



Board of Directors Regular Board Meeting
December 2, 2020
MINUTES

Present: Marlene Davidson @, Sally Burns-VC, Jeremy Dickson, Darcey Bailey, Sheron Suutari, Brad Ricci, Lorraine Gauthier Stromberg, Jorge VanSlyke, CEO; Jennifer Learning, CNO; Dr. Sara Van Der Loo, COS; Brittany Beyak, CFO, Stacey Wood, Director of Care, LTC

Guest: Mike McKinnon, Atikokan Progress

Regrets: Beth Fairfield, Dr. Joanne Spencer, Pres., Medical Staff

Recorder: Bonnie Clairmont

Approved: Jan 27/21

	Action Req'd/Date
<p>1.1 <u>Call to Order</u> Marlene Davidson called the meeting to order at 5:55 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. Suutari/S. Burns "That the Board approve the agenda of December 2, 2020 as presented." CARRIED 2020-072</p>	
<p>2. <u>Consent Agenda</u> The Regular Board Meeting Minutes of October 28, 2020 were reviewed and accepted as presented.</p> <p>MOTION: J. Dickson/S. Suutari "That the Board approve the minutes as per 2.1 as circulated" CARRIED 2020-073</p>	
<p>2. b) Darcey Bailey Resignation from Board M. Davidson thanked D. Bailey, on behalf of the board, for his valuable contributions to board and specifically for his input in the CEO hiring process and support he offered Interim CEO Jennifer Learning during the transition. D. Bailey felt content to leave the board at this time as Jorge VanSlyke has taken over CEO role successfully and that we have a good group of board members to support her. J. Learning also thanked D. Bailey for his support during our CEO transition.</p>	

	Action Req'd/Date
<p>3. <u>Good News Story:</u></p> <p>Dr. Shawn Minor joined the meeting and shared that he feels privileged to work in a hospital that respects and honors the wishes of our patients. He noted that when working in the Emergency Department, some patients will come in very sick or in end of life stage. Since physicians often know patients and their care wishes, patients are treated the way they want. He noted that the care of patients in their last couple of years of life is exceptional because we are a small hospital and can offer personalized service. This makes us special to our community. L. Stromberg commended the staff and physicians for all pulling together. The physicians add to the culture of the hospital.</p>	
<p>4. <u>Business Arising from Minutes</u></p> <p>4.1 Ontario Health Team Development</p> <p>4.2 Pandemic Update:</p> <p>4.3 Regional Integrated Care Working Group: All of these items are discussed as part of CEO report.</p> <p>4.3 Regional Services Committee of the Board: M. Davidson had nothing to report.</p>	
<p>5. <u>Reports</u></p> <p>5.1 Report from Board Chair: (attached)</p> <p>5.2 Report from the Chief Executive Officer (attached). In addition to the report provided, J. VanSlyke also shared the following: The Patient & Family Advisory Committee will be meeting again on December 8th. This meeting had been deferred due to the pandemic, but has been set up via Zoom. The hospital will join the Situation Table with the OPP and DSSAB to ensure all possible resources are tapped into to aid homeless in our community. J. Learning and C. Green will sit on this committee. J. VanSlyke has started a weekly "Coffee Break with Jorge" inviting 5 staff to join her in her office to a) get to know each other better; b) discuss what is/isn't working and c) suggest improvements and the roles we can all play. The hospital Wellness Committee has planned "12 Days of Christmas" with different activities the first two weeks of the month. All staff and physicians will receive a ham from the hospital. J. VanSlyke and B. Clairmont will also deliver Christmas baskets to our board members as a thank you for their volunteer hours. J. VanSlyke is working on the details for the next board development session.</p> <p>5.3 Report from the Chief Nursing Officer: (attached) J. Learning also added that the hospital visitor policy was updated. It was posted in the Atikokan Progress as well as on the hospital's web and Facebook pages. They are also working on a video with Shaw.</p>	

