

Geraldton District Hospital
Minutes of the
Regular Board Meeting

Held in the Hospital Boardroom, Tuesday, November 16, 2010 at 6:00 p.m.

Present:	Dick Mannisto Willy Anton Marie-Jeanne Gignac Dr. Laine Kurt Pristanski Diane Kampela (recorder)	Victor Chapais Elaine Mannisto Dale Randa Verotchka Cheng	Deanna Thibault Audrey Johnston Melanie Lankin Sylvie Duranceau
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Regrets:	Jamie McPherson	Jim Bailey
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Board Composition:	9 Elected,	4 Appointments	Total 13
Current Vacancies:	0 Elected	1 Appointments	Total 1
Board Members:	12	Present: 10	Attendance: 83%

1. CALL TO ORDER

1.1 The meeting was called to order at 5:59 p.m. by D. Mannisto, Board Chair.

- D. Mannisto reported that he received some documentation from the OHA regarding briefs on the Excellent Care for All Act.
- He also reported that much discussion has taken place and will take place in the near future on the Freedom of Information Act. Rules, regulations and legislations are currently being developed. This will take effect in January 2012. Workshops and education will be made available sometime in the new year.

1.2 Education:

1.2.1 Guide to Good Governance – Chapter 9

- Chapter 9 – Board Composition and Recruitment – of the Guide to Good Governance was reviewed.
- Skills assessments are done once a year to help with Board composition and recruitment.
- It was noted that a few years ago the application for a Board position was quite complicated. This was reviewed and is now more user-friendly.
- D. Mannisto reported that GDH follows the Guide to Good Governance process for Board composition and recruitment very closely, just in a less complex manner so not to discourage potential candidates from running for election on the Board.
- **Chapter 10 (Officers) of the Guide to Good Governance will be reviewed at the next meeting.**

1.3 Correspondence:

1.3.1 North West LHIN re: Amended Schedules for 2010/11 H-SAA:

- K. Pristanski and D. Mannisto signed the amendment to the H-SAA terms and conditions.

1.3.2 Sioux Lookout Meno Ya Win Health Centre Grand Opening:

- D. Mannisto, V. Chapais and K. Pristanski attended the grand opening on October 15/10. All were very impressed with such a beautiful hospital.
- D. Mannisto reported that there were over 400 attendees at the grand opening, which included a tour and different ceremonies.
- V. Chapais noted that he attended an earth ceremony in the healing room, which has a hole in the floor that goes right to the ground. People from up North who attended the ceremony were asked to bring a piece of earth to put into the hole; however V. Chapais was not aware of this. He will take some earth to the hospital at a later time.

1.4 Health Achieve Reports:

- W. Anton provided a verbal report of her attendance at the Health Achieve Conference. She noted that one speaker at a session she attended said to pray for the hospital CEOs for problems that cannot be resolved. The most impressive were the speakers. They were all people who had problems and
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obstacles they have had to overcome. She did note that there were no northern rural presentations on the Northern and Rural Hospital session, which was disappointing. It's like nobody knows that we, in the northern regions, exist.

- M.-J. Gignac provided her verbal report, saying that she really enjoyed the conference. It has given her considerable encouragement.
- Dr. Laine provided his verbal report, noting that he attended many demonstrations, as well as a session on mental health (MH) and substance abuse (SA). He added that the statistics for MH and SA are horrific. The problem is wide spread and nobody has a complete solution for this problem.
- A. Johnston provided her verbal report, noting that she really enjoyed the conference. The session on "Life Without Limbs" was very impressive and overwhelming. She also enjoyed the athletes' session "Go for Gold", as well as the Humor in the Workplace session. Romeo Dallaire's session was very inspiring.
- K. Pristanski provided his verbal report, noting that he attended the OHA AGM where Tom Closson talked about quality. Tom Closson talked about measuring and documenting time spent on each topic and to identify how much time is actually spent discussing quality. K. Pristanski also noted that there were many motivational speakers. He added that the small and rural hospital session was very disappointing because 4 of the 5 speakers were from cities and the most northern speaker was from Sudbury. He added that there will be a new process starting for capital planning requests but GDH does not have to resubmit.
- D. Mannisto provided his verbal report, noting that the OHA's Region 1 area (Kenora to North Bay) has 4 Board members and are looking for a new Chair. He added that there are 2,500 employees in one private sector of the integrated health care that provide services and facilities for aging at home. He also reported that he attended a governance session on disruptive governance that makes Board members think – ask questions right away if something bothers you! From this session, D. Mannisto suggests that the GDH Board have 2 short sessions at the end of each Board meeting for members to voice their opinion right away before it becomes too big an issue. One session would exclude the 2 senior managers and the second session would exclude the 2 senior managers and the CEO. D. Mannisto also suggests that the Board look into Consent Agenda. He noted one quote "Focus on Evidence, Quality and Integration".
- Next year's Health Achieve Conference will be held November 7-9, 2011. Those members who have yet to attend this conference should really consider attending.

