

Board of Directors Meeting MINUTES

Date: January 26, 2021

Time: 5:30 pm

Location: Zoom Meeting

Chair: Eleanor Vachon

Present: Ms. Eleanor Vachon, Mr. Dennis Gushulak, Mr. John Frostiak, Mr. Trevor Zhukrovsky, Ms. Sue LeBeau, Ms. Meghan Gilbert, Ms. Audrey Blazek, Ms. Dianne Pertoci, Ms. Brenda Cooke, Ms. Sonia Green, Mr. Marshall Dumontier, Dr. Diane Zielke, Dr. Andrew Gloster

Staff: Mr. Alex McAuley, Ms. Pearl Fleming, Ms. Maleeha Sami

1. CALL TO ORDER

The meeting was called to order by Ms. Vachon at 5:29 pm.

1.1 Quorum

Quorum was established.

1.2 Acceptance of Agenda

The following motion was brought forward:

MOTION NO: 21-01

Moved: T. Zhukrovsky **Seconded:** B. Cooke

That the agenda for the January 26, 2021, meeting of the RLMCMH Board of Directors be accepted, as presented.

Vote for motion: Carried.

1.3 Declaration of Conflict of Interest

None declared.

2. EDUCATION

2.1 Cybersecurity (February)

Ms. Cindy Fedell, regional Chief Information Officer (CIO) out of TBRHSC will provide a brief presentation on What Boards need to know about cybersecurity, in response to Mr. J. Frostiak's suggestion.

2.2 Next Topics to Cover

- Accreditation scheduled for May; education will be arranged for Board in March / April.
 - Currently, accreditors still planning to attend, on site.
- Proposed topic of indigenous relations as an education topic for May.

3. CONSENT AGENDA

For the purpose of convenience and for expediting meetings, matters of business of repetitive or routine nature are included in the Consent Agenda and all such matters of business contained in the Consent Agenda are voted on collectively.

A particular matter of business may be singled out from the Consent Agenda for debate or for a separate vote upon the request of any Member. In the case of a separate vote, the excluded matter of business is served from the Consent Agenda, and only the remaining matters of business contained in the Consent Agenda are voted on collectively

Minor errors identified in 3.1 and 3.5. Also Mr. Gushulak requested that item 3.8 be moved to New Business.

- 3.1 Minutes, Board of Directors, Sep 22/20
- 3.2 Minutes, COVID UPDATE (Check-In) Board of Directors, July 15, 2020
- 3.3 Minutes, Quality Committee, Sep 10/20
- 3.4 Minutes, Resource and Planning Committee, Sep 15, 2020
- 3.5 Minutes, Medical Advisory Committee, Aug 20/20
- 3.6 Minutes, Nominating Committee, Aug 7/20

The following motion was brought forward:

MOTION NO: 21-02 **Moved:** M. Dumontier **Seconded:** B. Cooke
That the consent agenda for the January 26, 2021, meeting of the RLMCMH Board of Directors be accepted, with the proposed revisions.
Vote for motion: Carried.

4. BUSINESS ARISING

4.1. CEO & COS 360 Evaluation

- CEO evaluation has been circulated to stakeholders.
- Results should be available at next Board meeting.
- COS evaluation to be circulated in mid-February.
- Some concern expressed that questions might not be appropriate for the Board. Same survey sent to all staff, physicians, and Board.

4.2. Financial Statements, December 2020

- Mr. McAuley reviewed operating statement and related variances.
- Projecting year end surplus of \$25,000 - \$50,000.
- Also reviewed the Board Statistical Report; noted reduced occupancy and outpatient statistics, due to early period of COVID-19.
- Future funding of Hospitals will be impacted by COVID-19, however, reduced occupancy / numbers due to COVID-19 should not play a role.

The following motion was brought forward:

MOTION NO: 21-03 **Moved:** J. Frostiak **Seconded:** B. Cooke
That the RLMCMH Board of Directors approves the financial statements dated December 31, 2020, as presented.
Vote for motion: Carried.

4.3. Updates on Capital Spending

4.3.1. HIRF Nurse Call / Staff Duress System

- Equipment ordered; contractors first site visit as early as next week.

4.3.2. X-Ray Equipment

- Equipment ordered. Planning for transition and installation.
- Bulk of cost has been covered by fundraising efforts of Foundation & Auxiliary. Awaiting decision from Lion's International regarding possible \$100,000 USD donation.

4.3.3. HVAC in Administration Wing

- Consulting with Honeywell to determine solutions to ongoing humidity issues.
- Honeywell has done similar work previously, funding capital through savings from energy efficiency projects. We are exploring laundry ozonation, LED lighting, and oxygen generation as possibilities.
- If Honeywell cannot complete the HVAC evaluation, we will proceed with the plan for an engineering study, as per agreement at December 10, 2020 Board Executive meeting.

