



Board of Directors Regular Board Meeting
August 31, 2022
MINUTES

Present: Beth Fairfield ©, Sally Burns, Stacey O’Sullivan, Kirt Pfeifer, Jorge VanSlyke, CEO; Jennifer Learning, CNO; Brittany Beyak-Freamo, CFO;

Guest: Mike McKinnon, Atikokan Progress

Regrets: Lorraine Gauthier Stromberg, VC; Jeremy Dickson, Tom Hainey, Dr. Sara Van Der Loo, COS; Dr. Joanne Spencer, President of Medical Staff; Stacey Wood, Director of Care, LTC

Recorder: Bonnie Clairmont

Approved: September 28, 2022

	Action Req'd/Date
<p>1.1 <u>Call to Order</u> Beth Fairfield, Chair called the meeting to order at 5:36 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/S. Burns “That the Board approve the agenda of August 31, 2022 as presented.” CARRIED 2022-066</p>	
<p>2. <u>Consent Agenda</u> The Regular Board Meeting Minutes of May 25, 2022 were reviewed and accepted as presented.</p> <p>MOTION: S. O’Sullivan/S. Burns “That the Consent Agenda be approved as presented.” CARRIED 2022-067</p>	
<p>3. <u>Good News Story/Quality Improvement Highlight:</u></p> <ul style="list-style-type: none"> 1st Patient & Family Advisory Council (PFAC) Strategic Planning Session: J. VanSlyke shared that the PFAC held their first its first strategic planning session on June 30th. The PFAC session included representatives from the hospital, Family Health Team, Atikokan Medical Clinic, Northwestern Health Unit and well as community members. J. VanSlyke led the session and asked the group to participate as health care consumers, rather than providers. They were asked, “If Atikokan had world class health care, what would it look like? The top three items the PFAC will work on in the next 	

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<p>two years are 1) a Health Advocacy Navigator and Coordinator; 2) Strengthen PFAC membership and 3) Mapping of Programs/Services Offered in Atikokan. All in attendance found the session productive and worthwhile.</p>	
<p>4. Reports – Provided in August 31, 2022 agenda package.</p> <p>4.1 Report from Board Chair:</p> <ul style="list-style-type: none"> • B. Fairfield shared that she had met with Jessica Logozzo. Two main topics the regional committee is focusing on are the OHTs and cyber security. She noted that quarterly meetings will be resuming and all board members are welcome to attend. • B. Fairfield shared that the Ontario Hospital Association (OHA) is offering professional development sessions. B. Fairfield will send the details to B. Clairmont to forward to board members that may be interested. 	
<p>4.2 Chief Executive Officer Report by J. VanSlyke:</p> <p>J. VanSlyke recapped some highlights from her report including:</p> <p>Systems Integration</p> <ul style="list-style-type: none"> • <u>Atikokan Family Health Team - Merger</u> <ul style="list-style-type: none"> • The interim management of AFHT had been announced publicly. There are on-going consultations in preparation for the integration proposal that can be presented, hopefully, by September. Many moving parts at this time. • <u>Kenora-Rainy River Regional Laboratory Program</u> <ul style="list-style-type: none"> • KRRRLP hired Karen Parker to be the Regional Laboratory Program Director and Quality Coordinator effective August 22, 2022. • Drs. Kerry and Kelly MacDonald are retiring on December 2, 2022. A contingency plan is being put in place to ensure coverage for the roles that will be vacant. • <u>NW Digital Council</u> <ul style="list-style-type: none"> • There has been support to move towards Meditech Expanse. Ongoing work in creating project scope for the region. • <u>NW Regional CEO Group</u> <ul style="list-style-type: none"> • We had presentations on indigenous health and conversations around reviewing our regional priorities funded through the Small Hospital Transformation Fund (SHTF). • <u>Rainy River District Ontario Health Team (RRDOHT)</u> <ul style="list-style-type: none"> • Ceremony with elders and OHT representatives were held in July 2022. • No commitment to ongoing funding from the Ministry at this time – we have 3 contracted personnel: Executive Lead, Digital Lead, and Administrative Support • Attached is the RRDOHT Pulse for July 2022. 	

