

**SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE
BOARD OF DIRECTORS MEETING
held Thursday, March 28, 2019 at 0900 hours
in Boardroom A and B**

Present: Ms. Sadie Maxwell (chair), Mr. Knowles McGill, Mr. Leroy Quoquat, Ms. Joyce Timpson, Mr. Joe Meekis, Mr. John Cutfeet, Mr. Roy Spence, Ms. Cindy Hunt, Mr. Terry Jewell, Ms. Brenda Fox, Mr. Douglas Semple, Mr. Dean Osmond, Ms. Samantha Brooks, Dr. Barbara Russell-Mahoney, Ms. Renee Southwind, Ms. Kyra Marshall, Ms. Carole Slater (recorder)

Regrets: Mr. James Cutfeet, Ms. Patricia Keesickquayash, Mr. John McKay, Ms. Heather Lee, Dr. Michael Kirlew

Teleconference: Ms. Teri Fiddler

Opening Prayer

The meeting was called to order at 0915 hours. The opening prayer was given by Ms. Teri Fiddler.

Patient Story

Ms. Brooks shared a patient story.

Directors Conflict of Interest Disclosure

There were no conflicts of interest disclosed.

1. Approval of the Agenda

The agenda was reviewed and approved as amended; Traditional Healer report was added.

MOTION #13/19 it was moved by Mr. Terry Jewell that the board of directors approve the agenda of the regular meeting held March 28, 2019 as amended. Seconded by Ms. Cindy Hunt. **CARRIED**

2. Approval of the Minutes of Meeting held February 5, 2019

The minutes of the regular meeting held February 5, 2019 were reviewed and approved as corrected. Under Ms. Timpson round table comments Confederation College “does have” a strategy vs “does not”; under Board Appointment for Ms. Timpson, wording was amended to read Municipality of Sioux Lookout has “recommended Ms. Timpson be reappointed” vs “has reappointed”. Typographical errors were noted.

MOTION #14/19 it was moved by Ms. Joyce Timpson that the board of directors approve the minutes of the February 5, 2019 regular board meeting as distributed. Seconded by Mr. Leroy Quoquat. **CARRIED**

3. **Business Arising from the Minutes**

3.1 Community Visits – Follow up

- Community visits still need to be decided; either a visit to Sandy Lake on its own; and a combined visit to Keewaywin and North Spirit Lake or Deer Lake. Hopefully something can be arranged for this spring.
- Mr. Semple clarified this will be a visit by the senior team and interested board members and that there are no plans to hold board meetings during those visits. This will be further clarified with the CEO. Mr. Semple will coordinate those visits with Mr. Meekis and Mr. McKay.

4. **Round Table**

Ms. Cindy Hunt

- Ms. Hunt reported she has been approached by Oshki-Pimache-O-Win Education & Training Institute regarding a two year Registered Practical Nurse program they will be offering in 2019/2020. They are focusing on recruiting students from remote northern communities. Ms. Hunt will forward the contact information to Ms. Brooks to explore whether they may be interested in developing a PSW program.

Ms. Joyce Timpson

- Ms. Timpson reported she really enjoyed the conversation at the Quality and Patient Safety committee last evening. A lot of very good information was shared.

5. **Reports**

5.1 Foundation Report

- There was nothing to report at this time. Mr. Jewell will ensure a report is available for the next meeting.

5.2 CEO Report (highlights are listed below)

LTC – we continue to work with the Renewal Branch at the Ministry. A draft framework of services, cost analysis of construction and operational consideration for the new LTC facility has been completed by a consulting company for submission to the Ministry as per their request. The next step will be moving forward with licensing requirement. A link has been created on our website where we post any new developments regarding this subject.

Vocera – We have purchased the Vocera communication system which will enhance staff and patient safety throughout the organization. We will be able to communicate with all health care providers. The purchase of this system or something similar to it is a requirement of the Ministry of Labour. We will proceed in three phases, the smart badges, which are already on site; integration to the nurse call system; and integration to Meditech. Two short videos were showed to the board today. Once the system is in place, a demonstration to board members will take place.

