Geraldton District Hospital

Minutes of the

### Regular Board Meeting

Held in the Hospital Boardroom, Tuesday, February 7, 2012 at 6:00 p.m.

Present: Deanna Thibault Victor Chapais Jamie McPherson

Voting Willy Anton Shirley Tyance Dick Mannisto (teleconference)

 Audrey Johnston Marla Michel Dale Randa

 Melanie Lankin Chico Tschajka

Non-Voting Dr. Laine Kurt Pristanski Kelly Elliott

 Sylvie Duranceau Diane Kampela (recorder)

Regrets:

Voting

Regrets:

Non-Voting

# Board Composition: 9 Elected 2 Appointments Total 11

**Current Vacancies: 0 Elected 1 Appointments Total 1**

**Total Board Members (voting): 11 Present: 11 Attendance: 100%**

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| 1. CALL TO ORDER |
| * 1. The meeting was called to order at 6:01 p.m., by the Chair, Deanna Thibault.

1.2 Correspondence:*1.2.1 North West LHIN re: Service Accountability Agreement:*● K. Pristanski reported that as mandated, this letter serves as 60 days notice that the LHIN proposes to enter into a service accountability agreement for 2012/13.1.3 Board Education: Guide to Good Governance, Second Edition, Chapter 3:● Members reviewed Chapter 3, Governance Models. ● Members agreed that the Geraldton District Hospital Board of Directors is definitely a Governance model.● K. Pristanski reported that the Hospital has 1 Letters Patent with 2 amendments.-1939 (Little Longlac Hospital)-1952 (change from private hospital to public hospital)-1962 (name change from Little Longlac Hospital to Geraldton District Hospital)● Members suggested that Chapter 4 be divided in two and reviewed at 2 separate meetings since the chapter is 50-some pages long. K. Pristanski and D. Thibault will discuss this issue and the pages to be reviewed will be listed on the next agenda.● **Chapter 4, Role and Functions of a Board, will be reviewed next month.**1.4 OHA Region 1 Conference:● K. Pristanski reported that the conference is set for April 18-20/12 in Thunder Bay at the Victoria Inn. **More information will be included in next month’s meeting package.**● D. Mannisto reported that the Region 1 Council Executive Committee is working on a presentation to meet with the 11 northern MPPs to discuss important information regarding hospitals to the North. A tentative meeting date has been set for Friday, February 17/12. |  |
| 2. ADOPTION OF THE AGENDA |
| ● D. Thibault asked if there were any amendments to the agenda.**It was moved by C. Tschajka and seconded by W. Anton to approve the agenda as presented.** | **Carried** |
| **3. DECLARATION OF CONFLICTS OF INTEREST** |
| ● None. |  |
| **4. ADOPTION OF MINUTES** |
| *4.1 Regular Meeting, January 10, 2012:*● D. Thibault asked for errors or omissions to the January 10, 2012 regular Board meeting minutes.● It was noted that item 7.4 should be “Board” Tree of Life Ad Hoc Committee.● A correction was noted in item 11. It should be “Neill” Court and not “Fisher” Court.**It was moved by A. Johnston and seconded by J. McPherson to accept the minutes as amended.** | **Carried** |
| **5 BUSINESS ARISING FROM MINUTES** |
| *5.1 Consultant Name:*● The Effective Governance for Quality and Patient Safety teleconference consultant’s name was Ruth Anne Cunningham.*5.2 Eldcap Meaning:*● The definition of Eldcap was Elderly Capital Assistance Program.*5.3 Meeting re: PMPs:*● K. Pristanski reported that D. Stenlund was away on training for one week and he has been extremely busy with the ongoing projects in the hospital, therefore a meeting has not taken place.*5.4 Chiefs of Staff Plaque:*● K. Pristanski reported that the plaque has been ordered.*5.5 Cable Cover – Boardroom:*● K. Pristanski reported that the maintenance department has ordered a velcro cable cover. |  |
| **6. NEW BUSINESS** |