2. ADOPTION OF THE AGENDA

- D. Mannisto asked if there were any amendments to the agenda.

It was moved by W. Anton and seconded by A. Johnston to approve the agenda as presented.

Carried

3. DECLARATION OF CONFLICTS OF INTEREST

None.

4. ADOPTION OF MINUTES

- K. Pristanski reported that Fire Dog was suppose to do a presentation at tonight's meeting but this was cancelled due to a motor vehicle accident. **The presentation was rescheduled to December's Board meeting.**

4.1 Regular Meeting, October 5, 2010:

- D. Mannisto asked for errors or omissions to the October 5, 2010 regular Board meeting minutes. **It was moved by E. Mannisto and seconded by M.-J. Gignac to accept the minutes of the October 5, 2010 meeting as presented.**

Carried

5. BUSINESS ARISING FROM MINUTES

5.1 Hospital Policies and Procedures – Indexes:

- The index was a separate attachment with the Board package.
- Even though J. McPherson could not attend the meeting, he provided notes regarding the meeting package and he noted that he did not appreciate the complexity/thoroughness of what the hospital is required to do with regards to Hospital policies and procedures.

5.2 Succession Planning for Officers:

- A survey was sent to all Board members asking if he/she would be interested in filling an Executive position on the Board in the future years.
- The survey will also be great assistance for the Nominating Committee.

5.3 CQI Acronyms:

- This was included for member information.
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6. NEW BUSINESS

- None.
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7. LINKAGES & PARTNERSHIPS

7.1 Geraldton Hospital Auxiliary:

- M. Lankin reported that the Auxiliary raised \$632 with the bake sale.
- She thanked all those who made donations for the bake sale.

7.2 Healthier Community Advisory Committee Minutes – Sept. 30/10:

- K. Pristanski highlighted the minutes.
- E. Mannisto noted that she will no longer represent the Municipality on the Thunder Bay District Housing Corporation (TBDHC) Board.
- It was noted that in section 4.2, Neil (Court) should be spelled with “Neill”.
- K. Pristanski explained that the Manitouwadge large van provided by the LHIN is no longer in service because of low utilization. Nancy Proteau is investigating purchasing it for Greenstone.

7.3 Quality Improvement Committee Minutes – Oct. 13/10:

- K. Pristanski highlighted the minutes. He reported that the Stage 2 ulcer figure should be 1 – the number was duplicated from last month.
- Discussion took place regarding the medication errors because the incidents are so high. V. Cheng explained that with the total patient care that was implemented Oct. 1/10 to LTC and AC and the RAI that was implemented in LTC, staff have been overwhelmed with the added duties. She also explained the steps involved with medications and how errors could occur in many areas and be very minor (but are still counted as a med error). The steps are prescribing, filling, documenting and administering. As staff become familiar with the added duties, there will hopefully be an improvement in med errors.
- K. Pristanski added that with the extra duties involved in LTC with the RAI, the government funded an extra \$40,000/year for an extra RPN, 3 days for week.

7.4 Greenstone Notes – October 15/10:

- The notes from the LHIN meeting held with health care workers were attached and reviewed.

7.5 Bylaw Ad Hoc Committee Minutes – Oct. 19/10:

- K. Pristanski reported that he, M. Lankin, D. Randa and J. McPherson started reviewing the Hospital Bylaws utilizing the new Prototype Bylaw system.
- A few more meetings will take place to continue the revision.
- This is a great learning experience.

