



Board of Directors Regular Board Meeting
September 30, 2020
MINUTES

Present: Marlene Davidson @, Sally Burns-VC, Darcey Bailey, Jeremy Dickson, 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: Dr. Joanne Spencer, Pres., Medical Staff
Recorder: Jorge VanSlyke

Approved: October 28, 2020

| | Action Req'd/Date |
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| <p>1.1 <u>Call to Order</u> Marlene Davidson called the meeting to order at 5:01 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. Suutari "That the Board approve the agenda of September 30, 2020 as presented." CARRIED 2020-048</p> | |
| <p>2. <u>Consent Agenda</u> The Regular Board Meeting Minutes of August 26, 2020 were reviewed and accepted as circulated.</p> <p>MOTION: S. Burns and J. Dickson "That the Board approve the minutes as per 2.1 as circulated" CARRIED 2020-049</p> | |
| <p>3. <u>Business Arising from Minutes</u></p> <p>3.1 <u>Update on Ontario Health Team Development:</u> J. VanSlyke shared that the full application was submitted on September 18th with a follow-up interview with the Ministry on October 1st. RRDOHT is expecting a response by the end of October. AGH is also part of an ongoing discussion to have a NWO Regional Integrated Care Working Group. Collaboration is ongoing despite not getting approved as an OHT during the initial submission</p> | |

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| <p>3.2 Strategic Plan: The Draft Summary of the Vision, Mission, Values, and Strategic Directions was shared to the group. This was the result of engagement surveys from March to June 2020, student-led thematic work and focused groups in the summer, facilitated strategic planning in September, and staff consultation during general staff meeting to validate the draft.</p> <p>Vision: Healthier Communities Together</p> <p>Mission: Inclusive, Compassionate, Quality Care</p> <p>Values:</p> <ul style="list-style-type: none"> ➤ Compassion – We demonstrate humility, empathy, kindness and compassion to all, while providing safe quality care. ➤ Accountability and Integrity – We are trustworthy and professional, transparent in matters of public interest, and we respect privacy and maintain confidentiality ➤ Respect and Dignity – We are person-centered; we embrace diversity and inclusivity and are responsive to the needs of those we serve ➤ Education and Evolution – We are innovative, and support ongoing growth, development and preparedness of our employees and teams <p>Strategic Directions:</p> <p>Patient/Client Experience: Enhance the Patient/Client Experience</p> <p>Healthy Workplace: Co-create a Healthy Workplace Culture</p> <p>Modern Infrastructure: Modernize infrastructure and technology to leverage efficiencies and optimize access to services.</p> <p>3.3 Pandemic Update: Please refer to CEO Report.</p> | |
| <p>4. <u>Good News Story:</u></p> <p>4.1 <u>Service User Experience:</u> Community Counselling launched the “Expressions of Art” program at the Pioneer Centre that will run for 6-8 weeks. The program is already full and has been very well received. Prior to this, “Journaling for Mental Health” was also well received.</p> <p>4.2 <u>Quality Improvement</u> Through the process of submitting an analysis report to the LHIN, we discovered that the electronic reporting tool that we are using in Community Counselling was not providing accurate data, hence, the concerns expressed by the LHIN with the statistics. A work order has been put in and is now being followed-up.</p> | |

5. Reports (attached)**5.1 Report from the Chief Executive Officer****5.2 Report from the Chief Financial Officer****5.3 Report from the Chief Nursing Officer****5.4 Report from the Chief of Staff****5.5 Report from the Foundation**

CFO updated the Board that the Foundation postponed the “Working for my Hospital” campaign and that there was a concern with the increased audit when we switched with MNP. CFO explained that the switch provided cost savings to the hospital and that the fees charged to the Foundation is current day standard for audit.

