

**SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE  
BOARD OF DIRECTORS MEETING  
held Thursday, January 30, 2020 at 0900 hours  
in Boardroom A and B**

**Present:** Ms. Sadie Maxwell (chair), Mr. Leroy Quoquat, Mr. James Cutfeet, Mr. John McKay, Mr. John Cutfeet, Mr. Roy Spence, Ms. Brenda Fox, Ms. Joyce Timpson, Ms. Heather Lee, Mr. Dean Osmond, Dr. Barbara Russell-Mahoney (at 9:30 am), Ms. Samantha Brooks, Dr. Dan Shilensky, Ms. Renee Southwind, Ms. Teri Fiddler (at 11:00 am), Ms. Kyra Marshall, Ms. Carole Slater (recorder)

**Teleconference:** Mr. Knowles McGill

**Regrets:** Mr. Joe Meekis, Mr. Terry Jewell, Ms. Cindy Hunt, Ms. Beatrice Anderson, Ms. Patricia Keesickquayash, Mr. Douglas Semple

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**Opening Prayer**

The meeting was called to order at 0915 hours. The opening prayer was given by Mr. Roy Spence. All were welcomed. Introductions were made.

**Patient Story**

Ms. Brooks shared a story from a patient who spent time in the emergency department.

**Directors Conflict of Interest Disclosure**

There was no conflict of interest disclosed.

1. **Approval of the Agenda**

The agenda was reviewed and approved as presented.

**MOTION #01/20** it was moved by Ms. Joyce Timpson that the board of directors approve the agenda of the regular meeting held January 30, 2020 as distributed.  
Seconded by Ms. Brenda Fox. **CARRIED**

2. **Approval of the Minutes of Meeting held December 12, 2019**

The minutes of the regular meeting held December 12, 2019 were reviewed and approved as corrected.

**MOTION #02/20** it was moved by Mr. James Cutfeet that the board of directors approve the minutes of the December 12, 2019 regular board meeting as corrected.  
Seconded by Mr. Leroy Quoquat. **CARRIED**

### 3. **Business Arising from the Minutes**

#### 3.1 Follow up regarding NAN Presentation on Health Transformation

- As per his request at the last meeting, Ms. Lee reached out to Mr. Mercredi to schedule an appointment to further discuss issues related to long-term care and ALC patients; however, we have not heard back. We will continue to reach out to him.
- Thunder Bay Regional Health Sciences Centre CEO plans to meet with Mr. Mercredi to do some work similar with the Ontario Health Team. We feel we need to be part of this discussion should this take place.
- A dyad meeting took place on Monday, January 27, 2020, with senior executive, directors and Chiefs of Department to plan for services and programs for the next 3 to 5 years. We had very good discussions and we are all on the same page as to where we want to go. We still need to figure out what is happening with NAN.
- As per discussion at the last meeting, Carole will distribute the Four Party Agreement to all board members.

### 4. **Round Table**

#### Mr. Roy Spence

- Mr. Spence thanked everyone for doing a good job. He noted that we need to work together with the NAN Health Transformation to resolve issues for the communities.

#### Ms. Joyce Timpson

- Ms. Timpson expressed her concerns with over occupancy at the hospital and patients not getting the services they need. She noted that the hospital is losing staff which is impacting patient care.
- It was noted that the Human Resources department has formed a committee, which include front line staff, to look at recruitment and retention.
- Ms. Timpson noted that she is disappointed that the government is not moving forward with long-term care which would help with overcapacity.

#### Mr. John Cutfeet

- We keep going back to amalgamation and how this was supposed to help health care. Health care was to remain the same or improve. He noted that his sister is always fighting to get the supplies she needs. It is a constant struggle for a sick person to get the support they need and this is very difficult to see. Who can follow up on issues like the one his sister is dealing with? From a regional perspective, how do we follow up on that? It might not be our role but we should be able to advocate for patients who are ill as they should not have to go through situations like this.
- Ms. Lee noted that we have two discharge planners who help fill the gaps between the hospital and the communities. Once the patient goes home, it becomes the community responsibility. We also have a Discharge Planning committee to help connect the dots with the other organizations; i.e. Health Canada, SLFNHA. It is the hope those gaps will be filled as the Primary Care Team develops further.

