



Board of Directors Regular Board Meeting
January 27, 2021
MINUTES

Present: Marlene Davidson @, Sally Burns-VC, Jeremy Dickson, Sheron Suutari, Brad Ricci, Lorraine Gauthier Stromberg, Beth Fairfield, Jorge VanSlyke, CEO; Jennifer Learning, CNO; Dr. Sara Van Der Loo, COS; Brittany Beyak, CFO

Guest: Mike McKinnon, Atikokan Progress

Regrets: Stacey Wood, Director of Care, LTC; Dr. Joanne Spencer, Pres., Medical Staff

Recorder: Bonnie Clairmont Not Approved

	Action Req'd/Date
<p>Presentation by N. Palmai, Wellness Committee: N. Palmai shared an overview of the activities the Wellness Committee provided over the year to promote health and wellness for all staff. The committee has 7 – 8 members with K. Weir and N. Palmai serving as co-chairs. They also have a pool of staff willing to assist with specific activities. Although they had limitations due to Covid, they were still able to offer some great activities including some health promotions, Summer BBQ's, Pizza Days, Giveaway's (Mission Month), Pumpkin Carving Contest, Adopt A Resident, 12 Days of Christmas, Food Drive. The Wellness Committee raises money from the vending machine on main floor of hospital. They also recognize departments monthly, offer healthy baskets and reimbursement for fitness activities and help promote LifeWorks, the hospital's EFAP program.</p> <p>1.1 <u>Call to Order</u> Marlene Davidson called the meeting to order at 6:02 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: B. Ricci/L. Gauthier Stromberg "That the Board approve the agenda of January 27, 2021 as presented." CARRIED 2021-001</p>	
<p>2. <u>Consent Agenda</u> The Regular Board Meeting Minutes of December 2, 2020 were reviewed and accepted as presented.</p> <p>MOTION: S. Burns/L. Gauthier Stromberg "That the Board approve the minutes as per 2.1 as circulated" CARRIED 2021-002</p>	

	Action Req'd/Date
<p>3. <u>Good News Story:</u></p> <p>B. Clairmont shared a personal service user experience of her uncle's recent stay at the hospital. She noted the special, out of the ordinary care her uncle received from the physicians and nursing staff. It was reassuring to family that her uncle was being well taken care of in a safe environment. Hospital staff were also supportive of family members and helped them understand the different stages of dementia. B. Clairmont shared that she had seen both parents and two uncles pass away at the hospital and their final journeys were peaceful and on their terms. It makes her proud to work at and with the best hospital staff.</p>	
<p>4. <u>Business Arising from Minutes</u></p> <p>4.1 Ontario Health Team/Regional Integrated Care Working Group Development</p> <p>4.2 Pandemic Update: Both of these items are discussed as part of the CEO report.</p>	
<p>5. <u>Reports</u></p> <p>5.1 Report from Board Chair: (attached): M. Davidson highlighted that she has been participating in the OHA session regarding long term care and is learning a lot about governance and virtual meeting legalities. She also did an interview with the OHA to critique their sessions. She will attend the first meeting of the Regional Services Committee of the Board on January 28th.</p> <p>5.2 Report from the Chief Executive Officer (attached). J. VanSlyke highlighted that the Covid Vaccine is an ongoing conversation and the province is hoping to have all LTC homes vaccinated by February 15th. We will post on social media when we offer our first LTC vaccination. 83% of staff have either signified yes or maybe to getting vaccine. She also commented on Biofire program for Covid testing in hospital. There are strict parameters when this will be used, mainly for symptomatic staff and residents and outbreak management. All other testing is done through our regular swabbing processing.</p> <p>S. Suutari joined the meeting at 6:30 pm.</p> <p>5.3 Report from the Chief Nursing Officer: (attached) J. Learning highlighted that we are working on transportation issues for having the Dryden hospital mix chemotherapy drugs for use in Atikokan. We are also exploring this option with Thunder Bay. K. Weir is working to get the Chronic Pain program offered again virtually and at the pool. She is planning to offer two sessions per year for of 12 weeks duration. Nine patients will be seen per session to do exercises and pool activities.</p>	