MOTION: L. Gauthier-Stromberg / S. Suutari

“That the Board approve all reports as presented”

CARRIED 2020-050

5.6 Quality Performance Scorecard

Second quarter report will be in October

5.7 Committee Reports:

As per the current hospital by-laws, the following committees will be ongoing, and committee meetings will be a separate section of the regularly scheduled meetings for time efficiency. There are only eight board members and most are part of multiple committees already so sub-committee meetings will be held as a group.

- Management Committee (Executive Committee with Chair, Vice Chair, Treasurer) – this group can use the board-only in-camera sessions or in-camera with CEO as needed
- Finance / Fiscal Advisory (operations and HR) – January, April, August, October, November
- Nominating – March and October
- Governance – February, May, September, November
- Medical Advisory Committee – meets monthly and reports to Board monthly through Chief of Staff
- Joint Conference Committee – defer for now

This needs to have formal Board approval.

Note:

M. Davidson shared that she attended one of the Ontario Hospital Association’s virtual conference called Governing in Disruptive Times and key

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| Highlights included the financial struggles of most hospitals, the need for a strong strategic planning process which AGH recently underwent, and that the relationship with CEO and management is vital. Report from Board Chair will be added as a standing agenda item. | |
| 6. <u>In-Camera Session</u> MOTION: S. Burns / D. Bailey "That the Board moves to in-camera at 6:12 pm." CARRIED 2020-051 | |
| 7. <u>Return to Open Session</u> MOTION: B. Fairfield / S. Burns "That the Board returns to open session at 7:29 pm." CARRIED 2020-052 MOTION: L. Gauthier-Stromberg / S. Suutari "That the Board approve the in-camera minutes of August 26, 2020 and the MAC minutes of September 16, 2020" CARRIED 2020-053 MOTION: B. Ricci/B. Fairfield (Credentialing) "That the list of professional staff as presented be approved for appointment and re-appointment for the remainder of the calendar year 2020" CARRIED 2020-054 MOTION: B. Fairfield / S. Burns "That the Chief of Staff Performance Targets be approved as presented" CARRIED 2020-055 MOTION: S. Suutari / B. Ricci "That the matured invested amount for August 2020 be infused back to AGH operational cash flow instead of the originally approved plan to re-invest in GICs at this time" CARRIED 2020-056 MOTION: B. Fairfield / S. Burns "That AGH participates in Regional Services Committee of the Board that TBRHSC is initiating on behalf of the Northwestern Ontario region" CARRIED 2020-057 MOTION: B. Ricci / S. Suutari "That the Risk Report Summary for September 2020 be accepted as presented" CARRIED 2020-058 | |
| 8. DATE OF NEXT MEETING: The next <u>regular board meeting</u> will be held the last Wednesday of the month starting August 2020. The next regular board meeting is on Wednesday, October 28, 2020 at 5 pm via Zoom. | |

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| <p>9. <u>ADJOURNMENT</u></p> <p>With no further business, the meeting was adjourned at 7:25 pm on a motion by S. Burns/S. Suutari CARRIED 2020-059</p> | | |
| <p>_____ Marlene Davidson, Board Chair</p> <p>_____ Jorge VanSlyke, CEO</p> | | |



CEO Board Report

September 2020

Rainy River District Ontario Health Team

- Application was submitted on September 18, 2020-09-26 A follow-up meeting with the Ministry is scheduled on October 1, 2020.
- Diabetes and Mental Health and Addictions are the primary focus
- Copy of final application circulated

Strategic Planning

- Draft vision, mission circulated for final discussion and approval

Pandemic Update

- MOU signed with AFHT
- Assessment Centre currently with 50% increased testing – staffing and schedule status quo
- Asymptomatic testing no longer a priority except those that are required for surveillance testing and indoor visits
- Turn Around Time from 3-5 days, now up to 10days
- Testing requests starting to come in from Thunder Bay and Dryden
- LTC visits expanded to include Short Stay and Temporary Absence
- Active screening in place with hours increasing again due to ER diversion to main door – now from 7am to 7pm.
- Bi-weekly surveillance testing every other Tuesday – last round had 88 out of 125 staff

ER Ramp

- Project duration is from September 17 to end of October. Tramin was awarded the project as the lowest bidder out of 3 proposals. MVI Group is managing the project.
- Total cost is approximately \$350k with additional staffing included to help manage follow
- HIRF approved is \$204,443.