### Mr. James Cutfeet

- Mr. James Cutfeet noted there are still a lot of issues with medical transportation especially for older people. For some people, this is their first trip out of their community not knowing what they will encounter. They have an escort; however, those escorts need training to know what to do to help the patients.
- What if we had trained, paid medical escorts? They would be the link between the community and the hospital. James has some thoughts on how that model would look like. Navigating the medical system is horrendous for anyone, never mind the elders who have a hard time explaining their illness. It seems like an excellent initiative that should be pursued.
- People in the north are sent out for health care by non-insured; then to the hospital who operates under a different system. If the patient is sent out of province, procedures and policies change once again. A lot of those issues are impacting the health of the people in the north.
- NAN could advocate for medical escorts; however, this is not one of their priorities at this time. There have been discussions of paid escorts for years; however, nothing came out of them. It could save money in the long run.
- Escorts are not always the appropriate person to come out with a patient and it is a struggle to find them in communities. A lot of family members have to use their sick days or vacation to come out as escorts. Non-insured sees the benefit of that for them.
- Mr. Spence agrees that we need to figure out what the real problem is in Ottawa so that transportation for patients can be improved. We know this is not part of the NAN Health Transformation yet. How long do we need to wait before these problems are addressed? Policies have to change. Communities have ideas how things can be improved and we should consult them.

### Dr. Barbara Russell-Mahoney

- Dr. Russell-Mahoney acknowledged the stories shared today. There are many challenges and we continue to advocate for system improvements. An example is patients discharged from Thunder Bay to the community without medications. At the regional chief of staff meetings, they are now working to provide a one-month supply of medications to the patient until they can be followed up. This is one small example of system improvements.
- It is also important to acknowledge that both the hospital staff and physicians are working towards alleviating staffing shortage. And that we are actively looking at improving and creating better morale within the group.
- Mr. James Cutfeet noted that physicians are dealing with heavy demands with no time to debrief which impact them over time.

### Mr. John McKay

- Mr. McKay asked if we ever mapped out how the hospital works related to other organizations; i.e., Tribal Councils, communities, Health Canada, NIHB, SLFNHA, to help people understand how the system work and how it works together to provide services.
- Ms. Lee noted that SLFNHA did a pictogram a while back. She will check with Janet Gordon to see if they have something they can share.

### Dr. Dan Shilensky

- Dr. Shilensky really appreciates the issues brought forward so far. As a physician, he deals with those issues daily and it is a struggle for physicians to get the patients what they need. He also takes it very seriously if someone talks ill of a patient.

### Ms. Brenda Fox

- Ms. Fox reported that there is one person in her community who escorts patients all the time. She reported a problem with one patient who could not go to the hostel because he didn't have a status card and had to go back home. The hostel staff know who belongs to a community and they should be able to get the Chief and Council to vouch for those patients instead of sending them away.
- There are holes in the system that are not good for the patient. Her community transportation does not run in the middle of the night and people are stranded with nowhere to go. Same with patients with mental health, we should know what we need to do to help them when they come back to the community. Those are only a few of the issues that needs to be fixed.

### Mr. Leroy Quoquat

- Mr. Quoquat asked what happens to physicians when they deal with trauma in ER. Are they taking it out on patients? He noted that stereotyping came up in a workshop he attended. One physician who works in ER said he was tired of dealing with "street people". It shows there is still a long way to go to get rid of stereotype.
- Dr. Russell-Mahoney reported that we all need to maintain professionalism and compassion no matter what happens. She would like to further speak to Mr. Quoquat about this.

### Ms. Sadie Maxwell

- Ms. Maxwell noted there is one key message that reverts to non-insured; i.e., not getting medications or supplies for patients, issues with escorts, accommodation, etc. It come down to the federal government not living up to the promise they made through the Four Party Agreement. We have been advocating for years and have not really made any progress.

### Ms. Heather Lee

- Ms. Lee reported that we have written a letter to non-insured related to issues with processes. Heather Larsen has responded and will escalate this. This is one piece of advocacy we have done at the request of the Quality and Patient Safety committee.

## 5. **Reports**

### 5.1 Foundation Report

There was no report available for today's meeting.

### 5.2 CEO Report

From feedback received for more timely communication, a monthly CEO blog was introduced. The December 2019 and January 2020 messages were included in the package. Highlights are as follows:

**Overcapacity** – This is not unique to SLMHC but happening across the region and throughout Canada. It is mostly related to the lack of long-term care beds and patients taking up acute care beds. We have stretchers all over the hospital. It is impacting everybody in the organization, all the way to the CEO. There is also a significant amount of mental health patients seen in ER and an increase in aggression in patients due to addictions or other conditions. We are also reviewing our surge protocol to make it more robust.

