

Board of Directors Meeting MINUTES

Date: October 27, 2020

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, Dr. Andrew Gloster; Ms. Sonia Green, Mr. Marshall Dumontier, Ms. Tanya Wilson

Staff: Mr. Alex McAuley, Ms. Lavanya Authimoolam, Ms. Maleeha Sami

1. CALL TO ORDER

The meeting was called to order by Ms. Vachon at 5:32 pm.

1.1 Quorum

Quorum was established.

1.2 Acceptance of Agenda

The following motion was brought forward:

MOTION NO: 20-36

Moved: D. Gushulak

Seconded: A. Blazek

That the agenda for the October 27, 2020 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 Hospital Reporting

- Ms. S. LeBeau presented on the Topic - Hospital Reporting.
- Relevant information on various hospital reports such as Accountability Agreements, QIP, Annual Reports, Accreditation and Performance Score Card were presented to the Board.
- We submit numerous other reports such as French-Language Services, accessibility and additional SAA-related reports.

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

3.1 Minutes, Board of Directors, Sep 22/20

**Action items identified.*

- 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: 20-37 **Moved:** D. Gushulak **Seconded:** T. Wilson
That the consent agenda for the October 27, 2020 meeting of the RLMCMH Board of Directors be accepted with minor revision (item numbering) suggested in the consent agenda.
Vote for motion: Carried.

4. BUSINESS ARISING

4.1 Call for Participation on the TBRHSC Regional Service Committee

- As discussed at our September Board Meeting, the call for participation on the TBRHSC Regional Services Committee has been sent out to the Board of Directors by the Nomination Committee to represent RLMCMH on the Regional Service Committee.
- The Regional Service Member criteria and selection process were discussed in detail at the September 28, 2020 Nominating Committee Meeting. It was agreed that the selected Director will be recommended by the Nomination Committee for Board approval.
- Ms. Sonia Green expressed her interest for the Regional Committee and her request was accepted by the Nomination Committee as a potential candidate.

The following motion was brought forward:

MOTION NO: 20-38 **Moved:** B. Cooke **Seconded:** D. Gushulak
That the RLMCMH Board of Directors approves the recommendation of the Nomination Committee to select Ms. S. Green as a Regional Service Member to represent on the TBRHSC Regional Services Committee
Vote for motion: Carried.

5. NEW BUSINESS

5.1 Financial Statements, September /20

- The financial statements draft ending Sep. 30, 2020 were reviewed by Mr. McAuley.
- As of September 30, 2020, the total deficit was noted to be \$137, 645, this is an improvement of the deficit position by \$114,000 from the prior month, due to LHIN Pandemic – related payments: Pandemic Pay (\$186,000) and Covid Expense Claims (\$27,000).
- The pandemic pay has been paid out to the eligible staff.
- All hospital related expenses were kept on budget.

The following motion was brought forward:

MOTION NO:20-39

Moved: M. Dumontier

Seconded: T. Wilson

That the RLMCMH Board of Directors approves the financial statements dated Sep 30, 2020, as presented.

Vote for motion: Carried.

5.2 Governance ROPs

- The Governance Required Organizational Practices (ROPs) and priority practices were shared to the committee and reviewed by Ms. S. LeBeau.
- The document explains the governance standards, guidelines, current actions, action plan and our status.
- The legend denoted in green indicates completion of the process/requirements and yellow indicates in progress work. We have evidence to demonstrate we are meeting most of the standards, and action plans for work in progress.

Work in progress to achieve standards:

- The succession plan updated for 2020-21 and shared with Board Resource and Planning Committee in October. It will be reviewed at next Board Meeting for completion of the related Accreditation Standard.
- Goals to increase the survey returns, and improving Indigenous Patient Experience were discussed. As part of improving the response rate, online survey and introducing a process change to nursing discharge being considered.
- For the Board to get more familiar with accreditation standard process, mock survey will be organized by the end of March 2021.

6. EMERGING ISSUES FOR DISCUSSION

- Information update on the current covid situation, travel restrictions imposed and recent changes in the testing guidelines were provided to the Board.
- Travel related covid cases were reported in Dryden/Red Lake area. Contract tracing complete.
- Ms. M. Gilbert updated that currently one ventilator is available at the hospital. BiPaP and CiPaP machines are available for use if/when needed. As part of the covid patient management plan, patients with covid symptoms requiring hospital admission will be transferred to the Thunder Bay Facility for treatment as early as possible as we currently don't have ICU and Respiratory Therapist/ Specialist.
- Rapid Testing Machine and the associated safety concerns (infection risk) using the machine without the Biohazard cabinet and Qualified Technologists were briefly discussed. Plans are in place to procure a biohazard cabinet and rapid testing device by the end of January 2021.
- Ms. M. Hollos successfully organized Influenza Immunization Clinic for the Hospital and Isolation Centre staff. Ms. M. Gilbert supported our Red Lake Family Health Team's Immunization drive. Well over half our staff have been immunized.