Information Systems

- Penetration Testing scheduled
- Cloud back-up, secondary internet, anti-virus and anti-spam projects being finalized
- The target date to complete the migration from Windows 7 to 10 is moved to end of October.
- Ticketing system through OMNI is currently being planned

**Extended Care**

- LTC Administrator's Course is being undertaken by CEO, Director of Care
- Memory Pillow project initiated by staff for families whose loved ones passed away – made of residents' clothes

CEO Continuous Learning and Networking

- Attended Media Training for Long Term Care Homes – September 30, 2020
- Regular meetings with NW Hospital CEOs
- Actively participating in RRDOHT formation
- Facilitating Atikokan Health and Community Partners' Meeting

Overall Focus / Strategy

- AGH Calendar
 - Synchronizing activities across the organization through scheduling of audits, Surge training, staff celebration, and regular / cyclical activities;
- Active Communication

Interactive Meetings:

- Monday / Thursday Huddle – all staff - 1030
- General Staff Meeting – quarterly – last Thursday (March, June, September, November)
- Management Meeting – 1st and 3rd Thursday of the month
- Department Meeting – 2nd Thursday of the month
- Department-specific meetings / communication

Management to Staff:

- Memo
- From Jorge's Desk
- Newsletter
- Huddle Boards – not yet implemented
- Emails – with Read Receipt turned on

Staff to Management:

- Attending meetings, Committees
 - Emails
 - Labour Management Meetings
 - Surveys
 - Feedback Mailbox – not yet fully implemented
- Operational Review
 - Departments are scheduled to review operational requirements and solicit cost-effective solutions to managing operations within budget

Financial Update by Brittany Beyak-Freamo, CFO

- I have been busy catching up on lots of outstanding items over the last few weeks
- Our HST has been filed, which, once it is assessed, will give us \$212,000 back into our bank account
- I have also filed our LifeLabs report for all of 2019/2020, which is a total of \$167,640
- We have cashed in some of our investments as previously discussed, which has resulted in the line of credit being used minimally (we had one instance in September where our payables were higher than I had anticipated, so we dipped into the line of credit for a few days and then it was immediately paid off when the MOH payments came in. This should not be an issue once we receive the money from our HST rebate and LifeLabs. There will be enough money in the operations to fund payables and payroll in between payments from the MOH.
- Our equity component of our investment portfolio has been rebalanced to maintain our limit of 15% invested
- One other highlight is that I have finished up numerous outstanding reports to the LHIN. I am hoping to have them all completed by Oct 2nd. My goal is to be completely caught up before the reporting for the 2020/2021 fiscal year begins
- Jorge and I are working together to meet with each department head to help us in the current year budget preparation. These meetings will likely begin next week.
- I am also making each department more accountable for their spending by creating a document to distribute once per month, after month end is done, so that managers can see if they are on track with their spending. By doing this monthly, it will help us determine where we need to allocate more money and where we can save. This will also make part of the audit easier to navigate as we will have a record of what the large variances in operating expenses are when the auditors inquire.
- I have also booked MNP to audit our AGH Redevelopment final submission the week of December 14th. This will then get submitted to the ministry to get the rest of the money we are owed for that project.
- Below is a snapshot of our operations as at August 31, 2020. As you can see, if we were to have our COVID-19 expenses and compensation fully reimbursed, we would be in a surplus position.
- I can now say that we will be receiving \$119,000 for March/April operating expenses related to COVID-19. This is only short \$35 from what we submitted. This will likely come at the end of October. Though, we don't know for certain. I am following up on payment for capital items.