	Action Req'd/Date
<p>J. Learning also reported that the Rehab blitz was successful, although exhausting for staff, to help people get off the wait list. The Rehab department is working hard to get through their case loads. The staff will take training on the new Shockwave therapy system which is especially helpful with treating tendonitis. The Rehab department had advertised for two Rehab Aides, but was only able to hire one that is qualified.</p> <p>5.4 Report from the Chief Financial Officer (attached). Hospital finances were discussed at the Finance Committee meeting.</p> <p>5.5 Report from AGH Foundation: B. Beyak-Freamo encouraged board members and the public to support the Foundation's on-line 50/50 raffle which is sitting at \$4,100 as of today.</p> <p>5.6 Report from the Chief of Staff: (attached)</p> <p>5.7 Report from Director of Long Term Care: (attached) S. Wood was unable to attend today's meeting, but J. VanSlyke shared on her behalf that we preparing for the vaccine roll-out. Essential care visitation has resumed at the Extended Care Wing on January 18th.</p> <p>5.8 Committee Reports: No committee meetings were held.</p> <p>MOTION: J. Dickson/L. Gauthier Stromberg "That the Board approve all reports as presented"</p> <p style="text-align: right;">CARRIED 2021-003</p>	
<p>6. <u>In-Camera Session</u> MOTION: B. Fairfield/S. Suutari "That the Board moves to an in-camera session of the meeting at 6:43 pm." CARRIED 2021-004</p>	
<p>7. <u>Return to Open Session</u> MOTION: J. Dickson/B. Ricci "That the Board returns to open session of the meeting at 7:08 pm." CARRIED 2021-005</p> <p>MOTION: J. Dickson/B. Ricci "That the Board approve the in-camera minutes of December 2, 2020" CARRIED 2021-006</p> <p>MOTION: J. Dickson/B. Ricci "That Stacey O'Sullivan be appointed to the Atikokan General Hospital Board of Directors for a three-year term ending June, 2024." CARRIED 2021-007</p>	

	Action Req'd/Date
<p>MOTION: S. Suutari/S. Burns "That the Consent Agenda (reviewed In-Camera) including the In-Camera Minutes of December 2, 2020 and MAC Meeting Minutes of November 18 and December 16, 2020 be approved as presented." CARRIED 2021-008</p> <p>Credentialing from December 16th Medical Advisory Committee Meeting MOTION: B. Fairfield/L. Gauthier-Stromberg "That the following professional staff, Dr. Madelaine Leeanne Werham be approved for appointment to the Regional Staff for the remainder of the calendar year 2020." CARRIED 2021-009</p> <p>Credentialing from January 20, 2021 Medical Advisory Committee Meeting MOTION: S. Suutari/S. Buns "That the list of professional staff, as presented, be approved for appointment and re-appointment for the remainder of the calendar year 2021." CARRIED 2021-010</p> <p>MOTION: L. Gauthier Stromberg/B. Ricci "That the Risk Report Summary for January, 2021 be accepted as presented." CARRIED 2021-011</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. <u>ADJOURNMENT</u></p> <p>With no further business, the meeting was adjourned at 7:12 pm on a motion by J. Dickson/L. Gauthier Stromberg CARRIED 2021-012</p>	
<p>_____ Marlene Davidson, Board Chair</p> <p>_____ Jorge VanSlyke, CEO</p>	



Board Chair Report

January 2021

I would like to begin by extending my great thanks to our CEO, Jorge Van Slyke, and all of the staff at the AGH for the excellent care that they have taken during this past time of the Covid outbreak. We are extremely fortunate to have the level of commitment that has been shown by them during his trying time. Our citizens are most fortunate and we are all most grateful.

I have completed the final virtual session of our Governing in Disruptive Times. I hope that there will be others.