| *6.1 Executive Limitations Policies and Procedures (BOD-EXL1-16):*● Policies BOD-EXL1 through 16 were reviewed.● Policy BOD-EXL2: discussion took place regarding what is a “reasonable” amount (item 5.). **K. Pristanski will discuss with Adam Brown and follow up at the next meeting.**● Policy BOD-EXL7: discussion took place regarding the wording “relevant environmental scanning data” in section 1. Following a short discussion, members agreed to change that statement to “relevant demographic data”. Discussion also took place regarding item 9. **Consent agenda will be added to next month’s meeting agenda.**● Policy BOD-EXL8: members agreed to add “and the North West Local Health Integration Network” to item 2.● Policy BOD-EXL10: members had a short discussion regarding the Hospital’s investments, noting that they should be provided with an investment report quarterly. **K. Pristanski will follow up with A. Brown and request a report for next month, and then every quarter thereafter.**● Policy BOD-EXL11: members inquired if the Treasurer is trained on how to handle a whistle-blower complaint. Members concurred that if a complaint is ever filed, then the Hospital can request legal advice.● Policy BOD-EXL12: the following statement will be added to the policy; “The CEO shall not fail to abide by the policy”.● Policy BOD-EXL13: two typos need to be corrected.● Policy BOD-EXL14: one typo needs to be corrected.● Policy BOD-EXL15: the following statement will be added to the policy; “The CEO shall not fail to abide by the policy”. There are also 2 typos that need to be corrected. A Board member asked for an example of a perquisite. K. Pristanski responded that it is something provided to an individual that no one else gets, such as free golf membership for the CEO. However that does not occur here. Also, if staff have to pay for parking, except for the senior management and physicians then that would be a perquisite. Again that does not occur here. Overall, there are no perquisites at Geraldton District Hospital. **K. Pristanski was requested to provide a summary/report at the next meeting.**● Policy BOD-EXL16: the following statement will be added to the policy; “The CEO shall not fail to abide by the policy”. Also, policy AD-T3 will be attached to the policy.**It was moved by A. Johnston and seconded by W. Anton that the Board approve the Executive Limitations policies and procedures as reviewed and amended.***6.2 Governance Process Policies and Procedures (BOD-GP1-15):*● Policies BOD-GP1 through 15 were reviewed.● Policy BOD-GP2: one typo needs to be corrected.● Policy BOD-GP13: in item 6. “QI Governance Team” should be “Board of Directors QI Team”.**It was moved by C. Tschajka and seconded by J. McPherson that the Board approve the Governance Process policies and procedures as reviewed and amended.***6.3 Annual Individual Board Member Assessment:*● Members were reminded to complete their assessment and return it to D. Thibault as soon as possible. | **Carried****Carried** |
| **7. LINKAGES & PARTNERSHIPS** |
| *7.1 Geraldton Hospital Auxiliary:* ● M. Lankin reminded everyone that the annual Penny Auction sale will take place on Saturday, February 25/12 at the Legion from 2:00 to 4:00 p.m. Items will be on display at MacLeod’s Feb. 20-24.**It was moved by M. Lankin and seconded by M. Michel that the Report from the Geraldton Hospital Auxiliary be accepted.** *7.2 Board QI Notes and Score Card – Jan. 4/12:* ● K. Pristanski highlighted the attached notes and score card.● It was noted that “education events attended” should be 3 for November, not 4.It was moved by W. Anton and seconded by D. Mannisto that the Report from the Board QI Notes be accepted.*7.3 Quality Improvement Committee Minutes – Jan. 19/12:*● A. Johnston highlighted the minutes. She added that the QIC is currently working on the Quality Improvement Plan.● Discussion took place regarding medication errors being removed from the QIP. K. Pristanski explained that “best practice” information was received from ISMP Canada, which indicates that medication rates should not be used to compare amongst health care organization because staff may stop reporting errors only to attain a good rate. Meanwhile, errors are still occurring with no opportunity of rectification. Also, senior management may pressure staff to improve so that senior management receives their annual pay for performance or “salary at risk” pay. Again, this is counter productive. Overall, ISMP Canada discourages using medication errors as a quality indicator.● The Board will review the Quality Improvement Plan at the next meeting.● D. Mannisto noted that the hospital staff should be commended on the low number of lost days for 2011 (9), compared to previous years (145 lost days in 2010).It was moved by A. Johnston and seconded by J. McPherson that the Report from the Quality Improvement Committee be accepted.