Financial Summary as at August 31, 2020

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|------------------------------------------|--------------------|
| Revenue | \$4,460,023 |
| Expenses | \$4,468,093 |
| Surplus/(Deficit) | (\$8,070) |
| Amortization | (\$58,844) |
| Surplus/(Deficit) from Operations | (\$66,914) |

Summary of COVID-19 Spending (included in above)

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|-----------------------------------------------|--------------------|
| Pandemic Pay Revenue | \$235,000 |
| Covid-19 spending (wages and supplies) | (\$302,570) |
| Pandemic pay paid out | (\$241,639) |
| Deficit from COVID-19 spending | (\$309,209) |

COVID-19 Revenue

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|-------------------------------------------------------------------------------------------------------|------------------|
| Pandemic Pay Received (received in July) | \$235,000 |
| Pandemic Pay pending confirmation of reimbursement | \$6,639 |
| COVID-19 Expenses Confirmed Reimbursement (for March/April expenses to be received in October) | \$119,000 |
| COVID-19 Expenses pending confirmation | \$183,570 |
| COVID-19 Capital Expenses pending confirmation | \$128,680 |

If we were to imagine that COVID-19 did not occur, and we did not have these extra expenses, we would be in a surplus of \$242,295

**Chief Nursing Officer's Board Report
September 30, 2020**

Nursing: The ER ramp has been shut down until the end of October. It was shut down on September 17th. Anyone who needs to access the emergency room now has to use the main entrance to get into our hospital including ambulance and OPP clients. We have increased the screener hours to 12 hour shifts from 7am to 7pm each day and they are screening everyone that comes to the main door. If the patient fails any of the screening questions they are asked to put on PPE which is provided inside the vestibule and then they are escorted down to the ER via the ER nurse. Sometimes the ER is too busy for the nurse to come and get the patient so they are told to follow the red line that goes all the way down the hall to the ER. Vocera and the phone are being used as communication tools and sometimes they work and sometimes there are issues. The front office is helping to cover breaks for the screeners and this has increased their workload. Change is stressful and this change has been very stressful but we are working through the issues as they arise.

We have one full time RN on indefinite leave and that position has been temporarily filled. We also have a full time RPN on indefinite leave and her shifts are also being covered. The ER is now regularly staffed with a RN and RPN as the ER has become noticeably busier in the past few months. This team system seems to be working well and helps the staff to have a partner to lean on for support.

OTN is running well and specialists are starting to realize we are offering OTN services again. Feedback from patients shows that they prefer the OTN services over a telephone call so we are trying to make patients aware that OTN is an option again. Our OTN staff member is also offering regular Non-violent crisis intervention training to all staff and this has been very successful.

I am posting up on our huddle board on the acute floor various graphs showing the last 6 months of reported incidents in our hospital. They have garnered a lot of feedback from staff and I am happy to say that staff are asking a lot more questions about patient safety and reporting since the visuals were posted. I will change them up every month to reflect the last 6 months.

Rehab: We have welcomed Mohammed Benbrahim to our hospital as our new contract physiotherapist for the next 6 months. He is working full time and seeing inpatients, outpatients, homecare patients, children and long term care patients. It is a very full caseload and there have been a lot of referrals to get through. It may take some time before patients are seen by the physiotherapist so we are asking everyone to be patient.

Jessica is managing the department and also her Occupational Health Caseload while helping to orientate Mohammed. She has made a clear list of services that the

department can now offer including acupuncture for the physicians so they know who should get a referral for rehab.

Kelsey continues to work as our Kinesiologist as well as our rehab aid and she is also seeing outpatients who would benefit from her skills. They are considering opening up the chronic pain program again in October but they have to figure out how this would work best due to COVID restrictions.

Lab: The lab is going to be going through a mid-cycle accreditation assessment Oct 5 and 7th to see how they are doing. This year the assessment will all be done virtually. Michael has been working very hard to get ready for the process while also still taking call every other week and working as a bench tech. We are short a full time medical technologist due to the lab manager's maternity leave but the two Medical Lab Techs (MLTs) and the two medical lab assistants (MLAs) are doing a fantastic job keeping things running. We continue to have a contract with Dryden for managerial support which has been very helpful.

