

SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE
BOARD OF DIRECTORS MEETING
held Tuesday, February 5, 2019 at 0900 hours
in Boardroom A and B

- Present:** Ms. Sadie Maxwell (chair), Mr. James Cutfeet, Mr. Knowles McGill, Mr. Leroy Quoquat, Ms. Joyce Timpson, Mr. Joe Meekis, Mr. Roy Spence, Ms. Heather Lee, Mr. Douglas Semple, Ms. Samantha Brooks, Dr. Barbara Russell-Mahoney, Ms. Renee Southwind (at 10:15 am), Ms. Kyra Marshall, Ms. Carole Slater (recorder)
- Regrets:** Mr. Dean Osmond, Mr. Terry Jewell, Ms. Cindy Hunt, Mr. John Cutfeet, Ms. Patricia Keesickquayash, Mr. John McKay, Ms. Teri Fiddler, Dr. Michael Kirlew
-

Opening Prayer

The meeting was called to order at 0915 hours. The opening prayer was given by Mr. Douglas Semple.

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. One item was added to be discussed in-camera.

MOTION #XX/19 it was moved by Mr. James Cutfeet that the board of directors approve the agenda of the regular meeting held February 5, 2019 as amended. Seconded by Ms. Joyce Timpson. **CARRIED**

2. Approval of the Minutes of Meeting held July 18, 2018

The minutes of the regular meeting held July 18, 2018 were reviewed and approved as distributed.

MOTION #XX/19 it was moved by Mr. Knowles McGill that the board of directors approve the minutes of the July 18, 2018 regular board meeting as distributed. Seconded by Mr. Leroy Quoquat. **CARRIED**

Approval of the Minutes of Meeting held September 20, 2018

The minutes of the regular meeting held September 20, 2018 were reviewed and approved as distributed.

MOTION #XX/19 it was moved by Mr. Leroy Quoquat that the board of directors approve the minutes of the September 20, 2018 regular board meeting as distributed. Seconded by Mr. Joe Meekis. **CARRIED**

Approval of the Minutes of Meetings held November 19, 2018 and November 20, 2018

The minutes of the regular meetings held November 19, 2018 and November 20, 2018 were reviewed and approved as corrected; page 2 of the November 19, 2018 minutes to read Mr. Osmond instead of Ms. Osmond. On page 1 of the November 20, 2018 minutes under appointment of Chief of Departments to read Dr. Eric Touzin, interim Chief of Surgery and Anesthesia instead of member-at-large. Motion 35/18 will be amended to reflect this change.

MOTION #XX/19 it was moved by Mr. James Cutfeet that the board of directors approve the minutes of the November 19, 2018 and November 20, 2018 regular board meetings as amended. Seconded by Mr. Joe Meekis. **CARRIED**

3. Business Arising from the Minutes

3.1 Visit to Sandy Lake and Keewaywin – Follow up

- We had tentatively planned a visit in November 2018; however, we could not get a charter. Mr. Meekis suggested that we wait until spring possibly the month of May. The senior team will provide dates to Mr. Meekis and Mr. McKay.
- Mr. Meekis noted that a lot of planning takes place in the community to organize these visits and that we need to make sure that once a date has been decided that the visit actually take place. Dr. Russell-Mahoney acknowledged the preparations the community made and that it was unfortunate we could not make it as planned.
- It was discussed that we should look at combining a visit to Keewaywin and North Spirit Lake and visit Sandy Lake separately.
- Discussion took place regarding a possible visit to Webequie in July or August.

4. Round Table

Mr. Roy Spence

- Mr. Spence reported that issues come up in the media regarding health transformation; however, the information is not getting to the communities.
- Mr. James Cutfeet reported that Mr. John Cutfeet is doing community visits; however he is not aware if a schedule of visits is available. The current focus is on community engagement. Focus groups will follow. The third visit will focus on what the Health Transformation team has heard from the communities and how the team can help implementing solutions to ensure long-term sustainability.
- Discussions are taking place on how to develop capacity in the communities and to help advocate for health in each communities.
- Mr. Cutfeet acknowledged there is a need to have a crossover with his department who deals with immediate issues. The teams have discussed using a tracking sheet to group issues into categories and develop priority plans to address them.

- Mr. Cutfeet suggested that Mr. Spence invite Mr. Ovide Mercredi and his team to visit his community as a means of getting information.
- The Ontario government is also transforming health care and their current focus is on decreasing the cost of health care. We will see over the next months what this will look like.

Mr. Joe Meekis

- Mr. Meekis expressed his concerns about the Ontario government's move and how it will affect the hospital and the impact it will have on people.
- Mr. Meekis reported that he has been asked by his Chief and Council to look into the status of patient who has been in the hospital since November. Ms. Brooks and Mr. Meekis will further discuss this after the meeting.
- It was noted that some family members will think their elders are not getting the help they need and that providers do not always help the elders as much as they should, so it is important to get them involved.

Ms. Joyce Timpson

- Ms. Timpson expressed her concerns with the crisis in recruiting PSWs. Confederation College does have a strategy to increase the number of PSWs.
- Ms. Brooks noted there is a coalition with the LHIN who is looking at this regionally; however, this has been on hold with the recent changes at the LHIN.
- Ms. Timpson asked if anyone knows what the Kenora new hospital will look like and if they are going to be a tertiary hospital. Ms. Lee explained they are looking to have something similar to SLMHC. They have only been approved for planning at this time.

Ms. Sadie Maxwell

- Ms. Maxwell is also concerned with the lack of PSWs for the north. She has been working with the government to get funding for an intake; however, it is a long process. Training is a longer process for PSWs working in the north because they often need to bring patients out of the community.

Mr. Douglas Semple

- The LHIN has approached SLMHC to be the lead on First Nation cultural training.
- Mr. Semple has been made aware of derogatory comments made towards a First Nation patient from staff at a regional hospital. He noted that racism is not to be accepted. He is asking the board to send a letter to the CEO of the hospital to let them know this type of behaviour is not to be tolerated. We want to communicate the message with a positive approach and suggest improvements to help patients and families with the support they need.
- Ms. Maxwell reported that no one should be treated disrespectfully no matter the colour they are. There should be some strength in the letter. We are the champion for cultural training and they need to know we feel this issue is unacceptable. Maybe recognize that we had a discussion at the board level in the letter. In the meantime, Mr. Semple will follow up with the person who posted the issue on social media.

- Mr. Meekis noted that it is disconcerting to hear stories like these.
- Mr. McGill noted that we could refer to our cultural program in the letter and offer to provide the training to their staff.
- Mr. Quoquat reported that he has experienced this type of stereotype before. He noted that we need to proceed cautiously as we do not want this to come back to us negatively.
- Mr. Spence noted that we have elders who can teach us about caring and how to treat people with respect. We need to retrain people to think kindly.

5. Reports

5.1 Foundation Report

- There was nothing to report at this time. Mr. Jewell was not in attendance.

5.2 CEO Report

LTC – We have been in contact with our project lead at the MOHLTC. A RFP will be awarded to complete a detailed costing and planning as per the Ministry’s request that will move us into the next stage. Licensing will take place following this. When this is all done, we will move with the functional planning. We are on track and we are where should be. The process for LTC has changed since our pre-capital submission was done in 2014. It was noted that we are doing all this work and we still do not know if the beds will be LTC or ELDCAP. Ms. Lee reported that there was a significant miscalculation in our application and that our options are much better now that the pricing has changed.

8-Plex – The RFP has been awarded to a company named FORM for the design of the building, talking to the municipality, etc. This will be transitional housing for staff.

Recruitment – We are moving ahead with branding our hospital to attract people to come and work at SLMHC. We have a lot of students here at all times. We need a plan to get them to work here afterwards. We have numerous positions we need to fill; physiotherapists is a big one. We will put a high level Human Resources strategy in place to help us with recruitment and retention. We will also be working with the Seven Generations project for training nursing staff.

Mr. Cutfeet mentioned that we need to train PSWs that can work with the elders in the communities; especially with end-of-life and palliative care. He has had conversations with the Red Cross for PSWs training and that we should look at a coordinated effort and possibly have SLMHC play a role as a training facility. Mr. Cutfeet also noted that we should focus on classroom training rather than online training to provide better emotional component to the training. More face-to-face interaction would be valuable.

LHIN – We have not been given any information as to what is happening at the LHIN level. As we know, the Ontario government is looking to replace the LHINs.

Studer Group – We are coming up at the end of our three year contact and are looking at renewing for another three years. We received exceptional value from their coaching. In future, we will look into leadership and physicians coaching.

CEO Vacation – Ms. Lee will be on vacation from February 7 to March 4, 2019. During this time, Mr. Osmond will be in charge.

MRI – The final business case report is ready to be sent to the LHIN.

5.3 Chief Nursing Executive (CNE) Report

Nourish Cohort – The team was in Sioux Lookout for a week of filming about culturally appropriate food in hospitals. They were out on the land fishing and hunting, even though it was -40°C. The film will come out sometime in May.

Supportive Housing – We have changed how SLMHC is providing services to the tenants. Services are provided by Out-patient Withdrawal and the THMFS programs which focused on the tenants needs. We were struggling to fill the case managers' positions. KDSB has now hired someone. The LHIN continues to flow the funding to KDSB through SLMHC.

5.4 Chief of Staff Report

Chief of Departments – since their appointment, the Chief of Departments have signed an agreement outlining specific services they will provide.

Quality of Care – moving forward with initiatives in that area and a process has been put in place to address issues as they come up.

Physicians Orientation –moving ahead with an interdisciplinary group that will include a cultural component and competence to ensure physicians receive the appropriate information at the start of their work here.