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<ul style="list-style-type: none"> • <u>Small Rural and Northern Provincial Leadership Council</u> <ul style="list-style-type: none"> • Next meeting is on September 19th – this group is facilitated via OHA and it includes small, rural, and northern hospitals. <p>Pandemic Update</p> <ul style="list-style-type: none"> • Screening equipment has been installed at the main lobby, ECW entrance, and basement. Staff / visitors can screen using this tool. There are no longer staff screeners except for ECW due to the requirement to rapid test visitors. • Masking and distancing remain the same. Eye protection is based on Point of Care Assessment • Most NWO hospitals are committed to keeping the vaccine mandate for current and new hires at this time. • The wage disparity and shortage of staff has added to the low staff morale. • There has been an increase in Covid cases and close contacts since the Atikokan Bass Classic weekend. <p>Operational Update</p> <ul style="list-style-type: none"> • <u>Physician Recruitment</u> <ul style="list-style-type: none"> - Still looking for 2 more physicians to sign on. HPRR is looking at providing additional incentives up to \$10,000 per physician. - The government incentives available for locum physicians have been helpful in attracting locums and keeping our doors open - There is now a regional group that meets 2-3 times a week to monitor possible ER closures and actively mitigate said closures. • <u>Human Resources</u> <ul style="list-style-type: none"> - We are reaching critical staffing levels for PSWs and RPNs. More on this under the CNO Report. - The latent pandemic toll is evident with people struggling to maintain work-life balance, re-evaluating priorities, and making life-altering decisions such as switching careers. We have a nationwide shortage of healthcare professionals and we are looking at Temporary Foreign Workers to fill our shortage. • <u>Infrastructure / Maintenance</u> <ul style="list-style-type: none"> - LTC HVAC project – work has commenced - Sprinkler Design is now being discussed with TJC for pricing - Service Wing HVAC project will be the next project starting with designing what we need. - More communication came outlining requirements for the new LTC 22-new bed project. • <u>Accreditation 2023</u> <ul style="list-style-type: none"> - Minimal work happening with other pressing priorities, but this is on our radar. 	

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<ul style="list-style-type: none"> • <u>Patient and Family Advisory Council</u> <ul style="list-style-type: none"> - Strategic Planning conducted on June 30, 2022. Shared as Good News story. • <u>Electronic Scheduling</u> <ul style="list-style-type: none"> - AGH is currently still using manual scheduling methods with no designated scheduler. This means we are relying on one master copy that are being passed around. We have repeated grievances that are scheduling-related and we are now at a stage where it is no longer an option to continue with the status quo. - We have now initiated work to explore what switching to electronic scheduling would look like. • <u>Rehabilitation</u> <ul style="list-style-type: none"> - We now have two Rehabilitation Aides (for one year) from different funding source. This has allowed the Kinesiologist to provide more group programs and address the waitlist for lower acuity / chronic care patients. - OT/PT services remain in high demand. The team is managing to the best of their abilities but we are taking great care to support and not to burn-out our existing resources. • <u>Laboratory</u> <ul style="list-style-type: none"> - Staffing has been fairly stable but succession is an ongoing concern with MLT / MLA shortage everywhere. - We were having temperature issues that forced us to close some services to the public for a few days. This is now fixed but it has been an ongoing challenge even with a fairly new HVAC system. This is added for evaluation once we get to the designing of the Service Wing HVAC. - There is also an ongoing disruption of supplies distribution. There are a few tests that we will have to send to Life Labs and may cause some delays in turnaround time. This disruption issue is beyond Atikokan. • <u>Diagnostic Imaging</u> <ul style="list-style-type: none"> - Succession and coverage is also an ongoing concern. We do have part-time/casual back-up for ultrasound and x-ray but these technical/clinical roles are also challenging to recruit. • <u>Mental Health and Addictions</u> <ul style="list-style-type: none"> - We are successful in hiring another clinician and the MHA Manager. Catherine Anness will start on September 6th and Alan Gauthier-Poelman will commence as the MHA Manager on October 17, 2022. 	