Some reflections from the session:

- Communication and information sharing between the Board Chair and the CEO is critical, and the Board Chair's role is to act as a conduit to the rest of the board with this information.
- Regularly scheduled in-camera meetings (with and without management) is good governance practice that allows for candid discussion. The CEO and Management should be notified of these meetings to prevent suspicion or anxiety.
- Evaluations need to be continuous.
- Health care needs to become more prepared.

I have agreed to a phone call this week with OHA regarding this series

Please be informed that there will be a National Virtual Forum on Systemic Racism and Discrimination in the Health Care System on January 27-28.

I was invited to participate in this Forum but declined.

I am also participating in the OHA session regarding Long Term Care.

My first meeting with the Regional Hospital Co. is on the 28th.

Marlene Davidson
Chair



CEO Board Report

January 2021

Systems Integration

- Rainy River District Ontario Health Team (RRDOHT)
 - RRDOHT submitted the Collaborative Decision Making Agreement to the Ministry. The approval of this document will allow the Ministry to channel OHT funds to our group for our Year 1 priorities.
 - The Terms of Reference (TOR) for Patient and Family Advisory Council had been approved and we are currently working on the TOR for Service Providers so we can have representation from Primary Care Providers as well (another OHT requirement).
 - We will also be reviewing criteria for committee and sub-committee membership to ensure inclusive participation from partners in the District.
- NW Regional Integrated Care Working Group
 - During the January 11 meeting, the 'North West Regional Integrated Care Working Group' (Working Group) reviewed and approved the Terms of Reference, as well as the Communication & Engagement Plan to support the Working Group.
 - A website is being developed where information will be posted
 - The Working Group will meet again on February 8 to discuss feedback from broader stakeholder groups.
- Digital Council
 - Reporting to the NW CEO group, and led by Regional CIO Cindy Fedell, the Digital Council is being formed to review current digital systems in our region and push changes forward that will promote interconnectivity among other things
 - Cindy Fedell has been hired using a percentage of Small Hospital Transformation Fund
 - Jennifer Learning will be representing AGH on this

Pandemic Update

- Outbreak: Our first COVID-19 Outbreak was declared on January 3, 2021 and was over on January 15. One staff tested positive and this was through the regular surveillance tests that staff go through weekly. Two inspections were conducted during that time frame, one from Northwestern Health Unit (in-person) and another from the Ministry of Labour (via zoom). Inspections went well and their feedback confirmed that AGH has implemented all possible measures to create a safer workplace during this pandemic.
- Current gap at this time is adequate health and human resources, specifically nursing staff, to respond to an outbreak should 1/3 of the staff gets impacted. We received zero interest from local partners to be seconded to us during an outbreak. Work is underway to potentially hire agency nursing as part of the contingency plan.



- Travel restrictions outside Northwestern Ontario still in place with a 7-day requirement to be off work upon arrival. Under the provincial emergency restrictions until February 11, travel outside Ontario requires 14 days isolation upon return.
- PPE supplies remain stable
- Biofire will be up and running as soon as the Ministry adds this to our lab license. There are strict parameters when this will be used – mainly for symptomatic staff and residents, and outbreak management.
- Vaccine Roll-out is expected between February 1 to 15. The province is aiming for all LTC to be vaccinated by February 15. Regular meetings are being held with NWHU. AGH will be responsible for our staff and residents while NWHU will coordinate community inoculation. Required internal logistics are mostly in place.

Operational Update

- Infrastructure / Maintenance

- Site visit from RVI to assess our HVAC system has been postponed due to outbreak. Currently being re-scheduled
- Re-investigating the feasibility of installing fob system in our building
- Purchased a truck for better plowing and for maintenance use

- Information Systems and Technology

- Hired our IT Contractor as full-time Information Systems and Technology Manager effective January 4, 2021
- Maintenance Care Contract for work orders, preventive maintenance, and asset management is signed
- Expanded bandwidth from 100 to 200 Mbps
- Procured more laptops to enable more people to work from home as needed

Risk Management and Quality Improvement

- Patient and Family Advisory Council met on December 8, 2020 after almost a year of hiatus
- Leaders 4 Leaders launched third quarter: one on one sessions with leaders
- Performance Appraisal now on going, target is 100% of staff actively working
- Improved communication – feedback from partners and staff
- Employee Wellness – Christmas activities, Morneau Shepell



Chief Nursing Officer Board Report

January 2021

Nursing:

-We have one temporary float RN position that was empty and it was recently filled by a part time RN. We now have a part time RN position that will need to be filled. The nurses have been helping out with doing weekly staff swabbing and we have been back filling their positions each week to maintain our staffing compliment.