A significant amount of training has been provided to staff with Code White and Pinel restraints training, to help them deal with aggressive patients. We monitor the nursing units daily and discharge patients when possible. This affects everybody's morale. We debrief with staff when needed and offer EFAP when necessary.

All staff are rounded on by their managers. This helps to create a rapport for follow up out of those conversations. We continue to train people so they have the necessary tools to keep themselves safe. We have reached out to the OPP and ask how they provide support to their staff. They have provided us with their wellness program contact person. This service can be provided on an individual basis. We also see increased stress in the management team who are trying to find solutions.

Someone asked about our plan in case of a coronavirus outbreak. Ms. Brooks reported that we use the same protocol for all outbreaks, and will use the same we put in place for the recent gastro outbreak if needed.

We recently attended a pre-budget consultation with the government. We hosted them for a luncheon the day before and had an opportunity to talk to them before the meeting.

### 5.3 Chief Nursing Executive (CNE)/Chief of Staff Report

**CNE** – Over the past six months, we have been struggling with staffing in the Outpatient Withdrawal program and have not been successful in replacing the NP who is currently on leave. We will be restructuring the program to make it more efficient. There might be an opportunity to transfer some services to the Primary Care Team. The current staff would move to the Day Medicine program. That program is very busy and needs to be expanded. Program hours will be extended to 7:00 am to 11:00 pm. Patients need to have coordination of their dosage when they come for other health issues.

**Chief of Staff** – A proposal for specialty services for psychiatry, pediatric, internal medicine and gynecology was submitted to the MOH in 2018; however, we never heard back from them. SLRPSI will write a letter to the MOH to ask for a response to this proposal. Other smaller hospitals have more specialty services than we do. SLRPSI is renegotiating their mainframe agreement with the Ministry They are also looking at renegotiating the Emergency Department Alternative Funding Agreement (ED AFA) and data is being put together to rational the increase in funding. Dr. Russell-Mahoney received positive feedback from the Chiefs of Department for being invited to participate in the ER flow design and hospital services planning session.

## 6. **Standing Agenda Items**

### 6.1 Financial Update

- The financial statement was presented. We currently have a \$340,000 surplus. This does not include our portion of the Small Hospital Transformation Funds (SHTF). The surplus is driven by vacancies.
- Some of Fund 2 will need to go back as it cannot be allocated elsewhere.

7. **New Business**

7.1 Board Vacancy Appointment – Foundation Chair

The SLMHC Foundation has a new chair. A recommendation was presented for the approval of Ms. Christine Hoey appointment to the SLMHC board representing the Foundation.

**MOTION #03/20** It was moved by Ms. Joyce Timpson that the Board of Directors approve the appointment of Christine Hoey to the SLMHC Board of Directors as Foundation Chair for a term as listed in SLMHC Corporate by-laws. Seconded by Mr. Roy Spence. **CARRIED**

7.2 Approval of Privileges and Credentialing as per MAC meeting January 23, 2020

Privileges for physicians and allied health professionals were reviewed.

**MOTION #04/20** It was moved by Dr. Dan Shilensky that the Board of Directors grant privileges to the physicians and allied health professionals listed in the January 23, 2020 minutes of the Medical Advisory Committee. Seconded by Mr. James Cutfeet. **CARRIED**

8. **Minutes of Committees – for Information**

8.1 Resources Utilization Committee minutes of the December 16, 2019 meeting

The minutes of the meeting were enclosed for information.

8.2 Quality and Patient Safety Committee minutes of the December 11, 2019 meeting

The minutes of the meeting were enclosed for information.

9. **In-Camera Session**

9.1. Review and Discussion of Requests

Two requests were put forward for discussion and approval. The board moved into camera to discuss those requests.

**MOTION #05/20** It was moved by Mr. Roy Spence that the Board of Directors move this portion of the meeting in-camera. Seconded by Mr. James Cutfeet. **CARRIED**

**MOTION #06/20** It was moved by Ms. Joyce Timpson that the Board of Directors return to the regular meeting, having completed the in-camera session. Seconded by Mr. James Cutfeet. **CARRIED**

10. **Next Meeting/Closing Prayer**

The closing prayer was given by Ms. Teri Fiddler

The meeting was adjourned at 1210 hours. The next meeting will take place on Thursday, March 26, 2020 at 9:00 am.

**MOTION #07/20**

It was moved by Mr. James Cutfeet that, there being no further business, the meeting be adjourned at 1210 hours. Seconded by Ms. Joyce Timpson.  
**CARRIED**

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H. Lee, Secretary

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S. Maxwell, Chair

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February 13, 2020