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<ul style="list-style-type: none"> • <u>Atikokan Family Health Team</u> <ul style="list-style-type: none"> - We lost our administrative support staff so the AGH CFO has taken on this role temporarily. - Nsikak Usua has been hired to fill the AFHT Director position. He comes from Labrador and will begin his duties on September 26. - Work on the Integration proposal is ongoing. <p>Chief Nursing Officer Report by J. Learning:</p> <p>Nursing:</p> <ul style="list-style-type: none"> • Staffing: The situation with the PSWs and the RPNs has become critical for staffing over the summer. We are meeting with agencies who may be able to provide staff for us and also meeting to discuss the Temporary Foreign Workers Program. Fort Frances is using this program to help staff their Long-Term Care home and have found it to be very helpful, so we are working our way through accessing this program through the government. We currently have four part-time RPN vacancies and one full-time temporary vacancy. We have a new part time RPN starting September 13 and one agency RPN starting September 13 as well on a three-month contract. The RN shortage could mean ER closure for up to 12 hours. • Chemotherapy: We are continuing to have a lot of challenges in staffing in the chemotherapy program. With out staffing challenges currently taking place we have decided to put offering this program on hold at this time. We are still looking for nurses interested in taking the program but so far, we haven't had any interest from the RNs. • Assessment Centre: The Bass Classic seems to have acted as a spreader for Covid which means we are again back to having staff off due to Covid at a time when we are already short staffed. Those who are a close contact are being asked to do a Rapid Antigen test daily rather than stay off work for the 5 days as we just don't have the staff to allow them to stay home. • Training: We are still trying to offer training to the staff. TNCC is being brought here by Thunder Bay Regional at the end of September for the RNs ad RPNs to help with their work in the Emergency room. This is a course the RNs get every 4 years. • ER Closures: This summer we were able to avoid having to close our ER due to staffing, but it continues to be a risk for all of the north. We are hoping to hire a Nurse Practitioner to help provide coverage in the ER and help with urgent care needs rather than emergent needs but we are still waiting for approval on this. Several other small hospitals were approved for NPs for their ERs to help prevent closing of the ERs. 	

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<u>Chief Financial Officer Report by B. Beyak-Freamo:</u>		
<u>Financial Summary as at June 30, 2022</u>		
Revenue	\$2,721,761	
Expenses	\$2,875,856	
Surplus/(Deficit) from Hospital Operations	(\$154,095)	
Unrealized gain on investments	(33,375)	
Amortization	(18,489)	
Total Surplus/(Deficit) from Fund Type 1	(\$205,959)	
Surplus/(Deficit) from Other Votes	\$0	
Overall Surplus/(Deficit)	(\$205,959)	
<u>Corporate Services Update</u>		
<i>Finance/Business Office</i>		
<p>The business office continues to be exceptionally busy with the cessation of an actual screener in the main lobby. The new COVID kiosks are working well, but of course are coming along with a lot of questions from patients and visitors. Everyone is a little nervous to just walk into the hospital because they have not been able to do that for two years without being screened by a person.</p> <p>Wendy Kempf has officially retired as of the end of July. We wish her all the best in this next chapter of her life. Brianna Coulson has replaced her.</p> <p>We also had our finance intern, Tei Kho, finish her placement at the beginning of June. She has returned home to Southern Ontario and is seeking employment there. This placement was funded through the NOHFC. We currently have another NOHFC intern, Parker Sampson working in our rehab department and I have submitted an application for another administrative position. These positions are for one year and are funded 80%. It is a great way for us to get extra projects completed without having to pay the full wage for someone, and it also allows them to gain valuable experience.</p> <p>Throughout July and August we also had two summer students in the office, Darbie Mattson and Grant Legaree. Darbie was our admin assistant and Grant was our recruitment assistant (he worked with Bridget on physician recruitment). They were a great addition to our team and we are disappointed that the CSJG that funded their positions were only for 8 weeks! We wish them the best in their upcoming academic year.</p>		

