financial Summary as of June 30, 2021</u></p>		
Revenue	\$2,444,722	
Expenses	\$2,593,018	
Surplus/(Deficit) from Hospital Operations	(\$148,296)	
Amortization	(18,739)	
Total Surplus/(Deficit) from Fund Type 1	(\$150,253)	
Surplus/(Deficit) from Other Votes	(\$14,826)	
Overall Surplus/(Deficit)	(\$165,079)	

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<p><u>Chief of Staff Report (shared on behalf of Dr. S. Van Der Loo)</u></p> <p>My apologies for not being present at the board meeting as I will be on vacation. It has been a busy summer for the medial staff, the ER has been busy with higher acuity patients then is our norm and has kept everyone on their toes. As always nursing, lab, DI and medical staff rose to the challenge and impressed me with the quality of care our little Hospital can provide! We were all kept hopping with the addition of a number of Red Lake patients to our care while their hospital was on evacuation order. A big thank you to everyone for their extra work, and especially to the nursing staff who were kept very busy. A number of families commented on how happy they were with the quality of care their loved ones were provided.</p> <p>With the summer ending we will back to regular MAC meetings. We will miss the contributions of Dr. Joseph Barbero and Dr. Aneesh Vaghadia who are returning to their home communities this Fall. It won't be the same without them but the physician group is committed to continuing to provide the quality primary and hospital care we have always done. We are in recruitment mode for replacement physicians however may communities are very short and we expect to be seeing more Locum physicians to assist with coverage particularly in the ER.</p> <p>Things have been fairly quiet on the regional front for the summer. The regional Chief of staff group didn't meet over the summer but regular meetings resume in early Sept. I have been actively participating in the Health information System (HIS) renewal process and we are currently in the process of hiring a Regional Chief Medical Information Officer. I am a part of the interview team with interviews in progress and finishing up next week. Planning for a new Health information System to replace Meditech in the region is underway and I am very excited to focus on integrating primary and hospital care and information sharing across communities and health sectors.</p>	
<p><u>Director of Care, ECW Report – S. Wood</u></p> <ul style="list-style-type: none"> • We discontinued the dedicated screening staff that were hired to do screening and rapid testing as testing requirements changed. This ended July 26th and ECW has taken on this role for those who require testing/screening on entry. • Visitor restrictions lifted. ECW is now welcoming all visitors and no scheduling is required. Visitors must show proof of vaccination and if proof is not provided or the individual is not full vaccinated, then they will require a rapid antigen test prior to their visit. Masking, social distancing and hand hygiene are still required during visits. • Volunteer services have resumed in LTC (pancake breakfast, sing-a-longs, reading, etc.) We are also planning on ramping up volunteer services hospital wide and will include information on what type of volunteer 	

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<p>services are needed.</p> <ul style="list-style-type: none"> • Preparing to administer 3rd dose vaccines (boosters) to LTC residents as per the new recommendations made by the Ministry. This will provide them with added protection against the Delta variant of concern. 	
<p>4.3 Committee Reports: J. VanSlyke recommended that the committee reports be reported on at the committee meetings. The board were in favor of this decision.</p> <p>4.4 1st Quarter Scorecard: J. VanSlyke reviewed the 1st quarter scorecard and reported on areas where we did not meet our targets including:</p> <ul style="list-style-type: none"> - Falls – ECW: Mainly 2 residents with multiple falls each - Labelling/Documentation Issues – this has only been tracked starting in 2020-2021 and our target has been adjusted. - Facilities – due to temperature/humidity - Misc. Safety/Security: due to testing/results delays. <p>MOTION: L. Gauthier Stromberg/S. O’Sullivan “That the Board approve all reports as presented.”</p> <p style="text-align: right;">CARRIED 2021-082</p>	
<p>5. <u>New Business (Discussion Points):</u></p> <p>Annual Report: Discussed previously. Paper and electronic copies were distributed to community and hospital partners. We have received positive feedback on the publication which features highlights from our hospital departments for 2020-2021.</p> <p>Survey Results: J. VanSlyke shared the results of the Community and staff surveys. From the community survey, the three sections where the hospital scored less than 90% were related to access to services, patient inclusion in decisions about care and having a good understanding of the care plan when leaving. It was noted that these sections also have a significant number of “Not Applicable” responses, which may skew the overall results. We received 109 surveys, 17 electronic and 92 on paper, which represents 4% of our community members and 7% of the community private dwellings. The results will be used at the Fall Strategic plan review so we can re-align our priorities as needed.</p> <p>The Staff survey was also shared. Sixty-two out of 128 staff (48%) completed this survey, with most respondents providing direct care. The results from the 2018 Worklife Pulse survey, completed for Accreditation, were also included for comparison. The overall summary of the survey results shows that staff would recommend AGH as a good place to work and receive care. Next steps include sharing the staff survey with all staff; using the results at the fall Strategic Plan review to re-align our priorities</p>	

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<p>as needed and including the survey at committee-level discussions to work on issues identified by staff.</p> <p>Strategic Plan Review: A save the date will be sent for a year two strategic plan review with the board and hospital management team.</p>	
<p>6. In-Camera Session</p> <p>MOTION: S. O’Sullivan/T. Hainey “That the Board moves to an in-camera session of the meeting at 7:04 pm.” CARRIED 2021-083</p> <p>L. Gauthier Stromberg left the meeting at 7:05 pm.</p> <p>6. Return to Open Session</p> <p>The Board returned to open session of the meeting at 7:15 pm.</p> <p>Credentialing (from June 16, 2021 Medical Advisory Committee Meeting)</p> <p>MOTION: S. O’Sullivan/B. Ricci “That the list of professional staff, as presented, be approved for appointment and re-appointment for the remainder of the calendar year 2021.” CARRIED 2021-84</p> <p>*Note: The remaining motions were deferred to the September 29, 2021 meeting due to the lack of a quorum.</p>	
<p>7. DATE OF NEXT MEETING: The next meeting on Wednesday, September 29, 2021 at 5 pm, followed by the Governance and Quality Committee meetings.</p>	
<p>8. ADJOURNMENT</p> <p>With no further business, the meeting was adjourned at 7:15 pm.</p>	
<p>_____</p> <p>Beth Fairfield, Board Chair</p> <p>_____</p> <p>Jorge VanSlyke, CEO</p>	