



### 3.1 Board of Directors Meeting MINUTES

Date: February 23, 2021

Time: 5:30 pm

Location: Zoom Meeting

Chair: Ms. Eleanor Vachon

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*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. Hannah Kochuk, Ms. Maleeha Sami*

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#### 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

To add 7.8 as Nominating Committee as requested by Dennis

**The following motion was brought forward:**

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**MOTION NO: 21-04**

**Moved:** M. Dumontier

**Seconded:** A. Blazek

*That the agenda for the February 23, 2021, meeting of the RLMCMH Board of Directors be accepted, as presented.*

**Vote for motion: Carried.**

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##### 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 provided a brief presentation on what Boards need to know about cybersecurity, in response to Mr. J. Frostiak's suggestion.
- Cybersecurity is the number one source of crime and on the rise. Normally its by finding passwords. Several hospitals have been hit by a cybercrime in the last several months.
- RLMCMH has completed several cyber assessments with no critical exposures with the assessments done we were able to improve and adapt.
- Our Hospital has a checklist that we follow to meet those standards.

## 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 7.6 and 7.7. Also Mr. Gushulak pointed out we had the wrong copy of the Quality Committee Minutes. Approval deferred to next meeting

- 3.1. Minutes, Board of Directors, Jan 26, 2021
- 3.2. Minutes, Quality Committee, Jan 12, 2021
- 3.3. Minutes, Resource and Planning Committee, Jan 19, 2021
- 3.4. Minutes, Patient & Family Advisory Committee, Jan 20, 2021

**The following motion was brought forward:**

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**MOTION NO: 21-05**                      **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.**

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#### **4. BUSINESS ARISING**

##### **4.1 CEO & COS 360 Evaluation**

- CEO evaluation is completed and debriefing is booked for first week of March.
- Ms. LeBeau and Ms. Vachon to sit down together and review.
- Over 40 respondents.
- COS evaluation will take place next.

##### **4.2 Financial Statements, December 2020**

- Mr. McAuley stated there is little change since January
- Projecting year end surplus of \$24,666 which is a small decrease but still remain on budget.
- 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 unrealized gain loss is our investments change in the market value. It is just a correction due to the pandemic and we are in the same position we were about a year ago.

**The following motion was brought forward:**

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**MOTION NO: 21-06**                      **Moved:** B. Cooke                      **Seconded:** A. Blazek

*That the RLMCMH Board of Directors approves the financial statements dated January 31, 2021, as presented.*

**Vote for motion: Carried.**

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#### **4.3 Financing for Hospital House Future Repairs/Maintenance**

- Will finalize a plan and bring to R&P committee first then to the Board of Directors.

#### **4.4 Update on Current Physician Complement**

- Some minor changes as Dr. J. Molnar will be signing on for one month of Dr. A. Gloster's contract.
- Finding it difficult to recruit locally as areas around Toronto remuneration rates are similar to rural rate and travel pay isn't enough for compensation.
- Clinic is still seeing patients who need to be seen in person but doing most over the phone. 1/3 patients are seen face to face. Trying to add more lines to be able to receive more calls.

### **5. New Business**

#### **5.1 Regional Services Committee Meeting Update**

- First meeting was held on February 5, 2021 where terms of reference were discussed. They are currently still very vague.
- Once a month someone to present a patient story about regional services.
- First official meeting in April, more of an engagement of the Boards later.
- No decision on terms for each of the member. One chair will be representing Thunder Bay regional and co-chair will be from one of the remaining ten hospitals in north west Ontario.

#### **5.2 COVID Update**

- Locally, still very low case counts.
- Leadership Team continues to hold weekly COVID-19 huddles to ensure pandemic prevention and preparation.
- We are able to ensure that our long-term care patients who wanted the vaccine received first doses.

- Expecting more vaccines to come into the community this week (if it's a small volume, it will all be going to North Wood Lodge) 2/3 to ¾ of North Wood Lodge staff to be immunized as they are at the top of the list. Next is high risk health care providers.

#### **5.4. COVID Isolation Centre**

- Well over 700 guest-nights while we've started mostly since Christmas. Servicing population that we expecting; post travel, immigration, very few contractors. Focusing on population that we have intended.
- The centre is very busy and Rhona is doing well in her leadership.
- We continue to be supported by KDSB funding until summer if not longer.

#### **5.5. CEO Scorecard**

- Ties to strategic priorities that Ms. LeBeau is focusing on. Quick visual month by month to see if were at risk, or on track.
- Making sure rounding in a deliberate standardized way in all of our dimensions in a strategic plan (recognizing team etc.).
- Content with where the strategic plan is going.
- Our goal is to share with staff and boards and it will become public as we share through our website.
- Small work groups have been determined to continue to improve Indigenous Patient experience. We are focusing on creating an environment that is welcoming for staff and patients.

#### **5.6. Corporate Scorecard**

- Bringing back the non-violent crisis intervention training which will be mandatory for front line for early recognition and quick de-escalation.
- Accreditation status is progressing as we are slowly completing high priority items. Finished all required organizational practices and updated related policies.
- Next goal is to ensure every staff member is educated on all Required Organizational Practices.

## 6. EMERGING ISSUES FOR DISCUSSION • None.

## 7. REPORTS

### 7.1. RLMCH Foundation

- Sent out a direct appeal for February with currently \$13,500 and a few others coming in.
- Waiting for lottery license for 50/50 draw.

### 7.2. RLMCH Auxiliary

- Only active fundraiser is Catch the Ace and pot is at \$9,800.

### 7.3. Medical Advisory Committee

- Major concern is COVID.
- Staffing is doing reasonably well, just looking forward to vaccines.

### 7.4. Quality Committee Update

- Ms. Maleeha Sami and Ms. Meghan Gilbert had touched base on all points during this meeting. Nothing further to add.

### 7.5. R&P Committee Update

- Financials have been covered.
- Ms. Sue LeBeau sat in on meeting with Rhona with the topic of homelessness. Meeting went very well and was well received.

### 7.6. Chief Nursing Executive

- Continue to meet weekly to further development on Nurse call and Staff Duress system. Able to bring in a number of staff members to help in that development and offer their input.
- Continually being engaged for planning of COVID vaccines and mass immunization of community.

- Indigenous Patient experience working group is focusing on educating staff and training. Identifying what training is needed and how we can connect front line staff to those patient stories.
- Ms. Geary and Ms. Gilbert on regional committee to receive guidelines for safe room implementation. Aim is to share best guidelines and practices

#### **7.7. Chief Executive Officer**

- CEO report highlights reviewed.

#### **7.8. Nominating Committee**

- Meeting February 24,2021 to go over candidates that applied. As per Hospital bylaws, two people were interested that could not be chosen as one lived outside area and another was married to staff member. Further update for next meeting

### **8. CORRESPONDENCE / INFORMATION**

None.

### **9. MEETING EFFECTIVENESS SURVEY**

Survey Results, January 26/21 included in package for review

### **10. CELEBRATIONS**

Sandy Litwin who is retiring after 33 years of service

### **11. NEXT MEETING: March 23, 2021**

### **12. ADJOURNMENT**

The meeting was adjourned by Mr. Gushulak at 7:36 pm.