6. **Standing Agenda Items**

6.1 Financial Update

- RUC reviews the financials at each meeting to ensure we keep on track. We are in a good financial position for this time of the year. RUC also looks at our cash flow regularly. Our staff are doing a very good job at keeping us on budget.
- It was noted that only Fund 2 goes back if not used.

6.2 Quality Reports

- The report was presented at the Quality and Patient Safety committee last night. Med/Surg and ER areas are always our top two as they are our biggest and busiest areas. We are seeing the benefit of our falls prevention program with a reduction in falls.

- We discussed the need to change the question on cultural values to get better responses. We are still struggling to come up with the best way to ask the question. Mr. Meekis reported that there was a difference between himself and his roommate as to how they answer the question when he was in hospital. There can be a variance in explaining or translating the question that will generate a different answer. This is the area we should look into to ensure it is translated accurately. It was suggested to work with the Elders Council on this.

6.3 NAN Health Transformation Update

- This item was addressed earlier with the round table discussion.

7. **New Business**

7.1 Hospital Accountability Planning Submission (HAPS) Approval

- The HAPS has been reviewed by RUC. We will be submitting a deficit HAPS. When the LHIN comes back with our H-SAA, they will either come back with a balanced budget or give us a waiver and accept our deficit. They would prefer if we were to submit a surplus.

MOTION #XX/19 it was moved by Mr. Knowles McGill that the board of directors approve the Hospital Accountability Planning Submission (HAPS) for 2019/20 as presented and as recommended by the Resources Utilization Committee (RUC). Seconded by Mr. Roy Spence. **CARRIED**

7.2 Approval of Privileges and Credentialing as per MAC minutes of December 17, 2018 and January 21, 2019

- Privileges for physicians and allied health professionals were reviewed. The lists were extensive as we are still going through reapplications.
- There are still about 40% vacancies that are filled with locums; most of them are regular locums.
- Mr. Meekis asked if it was possible to get a list of the contracted physicians working at the hospital and to separate by full-time and where they work; either at the Hugh Allen Clinic or the northern practice along with a list of physicians and the communities they service. Dr. Russell-Mahoney will look into this.
- It was asked what would happen if privileges were not granted by the board due to no quorum. Dr. Russell-Mahoney explained that in the interim temporary privileges would be granted until privileges can be approved by the board at their next meeting.

MOTION #XX/19 it was moved by Mr. James Cutfeet that the board of directors grant privileges to the physicians and allied health professionals listed in the December 17, 2018 and January 21, 2019 minutes of the Medical Advisory Committee. Seconded by Ms. Joyce Timpson. **CARRIED**

7.3 Board of Directors Appointments

The Sioux Lookout First Nations Health Authority has appointed Ms. Brenda Fox as their representative on SLMHC Board of Directors.

MOTION #XX/19 it was moved by Mr. Knowles McGill that the board of directors approve the appointment of Ms. Brenda Fox to the SLMHC Board of Directors representing SLFNHA. Seconded by Mr. James Cutfeet. **CARRIED**

The Council of the Corporation of the Municipality of Sioux Lookout has reappointed Ms. Joyce Timpson to SLMHC Board of Directors.

MOTION #XX/19 it was moved by Mr. James Cutfeet that the board of directors approve the re-appointment of Ms. Joyce Timpson to the SLMHC Board of Directors representing the Municipality of Sioux Lookout. Seconded by Mr. Knowles McGill. **CARRIED**

Mr. Klaus Knorz was elected Chair of the SLMHC Foundation Board of Directors. The Foundation Board has recommended his appointment to the SLMHC Board of Directors.

MOTION #XX/19 it was moved by Mr. Knowles McGill that the board of directors approve the appointment of Mr. Klaus Knorz to the SLMHC Board of Directors as SLMHC Foundation Chair. Seconded by Ms. Joyce Timpson. **CARRIED**

7.4 Strategic Planning Update

The strategic pillar goals were presented for approval. Those were discussed at the last board retreat. The full strategic plan will come to the board for approval when completed.

MOTION #XX/19 it was moved by Ms. Joyce Timpson that the board of directors is in support of the Strategic Pillar Goals as presented February 5, 2019. Seconded by Mr. James Cutfeet. **CARRIED**

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

8.1 Resource Utilization Committee minutes of the December 12, 2018 meeting

The minutes of the meeting were enclosed for information.

8.2 Medical Advisory Committee minutes of the December 17, 2018 and January 21, 2019 meetings

The minutes of both meetings were enclosed for information

MOTION #XX/19 it was moved by Mr. James Cutfeet that the board of directors move this portion of the meeting in-camera. Seconded by Ms. Joyce Timpson. **CARRIED**

9. **In-Camera Session**

- The in-camera session started at 1230 hours.

MOTION #XX/19 it was moved by Mr. Roy Spence 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**

The next meeting will take place on Thursday, March 28, 2019 at 0900 hours.

The group was led into the closing prayer by Mr. Joe Meekis. The meeting was adjourned at 1310 hours without a motion as quorum was lost.

H. Lee, Secretary

S. Maxwell, Chair

CS
Feb 13/19

**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

**SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE
BOARD OF DIRECTORS MEETING
held Thursday, April 25, 2019 at 0900 hours
in Boardroom A and B**

- Present:** Ms. Sadie Maxwell (chair), Mr. Knowles McGill, Mr. Leroy Quoquat, Mr. Joe Meekis, Mr. John Cutfeet, Ms. Cindy Hunt, Mr. Terry Jewell, Ms. Patricia Keesickquayash, Mr. John McKay, Ms. Heather Lee, Mr. Douglas Semple, Mr. Dean Osmond, Ms. Samantha Brooks, Ms. Renee Southwind, Ms. Kyra Marshall, Ms. Carole Slater (recorder)
- Regrets:** Mr. James Cutfeet, Ms. Joyce Timpson, Mr. Roy Spence, Ms. Brenda Fox, Mr. Klaus Knorz, Dr. Barbara Russell-Mahoney, Dr. Michael Kirlew
-

Opening Prayer

The meeting was called to order at 0910 hours. The opening prayer was given by Mr. Joe Meekis. Mr. Semple acknowledged the passing of one of our interpreters and a member of Lac Seul community.

Patient Story

Ms. Lee shared a personal experience at one of the hospitals in southern Ontario.

Directors Conflict of Interest Disclosure

There were no conflicts of interest disclosed.

1. Approval of the Agenda

The agenda was reviewed and approved as presented.

MOTION #18/19 it was moved by Mr. Terry Jewell that the board of directors approve the agenda of the regular meeting held April 25, 2019 as distributed.
Seconded by Ms. Cindy Hunt. **CARRIED**

2. Approval of the Minutes of Meeting held March 28, 2019

The minutes of the regular meeting held March 28, 2019 were reviewed and approved as corrected. Typographical errors were noted.

MOTION #19/19 it was moved by Mr. John Cutfeet that the board of directors approve the minutes of the March 28, 2019 regular board meeting as corrected.
Seconded by Mr. Leroy Quoquat. **CARRIED**

3. **Business Arising from the Minutes**

3.1 Community Visits

- The scheduling of community visits still needs to be finalized. Mr. Meekis contacted the Chiefs of nearby communities to find out if there was interest in a community visit. He noted they would welcome a visit; however, they would like to know who will be part of the visit as they want someone who will be able to answer their questions. He noted that patient services will likely be the main topic.
- Ms. Lee reported that, in previous visits, they have engaged with community members, have visited schools and engaged with the youth. SLMHC is open to whatever the community wants. Once Mr. Meekis has established a date with the other communities, travel will be arranged. Mr. Semple will continue to work with Mr. Meekis and Mr. McKay to coordinate the visits.

4. **Round Table**

Ms. Samantha Brooks

- Ms. Brooks reported she has not yet connected with Oshki-Pimache-O-Win Education & Training Institute. However, we are working with Confederation College with their PSW program. We also had a meeting with SLAAMB who is currently developing a PSW program, which will include community and hospital-based training. We also have a partnership with the Seventh Generation for training nursing staff.

Ms. Patricia Keesickquayash

- Ms. Keesickquayash reported she has not been able to attend board meetings lately. She is glad to be able to participate today.

5. **Reports**

5.1 Foundation Report

- A report was included in the meeting package. Mr. Jewell reported that new members have joined the Foundation board. All funds raised by the Foundation eventually come back to SLMHC. The Foundation continues with their annual contribution of \$100,000 and will respond to any request by SLMHC according to funds available.
- Mr. Osmond reported that SLMHC is grateful for the Foundation's support in our capital needs.

5.2 CEO Report

Vocera – We have purchased the product with all the items we want for \$388,000 comparatively to the initial \$500,000. The end product is superior to what was originally presented to us and will include the new smart badge. This is a unique system with secure messaging. Physicians will be able to use it with a download App on their phones. The badges are on site. The second phase of implementation will be the integration with the nurse call system, then a hook up to Meditech in phase three. We hope to have a “go live” date of August 2019.

Regional Psychiatric Services – There is a real push to address the immediate crisis in psychiatric services as Dr. Zahlan is retiring. The group is in full support to move to a regional psychiatry service model where there would be one central number to call for psychiatric services and a process to triage patients. The group is motivated to remove barriers to access. A steering committee meeting is planned for the end of May. Ms. Lee is part of this committee. There is full support to have dedicated psychiatric beds at SLMHC and a team plans to come to Sioux Lookout to look at our facility to assess what is needed to support this. A physical space working group is planned for the end of the summer with a fall/winter phased business plan to be submitted to the Ministry that would include what would be required to meet Schedule 1 requirements.