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<p>Procurement No update.</p> <p>MDR/Stores Caitlyn Griffiths was recently hired to be our part-time Stores Clerk/MDR Tech. She has now completed her hands-on training and will be starting the MDR course after her vacation in August. She has proven to be a great fit- she's such a quick learner! Candia has been very busy ensuring that all of her policies and procedures are up to date for accreditation. Unfortunately, the high heat and humidity led to issues in the sterile room. Caitlyn and Candia had to remove the sterile trays and put them in a room upstairs to ensure that the instruments would not be struck with condensation, causing the instruments to rust. In the fall, they will be reprocessing all of the sterile trays to ensure they do not have rust damage. This will be a huge project!</p> <p>Maintenance We have been back to our full complement of maintenance staff as of May. We also added in Tyson MacDonald as our summer student. He has been a great help to the department and was always willing to learn something new. Over the summer months, maintenance had to deal with the ever-growing problem of our very old HVAC system. Luckily, replacement is underway.</p> <p>Health Records No update.</p> <p>Housekeeping/Laundry Housekeeping continues to struggle with staffing. We unfortunately have had to run short multiple days this summer. Planned vacations, in addition to sick time, and casual staff having other jobs outside the hospital has resulted in having few people to call when someone is unable to come to work. Luckily, August has been a vast improvement from July. If anyone knows anyone willing to come and work as a housekeeping aide, please let me know! These women work so hard, so if I could provide them with some staffing relief, I think it would go a long way.</p> <p>Human Resources Lots going on in HR! Our HR Coordinator, Chelsey has been extremely busy with all the job postings we have had over the last few months.</p> <p>IT No update</p>	

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<p>Other</p> <p>On August 4th I met with our MPP, Kevin Holland. Kevin and I discussed various pressures that hospitals are facing across the province. I explained how being a small hospital in a small community has amplified the struggles the healthcare field is facing in terms of staffing and supplies.</p> <ul style="list-style-type: none"> • I explained the issues we have in terms of funding and that though a 2% increase in our base funding is great, it isn't even enough to cover the inflationary costs related to supplies. • We also discussed Bill 124 and how it has made it difficult to attract nurses, but even if it was repealed, we would need more funding from the MOH to be able to support higher wages. He indicated that the province is working with the College of Nurses to fast track internationally trained nurses getting their nursing license to address the nurse shortage. • We also spoke about NOSM and how the initial purpose of NOSM was to keep doctors in the North. • Mental Health & Addictions is also a focus of his and he would like to see a more streamlined approach to service delivery and funding. I expressed my concerns with the way funding is currently paid and he agreed that something needs to change. • I gave him a quick tour of the hospital and he thought the door murals in ECW and the mural outside Bonnie's office were great! <p>It was a great meeting and he said that he would bring my concerns forward and he hopes to advocate for the North and small communities. He hopes that if the Minister of Finance and the Minister of Health head up this way that I can meet with them and further discuss these issues.</p> <p><u>Chief of Staff Report prepared by Dr. S. Van Der Loo:</u></p> <ul style="list-style-type: none"> • We continue to be short of physicians covering our ER. There are no current closure dates and we have secured coverage through to the end of October. We remain in a very fragile state with no redundancy so this could change quickly with any physician illness, cancellation etc. • We have not made any further advances on recruitment although we anticipate the return of Dr. Rodrigues late this fall from her maternity leave. • Regional meetings continue to find ways to support northern ERs. There has been announcement of extension of the COVID ER increased funding until the spring which is expected to help with locum recruitment. • A recent announcement was made that the government will be funding a telephone/virtual support service for rural physicians covering ER to speak with an experienced ER specialist for assistance with cases. This will be run through Critical. It is hoped this may encourage more physicians to be willing to work in small ERs. 	

