



Red Lake Margaret Cochenour Memorial Hospital

Board of Governors MINUTES

DATE: Thursday, February 10, 2011
TIME: 5:30 p.m.
PLACE: Hospital Board Room

PRESENT:

Dr. Vic Aniol	Chief of Staff
Anne Billard	
Ms. Terry Bursey	
Ms. Tammy Cameron	
Ms. Leah Gentes	
Ms. Cathy Kaczmarek	Vice Chair
Ms. Deikel Orocu	IT/Finance Administrator
Ms. Alana Procyk	Past Chair
Ms. Arlene Swanwick	
Ms. Eleanor Vachon	Chair
Ms. Marion Whitton	
Mr. Dave Wilson	
Dr. Diane Zielke	President, Medical Staff
Ms. Debbie Larson	Chief Nursing Officer
Ms. Annwyl Shewchuk	Professional Practice Co-ordinator

REGRETS:

Mr. Peter Koch	
Ms. Lori Kowalchuk	
Ms. Janice Mullin	Chief Executive Officer

1. CALL TO ORDER

The meeting was called to order by Ms. Vachon at 5:33 p.m.

1.2 ACCEPTANCE OF AGENDA

The following motion was brought forward:

MOTION NO.: 11-05 Moved: E. Vachon Seconded: L. Gentes

That the agenda be accepted as presented.

VOTE FOR MOTION 11-05; Carried

1.3 DECLARATION OF CONFLICT OF INTEREST

There was no conflict of interest declared.

2. CONSENT AGENDA

2.1 Adoption of Minutes

The following motion was brought forward:

MOTION NO.: 11-06 Moved: M. Whitton Seconded: A. Swanwick
That the Minutes of the Board of Governors Meeting held January 13, 2011 be accepted as presented.

VOTE FOR MOTION 11-06; Carried

3. BUSINESS ARISING

3.1 M-SAA

Marcia Scarrow, Director of Community Counselling, attended this portion of the meeting to answer any questions members had with respect to the submission of the M-SAA to the LHIN.

Ms. Orocu provided a powerpoint presentation outlining the Community Accounting Planning Submission (CAPS) and Multi Service Accountability Agreement (MSAA).

Key planning considerations for the CAPS and MSAA were reviewed.

Ms. Scarrow stressed the challenges to balance the budget for 2011-12 and 2013-2014 and maintain quality service levels as required by the community.

A handout was circulated outlining the Service Plan Narrative for 2011-2013.

Ms. Vachon acknowledged that the Board is supportive of Ms. Scarrow's presentation and is willing to write a letter of support if required.

Mr. Wilson suggested a letter be submitted addressing the current local mental health concerns which were outlined.

The following motion was brought forward:

MOTION NO.: 11-07 Moved: A. Procyk Seconded: A. Billard
That Community Counselling's Multi Service Accountability Agreement (MSAA) and budget for 2011-2013 be accepted as presented.

VOTE FOR MOTION 11-07; Carried

3.2 Alternate Level of Care/Update

Ms. Larson provided a powerpoint presentation on Alternate Level of Care.

The presentation outlined the current definition of ALC and the current practices in place.

- ▶ Provincial definition important to capturing accurate and timely data on all patients waiting in hospitals for alternate levels of care
- ▶ Doctors with input from the Health Care Team write orders for ALC
- ▶ If the patient does not have a discharge destination the patient can be still designated ALC ie. if Supportive Housing required but community does not have
- ▶ The patient's ALC status can be discontinued if there is a change in the patient's condition ie. new illness
- ▶ Patients pay for their stay according to the MOH Complex Continuing Care Co-payment
- ▶ 4 Complex Continuing Care Beds (CCC) (funded by MOHLTC)
- ▶ Patients pay for their stay (CCC Co-payment)
- ▶ Payment is based on patient's income
- ▶ When a patient is designated ALC the policy states they must make application to Long Term Care (LTC) and make 3 choices for LTC facilities
- ▶ CCAC (Community Care Access Centre) is responsible to complete the LTC applications