Premier's Council – A meeting on ending hallway medicine took place in Thunder Bay on April 16, 2019. There was a lot of discussion as to what the system needs. A report on that session is forthcoming. There is an interest in holding another session in Sioux Lookout and to bring together the Health Directors and other partners from our area.

LTC – We have not yet heard back from the MOHLTC. There was a recent announcement regarding additional long-term care beds; however, we don't know where these will be allocated. SLMHC has advocated for long-term care beds in the north in their application.

ECU – The Williams A. George Extended Care facility has received its Best Practice Spotlight designation at an award ceremony which took place in Toronto on April 11, 2019. This was a three year initiative where best practices were implemented. A celebration will take place in Sioux Lookout in the near future.

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

There were no reports available from either the Chief Nursing Executive or the Chief of Staff at today's meeting.

6. **Standing Agenda Items**

6.1 Financial Update

- There was no update as the Finance Department is working on closing year end in preparation for the auditors.

6.2 Quality Reports

- There is a significant increase in ID/documentation incidents. It was asked why such a huge jump. Ms. Brooks reported there had been some issues with the reading of glucometers which has now been resolved.
- It was asked why the percentage of complaints is higher on Med/Surg when ER is the department who would normally get the most complaints. It was noted it does not seem to paint the right picture as to what is actually happening. Ms. Lee reported we have asked our Quality Lead to revise this report so that it provides a more accurate view of what is happening in complaints and incidents.
- Members would like to see more comparative data and numbers.
- Ms. Hunt noted that it is nice to see the decrease in falls and thanked the staff for their work in promoting awareness and implementing preventative measures.

6.3 NAN Health Transformation Update

- There was nothing to report at today's meeting.

7. **New Business**

7.1 Ontario Health Update

- The governing structure has been set for the Ontario Health and a CEO has been appointed.
- SLMHC is interested in being an Ontario Health Team. Applications need to be submitted by May 15. We do not think ours will be ready by then as we are still working on getting partners at the table. We should not rush to the May 15 deadline until we have a readiness assessment with our partners.
- Their criteria for population do not work for us as we do not have that big a population. Maybe our catchment area needs to submit as a group. It has its benefits but does not necessarily get representation from the north. As part of this decision, we also need to know where NAN is at with their health transformation. Mr. Semple hopes to get them to meet with us in the near future.
- A working group has been established for the northern region and Mr. Semple sits on it. The working group is meeting in Thunder Bay tomorrow.
- Nobody seems to know exactly how Ontario Health will work. The NWLHIN serves some of the east such as Nipigon and Terrace Bay.
- With Ontario Health it would be integrated funding but we don't know what it will look like.
- We need to think about and focus on what is the best for the patients.
- It was suggested that SLMHC provide regular communiqués to communities to let them know what is happening.

7.2 Strategic Plan

- The strategic pillar goals were approved at the February 5, 2019 board meeting. The full strategic plan was presented today. In consultation with Ms. Kathy Loon and Mr. Semple, we have tried to match our pillars to show how they intersect with the Seven Grandfathers teachings. The board of directors was in agreement with the strategic plan as presented.

7.3 Board Policies

- Board policies were reviewed at today's meeting. The list is attached to these minutes.

MOTION #20/19

It was moved by Ms. Cindy Hunt that the Board of Directors approve and adopt the comprehensive new version of Board Policies as listed, subject to any minor editorial amendments, and accordingly, rescind any and all other Board Policies which may be in existence. Seconded by Mr. John McKay. **CARRIED**

8. Minutes of Committees – for Information

8.1 Resources Utilization Committee minutes of the January 28, 2019 meeting

The minutes of the meeting were enclosed for information. Corrections were made under bad debts, third bullet, “so that the Finance Department does **not** have”

8.2 Resources Utilization Committee minutes of the March 18, 2019 meeting

- The minutes of the meeting were enclosed for information.
- All finances are under control and we will most likely have a surplus at year end. The Finance Department is currently closing the books in preparation for the auditors.
- Ms. Brooks clarified that we no longer have staff working at the Supportive Housing unit.

8.3 Quality and Patient Safety Committee minutes of the March 27, 2019 meeting

The minutes of the meeting were enclosed for information. There were no questions.

9. In-Camera Session

There was no in-camera session.

10. Next Meeting/Closing Prayer

The next meeting will take place on Thursday, June 13, 2019 at 8:30 am followed by the Annual General Meeting (AGM) at 11:00 am which will be broadcasted to the northern communities.

The group was led into the closing prayer by Mr. Douglas Semple.

MOTION #21/19 It was moved by Mr. Terry Jewell that, there being no further business, the meeting be adjourned at 12:36 pm. Seconded by Ms. Patricia Keesickquayash. **CARRIED**

H. Lee, Secretary

S. Maxwell, Chair

CS
May 02/19

**SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE
BOARD OF DIRECTORS MEETING
held Thursday, June 13, 2019 at 0830 hours
in Boardroom A and B**

Present: Ms. Sadie Maxwell (chair), Mr. Leroy Quoquat, Mr. Joe Meekis, Mr. John Cutfeet, Mr. Terry Jewell, Ms. Patricia Keesickquayash, Ms. Brenda Fox, Ms. Heather Lee, Mr. Douglas Semple, Dr. Barbara Russell-Mahoney, Ms. Samantha Brooks (at 9:55 am)Ms. Kyra Marshall, Ms. Carole Slater (recorder)

Regrets: Mr. Knowles McGill, Ms. Cindy Hunt, Mr. John McKay, Mr. James Cutfeet, Ms. Joyce Timpson, Mr. Roy Spence, Mr. Dean Osmond, Dr. Michael Kirlaw, Ms. Renee Southwind

Guest(s): Ms. Allison Church, Ms. Shelley Read

Opening Prayer

The meeting was called to order at 0910 hours. The opening prayer was given by Mr. Joe Meekis.

Patient Story

Ms. Lee shared a good news story which showed compassion and professionalism from our staff.

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; board vacancy was added.

MOTION #21/19 it was moved by Mr. Terry Jewell that the board of directors approve the agenda of the regular meeting held June 13, 2019 as amended. Seconded by Ms. Heather Lee. **CARRIED**

2. Approval of the Minutes of Meeting held April 25, 2019

The minutes of the regular meeting held April 25, 2019 were reviewed and approved as corrected. Typographical errors were noted.

MOTION #22/19 it was moved by Mr. Leroy Quoquat that the board of directors approve the minutes of the April 25, 2019 regular board meeting as corrected. Seconded by Mr. Terry Jewell. **CARRIED**

3. **Business Arising from the Minutes**

3.1 Community Visits

- Mr. Semple continues to work on getting dates that will work for everyone. Mr. Meekis talked to the North Spirit Lake Chief and Council and they are interested in a visit. Keewaywin is also ready to receive. Mr. Meekis has not heard back from Deer Lake. We still need to confirm possible dates with Mr. McKay for Sandy Lake.

4. **Round Table**

Ms. Patricia Keesickquayash

- Ms. Keesickquayash reported that she is glad to be here and to participate in today's meeting.

Mr. Terry Jewell

- Mr. Jewell thanked all the volunteers led by Kathy Loon who cleaned over 300 fish at the fishing derby held this past weekend. About 130 pounds of filets were donated to the Miichim program. The group did an excellent job.

Mr. Leroy Quoquat

- Mr. Quoquat reported that his thoughts are with the community of Pikangikum who have been evacuated due to forest fires.

Mr. Joe Meekis

- Mr. Meekis reported he is still getting reports that patient care is not up to the standard it should be. Mr. Meekis reminds people that SLMHC never turn people away for care. He also mentioned that we need to be mindful of how we approach people and whoever is the first contact needs to be aware of how they interact with people.
- Mr. Meekis reported that his Chief has asked him to find out what is SLMHC role in the Health Transformation and what is our role in the future.

Mr. Douglas Semple

- The Ontario initiative on redoing Ontario Health is taking place. A region readiness self-assessment was submitted. Over 150 self-assessments were submitted across Ontario. Out of those, only a handful will be selected as early adopters and they will be asked to submit a full application. The deadline for selection has been pushed back to September due to the large amount of applications received. The call for application will be made at that time. There is a feel that we might be successful in being selected.
- There are also things happening at the NAN level. With the NAN transformation project some solid concepts are coming together and a resolution was passed in March at the Chief Committee on Health to accept those concepts. It will be a long process, especially when we start engaging the government. We, at SLMHC, should make ourselves available to NAN as they develop their project.

Mr. John Cutfeet

- Mr. Cutfeet asked what is happening with LTC and if we have heard anything. His mother is in Thunder Bay. She is very distraught as she is not getting the support she needs. He reported that LTC in the north would make care closer to home better for those patients. He reported that we need to continue to keep pushing for people to get care closer to home.

Ms. Brenda Fox

- Ms. Fox reported that they have an elder staying home in their community and he is thankful to be there. She acknowledged the death of a young girl in her community this morning.

Ms. Sadie Maxwell

- Ms. Maxwell reported that complaints will only help us to improve so it is good for us to hear them.
- She also suggested that it might be good to have someone give us a presentation on the Health Transformation so that we can understand it better.

5. **Reports**

5.1 Foundation Report

- Nothing to report at today's meeting. The Foundation continues with their regular business. They might have a new Foundation chair. They will know more in September.

5.2 CEO Report

Strategic Plan – All managers created goals under each of the pillars and are to identify action items under each. We do our goals on a 90 day plan.

Occupancy – we continue to be overcapacity every day. We have patients in overflow beds and up to nine patients at any given time in ER waiting for a bed.