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<p><u>Director of Care, Long Term Care Report prepared by S. Wood:</u></p> <ul style="list-style-type: none"> <p>• PSW Staffing Shortage</p> <p>Our PSW shortage continues. We are currently down 3 part-time positions which is equivalent to a 1.8 FTE. With our summer students leaving at the end of August, our shortage will only worsen. We have been working with an agency to try and bring in some agency PSWs on a temporary basis until we can recruit additional staff. We are also looking into a Foreign Worker Program as a potential recruitment option. This program brings in nursing staff from other countries who are not qualified to work as a nurse in Canada yet, but can be brought in to work as a PSW on a 2-year term work visa. This will secure workers for at least two years who have the skills and knowledge to perform the job. It also allows them the opportunity to potentially work towards obtaining their Canadian nursing license while in Canada and may be given an opportunity to work as a nurse after the completion of their term.</p> <p>We continue to also work with Confederation College encouraging community members and existing staff to take the PSW course in collaboration with AGH. This is a fast-tracked program that can be completed online while staying in the community. The program is fully-funded so students do not need to pay for anything and AGH will allow them to complete their placement hours here. There were no Atikokan student applicants for the first course that started in July, however they will be offering another course to start in October so we will be looking to recruit individuals in taking this course. We are also working with the UNIFOR union on alternative scheduling for PSWs during the shortage as well as improved scheduling rotations for after the shortage.</p> <p>• COVID Updates</p> <p>Long-term care continues to allow visitors with daily screening and every other day surveillance testing. Anytime a resident is isolated or the home is in outbreak, visiting is restricted to one caregiver at a time per resident. Family and friends of residents have been very compliant and understanding of the continued COVID rules and we continue to screen our residents daily for symptoms. Residents are also permitted on outings and are tested 5 days after an outing as part of surveillance to ensure there is no spread of COVID within the home. These rules are all in line with the ministry guidelines for long-term care homes.</p> <p>• SMILE</p> <p>We are currently working on launching a new resident engagement software called SMILE that provides us with extensive tools to manage activity and recreation programs, track resident participation in programs, create activity calendars while also generating reports and analytics to help us identify how engaged our residents are in the recreational activities being offered, where we need to make improvements and focus attention to certain types of activities.</p> 	

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<p>This fully secure software allows families to stay connected using a secure platform/app where they can see what activities their loved one is attending, what is being offered each day as well as it allows us to connect with families by sharing photos and announcements through the app.</p> <p>The software has a fairly low annual fee, however we are utilizing our annual donation from our pharmacy, CareRx, to fund the program. The simplest way to describe the app is that it is similar to the “seesaw” app used at the schools. It’s a wonderful family engagement and communication tool that helps keep families feel informed and involved in what their loved one is doing each day.</p> <p>• Quality Improvement As part of new ministry requirements under the new Long-Term Care Act – we have put together a new Quality Improvement Committee for Long-Term Care where we identify areas of improvement within the home that we will focus on for the year. The committee has decided on four priority areas of improvement based on resident, family and staff feedback. The priority areas for Quality Improvement (QI) for the 2022-2023 year are:</p> <ul style="list-style-type: none"> • Upgrade the home’s HVAC system (already underway) • Improve our laundry services & handling of personal belongings • Improve safety within the home • Increase volunteer involvement & recreation services <p>An interim report has been created and posted in the home as well as in OMNI. The committee will continue to work together throughout the year to come up with processes to achieve our QI goals.</p> <p>MOTION: S. Burns/S. O’Sullivan “That the Board approve all reports as presented.” CARRIED 2202-068</p>	
<p>5. In-Camera Session</p> <p>MOTION: S. Burns/S. O’Sullivan “That the Board moves to an in-camera session of the meeting at 6:27 pm.” CARRIED 2022-069</p> <p>6. Return to Open Session</p> <p>MOTION: S. O’Sullivan/K. Pfeifer “That the Board returns to open session of the meeting at 6:56 pm.” CARRIED 2022-070</p> <p>MOTION: S. O’Sullivan/S. Burns “That the In-Camera Agenda (reviewed In-Camera) of May 25, 2022 be approved as presented.” CARRIED 2022-071</p>	

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<p>MOTION: L. Gauthier Stromberg/S. Burns “That the Consent Agenda (reviewed In-Camera) including the In-Camera Minutes of May 25, 2022 and MAC Meeting Minutes of June 15, 2022 be approved as presented.” CARRIED 2022-072</p>	
<p>Credentialing (from June 15th Medical Advisory Committee meeting) MOTION: S. Burns/S. O’Sullivan “That the list of professional staff, as presented, be approved for appointment and re-appointment for the remainder of the calendar year 2022.” CARRIED 2022-073</p>	
<p>7. DATE OF NEXT MEETING: The next meeting will be held in person on Wednesday, September 28, 2022 at 5 pm.</p>	
<p>8. ADJOURNMENT With no further business, the meeting was adjourned at 6:57 pm on a motion by S. O’Sullivan/K. Pfeifer. CARRIED 2022-074</p>	
<p>_____</p> <p>Beth Fairfield, Board Chair</p>	<p>_____</p> <p>Jorge VanSlyke, CEO</p>