	Action Req'd/Date
<p>5.4 Report from the Chief Financial Officer (attached)</p> <p>5.5 Report from AGH Foundation: B. Beyak-Freamo reported that the Foundation has been approved to go ahead with a 50/50 on-line raffle which will begin in January.</p> <p>5.6 Report from the Chief of Staff: (attached)</p> <p>5.7 Report from Director of Long Term Care: (attached)</p> <p>MOTION: D. Bailey J. Dickson "That the Board approve all reports as presented" CARRIED 2020-074</p>	
<p>6. <u>In-Camera Session</u></p> <p>MOTION: S. Suutari/S. Burns "That the Board moves to an in-camera session of the meeting at 6:54 pm." CARRIED 2020-075</p>	
<p>7. <u>Return to Open Session</u></p> <p>MOTION: J. Dickson/L. Gauthier-Stromberg "That the Board returns to open session of the meeting at 7:56 pm." CARRIED 2020-076</p> <p>MOTION: B. Ricci /S. Suutari "That the Board approve the in-camera minutes of October 28, 2020" CARRIED 2020-077</p> <p>MOTION: S. Burns/L. Gauthier- Stromberg "That the HAPS submission (Hospital Operating Budget) for 2021/2022 be approved as presented at the December 2, 2020 Finance Committee Meeting." CARRIED 2020-078</p> <p>MOTION: B. Ricci /S. Suutari "That the Executive Compensation Plan be approved as presented at the December 2, 2020 Finance Committee Meeting." CARRIED 2020-079</p> <p>MOTION: J. Dickson/S. Burns "That the Board approve spending of up to \$525,415 on Capital expenditures in fiscal year 2021/2022 as presented at the December 2, 2020 Finance Committee Meeting." CARRIED 2020-080</p> <p>MOTION: S. Suutari/B. Ricci "That the Consent Agenda (reviewed In-Camera) including the In-Camera Minutes of October 28 and MAC Meeting Minutes of October 21, 2020 be approved as presented." CARRIED 2020-081</p>	

	Action Req'd/Date
<p>Credentialing from November 18th Medical Advisory Committee Meeting</p> <p>MOTION: L. Gauthier-Stromberg/J. Dickson "That the list of professional staff, as presented, be approved for appointment and re-appointment for the remainder of the calendar year 2020." CARRIED 2020-082</p> <p>MOTION: S. Suutari/S. Burns "That the Risk Report Summary for December, 2020 be accepted as presented." CARRIED 2020-083</p> <p>MOTION: B. Ricci/J. Dickson "That the board approve the Year 1 – 3 Goals by Strategic Priority as presented." CARRIED 2020-084</p>	
<p>8. DATE OF NEXT MEETING: The next regular board meeting is on Wednesday, February 24, 2021 at 5 pm via Zoom.</p>	
<p>9. ADJOURNMENT</p> <p>J. VanSlyke wished the board a Merry Christmas and a safe holiday season. She thanked the board for its support and commitment. She encouraged the board to contact her if they have any questions/concerns about hospital business.</p> <p>With no further business, the meeting was adjourned at 7:34 pm on a motion by S. Burns/D. Bailey CARRIED 2020-085</p>	
<p>_____ Marlene Davidson, Board Chair</p> <p>_____ Jorge VanSlyke, CEO</p>	

Board Chair's Report, Dec. 2, 2020.

Board Chairs meeting, "Governing in Disruptive Times- Strategic Oversight in a Hyper-Changing Environment.

Insights from Annie Tobias, Colleen Johnson and Dr. Richard LeBlanc.

- Strategic planning and oversight are a vital component of Governance. Board Chairs should take an active and critical part
- Strategy is about choice and asking difficult questions at planned intervals. Determining strategic priorities will result in fewer, more focused and measurable objectives. This conversation caused me to take another look at our strategic plan.
- Fewer, more focused choices can alleviate capacity and resource issues.
- Strategic priorities should be precise and measurable with clearly defined performance indicators.
- In order to develop a robust and focused strategic plan, the board needs to consistently engage in generative conversations which is not easy to do during these times. Boards should consider dedicated meetings to focus on strategic priorities.
- Our meetings always seem to end with a discussion about inclusion. A concern right across the province.

Respectfully submitted by
Marlene Davidson
Chair



CEO Board Report

December 2020

Systems Integration

- **Rainy River District Ontario Health Team**

RRDOHT Rainy River District Ontario Health Team (RRDOHT) is now officially approved. The announcement was made on November 18, 2020. The team is now working towards patient / family advisory membership and physician representation including the Collaborative Decision Making Framework and Fund Holder Agreement. The last two are essential prior to receiving funding as an OHT

- **Regional Integrated Care Working Group**

I moved my name forward to be a core participant for this resumed initiative. I will be representing the smaller hospitals alongside 2 other representatives once approved.