Interpreters will also have a badge. The system can be set up that both a nurse and an interpreter are sent to a location. Should the network go down, we would revert to the old call system. Physicians will be able to download an App on their phone that will give them access to the system. It will also tap into their EMR.

8 Plex – The proposed plan for the building were enclosed for information. RUC will be involved as to where the building will be located on the campus.

Ontario Health – We continue to monitor current and upcoming changes. A new Ontario Health Board of Directors has been put in place and the membership was enclosed for information. The regional CEOs and the LHIN have submitted a letter of intent to support an Ontario Health team in our region. We have not heard back yet. Ms. Lee is currently in Thunder Bay at a regional CEOs meeting to discuss this topic. We will try to forward as much information to board members as it becomes available to us. A new Premiers' Council has been put together and engagement sessions will be taking place in April. A number of people from SLMHC, including Mr. Semple, will be part of those sessions. We need to ensure the northern communities are consulted and/or that NAN is involved on behalf of the communities to ensure the system will work for them.

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

CNE – There was no report from the Chief Nursing Executive.

Specialist Services – We are still waiting to hear back on our proposal to extend specialist services. We are also looking into increasing specialist funding. In comparison to other organizations, we are underrepresented with specialist services.

MD Staffing – remains stable; however, there are still significant gaps. We continue to work on recruitment strategies.

Orientation – A meeting took place with the Elders and we have received suggestions on to how to communicate with elders and the population we serve in order to provide improved culturally appropriate care.

Quality of Care – a small committee has been established to complete case review. When a process is determined for information sharing, those reports will be shared with the board. Mortality and Morbidity (M&M) Rounds are also conducted regularly.

Regional Chief of Staff Council – the council meets quarterly to discuss how to improve care in the region. They have developed a communication strategy to review cases that involve more than one hospital.

5.4 Traditional Healer Report

- Ms. Fiddler acknowledged the board for their patience as she has missed many meetings due to other commitments. She reported that she will not be around as much this coming year as she is moving on to other projects. However, she hopes she can still remain on the board. She also acknowledged the good work the board is doing.

6. **Standing Agenda Items**

6.1 Financial Update

- A report as of February 28, 2019 was presented. We are coming up to year end; therefore there is not much to report. The Finance Department is getting ready for the auditors.
- We are just over \$500,000 surplus and we hope to maintain this as we close year end. The surplus is mostly related to vacant positions. Surplus from the hospital operation is maintained within the hospital as part of the operating budget.
- A surplus in Fund 2 can be clawed back; however, we try to utilize those funds as much as possible so that we do not have to send it back.
- Our bank balance fluctuates between \$1.5M to \$2.0M and we monitor this regularly.
- Parking revenues are grouped under recoveries.
- Medical fees are the fees paid to physicians for services; i.e., reading of x-ray, CT, etc. We bill OHIP for a portion of the fees and pay the physician directly.
- We continue to pay down the clinic loan.
- There was a short discussion around Ontario Health and how this could potentially impact our funding. Historically, we have been getting 2% increase a year in base operating budget. When we planned for this upcoming year budget. we put 1% increase just to be conservative.

6.2 Quality Reports

- There were no new reports available.

6.3 NAN Health Transformation Update

- Mr. John Cutfeet is no longer with the Health Transformation Team. He suggested we communicate with Mr. Mercredi for updates.

7. **New Business**

7.1 Approval of Capital Budget for 2019/20

- The capital budget was reviewed by RUC. There was a slight change to the budget as the door swipe access was added to capital, placing us over budget. Capital is usually based on depreciation. RUC is not particularly concerned with being over budget as some items may be deferred to next year. Explanations were provided on some of the items for clarification purposes.
- We want to acknowledge the support from the Foundation; not only did they provide us with their annual contribution but also provided us with a loan for the purchase of Vocera.