- ▶ Policy further states that the patient must accept the first LTC Bed that is offered to them
- ▶ In order to minimize the number of times a patient is transferred outside Red Lake the Hospital ensures that CCC patients maintain their application to Northwood Lodge (or their 1st choice for LTC)
- ▶ When a CCC patient is transferred to LTC then an ALC patient may be admitted to CCC
- ▶ At this point they may opt to have their names removed from 2 other LTC facility waitlists and retain NWL or their 1st choice and continue to wait in our hospital for placement
- ▶ Ontario Hospital Association (OHA) provides monthly updates
- ▶ 28,733 acute and other in-patient beds
- ▶ 4,748 patients ALC = 17%
- ▶ Increase of 190 from December but decrease by 229 patients from January 2010
- ▶ NW LHIN 24% of inpatient beds are occupied by ALC patients (235 patients)
- ▶ 68% ALC patients are waiting for LTC in NW LHIN (160 patient vs. 2,869 provincial)
- ▶ 823 patients in ED waiting for in-patient bed = 10% increase from Jan 2010
- ▶ Currently in our Hospital we have 2 ALC patients

4. **NEW BUSINESS**

4.1 **MOH Self Reporting Initiative**

Ms. Larson presented a powerpoint presentation on the topics below:

The MOH recently announced that they are implementing the Self Reporting Initiative (SRI) which will replace the existing Web Enabled Reporting System (WERS).

Goals of the system will identify system-wide data efficiencies, implement customer oriented forms development processes, enable system wide information sharing, increase data security and system performance. The contract has been awarded to IBM

4.2 **New Auditor General's Report**

Auditor General's Report has been released noting the following:

- Every year the Auditor General audits government and public sector operations to assist in keeping organizations accountable with public funds
- This year's report includes chapters related to hospitals:
 - Discharge of Hospital Patients
 - Review of Hospital Emergency departments
 - Policies/procedures for organ/tissue donation/transplants
- Looked at the time patients spend in the ED
- The MOH has set wait time targets
- Many factors affect wait times ie. volumes of patients; severity of the patient's illness; availability of nurses, Dr.s; access to other services, specialists; access to inpatient beds
- Identified issues around discharging patients from hospitals; ALC (Alternate Level of Care) challenge
- Assessed whether adequate policies, procedures, systems in place to meet organ and tissue needs of Ontarians in efficient and fair manner

4.3 **Ontario's Economic Outlook**

OHA released the Ontario Economic Outlook which noted the following statistics:

- Global Economic Crisis began in fall of 2008
- Tax revenues are not expected to return to 2007-2008 levels until 2011-2012 while expense continues to grow
- Interest on debt is expected to increase by 40% in 2012 – 2013
- Economic recovery is underway but pace is slow
- Government has a realistic and responsible plan to return to a balanced budget; Plan to reduce \$20 billion deficit and balance by 2017-2018

Number of Health care reforms to manage growth:

- Non-Union wage freeze on all broader public sector spending
- Facilitate lower generic drug prices
- Excellent Care for All Act to increase quality and accountability and linking performance to executive compensation
- Patient based model for hospitals that links funding with services delivered
- Restraint on Broader Public Sector Compensation
- Taskforce to look at hospital working capital issues
- Ontario Buy Program

4.4 Hospital Standardized Mortality Ratio

The Hospital Standardized Mortality Ratio is an indicator/measurement tool that reflects the number of deaths observed in a hospital to what would be expected based on the average Canadian experience. HSMR eligible hospitals are those that had over 2,500 or more cases per year.

4.5 OHA Bulletin

OHA has begun its consultation process to obtain public input on the Rural and Northern Health Care Framework Plan Stage 1 report. This was released in December 2010. OHA is requesting that members review the panel's 12 recommendations and provide their feedback.

4.6 Visit by LHIN CEO

Ms. Larson received confirmation that Ms. Kokocinski, LHIN CEO, is available March 2, 2011, after 9:30 a.m. to meet with the Board. Due to conflicts in schedules and members working, the majority of members are unavailable to meet on this date/time. Ms. Larson will send an e-mail to Ms. Kokocinski's assistant inquiring if an evening meeting could be arranged. Ms. Larson will await a response and advise the Board.