5. NEW BUSINESS

5.1. OHA Board Assessment Results & Action Plan

- Overall positive results; nine surveys returned.
- Ms. LeBeau gave a review of the results, including the lowest scores and the measures being taken to make improvements.
- Discussion regarding the process for COS evaluation and goal setting; would like to establish more specific and clear process. Aim to address before Accreditation.
 - Look to Public Hospital's Act for guidance.
- Board would like regular update on physician complement.
- Would also like Hospital to communicate physician complement and arrival of new physicians to community.

5.2. OHT / Integrated Health Care Working Group

- Ms. LeBeau a member of this working group, which is examining current numbers and referral patterns to determine the funding allotments for OHTs.
- Examining patterns in detail to come up with strategic solutions that are optimal for all partners.
- Discussion of what constitutes an OHT.

5.3. COVID Update

- Locally, still very low case counts; no COVID-19 patient in Hospital, yet.
- Leadership Team continues to hold weekly COVID-19 huddles to ensure pandemic prevention and preparation.
- Volumes at Assessment Centre somewhat reduced.
 - Cold weather reduces efficiency of outdoor testing, somewhat, but continuing on.
 - BioFire Torch now functioning (rapid COVID-19 testing); results available in one hour.
- Have begun preparation for vaccinations, though still unknown when the Hospital will receive COVID-19 vaccinations.
 - Have surveyed staff and community in regard to whether they will receive the vaccine. High rate of staff willing to have vaccine. Will circulate community results, this week.

5.4. COVID Isolation Centre

- Continue to offer this service and utilization has been higher in third and fourth quarters.

5.5. Hospital House Update

- At the end of third quarter, a small surplus of \$2000.

- Discussion of whether or not there is enough surplus to finance possible future repairs / maintenance. Mr. McAuley to develop a document / plan and report back to Board.

5.6. Policy Review – Director Role Description

- Minor revisions. Board requested that policies be circulated with tracked changes visible.
- Agreed to maintain requirement for Directors to complete one term on the Quality Committee, when Board composition allows.

6. EMERGING ISSUES FOR DISCUSSION

- None.

7. REPORTS

7.1 RLMCH Foundation

- Have agreed to purchase Cellavision and Stress EKG, up to approximately \$75,000.
- Will be starting online 50/50 draw, beginning in March. RL IGA and Fountain Tire have also donated to Early Bird Draws.
- Direct appeal letters to golf tournament donors to notify them of cancellation and to request donations in February for Cellavision equipment.

7.2 RLMCH Auxiliary

- Round-up Days from IGA netted \$4100; generous donation from Lumgair Family to support this.
- Catch the Ace still in play; pot is over \$7000.
- Basket available for New Year's Baby.

7.3 Medical Advisory Committee

- Chemo is now being prepared at DRHC; process is operating smoothly, thus far.
- New full-time X-Ray Technologist starting three month contract, February 8th, to cover leave.

7.4 Quality Committee Update

- Very positive patient story at last committee meeting.
- Positive reviews for Laboratory from visiting Regional Laboratory Manager.
- Mr. Zhukrovsky congratulated Ms. Sami on a job well done, facilitating the committee.
- Would like to seek out indigenous representation on the Board.

7.5 R&P Committee Update

- Mr. Frostiak now Acting Chair of R&P, due to vacancy.
- Reviewed decisions made at December Executive Committee meeting.

7.6 Chief Nursing Executive

- At regional level, looking for alternatives to sending nursing staff on “treat and return” appointments, as this is a significant
- Regional Mental Health Assessment Team, run by TBRHSC, now in place until fiscal year
- Hospital staff can contact this team for real-time consults for mental health patients. Also provide education supports.
- Taylor Geary is now in role of Nurse Manager (maternity leave coverage).

7.7 Chief Executive Officer

- Have secured \$300,000 in funding for “Safe Beds.” However, further funding is needed to facilitate the 24 hour care required by Safe Beds clients.
 - Have met with partners to examine possible solutions.
 - Identified as a priority in (Municipal) Community Well-Being Plan.
 - Will continue to source funding, as recognized as a priority for community.
- Connecting with sources to determine means to provide language support to francophone mental health patients.

7.8. Regional Services Committee

- One Board member from each Board in the region.
- First meeting (January 28) will establish TOR, co-chairs, and work plan.

8. CORRESPONDENCE / INFORMATION

None.

9. MEETING EFFECTIVENESS SURVEY

9.1 Survey Results, November 26/20

- Included in package for review.

10. CELEBRATIONS

None.

11. NEXT MEETING: February 23, 2021

12. ADJOURNMENT

- The meeting was adjourned by Ms. Blazek at 7:30 pm.
- A meeting without management was held, immediately following the Board meeting.

Eleanor Vachon
Chair

Sue LeBeau
President & CEO