LTC – A call with the Ministry took place on Tuesday. We were allocated 76 beds last year. We have been working with our project manager and they have told us we are on the right track. At their request, we have hired a consultant to complete a framework assessment and have submitted it to them. The problem seems to be around the ELDCAP model that we currently operate under which does not exist anymore and they don't know what to do with this. We have the beds, now they need to figure out the funding.

We have now been advised to put in a capital submission. Last year's application went to the LTC Renewal Branch. The capital submission will go to the Capital Branch. We have been in touch with the LHIN for help. They have a call with the Ministry on Friday and we hope to get more information. We will get in touch with Clifford Bull and have talked to Sol Mamakwa to get some help at that level. We have given Clifford Bull new data on our ALC numbers to bring back to the Ministry. We are trying to get a face-to-face meeting with the Ministry to address this. We need leverage and a political push to help us move this forward.

It was suggested to enlist the help of the Kenora MP, Greg Rickford. It was noted that SLFNHA received funding through the federal government to buy the Days Inn when the hostel was not big enough to host all the patients. There might be something they can do to help us as well.

Patient Guide – We have revamped the Patient Guide to simplify the concept. It was reviewed by the quality program. Once we have trialed it, we will have it translated. Copies were distributed to members today.

Anishnaabe Celebrations – Celebrations will take place all day June 21, 2019. A very large tent will be used in case of bad weather.

Vocera – Representatives will be on site to start the integration with our system. The full implementation will be completed in August.

Ontario Health Team – SLMHC is sitting in the middle with the Ontario Health Team and NAN Health Transformation. It is an opportunity for us to stretch in both directions to ensure our patients receive the best care. A NAN working group will take place in July. Both Heather and Douglas have been invited to attend.

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

Outpatient Withdrawal Program – The Nurse Practitioner (NP) for the program has gone on maternity leave. We have no replacement. We have been relying on NP orders vs physicians. We will have limited services over the summer until we have NP/MD support available.

Endoscopic Retrograde Cholangiopancreatography (ERCP) C-Arm – We have had our first successful run on two patients yesterday. The equipment is used to remove gallbladder stones. Approximately 80 patients per year were sent to Winnipeg or Medivac for this procedure before we had the equipment. Our goal is to do gallbladder and stone removal in one single surgery at one point.

Schedule 1 Services – A regional model for psychiatric services was developed. The two week trial run went very well. The steering committee members are coming to SLMHC on June 17, 2019 to meet with us to start planning for the future with possibly have Form 1 beds at SLMHC. It is encouraging to see more collaboration is taking place in the region.

Physicians Update – More communication with the management team and directors with the Chiefs of Department is in the works. The planning for the renewal of the SLRPSI contract and needs assessment has been started.

6. **Standing Agenda Items**

6.1 Financial Update

- We have not heard back from the LHIN on the \$746,000 that was allocated to the 11 beds last year. This number was not included in the year-end report. If we receive this funding it will put us into a bigger surplus.
- Our bad debts have gone down. We will never completely eliminate bad debts; however, RUC monitors this closely. The Finance Department continues to find ways to decrease them.

6.2 Quality Reports

- The quality new dashboard was presented today. It has been revised to reflect our strategic plan and pillars. Members like the concept.
- We are in our third week of the employees' survey and have received just short of 200 responses to date. We have seen an increase in employee satisfaction.

6.3 Ontario Health NAN Health Transformation Update

- NAN did a presentation at a meeting a few days ago. They are mandated to have a health commission that includes all players. They continue to push for health services in the north.
- We will keep Sol Mamakwa in the loop with this issue as access to care in the north is difficult. He still has that vision as to what he would like to see happen in the north.

7. **New Business**

7.1 Approval of SLMHC Financial Statements for 2018/19

- The auditors have completed their audits. All year end reporting came to an end. We have been provided with a clean audit. We closed our books with a \$70,000 surplus.

MOTION #23/19 It was moved by Mr. Terry Jewell that the Board of Directors approve SLMHC Financial Statements for 2018/19 as presented and as recommended by RUC. Seconded by Mr. Joe Meekis. **CARRIED**

7.2 Appendix C – Attestation – in accordance with section 15 of the Broader Public Sector Accountability Act Schedule D – Compliance Declaration – pursuant to the Hospital Service Accountability Agreement Schedule G – Compliance Declaration – pursuant to the Multisector Service Accountability Agreement

- The Board of Directors is required to review and approve the above attestation/declarations every year. The details were outlined in the forms. Those are also reviewed at the RUC level.

MOTION #24/19 It was moved by Mr. Leroy Quoquat that the Board of Directors approve the attestation/compliance declarations as listed above. Seconded by Mr. Terry Jewell. **CARRIED**

7.3 Approval of Privileges and Credentialing as per MAC meetings of May 7, 2019 and June 10, 2019

- Privileges for physicians and allied health professionals were reviewed.

MOTION #25/19 It was moved by Mr. John Cutfeet that the Board of Directors grant privileges to the physicians and allied health professionals listed in the May 7, 2019 and June 10, 2019 minutes of the Medical Advisory Committee. Seconded by Mr. Leroy Quoquat. **CARRIED**

7.4 Board Vacancy – Shibogama First Nations Council

- A letter received from Shibogama First Nations Council confirms the appointment of Ms. Beatrice Anderson of Wapekeka First Nation to SLMHC board.

MOTION #26/19 It was moved by Mr. John Cutfeet that the Board of Directors approve the appointment of Ms. Beatrice Anderson to the SLMHC Board of Directors representing Shibogama First Nations Council. The term of appointment will be three years as per SLMHC corporate by-laws. Seconded by Mr. Terry Jewell. **CARRIED**

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

8.1 Resources Utilization Committee minutes of the May 28, 2019 meeting

The minutes of the meeting were enclosed for information.

8.2 Medical Advisory Committee minutes of the May 7, 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 meeting was adjourned at 1040 hours. The next meeting will take place on Thursday, September 19, 2019 at 9:00 am.

MOTION #27/19 It was moved by Mr. Terry Jewell that, there being no further business, the meeting be adjourned at 1040 hours. Seconded by Ms. Patricia Keesickquayash. **CARRIED**

H. Lee, Secretary

S. Maxwell, Chair

CS
July 09/19

SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE
ANNUAL GENERAL MEETING
Thursday, June 13, 2019 at 1100 hours
Boardroom A and B

Present: Ms. Sadie Maxwell (chair), Mr. John Cutfeet, Mr. Leroy Quoquat, Mr. Terry Jewell, Mr. Joe Meekis, Ms. Brenda Fox, Ms. Patricia Keesickquayash, Ms. Heather Lee, Mr. Douglas Semple, Ms. Samantha Brooks, Dr. Barbara Russell-Mahoney, Ms. Kyra Marshall, Ms. Carole Slater (recorder)

Regrets: Mr. James Cutfeet, Mr. Roy Spence, Ms. Cindy Hunt, Mr. John McKay, Mr. Knowles McGill, Mr. Dean Osmond, Dr. Michael Kirlew, Ms. Renee Southwind

Guests: Ms. Shelley Read, Ms. Allison Church, Mr. Matthew Bradley

The meeting was carried to the northern communities on Wawatay Radio. The meeting was called to order at 1105 hours. The phone numbers for community members to call in or send text messages were provided.

1. Opening prayer

The opening prayer was given by Mr. Joe Meekis.

2. Opening Remarks by Board Chair

- Ms. Maxwell welcomed everyone attending the meeting and listening to the broadcast.

3. Address by First Nation Advisor to the Board and CEO

- Mr. Semple reminded the listeners that they are welcome to call in with questions if they want to know about programs or services offered at the hospital.
- He reported that the Grand Chief is working on the health transformation project and that our board members are helping out so that the services provided work for the people of the northern communities.

4. Directors Conflict of Interest Disclosure

There were no conflicts of interest disclosed.

5. Presentation of the Agenda

The agenda for the Annual General Meeting dated June 13, 2019 was presented. Copies were made available to community members.

6. MINUTES

6.1 Minutes of the Meeting held June 14, 2018

The minutes of the annual general meeting held June 14, 2018 had been distributed and were reviewed for errors and omissions.

MOTION #ANN01/19

It was moved by Mr. Leroy Quoquat that the board of directors approves the minutes of the June 14, 2018 Annual General Meeting as distributed. Seconded by Mr. Joe Meekis. **CARRIED**

7. BUSINESS ARISING FROM THE MINUTES

There was no business arising from the minutes.

8. NEW BUSINESS

8.1 Presentation of the 2018/19 Financial Statements

- The financial statements were presented at RUC in May and at the board earlier this morning. A power point presentation prepared by the auditors outlined the findings. The first page is a summary of the auditors' report, highlights recommendations and explains their opinions and responsibilities as auditors. It also highlights management responsibilities.
- The auditors' role is to provide reasonable assurance of SLMHC financial position. The report shows a breakdown on current and long term liabilities. Any revenues are recognized all at once and get amortized overtime.
- Our major patients' revenues are from OHIP. Over 50% of our funding is allocated to salaries and benefits. Our total expenses for the year were \$41M. We average a monthly outflow of \$3.6M.
- We were provided with a clean audit and finished the year with a small surplus of \$69,000.

MOTION #ANN02/19

It was moved by Mr. Terry Jewell that the board of directors approves the 2017/18 Financial Statements as distributed. Seconded by Ms. Patricia Keesickquayash. **CARRIED**

8.2 Appointment of Auditors

It is a requirement that the board of directors approve our auditors every year at the Annual General Meeting. We are in our third year of a five year contract.

