

Geraldton District Hospital  
Minutes of the  
**Regular Board Meeting**

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

Present: Voting	Deanna Thibault Willy Anton Audrey Johnston Melanie Lankin	Victor Chapais Shirley Tyance Marla Michel (teleconference)	Jamie McPherson Dick Mannisto Dale Randa
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Non-Voting	Dr. Laine Sylvie Duranceau	Kurt Pristanski Diane Kampela (recorder)	Kelly Elliott
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Regrets:  
Voting

Chico Tschajka

Regrets:  
Non-Voting

<b>Board Composition (voting):</b>	<b>9 Elected</b>	<b>2 Appointments</b>	<b>Total 11</b>
<b>Current Vacancies (voting):</b>	<b>0 Elected</b>	<b>0 Appointments</b>	<b>Total 0</b>
<b>Total Board Members (voting):</b>	<b>11</b>	<b>Present: 10</b>	<b>Attendance: 91%</b>

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## 1. CALL TO ORDER

1.1 The meeting was called to order at 6:02 p.m., by the Chair, Deanna Thibault.

- D. Thibault thanked the Board members for submitting their individual assessments. She will summarize the assessments and submit a report to A. Johnston to present to the Quality Improvement Committee.

1.2 Correspondence:

*1.2.1 In Appreciation Card from Marilyn Power:*

- Members read the attached card.
- K. Pristanski informed the Board members that a \$200 donation was made to the Greenstone Museum in memory of Michael Power.

*1.2.2 OHA Region 1 Conference: Victoria Inn, Thunder Bay, April 18-20, 2012:*

- The agenda for the Conference was distributed at the start of the meeting.
- Contact D. Kampela within the next 2 weeks if anyone wishes to attend the conference. It is less costly to register as a group.
- K. Pristanski reported that he, Brenda Abraham and Yvonne Stahlmann will be doing the same Quality Worklife presentation at this upcoming Conference, as was presented in Vancouver.

*1.2.3 Rural and Northern Health Care Conference, May 10-11, 2012:*

- K. Pristanski noted that usually one or two Board members attend the Rural and Northern Health Care Conference.
- Contact D. Kampela if anyone is interested in attending.
- It was noted that this conference is exceptionally expensive.