The goal is to determine regional working relationships with the 2 existing OHTs in the region – will this be another OHT or is there a hybrid model that can be developed?

- **CEO Continuous Learning and Networking**

- Applied to represent smaller hospitals in the Regional Integrated Care Working Group
- Participating in the creation of Situation Table in Atikokan, similar to Fort Frances set-up
- Finalizing Business Plan for the LTC Administrator Certificate course
- Met with reps from Thunder Bay Multicultural Association for possible partnership with newcomers, providing mentorship, career talks
- Regular meetings with NWO Hospital CEOs
- Actively participating in RRDOHT formation
- Facilitating Atikokan Health and Community Partners' Meetings every Monday
- Joining the Inter-Agency network in Atikokan
- Currently the Vice-Chair for Canadian College of Health Leaders – Northwestern Ontario Chapter

Pandemic Update

- Surveillance Testing is now mandatory for all LTC staff – AGH applies this rule to all staff since we have one building and we have access to LTC. Green and yellow zones require every two weeks of testing. Orange red and gray require once a week
- Exploring the possibility of procuring an AI device to check temperatures and help with screening. The cost of this device (approximately 24k for 2 units) will be offset by reduced dedicated staff screening hours
- Non-essential outings have been discontinued (more on LTC visitation changes under LTC report)



- Travel restrictions outside Northern Ontario still in place effective October 9, 2020
- PPE supplies remain stable

Operational Responsibility

- **Information Systems**

- Anti-virus and anti-spam upgrades in place
- Cloud back-up server up and running
- Secondary internet from Shaw now in place. Tbaytel is the primary internet provider
- Two notifications of cyber attacks specifically targeting healthcare were addressed. The migration from Windows 7 to 10 had been delayed and has moved our deadline to March 2021
- Telus Penetration Testing ongoing. Reports are expected by December 2020
- Through our contract IT, AGH is moving things along.

- **Infrastructure / Maintenance**

- **ER Ramp**

- Project was approved under Health Infrastructure Renewal Fund for \$204,443. Cost of Ramp including the project management fee totals \$180,000. We have about \$16k to spend on final paving for next fiscal but the remaining amount for this year, about \$30k can go towards other projects that were listed under our HIRF schedule (refrigerant or plumbing fixtures for ECW).

- **HVAC**

- We approved an assessment quote from RVI to evaluate the HVAC and plumbing infrastructure for \$15,000. This will provide us with a project phasing plan in order of priority and will try to break down project costs to turn this into a multi-year project.
- We are also applying for Investing in Canada Infrastructure Program (ICIP) – COVID-19 Resilience Infrastructure Stream. The deadline is December 18, 2020.

- **Sprinkler System**

- We have to complete the upgrade by 2025. This project will be applied for under HIRF and the new ICIP funding stream



- **Human Resources**
 - Human Resource Coordinator will work full time hours starting January 2021. He is currently working 30 hours a week. This will provide better support for managers while continuing to enable managers to fulfill HR decision-making functions
- **Risk Management**
 - Risk Management and Quality Improvement Meetings have now been re-started involving department representatives with 6 planned meetings a year. We are developing our Terms of Reference and will be connecting this group with the Quality Committee of the Board that was set-up pre-pandemic
 - Risk reporting to the Board is now established
- **Community Counselling**
 - Continuing to explore options for office space – accessibility and security are the primary concerns
 - Transition House operation is also under review
 - Started outreach initiatives: OATC, Seine River

Continuing Strategy

- Increasing grant / funding applications, always on the lookout for opportunities
- Strengthening Communication: Coffee Break with Jorge
- Initiating Mentorship and Supportive Conversations: Leaders 4 Leaders, one-on-one conversations
- Strategic directions for 2021-2024 are submitted for discussion and approval – culmination of numerous consultations and planning sessions
- Had an initial meeting with Thunder Bay Multicultural Association – if successful, AGH can expand goal of better community integration, long term care residents can be matched with newcomers for connectivity and language training, increase presence to hopefully contribute to sustainable recruitment for short staffed positions
- Organization and standardization – implemented calendar is actively used for all AGH to work from the same work timeframe. Formal communication of changes standardized. Working on policy development standardization