MOTION #15/19

it was moved by Mr. Knowles McGill that the board of directors approve SLMHC Capital Budget for 2019/20 in the amount of \$1,413,369.19 as presented and as recommended by the Resources Utilization Committee (RUC). Seconded by Mr. Terry Jewell.

CARRIED

7.2 Approval of the Quality Improvement Plan for 2019/20

A good conversation took place last evening and numerous suggestions were presented. Even though Health Quality Ontario (HQO) mandates the wording of the questions, we are aware that the message has to be delivered in a manner that is understood and done in a culturally appropriate manner.

Complaints – The response time for responding to complaints will be standardized to five days for both the hospital and ECU as per our policy. We will also add that a complaint can be placed by family/guardian.

Patient-Centered – Changes will be made to the questions “would you recommend this ER department to your friends/family” and “would you recommend this hospital to your friends/family” to add “care/service you received”. We want to focus on care and services rather than the department itself.

Hand hygiene – plan improvement initiatives and increase signage for expectations.

Infectious Diseases – Ms. Fox noted that public awareness should be done when new infectious diseases come out. She specifically talked about blastomycosis. Dr. Russell-Mahoney reported that we have an infectious disease specialist who could provide a fact sheet on data and prevention that can be shared with communities. We will look at opportunities with our partners to increase awareness.

Workplace violence – shows percentage as target but provides numbers, will adjust so both are the same. It was clarified that violence can be anything between patients or patients/workers, etc. It was noted that the target might not be attainable as patients with dementia can be violent as part of their disease. Opiate addiction could also potentially create a risk for violence as those with addiction and/or mental health issues sometime distort reality. Any percentage is seen as acceptable; therefore zero is a target we want to see even though we are aware this might not be achievable. This may mean we need more training in de-escalation to protect the staff who deal with violent patients. We have implemented Code White training this year with a yearly recertification. This would be the first step in de-escalation. There was an interest to present quarterly workplace violence reports to the Quality committee.

Opioid Crisis – Mr. Cutfeet asked for any suggestions to help address the opioid crisis; i.e., how many Suboxone programs are available, how many physicians administer it. Dr. Russell-Mahoney reported that research papers are available on the subject. Dr. Anne Robinson has also done work for SLFNHA on the subject and a paper should be available. We will share any documents we have available.

Cultural values – the questions is not well worded. We are working on how to better ask this question so that it is meaningful and that we get better information.

Palliative care – the wording is not what we will use when talking to patient. We will need to address this in an appropriate cultural manner.

Mr. Meekis mentioned that we need to make sure we use the correct language to get our message across to get the information we hope to get from our patients. To understand our elders and what we want to get from them that will be valuable to both the patient and the hospital should be our main goal. Ms. Brooks reported that with patients rounding on a daily basis we hope to build a relationship with patients with the hope they will share more information with us.

MOTION #16/19 it was moved by Ms. Cindy Hunt that the board of directors approve SLMHC Quality Improvement Plan for 2019/20 as amended and as recommended by the Quality and Patient Safety committee. Seconded by Ms. Joyce Timpson. **CARRIED**

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

8.1 Quality and Patient Safety Committee minutes of the February 4, 2019 meeting

The minutes of the meeting were enclosed for information.

9. **In-Camera Session**

There was no in-camera session.

10. **Next Meeting/Closing Prayer**

The next meeting will take place on Thursday, April 25, 2019 at 0900 hours.

The group was led into the closing prayer by Ms. Teri Fiddler.

MOTION #17/19 It was moved by Ms. Cindy Hunt that, there being no further business, the meeting be adjourned at 1155 hours. Seconded by Mr. Roy Spence. **CARRIED**

H. Lee, Secretary

S. Maxwell, Chair

CS
Feb 13/19