Dr. Macdonald, the regional lab director, had his regular quarterly visit with the lab but this time it was through virtual means. We are continuing to work on reporting critical lab values from the point of care machines and also glucose monitoring issues. We are exploring different ways to train the nurses on the use of point of care and also transfusion medicine using our Surge Learning system.

Diagnostic Imaging: We now have 4 staff working in our Diagnostic Imaging department. Nobody is working full time as we are trying to allow for everyone to get some experience in the department. We now have 4 staff who can do x-rays and 2 staff who can do ultrasounds. Patients still have to be escorted back and forth from the main lobby and all outpatient services are through appointment only.

Pharmacy: We have a new regional pharmacist, Alex Persichino, who worked with us briefly before and we are very happy to have her in this role going forward. We also have a new regional pharmacist Garry Prokopowich who will help to manage all the regional pharmacy issues. Both have come to Atikokan over the past few weeks to visit us and see how we operate. We discussed the chemotherapy issues and looking at different ways that we can explore so that we can provide the service in our community. They are going to work with us to help resolve this issue.

Corina, the Pharmacy Lead Hand, did a series of audits on pharmacy procedures for the month of August. She found several issues such as improper documentation when dispensing "to go" medications out of the emergency room and dispensing under the incorrect patient. We are going to post these incidents also every 3 months on graphs so staff can see where they are making errors and we can make corrections. Performing pharmacy audits is part of the recommendations by the Ontario College of Pharmacists and Corina is doing them regularly to meet this standard.

Chief of Staff report

Board meeting Sept 30, 2020

Information from MAC

- See minutes of meetings as part of the agenda package
- Some updates from recent months which have not been reported to board due to pandemic issues.
 - New lab analyzer in the lab. This is working well after lengthy delays to get it up and running. We have requested the addition of some tests which can be done on this analyzer that we currently send out to Thunder Bay.
 - New procedures and order sets continue to be created to support patient care. A number of new ones were drafted during the pandemic to address new issues and to ensure a focus on staff safety while caring for patients.

Physician Staffing

- We remain well staffed for physician complement however we are down one active staff member as Dr. Barkman is not currently working in Atikokan.

Pandemic Planning

- Our ER continues to have a clear procedure to look after potential COVID patients but we have opened up our waiting room for use again and have moved to a more typical ER set up. Potential COVID patients are still kept separate from others in the ER. This is easily convertible back to more separate streams of care for possible COVID patients if volumes necessitate that in the future.
- Staff surveillance testing continues as per the ministry mandate for Long term cares as noted in CEO report.
- Staff screening is done twice per shift for all staff with clear protocols on the procedure for failed screens as well as quick assess for staff to testing for COVID 19 if any symptoms are noted.
- In long term care any resident who has any symptom of COVID 19 is also tested promptly under a medical directive to prevent the staff needing to contact an MD for an order

Regional Networking and meetings attended

- Regional Chief of staff meetings
 - meetings with all the Chiefs of staff from across the northwest including small and larger hospitals.
 - Has been occurring for many years but have become more frequent in recent times.
 - Now include Jessica Logozzo in her role as Executive VP Regional Transformation and Integration.
 - Currently meeting monthly but was more frequent during the Spring due to the pandemic.
 - Focus is on regional cooperation and patient flow.
 - We have regular updates regarding the pandemic and continue to focus on COVID test turn around times etc to keep this a priority for government etc.
 - I have recently taken on the role of chair of this committee and hope to keep it's valuable work going.
- Pan Northern Emergency Department Physician Network
 - New group which was initiated during the pandemic
 - ED leads from across the NorthWest and the North East
 - Facilitates discussion of strategies to manage ER processes and needs in relation to the pandemic and to keep up to date on regional issues
 - Meeting weekly to monthly depending on the need