-We are going to have CTAS (Canadian Emergency Department Triage and Acuity Scale) training for the RNs through virtual means so they can maintain their credentials even during a pandemic. The training took place two years ago in person so we will see how virtual training works for the same course. This is a course the RNs need in order to triage patients who come into the ER.

-We are working in partnership with the Thunder Bay Regional Mental Health Assessment Team. They received money from the Small Hospital Transformation fund in order to provide regional mental health services to hospitals dealing with acute mental health concerns in their emergency rooms. They will provide mental health assessments over OTN to the patient while they are in the local emergency room. This will reduce the need for transfers and will speed up access to mental health services in our region. This program will run from January 18 to March 31, 2021.

Rehab:

-The staff continues to have a backlog of referrals so to try to see patients who have been waiting a long time for services they scheduled a "blitz" for the week of January 18 – 22. They will assess and create treatment plans for patients who would normally have to wait months before they would get an assessment which will reduce the waitlist for patients. They will plan something like this again in the near future to try to see as many patients as possible.

-The Atikokan General Hospital Foundation generously donated money to the rehab department so they could purchase a Shockwave machine which helps to deal with pain. This machine should be in next week and then the staff will have one more tool that they can use to try to help patients with pain management.

-The Chronic Pain program is going to change and look different due to COVID but it will still have the same goals of helping people live with chronic pain. Kelsey Weir is working on setting this up so the program can continue in some format as it was very popular before COVID when it was in a group setting.

**Lab:**

-The lab has received a Biofire which means that we now have the ability to do a covid swab on a patient who meets certain criteria and then run it in house to get a result within an hour. We are still awaiting the final approval through the Ministry but all the validation testing has been completed and it was approved through the Institute of Quality Management in Healthcare (IQMH). The hospital only has two MLT staff that can run the biofire so we have to be very specific about which swabs will be run on the machine and when so we don't burn out our staff.

-The Ministry wants all Long Term Care homes to use the rapid antigen testing for their homes but because we have a lab attached to our long term care home we have to validate the test and have it run like point of care by our nursing staff that will be trained on how to use it. We are working on setting this up in partnership with nursing as it will be nursing staff that will perform the test. This testing will use up a lot of nursing hours so we are considering the best way to do this while not impacting our nursing services.

Pharmacy:

-We are purchasing a freezer that is able to store the Pfizer vaccine so we will be able to distribute this vaccine to our staff and residents when we get it. Storage is tight in our hospital so we considered the best place to put the freezer.

-We are continuing to look to Dryden to have them mix our chemotherapy. Two nurses are going for chemotherapy training at the Cancer Center during the month of February so we hope to be able to trial giving chemotherapy here in Atikokan by the spring.



CFO Report

- Overall, we are in a great position going into Q4.
- I have done projections and I believe we will still be sitting in a surplus position at the end of the year, allowing us to have more money for reserves and therefore capital projects.
- We will be receiving an additional lump sum of money that was the settlement amount for the new build, hopefully by the end of March. Ideally, I would like to invest this since we are still in a good position in terms of cash flows.
- In the summer we received \$235,000 for pandemic pay. However this did not cover our full pandemic pay costs. The Ministry has now funded the difference, and we have received it as of Dec 31st, so that expense was 100% covered
- So far, we have been reimbursed up to Sept 30th for incremental covid expenses, which is about 73% of what has been claimed
- COVID capital expenses have been reimbursed 100%
- The funding for the PSW wage enhancement has not yet been received; however, we did pay out the first lump sum for hours up to Dec 31st on January 21st. The LHIN confirmed that we will be receiving the funding letters for this shortly, and I expect it will also be covered 100%, similar to the pandemic pay.
- We are going to review our capital list, since we do have excess cash at this point, and decide on a few more items for this year

