



Board of Directors Regular Board Meeting
October 28, 2020
MINUTES

Present: Marlene Davidson @, Sally Burns-VC, Darcey Bailey, Sheron Suutari, Brad Ricci, Beth Fairfield, Lorraine Gauthier Stromberg, Jorge VanSlyke, CEO; Jennifer Learning, CNO; Dr. Sara Van Der Loo, COS; Brittany Beyak, CFO
Guest: Mike McKinnon, Atikokan Progress
Regrets: Jeremy Dickson, Dr. Joanne Spencer, Pres., Medical Staff
Recorder: Bonnie Clairmont

Approved: Dec 2/20

	Action Req'd/Date
<p>1.1 <u>Call to Order</u> Marlene Davidson called the meeting to order at 5:45 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/S. Burns "That the Board approve the agenda of October 28, 2020 as presented." CARRIED 2020-060</p>	
<p>2. <u>Consent Agenda</u> The Regular Board Meeting Minutes of September 30, 2020 were reviewed and accepted as presented.</p> <p>MOTION: S. Suutari/S. Burns "That the Board approve the minutes as per 2.1 as circulated" CARRIED 2020-061</p>	
<p>3. <u>Good News Story:</u> 4.1 <u>Quality Improvement:</u> J. VanSlyke shared that the decision was made not to hire a Nurse Manager for the Acute/ER department, but that the CNO would oversee these departments, thus reducing a layer between management and staff. This change has proven successful and communication has improved. J. Learning has implemented one on one meetings with her staff to get to know them and address their needs. A list of items the nurses feel need to be addressed has also been posted on the huddle board in the Acute department. It is sorted by Green:</p>	

	Action Req'd/Date
<p>Easy to solve; Yellow: Harder to Attain and Red: Nice to have, but not easy to attain. The nurses are also being recognized by their peers. The Acute department holds daily huddles at 11 am which includes nursing, rehab, dietitian and pharmacy so they can all work better together. The feedback received was that the staff really feel like they are being heard, they are involved, better teamwork and they understand the RN/RPN roles better.</p> <p>As well, J. VanSlyke makes regular walks throughout the hospital greeting staff and answering any questions they may have. This has also improved overall communication at 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: Both 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: M. Davidson shared that she recently attended a board chair provincial meeting where risk oversight priorities were discussed. The following topics were addressed: Information coming from CEO to board, succession planning, having confidence in your hospital for: creating a risk framework; the board receiving appropriate information; litigation and financial strains due to Covid; risk profile of directors, personal views of Covid by board members; cutting off rogue directors; and non-financial risks. Their next meeting is November 8th.</p> <p>M. Davidson shared that she is thankful for our board and they are to be commended for their care and good sense.</p> <p>5.2 Report from the Chief Executive Officer (attached)</p> <p>5.3 Report from the Chief Financial Officer: B. Beyak-Freamo reviewed the financial statement and noted that we ended September with a \$111K surplus. Community Counselling programs are showing a \$21K surplus. To date we have not received the Supportive Housing funding. She noted the hospital is doing better than projected even with Covid expenses. She is working on department financial reporting with the managers.</p> <p>5.4 Report from the Chief Nursing Officer (attached)</p> <p>5.5 Report from the Chief of Staff: Dr. Van Der Loo had to leave the meeting early; therefore no report was given.</p>	

	Action Req'd/Date
<p>5.5 Report from the Foundation: CFO shared with the Board that the Foundation is looking into alternate fundraising options and are planning to start an on-line monthly 50/50 lottery. The In Memorium donations are down so the Foundation plans to enhance their facebook page and utilize AGH's web site and facebook page to encourage giving. Once the hospital lobby isn't as busy (once ER ramp is finished) the new Donor board will be installed and updated. The Foundation is doing a Christmas fundraiser which will be inserted in the local newspaper. The committee will review a "wish list" from the hospital and determine what to fundraise for.</p> <p>5.6 2nd Quarter Quality Performance Scorecard: J. Learning noted that she has encouraged her staff to report documentation errors, which hasn't typically been done, so this figure may increase in the next quarter. J. Learning explained that Employee Incident other than Workplace Violence (WPV) was for incidents reported between July to September including a staff being struck by a needle; an allergic reaction to a staff working the garden and a laundry staff that received a blow to the stomach.</p> <p>5.7 Committee Reports: none to report this month.</p> <p>MOTION: D. Bailey / S. Suutari "That the Board approve all reports as presented"</p> <p style="text-align: right;">CARRIED 2020-062</p>	
<p><u>6. In-Camera Session</u> MOTION: S. Burns / D. Bailey "That the Board moves to in-camera at 6:35 pm."</p> <p style="text-align: right;">CARRIED 2020-063</p>	
<p><u>7. Return to Open Session</u> MOTION: L. Gauthier Stromberg / S. Burns "That the Board returns to open session at 6:56 pm."</p> <p style="text-align: right;">CARRIED 2020-064</p> <p>MOTION: B. Fairfield / L. Stromberg "That the Board approve the in-camera minutes of September 30, 2020"</p> <p style="text-align: right;">CARRIED 2020-065</p> <p>MOTION: B. Ricci/B. Fairfield (Credentialing) "That the list of professional staff as presented from the October 21, 2020 Medical Advisory Committee be approved for appointment and re-appointment for the remainder of the calendar year 2020"</p> <p style="text-align: right;">CARRIED 2020-066</p>	