MOTION #ANN03/19

It was moved by Mr. Joe Meekis that the board of directors approve the appointment of Meyers Norris Penny (MNP) as the organization auditors for the 2019/20 fiscal year. Seconded by Ms. Brenda Fox. **CARRIED**

8.3 Introduction of Board Members and talk to home communities

Ms. Heather Lee – is the President & CEO. She thanked our board, the Foundation, staff and physicians for the great work they do. She thanked the people of the communities for trusting us with their care. She asked that you let us know how we are doing. It is important that your voices are heard so that we continue to improve. A lot of great work is happening with the NAN Health Transformation and we want to be involved and contribute as required. Our new strategic plan is completed and will be sent to all the communities and posted on our website. Again, thank you for trusting us with your care.

Ms. Patricia Keesickquayash – is a board member representing Mishkeegogamang First Nation. She holds the position of Health Director and has been on the SLMHC board for almost one year. She thanked her community for trusting her to bring their concerns forward on their behalf.

Mr. Terry Jewell – is a board member and also the chair of the SLMHC Foundation. He thanked everyone for joining our AGM today.

Mr. Leroy Quoquat – is a board member representing Lac Seul First Nation. He holds the position of Health Director. He welcomed everyone from the northern communities.

Dr. Barbara Russell-Mahoney – is the Chief of Staff at the hospital. She thanked everyone for joining us today. She looks forward to continue to serve you and to hear your questions.

Mr. Joe Meekis – is a board member from Keewaywin First Nation representing Keewaytinook Okimakinak. He reported that we are going through changes again with the Health Transformation and hopefully we can help with the creation of that change that will benefit people and will bring health services to the communities. We hope to accomplish changes that people can see and will continue to do the best we can to provide the best services to the northern communities.

Mr. Douglas Semple – is First Nation Advisor to the Board and CEO. He said hello to the people of Kasabonika. He worked there as a counsellor years ago. He said hello to the people of Wunnumin Lake where he grew up, to the people of Kingfisher Lake where his late mother was raised and to the people of Sachigo Lake where his grandfather lived. He noted that we want to see changes in health services for the best of the northern communities. It would be a great accomplishment to get services to the north.

Mr. John Cutfeet – is a board member from Kitchenuhmaykoosib Inninuwug First Nation representing IFNA. He has been on the board for many years. He reported that we can improve health services and that is what we work towards as board members. We continue to look for the best approach to get services to the northern communities and how we can improve those services for the best of First Nations people. He thanked all the people in KI and all others listening today.

Ms. Brenda Fox – is a board member representing Sioux Lookout First Nations Health Authority. She is from Mishkeegogamang First Nation where she carries the health portfolio. She has seen many changes over the years and it is important to work together to make those changes for the best of our patients. She keeps the northern communities in her prayers, especially Pikangikum where members have been evacuated due to forest fires.

Ms. Sadie Maxwell – is a board member representing Windigo First Nations Council. She is a member of Sachigo Lake First Nation and has many relatives in that community. She thanked the board for their insight today. All board members are here as volunteers and she is very appreciative of their time and support.

9. **ADJOURNMENT/CLOSING PRAYER**

The meeting was adjourned at 1201 hours. The closing prayer was given by Mr. Joe Meekis.

MOTION #ANN04/19

It was moved by Mr. Leroy Quoquat that, there being no further business, the Annual General Meeting be adjourned at 1201 hours. Seconded by Mr. John Cutfeet. **CARRIED**

MS. HEATHER LEE, SECRETARY

MS. S. MAXWELL, BOARD CHAIR

CS/
July 16/2019

DRAFT

**SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE
BOARD OF DIRECTORS MEETING
held Thursday, November 14, 2019 at 0900 hours
in Boardroom A and B**

Present: Ms. Sadie Maxwell (chair), Mr. Leroy Quoquat, Mr. Terry Jewell, Ms. Cindy Hunt, Mr. James Cutfeet, Ms. Beatrice Anderson, Mr. John McKay, Mr. Knowles McGill, Ms. Joyce Timpson, Ms. Heather Lee, Mr. Dean Osmond, Mr. Douglas Semple, Dr. Barbara Russell-Mahoney, Ms. Samantha Brooks, Ms. Kyra Marshall, Ms. Carole Slater (recorder)

Regrets: Mr. Joe Meekis, Mr. John Cutfeet, Dr. Michael Kirlew, Ms. Patricia Keesickquayash, Ms. Brenda Fox, Mr. Roy Spence, Ms. Teri Fiddler, Ms. Renee Southwind

Opening Prayer

The meeting was called to order at 0910 hours. The opening prayer was given by Ms. Teri Fiddler.

All introduced themselves.

Patient Story

Ms. Brooks shared a patient story from the operating room.

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; Chief of Department was added.

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

2. Approval of the Minutes of Meeting held June 13, 2019

The minutes of the regular meeting held June 13, 2019 were reviewed and approved as presented.

MOTION #29/19 it was moved by Mr. Leroy Quoquat that the board of directors approve the minutes of the June 13, 2019 regular board meeting as presented.
Seconded by Mr. Roy Spence. **CARRIED**

3. **Business Arising from the Minutes**

3.1 Community Visits

- Community visits were put on hold due to forest fires over the summer. This will be revisited. We have been invited to visit Slate Falls.

3.2 Schedule 1

- Discussions took place early this Spring regarding the development of a model of care for psychiatric services and Form 1 beds in Sioux Lookout.
- This is early planning as to how we could achieve this. We would require to have a psychiatrist and trained nurses on staff, have a lock down unit, and would need to address our constant overcapacity if using beds for psychiatry services. This will be a long-term project.
- The OPP no longer want to transport patients to Form 1 facilities; fortunately, ORNGE has stepped up to transport these patients.
- Mr. Spence asked if there are guidelines to access as to what is considered a Form 1 candidate. Ms. Brooks reported that the Mental Health Act list those criteria; however, a physician has to declare a patient on a Form 1.

4. **Round Table**

Mr. Terry Jewell

- Mr. Jewell reported that he was impressed with the attendance today.

Ms. Joyce Timpson

- Ms. Timpson announced the passing a long-term council member, Mr. Cal Southall, yesterday.

Ms. Teri Fiddler

- Ms. Fiddler reported that she is happy to be back after a long absence. She is now involved with the Health Transformation.

Ms. Brenda Fox

- Ms. Fox reported that she helped a young woman and her child when the hostel did not have food for them. The mother wanted to feed her baby before the child's fast for the surgery. This is very unfortunate that a young baby would go without food for that long. People should not be refused food. Ms. Fox was able to get them something to eat. She will take this matter directly to Mr. Jim Morris at SLFNHA.

Mr. Joe Meekis

- Mr. Meekis noted this is very sad that people are refused food. He noted we need to be professional when dealing with people no matter what type of day we are having. He also reported that his brother was evacuated from his community for health issues. His brother wants to die at home. Mr. Meekis is feeling very sad about this situation.

Mr. John Cutfeet

- Mr. Cutfeet also dealt with health issues yesterday. He found out he had fractured ribs due to an assault in Thunder Bay. Even though there was a long wait, the service was good and people were helpful. Staff were friendly. The only thing was that he was getting hungry after a day of travel and someone got him food.
- Mr. Cutfeet also commented on Mr. Meekis comments that people always say they want to die at home or stay at home and we need to find a way to make this happen.

Mr. Leroy Quoquat

- Mr. Quoquat expressed his condolences to the Southall's family.
- He asked about the disparity in services provided.
- Ms. Books reported that SLMHC continues to work with SLFNHA and the hostel to deal with issues between the two facilities. The discharge committee meets quarterly to address some of those issues. She noted that we also have to contend with NIHB policies and this can create issues such as people not getting what they need; i.e., food. Access to support, transportation, food, escort, etc., continue to be a problem with NIHB.
- Ms. Lee noted that the Joint Executives of SLMHC and SLFNHA also meet quarterly to address issues between the two organizations.

Mr. Douglas Semple

- Mr. Semple noted that organizations are growing too fast. Before taking on additional services and programs, we should think about how this is going to improve and impact services to people. In the middle of all this, we often forget about the improvement we are aiming for and we need to be cognizant of this.
- Mr. Semple thanked Mr. Meekis for sharing his personal situation. Sometime this is important to share those moments as we are not meant to keep trauma to ourselves.

Ms. Sadie Maxwell

- Ms. Maxwell found the situation of people being denied support and/or food very upsetting. What happened to compassion with our caregivers and workers? She agreed that we need to talk to SLFNHA and advocate about this unacceptable situation.

Mr. Roy Spence

- Mr. Spence asked if anyone knows the mental health numbers in our area compared to other areas and what is being done to bring it down. There are not enough resources for either security or police services in communities to help. We need to find a way to get the numbers under control.

5. **Reports**

5.1 Foundation Report

- It has been a quiet summer for the Foundation. The AGM is coming up in a few weeks and there will be structure changes.
- \$209,000 was provided from the Skip-to-Equip fundraising for the purchase of the C-Arm. The equipment is in place and is being used to locate foreign bodies by providing a clear picture and exact location.
- Funds from the Foundation flow through SLMHC for equipment purchases.

5.2 CEO Report

This will be addressed in the senior team presentation.

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

This will be addressed in the senior team presentation.

6. **Standing Agenda Items**

6.1 Financial Update

- The statement of financial position as of August 31, 2019 was presented. Any questions can be directed to Mr. Knowles or Mr. Jewell.

6.2 Quality Reports

- Reports were provided for information. The reports were reviewed at the Quality and Patient Safety committee last night. Some comments and suggestions were provided at the meeting and will be implemented. The dashboard has been reformatted in a new layout to match our pillars.

6.3 Ontario Health NAN Health Transformation Update

- Nothing to report at today's meeting.