Chief Nursing Officer's Board Report December 2, 2020

Nursing:

- The ER ramp is now open again outside of the ER doors and the amount of traffic in the hallway has significantly reduced.
- The ER is getting another cardiac monitor to put between two stretchers so the nurses can monitor more cardiac conditions in the ER. It can also be removed from the wall and put on the stretcher to go with patients when they go to DI for testing.
- RCCR came to Atikokan on Nov 2 to train the physicians, RNs and RPNs on various techniques to use in emergencies. They reviewed the use of the ventilators, different medication and different processes to help during a trauma. This training is in support of the RCCR program and the staff who come here to do the training are the same staff that our physicians and nurses work with over the RCCR telemedicine program from the ICU in Thunder Bay.
- With the recent surge in COVID-19 cases in Ontario we clarified our policy on visitors to the acute care. ALC patients are treated the same as Long term care patients and they are allowed visitors who have proof of a negative covid swab and pass the screening. Anyone who is palliative or a child may have essential visitors and they do not need a negative covid swab to visit.

Rehab:

- There is a significant wait list for OT, PT and Kinesiology at this time due to COVID and the department being shut down in the spring. Currently they have waitlists that are a yearlong or more but the staff are working on various ideas to try to reduce the wait times.
- The hospital is hiring two temporary full time rehab aides for 3 months to help the OT and PT get through their waitlists. These positions will probably start in the New Year.

Lab:

- The lab had an outside audit of all their processes which was done by another lab in the region. The lab did very well in their evaluation.
- They continue to operate with only two MLTs so they are hiring the co-op student to help out after school with making appointments, packaging up lab samples and organizing their inventory.

Pharmacy:

- The Ontario College of Pharmacists did another assessment on Riverside's pharmacy and determined for a second year in a row that they could not mix chemotherapy for another hospital. .Therefore, Riverside will not be able to mix the chemotherapy for our Atikokan patients.
- During our Regional Pharmacy Meeting there was further discussion concerning possibly having Dryden or Thunder Bay Regional Hospital mix our chemotherapy. The safer option would be Thunder Bay doing the mixing and transporting because the highway is not a secondary highway that the cab driver would have to drive and most of the chemotherapy patients are currently receiving their chemotherapy from the

Thunder Bay Cancer Center. Talks will continue over the next little while with the Regional Committee to try to sort out the best option for Atikokan.



CFO Report

- We are in a much better position in terms of cash flows at the end of October.
- We are no longer using our line of credit and it has been paid off in full
- We are now seeing the reimbursement of COVID expenses, including both capital and operating
- I am caught up to date (to Sept 30th) on LifeLabs reconciliations and have received confirmation that we will be receiving approximately \$120,000
- I am currently working on the Phase 1 Redevelopment Final Claim Submission, which will be audited by MNP the week of December 14th and submitted to the ministry upon completion. This will be the final piece of information the ministry needs to provide us with the funding that is still outstanding, which again, will help cash flows.
- I have done a cash flow analysis to the end of March, and based on current averages for payroll and payables, we will still be in a great position at the end of the year. I don't believe that we will be using our line of credit for the foreseeable future.
- I am currently hiring a NOHF finance intern, who will begin at the beginning of June, upon completion of their accounting course. This individual will also work as a part time administrative assistant from January to June.
- I have recently began managing the Health Records Department, which means that I now manage, the business office, health records, MDR/Stores, and procurement. Given that I am an accountant and have never worked in some of these departments, I have decided that I am going to spend a few hours job shadowing each of the staff in those departments to better learn their roles. This is taking place the first week of December.
- I have also been working with community counselling to improve their statistics with the LHIN and have made some changes in how the stats are reported to me, which the staff at community counselling was fully on board with assisting me with.