7.6 Board of Directors CQI Team Notes – Oct. 27/10:

- K. Pristanski noted that in the past the Notes are not included in the Board package but will be included from now on. He highlighted the notes.
 - A recommendation regarding individual Board performance from yesterday’s meeting will be presented at the next Board meeting.
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8. MEDICAL STAFF

8.1 Medical Advisory Committee Minutes – Oct. 7/10:

- Dr. Laine highlighted the minutes.
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8.2 Physician Privileges:

It was moved by Dr. Laine and seconded by E. Mannisto to approve appointment of active privileges for Dr. Gina Bell, the dental staff privilege for Dr. Frank Dzijacky, locum tenens privileges for the physicians listed, as well as courtesy privileges for the listed physician at the NorWest Community Health Centre.

Carried

9. CEO REPORT

K. Pristanski highlighted his CEO report.

- Staff Events: K. Pristanski reported that tickets for the Christmas Dinner and Dance are sold out. The Hospital Funspiel will take place at the end of January. **A poster will be in the next Board package.**
- Reward & Recognition Team: K. Pristanski reported that the Team has great suggestions for upcoming events, one of them being a karaoke night.
- Boiler Conversion Project Update: members reviewed the attached cost summary. K. Pristanski noted that the majority of "total additions to cost" are costs that were not part of the project.
- Capital Plan: D. Mannisto, K. Pristanski and Dr. Laine had a meeting in Toronto with Maureen Judge and Anne Barszczewski and it felt like they were listening this time. The letter from the MOHLTC denied approval of the project this year but the Ministry would reconsider if the Hospital funds 100% of the project. K. Pristanski asked the Board members if they wanted to offer to pay a higher percentage of the project. Currently the MOHLTC pays 90% and hospitals pay 10%. The MOHLTC does know that GDH could easily afford another 10-20%. However, there would be no guarantee that the project would get approved if GDH offers more. A discussion took place regarding should the hospital make a higher offer and if so, how high. **Following the discussion, members agreed to think about this some more and it will be discussed again at the December meeting.**
- Ventilation Project: K. Pristanski reported that due to the lack of bids, the pressure tank being on back-order and the contractors ordering the wrong material, the project is behind schedule but still under budget.
- Mental Health and Addiction Standards: members reviewed the attached statistics. No suggestions were provided on how to reduce MH and SA visits to the emergency department.
- K. Pristanski reported that he is attending the North Shore CEO meeting next week.
- He also reported that he inquired about podiatry services for non-diabetic patients. S. Duranceau noted that this service is not listed with OHIP; therefore clients would have to pay for the service. She also noted that this was offered in the past but nobody booked an appointment.

● D. Mannisto recommended a motion be put forward for the policy statement that he developed at the Board retreat.

It was moved by M. Lankin and seconded by W. Anton that the Board of Directors accept the following policy statement:

"In collaboration with the CEO's of the 5 Lake Nipigon Regional Hospital Association (LNRHA) hospitals, identify, investigate and recommend to the respective board, opportunities to share/rationalize services, where appropriate, with the intent to improve services to our hospitals and decrease overall cost".

Carried

10. ROUND-TABLE DISCUSSION

- S. Duranceau provided an update on the PAIRO tour. She reported that there was a total of 1,217 people who visited booths throughout the 7 locations. Only about 60% of these people made their contact information public. A total of 116 people visited the GDH booth. There were a few interests in locums (2 are interested for January). The tour is good exposure. She also reported that she received an email and that all 21 positions for Physician Assistants have been filled. She added that an ad was in last week's newspaper regarding the 2010-11 Accessibility Plan.
- W. Anton reported that she could not open the Health Achieve evaluation attachment. D. Mannisto explained how to proceed.
- Dr. Laine reported that there is a new form of crack-cocaine (mixed with pig medication) on the streets that causes a skin infection.
- V. Cheng reported that there is another 20+ pandemic-related policies and procedures within the hospital. She also reported that there are not enough services in the area for mental health (MH) and substance abuse (SA). There is also a big gap with service hours to help treat these individuals. She added that she and Dr. Laine attended a presentation from the Crisis Response Team on lack of

services for MH and SA. The Crisis Response Team is looking at a pilot project, in collaboration with NOSP and Dilico. A draft proposal has been done.	
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11. EVALUATIONS

11.1 Self-Evaluation Summary:

- The October summary was reviewed.

12. ADJOURNMENT

It was moved M.-J. Gignac and seconded by D. Thibault that the regular meeting be adjourned at 7:50 p.m.	Carried
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