7. **New Business**

7.1 Senior Team Presentation – **Highlights**

Caring for People

- We need to empower people to care for people.
- We are seeing significant instability in the workforce, not just in health care but everywhere. Commitment from people is important.
- Pharmacy renovations were done to meet new regulations to keep chemo services running.
- We have enhanced building security to deal with workplace violence.
- We have also enhanced information technology security as there were 27,000 cyber-attacks in our organization in August alone.

- We have posted our employees survey results in the organization and celebrated with a BBQ. Staff had the opportunity to provide feedback and comments.
- When information is not communicated, or not well communicated, the perception is that it can be seen as preferential. In our system, we assume everybody knows the process and we should not.
- We continue to build strong relationships with our partners.
- We continue to craft the cultural value questions so that we get the responses we want.
- We achieve \$46,000 in savings by changing the approach to our attendance support program.
- We have increased staffing and physicians in ER to meet the needs of the increase in volume.
- Dental slates have been cancelled due to no dentists available to do the extractions.
- We have implemented electronic surveys to help us get more responses.
- We are working on a succession planning process for the organization and the board.

Vocera Demonstration

- We started with 125 badges and have orders 85 more. All front line staff will eventually have them. We are the first hospital in Canada to roll the full system and we have been highlighted in the news.
- Staff are finding a lot of value in using the badge. It can do secure texting and badges can be hooked up to the phone system.

7.2 Accreditation

- As we get ready for our next accreditation survey in October 2021, we have started to roll out information to staff and the board.

7.3 LTC Update

- We continue to advocate for our additional long-term care beds and have had meetings at the Ministry level and with MP Bob Nault.

7.4 Letters from the Municipality

- A letter was sent to the Ontario Human Rights Commissioner by Mayor Lawrance which contains inaccurate information regarding SLMHC. We replied with a letter to the Mayor's office and he has since sent another letter with the correct information. His office has also scheduled a meeting to further discuss this.

7.5 Northern Clinic Lease

- The northern clinic was built specifically for the northern practice as we wanted the physicians close to the hospital. The board also felt it was important to do this at the time.
- When we reviewed the costs associated with the building, we submitted an increase in rent to cover our shortfall as we are actually losing about \$100,000/year.

- The SLRPSI board has since sent a letter to SLMHC board requesting a zero increase in the lease. We have met with them and offered alternative solutions; i.e., remove housekeeping, snow removal, etc., to bring their cost down. We provided them with a breakdown of all our costs.
- It was noted that the province cannot cover the cost of a physicians' clinic as part of the hospital funding. The federal government did not want to invest in physicians' services.
- It was suggested that an open discussion with both boards need to happen to sort this out. Maybe RUC and SLRPSI financial committee can start the conversation. We need to work together, however, the hospital is covering a lot of the costs associated to the physicians' clinic. The hospital is also covering a lot of services that should take place at the clinic.

RECOMMENDATION that the SLMHC Board of Directors set up a committee, comprised of board trustees including RUC members, with Douglas Semple leading, to negotiate with the SLRPSI board representatives in an open two-way dialogue to resolve the northern clinic lease issue.

7.6 Appointment to SLRPSI Board of Directors

- Ms. Maxwell term on the SLRPSI board is completed after nine years (three terms). They are looking for a replacement to represent SLMHC. The board felt they did not have enough information to make an informed decision today; i.e., time commitment, expertise required, etc.
- Ms. Maxwell reported that it is exciting work but it has a lot of time commitment. The person appointed represents the hospital, not a community or organization.
- This will be further discussed at the next board meeting once we have more information.

7.7 Approval of Privileges and Credentialing as per MAC meeting September 12, 2019

- Privileges for physicians and allied health professionals were reviewed.

MOTION #30/19 It was moved by Mr. Terry Jewell that the Board of Directors grant privileges to the physicians and allied health professionals listed in the September 12, 2019 minutes of the Medical Advisory Committee. Seconded by Mr. Leroy Quoquat. **CARRIED**

7.8 SLFNHA – Primary Health Care Team

- Not addressed at today's meeting.

7.9 Chief of Department Appointment

- The last Chief of Emergency Medicine resigned for personal reason. An expression of interest went out to physicians and Dr. Ruben Hummelen submitted his application. He would be an excellent candidate for the position.

MOTION #31/19 It was moved by Mr. Knowles McGill that the Board of Directors appoint Dr. Rueben Hummelen as Chief of Emergency Medicine for a period of time as listed in the professional staff by-laws. Seconded by Mr. Roy Spence. **CARRIED**

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

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

The minutes of the meeting were enclosed for information.

8.2 Medical Advisory Committee minutes of the June 10, 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 closing prayer was given by Ms. Teri Fiddler.

The meeting was adjourned at 1327 hours. The next meeting will take place on Thursday, November 14, 2019 at 9:00 am.

MOTION #32/19 It was moved by Ms. Joyce Timpson that, there being no further business, the meeting be adjourned at 1327 hours. Seconded by Mr. Roy Spence. **CARRIED**

H. Lee, Secretary

S. Maxwell, Chair

CS
October 15/19

SIoux LOOKOUT MENO YA WIN HEALTH CENTRE
BOARD OF DIRECTORS MEETING
held Thursday, November 14, 2019 at 0900 hours
in Boardroom A and B

- Present:** Ms. Sadie Maxwell (chair), Mr. Leroy Quoquat, Mr. Terry Jewell, Ms. Cindy Hunt, Mr. James Cutfeet, Ms. Beatrice Anderson, Mr. John McKay, Mr. Knowles McGill, Ms. Joyce Timpson, Ms. Heather Lee, Mr. Dean Osmond, Mr. Douglas Semple, Dr. Barbara Russell-Mahoney, Ms. Samantha Brooks, Ms. Kyra Marshall, Ms. Carole Slater (recorder)
- Regrets:** Mr. Joe Meekis, Mr. John Cutfeet, Dr. Michael Kirlew, Ms. Patricia Keesickquayash, Ms. Brenda Fox, Mr. Roy Spence, Ms. Teri Fiddler, Ms. Renee Southwind
-

Opening Prayer

The meeting was called to order at 0915 hours. The opening prayer was given by Mr. John McKay.

Patient Story

Ms. Brooks shared a patient story which demonstrated great team work to ensure the patient's needs were met.

Directors Conflict of Interest Disclosure

Ms. Maxwell declared a conflict of interest for the item related to the northern clinic lease.

1. **Approval of the Agenda**

The agenda was reviewed and approved as amended; Municipality Housing Projects and Site Visits were added.

MOTION #33/19 it was moved by Mr. Terry Jewell that the board of directors approve the agenda of the regular meeting held November 14, 2019 as amended.
Seconded by Ms. Cindy Hunt. **CARRIED**

2. **Approval of the Minutes of Meeting held September 19, 2019**

The minutes of the regular meeting held September 19, 2019 were reviewed and approved as corrected. Typographical errors were noted.

Ms. Brooks clarified that an additional 85 Vocera badges have been ordered. This will cover most of the front line staff. We might need to order additional badges for some of the managers who have requested them.

Ms. Lee reported that Ms. Kathy Loon is talking to Chief and Council for Slate Falls to organize a community visit. More information is to follow when received.

MOTION #34/19 it was moved by Ms. Joyce Timpson that the board of directors approve the minutes of the September 19, 2019 regular board meeting as corrected.
Seconded by Mr. Knowles McGill. **CARRIED**

3. **Business Arising from the Minutes**

3.1 Northern Clinic Lease

- Mr. Semple discussed this matter with RUC members, Mr. McGill and Mr. Jewell. The recommendation was to write a letter to the SLRPSI board rather than engage in a conversation with them. The reason for this was that we did not want to break the integrity of our senior team. We trust them to deal with organizational issues and to meet with the SLRPSI board would undermine this responsibility. We felt the senior team had responded to them in a manner that was acceptable in that there is no way SLMHC board would respond differently.
- The northern clinic is costing SLMHC a lot of money that could be used for patients. It was stipulated when we build the northern clinic that hospital funds were not to be used to cover the clinic costs.
- Our senior team has already met with SLRPSI representatives to explain why we need to increase the lease and provided them with options to help reduce costs.
- After reviewing the letter presented today, all in attendance were in agreement with the content with minor changes. Mr. McGill will sign the letter as treasurer of the board and this will be sent to the SLRPSI board of directors.

3.2 Appointment to SLRPSI Board of Directors

- Before recommending someone, members had some questions which have been answered. Those are included in the meeting package along with SLRPSI by-laws.
- Members recommended the appointment of Ms. Lee to the SLRPSI board with Mr. Osmond as alternate should she be unable to attend.

MOTION #35/19 it was moved by Ms. Cindy Hunt that the board of directors recommend the appointment of Ms. Heather Lee to the SLRPSI Board of Directors with Mr. Dean Osmond as alternate. Seconded by Ms. Joyce Timpson.

CARRIED

4. **Round Table**

Ms. Sadie Maxwell

- Ms. Maxwell reported that as of last night 75 members of Bearskin Lake First Nation were evacuated to Sioux Lookout from their community due to flooding with another 90 scheduled to arrive today. There are also approximately 175 people who will be evacuated to Thunder Bay.
- SLMHC participates in regular meetings and updates regarding the situation.
- MTO will start maintenance on the roads. It is a very serious issue.
- It was noted that it is hard to understand why help was not sent earlier. People had to be transferred from their home to the airport by helicopter because the roads are not usable.

- The federal government has finally agreed to send Canadian Rangers to help as only a handful of people are left to look after the community.
- Since we never had to do a winter evacuation people are still learning how to handle this.