Financial Summary as at October 31, 2020

Revenue	\$6,315,088
Expenses	\$5,889,633
Surplus/(Deficit) from Hospital Operations	\$425,455
Amortization	\$107,637
Total Surplus/(Deficit) from Fund Type 1	\$317,818
Surplus/(Deficit) from Other Votes	\$25,740
Overall Surplus/(Deficit)	\$343,558

**Budget 2021/2022 Highlights**

*Note: The ministry does not factor in amortization when reviewing our financial situation

*Note: Budget for Other Votes (Community Counselling) is not submitted to the LHIN as it is on a 3 year rotation and does not have to be submitted again until 2022/23

Revenue	\$10,138,200
Expenses	\$10,011,665
Surplus/(Deficit) from Hospital Operations	\$126,535
Amortization	\$141,225
Total Surplus/(Deficit) from Fund Type 1	(\$14,690)
Surplus/(Deficit) from Other Votes	\$22,457
Overall Surplus/(Deficit)	\$7,767

Wednesday, December 2, 2020

COS report for Dec 2, 2020 AGH board meeting

Medical Advisory committee report

- Ongoing hospital business and updates of protocols and medical directives
- Invitations for reappointment to the AGH medical staff have been sent out to practitioners who were credentialed in 2020. This includes reappointment invitations for local nurse practitioners should they be needed due to the pandemic.

Outside/Regional meetings

- I continue to attend monthly meetings with the pan northern ED physician network as well as co-chairing biweekly meetings with the Regional COS council.
- At the regional COS level Travel restrictions for staff are frequently discussed and the rationale reviewed with the goal of attempting to be consistent across the region. Currently travel restrictions for TBRHSC staff are within Northwestern Ontario with some smaller hospitals following this change and others continuing with restricting travel to Northern Ontario.
- Turn around times for COVID test results continue to be longer in the Northwest region - up to 7-8 days and 70% or more tests are taking more than 3 days to come back in much of the region. Thunder Bay has shorter turn around times with most being resulted within 3 days. We continue to advocate to Ontario Health and the government about this issue and a letter is being drafted to be escalated this issue to Ontario Health on behalf of regional COS council and the regional CEOs.
- With higher levels of COVID in the region smaller hospitals are at risk of physician shortages and lack of coverage for ER if a physician becomes ill or is required to isolate. I led the regional COS council through a simulation of such a scenario and we have discussed potential ways for physicians in the region to support each other should a Hospital be in this situation. This could involve physicians from one community traveling to another hospital to provide coverage.

Respectfully submitted

Sara Van Der Loo, MD, CCFP, FCFP, FRRMS

Chief of Staff Atikokan General Hospital

**Long Term Care – Extended Care Wing
Director of Care's Board Report
December 2, 2020**

General Update:

- Our annual ECW Resident Satisfactory Results are in. We had a 42% return rate and the results were generally all very positive.
- We are currently recruiting **additional PSW staff**. We require one temporary part-time PSW as well as some additional casual PSWs. Many of our casual staff have been working at other health care facilities and are unable to work in multiple locations due to the pandemic, so we are looking to recruit some additional staff to add to both our regular staffing and our pandemic preparation pool.
- Occupancy Rate

Quality Initiatives

- **Adopt a Resident campaign:** This Christmas, our new Recreation Coordinator planned this campaign to bring a little extra Christmas cheer to our residents during the holidays. Interested individuals were matched with one of our residents to donate a gift to for Christmas. Residents names were kept anonymous – only age and gender were provided to individuals who contacted us to be part of the campaign. The campaign was a hit and our community members signed up and filled our resident's Christmas tree within 4 days!
- **12 Days of Christmas plans including residents** – organized by Employee Wellness
- Memory Pillow Campaign
- Visual Care Symbols
- Regular Virtual Meetings with Families

Risk Management and Compliance:

- A new Minister's Directive was provided this week in regards to **surveillance testing and rules around visiting in Long-Term Care**. In addition to mandatory surveillance testing for all staff, all visitors now have to provide **proof** of having a negative COVID test within the previous two weeks (prior to this they only needed to verbally attest to the negative test). Testing is required for **all visitors**, even those who wish to visit outdoors. The testing requirements are based on what level our public health region is currently in. Testing is required for all staff, students, volunteers and visitors every two weeks for public health regions in the Green-prevent and Yellow-protect levels. For regions in the Red, Orange, and Grey levels – testing is required every week.
- Non-essential Outings discontinued
- Occupancy Drill conducted in November
- Long-Term Care Administrator's Course: currently working on our final assignment which is due December 18th.

Ongoing Challenges:

- Space issues – dining area, recreation space, indoor walking space
- HVAC upgrade
- Balancing quality of life versus constantly changing pandemic requirements