5. QUALITY AND PATIENT SAFETY

5.1 Draft January 18, 2011 Minutes

Draft January 18, 2011 Quality and Patient Safety Minutes were included for information.

The following motion was brought forward:

MOTION NO.: 11-08 Moved: A. Procyk Seconded: L. Gentes

That the January 18, 2011 Quality and Patient Safety Minutes be accepted as presented.

VOTE FOR MOTION 11-08; Carried

6. GOVERNANCE COMMITTEE

6.1 Draft January 18, 2011 Minutes

Draft January 18, 2011 Governance Minutes were included for information.

The following motion was brought forward:

MOTION NO.: 11-09 Moved: C. Kaczmarek Seconded: T. Cameron

That the January 18 2011 Governance Meeting Minutes be accepted as presented.

VOTE FOR MOTION 11-09; Carried

7. FINANCE COMMITTEE

7.1 Financial statements ending December 31, 2010

Ms. Orocu provided a powerpoint presentation outlining the financial statements in a dashboard format as previously requested by the Board.

- ✓ Statistics were reviewed (infections, weighted cases, admissions)
- ✓ Total surplus year to date of \$62,330
- ✓ Current assets and liabilities were reviewed
- ✓ Other revenue was noted
- ✓ Board travel and education was noted
- ✓ Year to date all LHIN performance targets are met

Ms. Orocu will revise the layout for the next Board meeting breaking down the investments. The layout may be revised at any point in time in order to accommodate new input.

The following motion was brought forward:

MOTION NO.: 11-10 Moved: T. Cameron Seconded: D. Wilson
That the financial statements ending December 31, 2010 be accepted as presented.
VOTE FOR MOTION 11-10; Carried

7.2 Draft January 18, 2011 Minutes

Draft January 18, 2011 Finance Minutes were included for information.

Ms. Shewchuk noted that she received confirmation from the Green Champion Fund that the Hospital's application was successful and will be receiving funding in the amount of approximately \$20,000.

The following motion was brought forward:

MOTION NO.: 11-11 Moved: A. Procyk Seconded: L. Gentes
That the January 18, 2011 Finance Meeting Minutes be accepted as presented.
VOTE FOR MOTION 11-11; Carried

8. MEDICAL ADVISORY COMMITTEE

8.1 Draft January 20, 2011 Minutes

Draft minutes were included for information.

9. REPORTS

9.1 CEO Report

Ms. Larson's report was included in packages.

Ms. Larson and Ms. Vachon attended the CEO/Board LHIN forum last week in Thunder Bay to discuss current issues for small, rural, remote hospitals.

9.2 Verbal Reports

- ✓ Ms. Billard will be going to Toronto at the end of the month in hopes of meeting with the Minister of Health, or designate to discuss current community concerns.
- ✓ Mr. Wilson noted that the Ear Falls Health Team has a full time Nurse Practitioner and recently hired a full time RN.

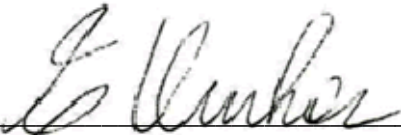
- ✓ The Foundation is hosting a curling “funspiel” February 26, 2011.
- ✓ The Foundation has announced that they will be purchasing the Point of Care Testing for the Lab department.
- ✓ Ms. Gentes noted that \$2,300 was raised in December at Sobey's for “Celebrity Bagging”. Sobey's has donated an additional \$500.
- ✓ Ladies Auxiliary will be working at the entrance table of the Home and Trade Show.

10. INFORMATION

Ms. Shewchuk provided a brief overview of the roles and responsibilities of the Food and Nutrition Department

11. ADJOURNMENT

The meeting adjourned at 7:30 p.m. for an in camera session.



Eleanor Vachon
Chair



Debbie Larson
Acting Secretary