Mr. Douglas Semple

- Mr. Semple reminded members that we need to complete the CEO performance evaluation. This is good governance to do this regularly and also important from an operational view.
- He noted he was asked to cover as acting CEO when the senior team was away. During this time, he did not encounter any major issues and that tells him we have put a system in place that runs well and that staff can manage within their management sphere. This also shows good leadership and that is what the CEO has led us into. As we empower managers to look after their people this translate into good patient care.

5. **Reports**

5.1 Foundation Report

- The Skip-to-Equip raised \$80,000 to be used towards equipment for the hospital. This is a record for such a small community.

5.2 CEO Report

Celebration of Volunteers Event – The Celebration of Volunteers event took place last evening. It was well received. Congratulations to our Human Resources Officer, Jade Beaulne for a great job in organizing the event.

Over capacity – A media release on overcapacity was announced this week. This issue is not going away. It seems that we are not prepared for an aging population as we continue to run at 20% overcapacity. We have added 5 beds in unconventional spaces; i.e., TV room, etc., on top of our 55 acute care beds, to accommodate the surge. ER is also overcapacity with 9 patients in the department yesterday waiting for beds. Ms. Lee thanked the staff and physicians for their continued efforts in caring for those patients.

Mental Health – The lack of mental health beds in the region for Form 1 patients means that we are holding them for days in our ER waiting for a bed. We provide them with tele-psychiatry services. This not the best place for them; however, this is preferable to sending them home.

LTC – We will be moving forward with hiring a project manager to start the functional planning for long-term care so that we have everything ready once we get the go ahead from the Ministry. The functional plan is the drawing of what the building will look like.

We connected with the Mayor a few months ago. We were to be invited to join a delegation of members to attend a meeting with the Ministry to discuss long-term care; however, we have not heard back. We have at least 58 patients, that we know of, who require long-term care. There is an urgent need to move forward with those beds. We continue to advocate with the Ministry. MPP Mamakwa had an opportunity to address this on our behalf. We will invite MP Milello to meet with us to discuss this as well.

Nursing Unit – We are looking at different options to care for our least complex patients on the nursing unit. Regional hospitals are also full and this is putting a lot of pressure on the system. The Ministry wants to end hallway medicine; however, the current situation is enabling this.

Gastro Outbreak – We recently had a gastro outbreak. It was very well contained once it was identified. This was not a result of overcapacity.

LHIN – The Ontario Health has started their transition to merge 5 agencies into Ontario Health (i.e., CCO, HFO). They have reduced the LHINs from 14 to 5. The NW is now combined with the NE. Rhonda Crocker-Ellacott remains the CEO for the NW/NE LHIN. We don't really know what else is happening.

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

Medical Newsletter – A medical newsletter was developed to increase communication with physicians on policies, training, education, etc. It will be distributed quarterly to medical staff. It will also be forward to board members for their information. Any feedback is welcome. Dr. Russell-Mahoney clarified that physicians' resources funding is provincial. She also noted that they rely heavily on locums for coverage.

6. **Standing Agenda Items**

6.1 Financial Update

- The statement of financial position as of end of September 2019 was presented. We continue to pay down the clinic loan.
- Fund 2 has a substantial surplus and most of it will be reallocated. It was clarified that Fund 2 includes outpatient services such as IPP, Diabetes and Mental Health services.
- We budget for capacity; however, we always have positions that are not filled. The HR department will provide us with a list of all vacancies and how long they have been vacant for our review.
- It was noted that RUC reviews the financial statements monthly to ensure we stay on budget.
- Any questions can be directed to Mr. McGill or Mr. Jewell.

6.2 Quality Reports

- Reports were provided for information. The reports were reviewed at the Quality and Patient Safety committee last evening.
- It was noted that audits on hand hygiene are done on a regular basis. We have seen an increase in compliance to 92% from 70% for Q3.
- We continue to work towards meeting cultural values more consistently.
- We have seen a decrease in falls due to implementation of new initiatives to prevent them.
- Incident reports on workplace violence are now reported into their own categories rather than under safety/security.
- We have also seen an increase in physicians reporting which is good.

6.3 Ontario Health NAN Health Transformation Update

- Mr. Ovide Mercredi has been invited to attend the December board meeting to provide an update on the NAN Health Transformation.
- It was noted that social and educational transformation will affect resources. Communities need to build capacity for the future as things are not going to get easier. We need to let Mr. Mercredi know about this and provide opportunities to get this moving.
- We need to encourage partnership to promote health professions. SLMHC could be used as a training ground.

7. New Business

7.1 Approval of Privileges and Credentialing as per MAC meeting October 24, 2019

- Privileges for physicians and allied health professionals were reviewed.

MOTION #36/19 It was moved by Ms. Cindy Hunt that the Board of Directors grant privileges to the physicians and allied health professionals listed in the October 24, 2019 minutes of the Medical Advisory Committee. Seconded by Ms. Joyce Timpson. **CARRIED**

7.2 SLFNHA – Primary Health Care Team

- Ms. Hunt reported that they have already outgrown their current building and are looking at additional space.
- They provide services to both local and northern patients. Their priority is to the northern patients as they have no other options. Staff travel to the north to provide services and about 50% of their time is spent travelling to northern communities, sometimes for 2 to 3 days at a time if the community can support a larger group of staff.
- Their top referrals are for physiotherapy and nutrition. They are looking to increase their physiotherapist to 4 and nutrition to 3 as their referrals have increased.
- They have reached out to the Health Directors to help out with their programs.
- They have a psychiatrist linked to their program who provide face-to-face services every two months with telehealth follow up.
- Ms. Hunt noted that the PCT is not tracking if their services are helping to keep people in their community. However, if they see that someone needs to come out for additional services they will advise. Most of those patients will already be followed by a physician or a nurse. Physicians are notified when the team is going to a community.
- A working group is meeting November 28th to look at capital in communities. This would only be for delivery of primary care services. They will look at existing building or retrofit nursing stations. If there is space available, the team will make it work.
- Ms. Lee noted that part of the fall out of the PCT is that we have had to decrease services in hospital due to lack of staff that have moved to their organization. She noted that the board needs to be aware of this as departments in the hospital are being severely affected and this could impact our funding if services are not provided.
- With our overcapacity, this is a challenge. We had our managers and directors work on the units and clean the facility because of staff shortage. Because the hospital is a unionized environment we have no control over wage increase. Ms. Hunt recognized this is a challenge for the hospital and they are open to help.

7.3 Municipality Housing Projects

- Ms. Timpson gave an updated on the Municipality housing proposals. There is some movement in getting additional housing in town but nothing concrete has been decided at this time.
- The senior team has provided RUC with potential housing options as part of recruitment and retention and they are looking at those. Pros and cons were presented for all options.
- RUC would prefer to have something on SLMHC property. However, resale would not be possible or difficult.
- It was noted that three potential employees have turned down employment offers because they could not find housing. The PCT also lost about 7 people due to lack of housing and ended up leasing a building complex to house their staff.

- The senior team continue to look at options to present to RUC and continue to advocate with the Municipality for affordable housing, preferably close to the hospital. RUC meets next week and this will be further discussed.
- It was suggested that a board approach with the Municipality might be an option as the lack of housing is negatively impacting the hiring and housing of new staff.

7.4 Site Visits

- Two site visits are planned for next week. Representatives from Fisher River Health Centre will be on site Monday, November 18, 2019.
- Representatives from Four Arrows Regional Health Authority will be here Thursday, November 21, 2019. Board members were invited to join if available.

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

8.1 Resources Utilization Committee minutes of the October 17, 2019 meeting

The minutes of the meeting were enclosed for information.

8.2 Medical Advisory Committee minutes of the October 24, 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 closing prayer was given by Mr. John McKay.

The meeting was adjourned at 1158 hours. The next meeting will take place on Thursday, December 12, 2019 at 9:00 am. Mr. James Cutfeet agreed to chair the meeting as Ms. Maxwell is unable to attend.

MOTION #37/19

It was moved by Mr. Terry Jewell that, there being no further business, the meeting be adjourned at 1158 hours. Seconded by Ms. Cindy Hunt.

CARRIED

H. Lee, Secretary

S. Maxwell, Chair

CS
November 26/19

SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE
BOARD OF DIRECTORS MEETING
held Thursday, December 12, 2019 at 0900 hours
in Boardroom A and B

Present: Ms. Sadie Maxwell (chair), Mr. Terry Jewell, Mr. James Cutfeet, Mr. Joe Meekis, Ms. Beatrice Anderson, Mr. John McKay, Mr. Knowles McGill, Ms. Joyce Timpson, Mr. Roy Spence, Ms. Teri Fiddler, Ms. Heather Lee, Mr. Dean Osmond, Ms. Carole Slater (recorder)

Regrets: Ms. Cindy Hunt, Mr. Leroy Quoquat, Mr. John Cutfeet, Ms. Brenda Fox, Dr. Barbara Russell-Mahoney, Ms. Patricia Keesickquayash, Ms. Samantha Brooks, Mr. Douglas Semple, Ms. Renee Southwind

Guests: Ovide Mercredi, Lauren King, Natalie Hansen

Opening Prayer

The meeting was called to order at 0910 hours. The opening prayer was given by Ms. Teri Fiddler.

Patient Story

Ms. Lee shared a patient story that will see departmental improvements in ER from patient surveys feedback.

Directors Conflict of Interest Disclosure

There was no conflict of interest declared.

1. Approval of the Agenda

The agenda was reviewed and approved as distributed.