Financial Summary as at December 31, 2020

Revenue	\$8,414,944
Expenses	\$7,884,038
Surplus/(Deficit) from Hospital Operations	\$530,905
Amortization	\$105,059
Total Surplus/(Deficit) from Fund Type 1	\$425,846
Surplus/(Deficit) from Other Votes	\$52,740
Overall Surplus/(Deficit)	\$478,586



AGH Foundation Report

- The Christmas Campaign was a huge success! We raised almost \$30,000, which is significantly more than typically raised through the Celebration of Friends.
- The goal for the campaign was \$16,000 to purchase a ShockWave Therapy device for rehab. Which has now been ordered.
- We also had a generous donor who donated enough to purchase an air mattress for acute.
- The Foundation has also purchased a bariatric lift for acute and has agreed to purchase 4 other items for the hospital (between a few different departments) and will be reviewing our capital list again at their February meeting to determine what else they can assist with purchasing.
- We received our \$20,000 cheque from OPG to purchase the cardiac monitor for the ER
- Up to the end of December, the Foundation has raised 20% more than was raised last year for the entire fiscal year!
- The 50/50 raffle began on January 11th. Within the first week, it has raised \$2500 (for the take home, so \$5000 total).
- The raffle will be running monthly for a year. Draw dates are as follows:
 - Jan 11- Feb 12
 - Feb 15- Mar 19
 - March 22- April 23
 - April 26- May 28
 - May 31- June 25
 - June 28- July 30
 - Aug 3- Aug 27
 - Aug 30- Sept 24
 - Sept 27- Oct 29
 - Nov 1- Nov 26
 - Nov 29- Dec 23



Chief Of Staff Board Report

January 2021

Medical Advisory Committee

Usual upkeep and approval of medical directives as needed

Credentialing underway for medical staff for 2021 - All Active staff have completed their renewal and are up for review and approval at this meeting.

Pandemic Updates

Ordered Tavish masks (to provide oxygen with filters attached to reduce risk to aerosols/droplets by caregivers)

Ordered one high flow nasal oxygen unit - provides high flow oxygen to reduce need for intubation.

Regional Chief of Staff Committee

Meeting every 2 weeks

Continued discussion and planning for transfer of COVID patients from the region to higher levels care to ensure this process is smooth.

Advocacy regarding vaccine distribution for the north due to the of the fragility of health care systems with lack of redundancy in staff

**Director of Care – Extended Care Wing Board Report**

January 2021

- Visiting to ECW was put on hold at the start of the provincial lockdown **December 26th** as an added safety measure to the residents.
- On **January 3rd** a COVID-19 outbreak was declared as the result of one staff at AGH testing positive. The residents were deemed to be a low risk exposure however all appropriate precautions were put in place for added safety.
 - Residents were put on precautionary isolation (Each was isolated to their own room).
 - All 25 residents underwent surveillance COVID testing along with all AGH staff on January 5th. All returned negative.
 - AGH met daily with Public Health, Ontario Health and the Ministry of Health and LTC for the duration of the outbreak to ensure all appropriate measures were in place.
 - The outbreak was declared over on January 15th and Public Health commended us on a quick resolution and job well done!
- All AGH staff will continue with surveillance COVID testing every week while we remain in a provincial lockdown. Frequency of testing is based on zones of public health regions.
- Resumption of visits to LTC started **January 18th** for essential caregivers only. These people are designated by the residents to provide direct care / meaningful connection. One essential caregiver is permitted at a time per resident. All visitors are COVID tested weekly (as is staff) and wear a surgical mask while visiting the home. General visitors are still not permitted at this time as per ministry guidelines.
- We are currently preparing for COVID vaccine roll-out whenever it becomes available to us. So far, all the residents have consented to receiving the vaccine.
- We are actively recruiting RPN and PSW staff for both pandemic preparation as well as filling vacant positions.