	Action Req'd/Date
<p>MOTION: S. Burns/B. Ricci "That the Risk Report Summary for October, 2020 be approved as presented" CARRIED 2020-067</p> <p>MOTION: B. Ricci/B. Fairfield "That the mid-year evaluation of the CEO performance as per approved targets be accepted as presented" CARRIED 2020-068</p> <p>MOTION: S. Burns/S. Suutari "That the board ratify the approval of the Vision, Mission, Values and Strategic Directions as circulated via email." CARRIED 2020-069</p> <p>MOTION: S. Burns/S. Suutari "That the board ratify the approval of Marlene Davidson as AGH board representative to the Regional Services Committee of the Board with Sally Burns as alternate." CARRIED 2020-070</p>	
<p>8. DATE OF NEXT MEETING: The next <u>regular board meeting</u> will be held the last Wednesday of the month starting August 2020. An exception has been made for the November, 2020 meeting which has been postponed an extra week to allow for budget preparations. The next regular board meeting is on Wednesday, December 2, 2020 at 5 pm via Zoom.</p>	
<p>9. <u>ADJOURNMENT</u> With no further business, the meeting was adjourned at 7:00 pm on a motion by S. Burns/S. Suutari CARRIED 2020-071</p>	
<p>_____ Marlene Davidson, Board Chair</p> <p>_____ Jorge VanSlyke, CEO</p>	



CEO Board Report

October 2020

Rainy River District Ontario Health Team

- The meeting with the Ministry regarding the full OHT application was two-hour conversation focusing on previous collaboration experience, patient / family / physician representation, plans for the first year, and community engagement plans. The RRDOHT should hear back from the Ministry by end of October.

Northwestern Ontario Hospital Group

- New CIO, Cindy Fedell, started in her role and completed individual sessions with the hospitals, IT team included. Her position is funded under the Small Hospital Transformation Fund.
- AGH Board agreed to be part of the Regional Services Committee of the Board as one of the regional initiatives to push for engagement. Board chair M. Davidson will represent the Board with S. Burns as alternate.

Strategic Planning

- The new Vision, Mission, Values, and Strategic Directions have been approved
- Next step is to work with the organization to populate the strategic directions and prioritize action items / outcome. This will be presented in November
- The approved Strategic Direction will be the basis of AGH staff's performance targets

Pandemic Update

- Assessment Centre tests are now back to an average of 40 a week, not including surveillance tests done in the hospital
- Turn Around Time varies but can be up to 6 days
- Active screening schedule will be revised again as soon as the ER ramp opens
- Will be exploring Rapid testing options on-site as part of a regional approach to address backlogs elsewhere. Main barriers are cost and limited staff.
- Bi-weekly surveillance testing continues with up to 90 staff swabbed in-house regularly
- Travel restrictions outside Northern Ontario is in place effective October 9, 2020
- All staff are now issued eye protections with patient-facing staff required to wear eye protection at all times, similar to the mask policy
- Working on a video series to be aired through Shaw

Information Systems

- **Server Backups and Antivirus** – New system is in place. Schedules and backup locations have been configured. Servers are backed up hourly to our local storage. Email inboxes are also backed up hourly to local storage. Early morning backups are

taken and uploaded to cloud storage which is hosted in Vancouver. These backups are all encrypted which means they are unreadable and unrecoverable unless someone has the password to unlock them.

Information Systems

IT discovered that the phone system and Vocera are not being backed up. This is now being looked into so they can be added to our new solution.

- **Community Counselling Internet** – currently unable to connect to our system. Currently working with a provider for a solution
- **Telus Penetration Testing** – The first phase of the testing has begun. Final report should be in by December 2020
- **Windows 10 Migration** – some setbacks with server but with server up and running including cloud back-up, this can still be completed by November 2020
- **OMNI Help Desk Ticketing for IT and Maintenance** – currently being set-up with OMNI support. Soft launch is planned for November
- **Secondary Internet** – signing a 3-yr contract with Shaw to supplement Tbaytel. This should address back-up for provider downtime and can address speed lag when configured

Infrastructure

- **ER Ramp**
 - The weather became a barrier to completing the project fully with temperature dropping too soon. The final paving will be completed in spring next year. In the mean time, granular materials are being poured and packed in the interim.
 - Heating the ramp will be through our internal boiler system which reduced the cost of the project
 - Communication will be sent out as soon as some logistics are confirmed.
 - The Foundation approved the purchase of the Emergency Sign replacement which is now being processed
- **HVAC**
 - A request has been sent to RVI to provide an updated assessment quote on how much the whole HVAC project would cost and to break it down into manageable replacement sections. I have included other major infrastructure replacements identified during the 2011 report in the request for assessment so we can plan accordingly
- **Sprinkler System**
 - Another project that will cost over \$500,000 to complete.
 - We already have building sections completed but the remaining areas must be done by 2025.
 - Quote received and will be incorporated in capital planning