*7.4 Anishnabe/Hospital Liaison Committee Minutes – Jan. 20/12:*● K. Elliott highlighted the minutes, noting that a naming ceremony for the Spiritual Room will take place sometime in late May.● It was noted that “regrets” should be added to the minutes.It was moved by M. Michel and seconded by S. Tyance that the minutes from the Anishnabe/Hospital Liaison Committee be accepted.*7.5 Healthier Community Advisory Committee Minutes – Jan. 26/12:*● K. Pristanski highlighted the minutes.● A. Johnston clarified that “senior’s hall” should be “senior’s room”, in section 6, page 3.It was moved by A. Johnston and seconded by W. Anton that the minutes from the Healthier Community Advisory Committee be accepted. | **Carried****Carried****Carried****Carried****Carried** |
| **8. MEDICAL STAFF** |
| ● Dr. Laine reported that the new physician, Dr. Vince Susini, started on January 23/12. He requires supervision for a short while until he gets his Ontario license, but he is doing really well. |  |
| **9. CHIEF NURSING OFFICER (CNO) REPORT** |
| ● K. Elliott highlighted her CNO report. ● She was pleased to report that 2 sets of Holter monitors have been ordered.● She reported that since LTC now has a part-time Clerk, the LTC medication transcription errors have greatly decreased.**It was moved by C. Tschajka and seconded by M. Lankin that the Report from the CNO be accepted.** | **Carried** |
| **10. CHIEF CLINICAL SERVICES (CCS) REPORT** |
| ● S. Duranceau highlighted her CCS report.● Members reviewed the laboratory Point of Care Testing (POCT) policy. S. Duranceau added that the only change on the policy from when it was previously presented is item 3.01 and 3.02.**It was moved by A. Johnston and seconded by M. Michel that the Board of Directors approves the Point of Care Testing policy.****It was moved by S. Tyance and seconded by J. McPherson that the Report from the CCS be accepted.** | **Carried****Carried** |
| **11. CEO REPORT** |
| K. Pristanski highlighted his CEO report.● He reported that the OHA has contacted him regarding the Quality Worklife – Quality Healthcare Collaborative presentation and they have invited the group to present their PowerPoint presentation at the OHA conferences in Sudbury and Thunder Bay. He added that 3 members will attend each conference.● A Greenstone Family Health Team Board meeting took place today and there were concerns brought up regarding too many months without meetings. This was rectified.● K. Pristanski reported that A. Brown has a couple of minor adjustments to make to the financial statements. The surplus will decrease a little.● Members reviewed the expense reports. K. Pristanski asked if members wanted to see the reports quarterly. Members agreed to see the CEO expense report on a quarterly basis, since the Chair approves it on a monthly basis, and the rest of the expense reports can be distributed semi-annually.● K. Pristanski reported that the ventilation system project in Acute Care is behind schedule, however it is under budget.**It was moved by M. Lankin and seconded by M. Michel that the Report from the CEO be accepted.** | **Carried** |
| **12. ROUND-TABLE DISCUSSION** |
| ● D. Mannisto reported that he will give his self-assessment to K. Pristanski on Thursday.● A. Johnston read an article from the Chronicle Journal regarding Dr. Richard Almond being announced as the Primary Care Lead for the NW LHIN.● W. Anton reported that there is a documentary on depression airing tomorrow evening at 7:00 on CTV.● C. Tschajka inquired about the Terrace Bay hospital loan. K. Pristanski replied that the Board gave approval for the loan at the time the request was made.● Dr. Laine reported that a 2nd year medical student is presently here, Michelle Primeau.● S. Tyance reported that she is pleased to learn something new every month. |  |
| **13. BI-MONTHLY MEETING SELF-EVALUATION** |
| ● Members were reminded to fill out their meeting self-evaluation and return it to D. Kampela.● The summary will be reviewed next month. |  |
| **14. TERMINATION OF REGULAR BOARD MEETING** |
| **It was moved J. McPherson and seconded by M. Michel that the regular meeting be adjourned at** **7:50 p.m.** | Carried |