MOTION #38/19 it was moved by Ms. Joyce Timpson that the board of directors approve the agenda of the regular meeting held December 12, 2019 as distributed.
Seconded by Mr. John McKay. **CARRIED**

2. NAN Health Transformation

- Mr. Ovide Mercredi provided an update on the NAN Health Transformation work.
- The Charter of Relationship Principles signed by the Government of Canada, the Government of Ontario and NAN is a visionary document to change the health system to make it more responsive to the needs of people in the NAN territory; which comprises 49 communities.
- Their agenda consists of looking at immediate needs with a team of people assigned to respond to those needs. The first step is community engagement with Chiefs and Councils and this has been ongoing for the past two years. The team is doing a review of what the government obligations are and where are the gaps and inequities.
- A team of five lawyers is working on Indigenous laws and which law will cover the new strategies. A lot of government policies are not adequate for communities and we continue to hear that people are not treated right. The conversation was started at the senior level of bureaucracy.

- The goal is to bring services closer to home; i.e., long-term care, hospital care, ambulance and paramedic services. Conversations have started with the Association of Paramedics.
- Conversations have also started with both the federal and provincial governments to discuss hospitals in the north; including infrastructure and services. A meeting is taking place today with SLFNHA and CCOH. SLMHC has been invited to join in the discussion.
- Mr. Mercredi sits on the board of one of Winnipeg hospitals who is looking at integrating Indigenous practices of healing.
- The NAN Transformation mandate is to not cooperate with the Ford government plan. NAN feels they are not closing the gaps but rather reorganizing what is already there and this is not a solution they are looking for.
- Silos also exists within NAN as well and they need to break those; i.e., SLFNHA, Tribal Councils, etc.
- NAN already has multiple partnerships and they will increase them as they move along with the process. They will ask SLMHC to take part in the process if needed. The common purpose is to get the best services for the people of the north.
- Some communities have already taken some steps to improve health in the north so the Health Transformation is not starting from scratch.
- Mr. McGill asked how they would like to see paramedic services in the north. Mr. Mercredi noted that Attawapiskat and Moosonee have them operate out of their hospitals, paramedics have their own units and equipment and have water transportation to care for patients. They have over 100 people working in that group. ORNGE does not have this type of services. From NAN conversations with paramedic services, they are very keen in putting a proposal/plan together as to what this would look like.
- Ms. Lee noted that we have at least 50% of our patients in hospital waiting for long-term care placement and that any support from NAN to help us move this along would be greatly appreciated.
- Mr. Mercredi mentioned that we should have a look at how many patients at the hospital could be taken care of at home and what type of services they would need. This is something that should be pursued right away. If we can come up with a plan for ALC patients, NAN can make this part of their planning. He would welcome a meeting with Ms. Lee in the new year to further discuss our needs.
- Ms. Timpson inquired about PSW requirements and training and what we can do to train people in the north without them having to leave their community. Ms. Maxwell noted that about 10 years ago, Windigo provided PSW training by modules in the community; however, there is no funding to do this now. There is nobody to take over those who were trained and now retiring, there is no continuity.
- Mr. Cutfeet noted that the purpose for what the hospital was created has now become overcrowded. The number of people accessing services have increased significantly and we might not have enough space to address the needs of the patients. There has been a significant increase in Form 1 patients. There are at least five Form 1 patients at any time in ER and proper care for those patients is not available. It has become increasingly difficult to find a bed for them in either Kenora or Thunder Bay.
- Can we send patients out of province where they can be looked after properly? What is NAN proposing for mental health and Form 1 patients?
- Mr. Mercredi reported that mental health is going to be phase two in the charter moving forward. However, this is something that will need to be addressed sooner rather than later.
- SLFNHA is advertising for some type of mental health support but this does not address immediate needs. We need to determine where is the best place to provide those services.
- SLMHC sees a lot of youth with mental health issues; adults with addictions issues; patients with aggression issues. We keep adding more resources to keep everyone safe. We have met to discuss Form 1 beds at SLMHC; but again this does not address the immediate issue.

- Mr. McKay noted that 10 years ago we were told that type 2 diabetes would be an issue. We know this to be true but a plan was never put in place to address it.
- It was suggested to do an RFP for a review of mental health services and an environmental scan and use that work to put a plan in place. We could invite whoever is interested in participating.

Board Debrief after the Presentation

- Ms. Lee noted that from SLMHC perspective she would like to hear where the board would see the hospital fit in. We are having a service planning session in the new year with the senior team, directors and Chiefs of Department. As we already see a shift in service provision with the Primary Care Team, what is the board vision for SLMHC future.
- Mr. Spence noted that we should look at the data now and compare with data of 10-20 years ago to determine what the challenges are what we need to do moving forward.
- Ms. Maxwell mentioned that it wouldn't hurt participating with NAN. It would be important for the hospital to find out what they can help us with. NAN has a lot of work to do. They are still at the advocacy and law making stage. Because their work affects the hospital, it would benefit us to participate in the process to figure out whose role is what; i.e., SLMHC, Tribal Councils, etc., and where we fit in with the work that each of us is doing.
- Ms. Anderson mentioned that long-term care and mental health are priorities for her and more advocacy might get things done sooner. To keep sending patients out of their community does not necessarily help them.
- Ms. Lee mentioned that because we are provincially funded, we are being put in a difficult position as NAN is not supporting the Ontario Health Team. We have to figure out how to manage these initiatives.
- Mr. Meekis noted that what we currently have does not work for us anymore so we need to move forward. This is a big transition as to what health care used to be. Some things are almost impossible to change; i.e. government policies. It will take time and commitment to make those changes for the people of the north. We need to figure out how the board and SLMHC fit into this transition.
- Mr. Jewell noted that SLMHC funding falls under the provincial government. We need NAN to support us in what we do; but they also need to be reminded where our funding comes from.
- It was suggested to reopen the 4 Party Table and instead of the town replace with SLMHC board.
- Ms. Lee noted that we need to figure out what type of services we will be providing in the next 3 to 5 years. We have to start planning now as our services are shifting to the Primary Care Team.
- It was agreed that a 30 minutes' conversation will be dedicated to this topic on the January board meeting agenda. In the meantime, all were reminded to read the 4 Party agreement.

3. **Approval of the Minutes of Meeting held November 14, 2019**

The minutes of the regular meeting held November 14, 2019 were reviewed and approved as distributed.

MOTION #39/19

it was moved by Mr. Terry Jewell that the board of directors approve the minutes of the November 14, 2019 regular board meeting as distributed.
Seconded by Ms. Joyce Timpson. **CARRIED**

Ms. Lee reported that Mayor Lawrance has another meeting with the Ministry in January and will advocate on our behalf for LTC beds. He will invite us to participate once he is notified of the date.

Ms. Lee reported that her appointment to the SLRPSI board has been approved; however, they did not approve the appointment of a delegate. She noted that SLRPSI has agreed to sign the new agreement for the clinic lease.

Ms. Lee provided a short update on the site visits by two group from Manitoba. They were only here to see how our traditional programs are set up. She noted that we have not heard back from Slate Falls regarding a community visit.

4. **Business Arising from the Minutes**

4.1 N/A

5. **Standing Agenda Items**

5.1 Financial Update

- There is not much to report since our last meeting. We are forecasting a slight surplus in Fund 1 at year end and expect to balance Fund 2.

6. **New Business**

6.1 Approval of Privileges and Credentialing as per MAC meeting November 25, 2019

- Privileges for physicians and allied health professionals were reviewed.

MOTION #40/19

It was moved by Mr. James Cutfeet that the Board of Directors grant privileges to the physicians and allied health professionals listed in the November 25, 2019 minutes of the Medical Advisory Committee. Seconded by Ms. Joyce Timpson. **CARRIED**

6.2 Approval of New Chief of Department

- A motion to approve the appointment of Dr. Benjamin Langer as Chief of Ambulatory Care Services was presented.

MOTION #41/19

It was moved by Mr. John McKay that the Board of Directors approve the appointment of Dr. Benjamin Langer to the position of Chief of Ambulatory Care Services for a period of three years as per SLMHC Professional Staff by-laws. Seconded by Mr. James Cutfeet. **CARRIED**

6.3 Meetings Schedule for 2020

- Dates for the 2020 board meetings were presented. Meeting requests will go out to everyone's calendars.

7. **Round Table**

Ms. Heather Lee

- Ms. Lee will be on vacation for all of February and early March.

- She reported that a discussion took place at the Elders Council last week regarding their role. They currently meet twice a year. It was decided that moving forward some of the members will be invited to attend board meetings or will meet once a year if there are any issues to discuss.

Mr. Knowles McGill

- Mr. McGill reported that two retired physicians were presented with the Chris Cromarty Award at the SLMHC Christmas party. This is a very prestigious award to receive. They were both very touched. It was jointly presented by Mr. Osmond and Dr. Russell-Mahoney.

Ms. Sadie Maxwell

- Ms. Maxwell thanked the board for their support and direction over the past year. Their support means a lot to her.

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

8.1 Quality and Patient Safety Committee minutes of the November 13, 2019 meeting

- The minutes of the meeting were enclosed for information.

8.2 Resources Utilization Committee minutes of the November 19, 2019 meeting

- The minutes of the meeting were enclosed for information.

8.2 Medical Advisory Committee minutes of the November 25, 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 closing prayer was given by Mr. Joe Meekis.

The meeting was adjourned at 1140 hours. The next meeting will take place on Thursday, January 30, 2020 at 9:00 am.

MOTION #42/19

It was moved by Mr. Terry Jewell that, there being no further business, the meeting be adjourned at 1140 hours. Seconded by Mr. James Cutfeet.

CARRIED

H. Lee, Secretary

S. Maxwell, Chair

CS
January 7/2020