Extended Care

- LTC Administrator's Course is being undertaken by CEO and Director of Care (DOC)
- Staff are adjusting more with visiting policies / requirements

Extended Care

- Ongoing zoom meetings with families and DOC
- Residents received their flu shots, 100%
- Infection Prevention and Control requirements have increased including regularly scheduled training for families, and providing regular IPAC audits
- Space, or lack of, is an ongoing concern especially with balancing the need for socialization and home-like environment with pandemic restrictions and expectations

CEO Continuous Learning and Networking

- 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

Overall Focus / Strategy

- Operational Review is mostly completed – individual departments had one on one meetings with CEO and CFO to discuss budget, processes, HR, equipment, education, supplies, and quality improvement suggestions. Very productive exercise that will be continued annually during budget planning.
- Risk Management – regularly meetings are scheduled every 4th Thursday of the month. AGH will start tracking identified risks similar to the report that the Board has been receiving.
- Communication
 - Coffee Chats with Jorge – starts in November where up to 5 staff from different departments will join CEO for a coffee break to discuss what works and what doesn't
 - Video Update – a series is being developed in partnership with Shaw
 - Social Media – facebook is now getting more updates including Feature of the Month series, currently focusing on rehabilitation department. We also now have a LinkedIn page that will be updated as regularly.
- CEO Performance Target – mid-evaluation is scheduled for October to update the Board of progress.

**Atikokan General Hospital
Financial Summary
Sep-20**

PROGRAM	REVENUES	EXPENSES	+/-	%
HOSPITAL	\$5,053,835	\$4,942,585	\$111,250	2.2%
MENTAL HEALTH PROGRAMS	238,747.00	177,425.00	\$61,322	25.7%
SUBSTANCE ABUSE PROGRAMS	34,717.00	67,212.00	(\$32,495)	-93.6%
PROBLEM GAMBLING PROGRAM	46,487.00	25,851.00	\$20,636	44.4%
SUPPORTIVE HOUSING PROGRAM	3,423.00	27,024.00	(\$23,601)	-689.5%
RENT SUPPLEMENT PROGRAM	-	4,236.00	(\$4,236)	#DIV/0!

Note: Total Surplus by Fund Type

Fund Type 2: MH/SA/PG/CM	\$	21,626
Fund Type 1: Hospital	\$	111,250
Overall AGH Surplus (Deficit)	\$	132,876

Chief Nursing Officer's Board Report

October 28, 2020

Nursing:

-As health care professionals acquire a better understanding of COVID-19 and how to treat it, the nursing staff are revamping various medical directives and infection control practices in both the ER and on the floor. There have been many meetings with staff about the changes and a lot of collaborative work between the nursing staff and the physicians so that we are prepared for any eventuality that happens.

-Staff are practicing simulations every night shift and filling out a report on how the exercise played out and what they learned from it. I am running through simulations with the day shift as often as possible also.

-Everyone is becoming accustomed to the ER entrance being at the main entrance and this process has significantly improved.

Rehab:

-There was an article in the paper to introduce our new physiotherapist and the rest of the rehab staff to the community. Rehab is now fully operationally for the first time in several years.

-Rehab is doing bundled care which means they can see anyone coming back to the community after having a hip or knee replacement.

-Waitlists for rehab services are lengthy including one to one and a half years for chronic conditions but this length of wait is normal for hospital funded services in Ontario right now.

-Jessica, the OT is taking on two OT NOSM students within the next 6 months. She has one in November-December and then the second one in January to March. She is also working with NOSM as an assessor for medical school applications for the 2021 enrolment year.

-Kelsey, the Kinesiologist/rehab aid has recently completed a new blading course which will help with soft tissue and fascial treatment in rehab patients.

Lab:

-The Institute for Quality Management in Healthcare came to do a mid-cycle accreditation assessment of the lab and their processes. It was a two day process all done virtually on Oct 5 and 7th. The lab received one major and 7 minors, mostly related to paperwork. The lab has been running with only two MLTs and 2 MLAs since May and the assessors for the accreditation process were impressed that we are able to run a lab with such a small staff complement.

Diagnostic Imaging:

-The portable x-ray machine's detector was fixed last week so we now have two detectors again.

-GE had to come here last week to fix the main x-ray computer as it was causing random freeze ups in the middle of exams.

-x-rays remain generally higher than average, particularly in September at 155 cases.

Pharmacy:

-Corina is working on a policy for starting patients on Suboxone in the hospital when necessary. She is working with the regional pharmacist on this project.

-We are ordering the drug Remdesivir which is recommended for moderately ill patients with COVID-19. We are allocated enough to treat one patient in our hospital. All the hospitals in the region are ordering the drug and then will work together to help patients throughout the region who may need the drug.