7. REPORTS

7.1 RLMCH Foundation

- Ms. A. Blazek updated the committee that different fundraising approaches will be explored such as 50-50 online draws.
- Marion Whitton elected as a new Foundation Chair.

7.2 RLMCH Auxiliary

- Ms. D. Pertocci updated that Auxiliary will be contributing \$ 49,000 towards hygiene chair (shower), non-invasive ventilator and bladder scanner.
- For X-Ray equipment over \$24,000 has been collected.
- Planning for Catch the Ace event started. Venue chosen - Thirsty Moose.
- Ms. S. Lebeau and Ms. M. Gilbert will be providing the wish list for this year.
- Second Chance stores interested in contributing towards Hospital donation. More information on the hospital spending plan need to be shared.

7.3 Medical Advisory Committee

- RCCR Education Sessions were successful.
- Dr. P. Orth leaving on October 27.
- Dr. Z. Corso signed up for full time position and will be starting in Jan 1.2021.
- Currently five full time physicians available at the hospital facility.
- Dr. Parker will be joining the hospital in March 2021.

7.4 Quality Committee Update

- Quality Committee updates provided by Mr. M. Dumontier.
- The Quality Improvement Plan has been submitted to the ministry. Any new updates will be shared with the committee once received.
- Considering adding a PFAC or Patient Representative to Quality Committee.
- The Assessment Centre was recently winterized. No concerns.
- The Isolation Centre has accommodated over 200 patient guest – nights. The center is expected to be operating until the end of this financial year. Plans are in place to accommodate the hockey players at a nominal fee of \$ 50 per night.
- New screening process using virtual screening (AI Screener) piloted and to be implemented.
- New screener position with patient registration duties has been hired. The Lab and DI patient registration duties will be carried out by the newly hired Registration Clerk/Screener.

7.5 R&P Committee Update

- Information update on Resource and Planning Committee provided by Ms. T. Wilson.
- The hospital's electrical panel has been successfully replaced. New panel is in place and generator work – complete.
- HIRF funding from Ministry will be applied to the call bell and staff duress system for this fiscal year.
- For the Community Counselling and Addiction Services anticipating new programs for Day time Mobile Crisis Worker and Safe Bed Projects - Funding likely to be secured as per NWLHIN.

7.6 Chief Nursing Executive

- The Assessment Centre running smoothly. Currently attendance remains steady. No concerns.
- Due to the recent changes to testing guidance (reduction in asymptomatic testing) email is no longer an option for booking an appointment at the Assessment Centre.
- Communication on Assessment Center posted every Friday or as needed in the Hospital Website and Face Book. Photos of the center will be shared.
- As part of accreditation for nurses – Education Sessions were conducted.
- AI Screener Pilot Program which was initiated last week (14 October) is nearing the completion of its two weeks. If successful this pilot program will be implemented and the front entrance screener will be replaced by AI. Incorporating second language option for the App is being explored.
- Flu Vaccination Clinic was successfully conducted in collaboration with the Family Health Team. Plans are in place to extend the immunization clinic to staff families. Once vaccine becomes available. Board Directors will be included.

7.7 Chief Executive Officer

- Synopsis of the six months reflection report of the CEO was shared to the Board of Directors by Ms. S. LeBeau.
- The report covered in detail the longer-term strategic priorities and values to be focused along with the pandemic.
- Work in progress on the priorities identified by the Board for this year. Metrics and targets added to the newly built score card to measure the performance on each priority.
- The 90 days plans established for management staff and monthly rounding for leaders were introduced.
- Leadership and Development discussions were included in every Senior Leadership Meetings.

8. CORRESPONDENCE / INFORMATION

8.1 CEO's NOSM Board Appointment - Relevant document shared with the Committee.

9. NEXT MEETING: November 24/20

10. ADJOURNMENT: The meeting was adjourned at 7.41 pm.

Eleanor Vachon
Chair

Sue LeBeau
President & CEO