1.3 Board Education: Guide to Good Governance, Second Edition, Chapter 4, Page 35-55:

- Members reviewed page 35 to 55 of Chapter 4, Role and Functions of a Board.
  - Section 1, Approving Goals and Strategic Direction: members concurred that the Hospital has a good strategic planning process in place and all agree that the Plan can be reviewed as often as the Board wishes.
  - Section 2, Establishing a Framework for Performance Oversight: explained the importance of score cards, which the Hospital has. The Board indicator score card is also posted on the Hospital's website. Graphing the score card will come in the future.
  - Members reviewed the four standard perspectives relevant to hospitals and noted that the hospital has a fifth perspective; patient safety.
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<ul style="list-style-type: none"> <li>• Section 3, Overseeing Quality of Care: K. Pristanski noted that the Hospital follows the Ministry process and standards.</li> <li>• <b>The remainder of Chapter 4, Role and Functions of a Board, will be reviewed next month (page 55-89)</b></li> </ul>	
<p><b>2. ADOPTION OF THE AGENDA</b></p>	
<ul style="list-style-type: none"> <li>• D. Thibault asked if there were any amendments to the agenda.</li> </ul> <p><b>It was moved by A. Johnston and seconded by W. Anton to approve the agenda as presented.</b></p>	<p><b>Carried</b></p>
<p><b>3. DECLARATION OF CONFLICTS OF INTEREST</b></p>	
<ul style="list-style-type: none"> <li>• None.</li> </ul>	
<p><b>4. ADOPTION OF MINUTES</b></p>	
<p><i>4.1 Regular Meeting, February 7, 2012:</i></p> <ul style="list-style-type: none"> <li>• D. Thibault asked for errors or omissions to the February 7, 2012 regular Board meeting minutes.</li> <li>• It was noted that policy AD-T3 was not attached to the revised policy BOD-EXL16. <b>D. Kampela will distribute to Board members to insert in their binders.</b></li> </ul> <p><b>It was moved by D. Mannisto and seconded by J. McPherson to accept the minutes as presented.</b></p>	<p><b>Carried</b></p>
<p><b>5 BUSINESS ARISING FROM MINUTES</b></p>	
<p><i>5.1 Meeting re: PMPs:</i></p> <ul style="list-style-type: none"> <li>• K. Pristanski reported that David Stenlund was gone another week for education and he has been extremely busy.</li> <li>• <b>K. Pristanski will keep trying to set up a meeting between D. Stenlund and J. McPherson.</b></li> </ul> <p><i>5.2 Policy BOD-EXL2 – Financial Planning:</i></p> <ul style="list-style-type: none"> <li>• K. Pristanski asked Adam Brown what should be considered a “reasonable” amount for replacement/repair of capital assets. A. Brown responded that since the Hospital has sufficient funds in the bank they should not need to specify what is “reasonable”. This amount gets reviewed every year during the Capital Budget process.</li> <li>• A Board member heard that GDH will not be receiving a Hospital Infrastructure Renewal Funding (HIRF) grant this year.</li> <li>• K. Pristanski responded that he “unofficially” heard that the Hospital will not be receiving a HIRF grant this upcoming fiscal year. Only two LHIN 14 hospitals will be receiving HIRF grants. The overall amount is one half of last year’s amount. This decision was based on facility assessments that were conducted two years ago by a company hired by the government to assess all hospitals throughout Ontario.</li> </ul> <p><i>5.3 Policy BOD-EXL7 – Communication and Support to the Board (item #9):</i></p> <ul style="list-style-type: none"> <li>• D. Mannisto reported that a Consent Agenda is for standing agenda items that do not need discussion or action. One motion approves the entire consent agenda (i.e.: miscellaneous information/communication, committee minutes, team notes, etc.). It is supposed to be a time saver.</li> <li>• He added that if a specific item requires a discussion, then the item can be removed from the consent agenda and added to the regular agenda for discussion.</li> <li>• D. Mannisto will forward K. Pristanski and D. Thibault a copy of an OHA Consent Agenda as a guide.</li> <li>• Following a lengthy discussion, K. Pristanski and D. Thibault will draft a consent agenda for the May meeting.</li> <li>• M. Michel added that there is a consent agenda example on page 233 of the Guide to Good Governance.</li> </ul> <p><i>5.4 Policy BOD-EXL10 – Investment Summary:</i></p> <ul style="list-style-type: none"> <li>• K. Pristanski highlighted the investment summary.</li> <li>• Members think Adam Brown should “shop around” when renewing the GICs. One maturity date is fast approaching (May 2012). Members also agree that the interest rates are not very high for that amount of money.</li> <li>• <b>K. Pristanski will speak to A. Brown to ensure he “shops around”.</b></li> </ul>	

<p><b>5.5 Perquisite Summary:</b>  <ul style="list-style-type: none"> <li>As requested, K. Pristanski prepared a perquisite summary – however there is nothing to list.</li> </ul> </p>	
<p><b>6. NEW BUSINESS</b></p>	
<p><b>6.1 Board – CEO Relationship Policies and Procedures (BOD-BC1-5):</b>  <ul style="list-style-type: none"> <li>Policies BOD-BC1 through BOD-BC5 were reviewed.</li> <li>BOD-BC2: “staff” will be changed to “employee” in item 2.</li> <li>BOD-BC5: in the policy, “of Directors” will be deleted to only read “Board” in order to be consistent with the rest of the policies.</li> </ul> <p><b>It was moved by M. Lankin and seconded by D. Randa that the Board approve the Board – CEO Relationship policies and procedures as reviewed and amended.</b></p> <p><b>6.2 Strategic Plan Review:</b>  <ul style="list-style-type: none"> <li>Members reviewed the Strategic Plan and agreed that there are some opportunities for changes.</li> <li>One member expressed the need to make some changes in the near future rather than waiting until 2014. The same Plan can be used but slightly amended, based on knowledge and education.</li> <li>K. Elliott reported that the Hospital does conduct a lot of health promotion (smoking cessation, diabetes education, breast feeding education to new mothers, spiritual care, etc.). The health promotion is not only for the patients, but also for the patients’ family members. She added that she can provide a Mata Analysis.</li> <li>Need to list that the Hospital is exploring Holter Monitoring and Cardiac Rehabilitation.</li> <li>Members concurred to revise the Strategic Plan in the fall, along with the Mission, Vision and Values statement.</li> <li>M. Michel believes that the review of the Strategic Plan and Mission, Vision and Values statement will also be good education for new Board members; therefore revising in the fall is a great idea.</li> </ul> </p> </p>	<p><b>Carried</b></p>
<p><b>7. LINKAGES &amp; PARTNERSHIPS</b></p>	
<p><b>7.1 Geraldton Hospital Auxiliary:</b>  <ul style="list-style-type: none"> <li>M. Lankin highlighted the attached letter. She will clarify the volunteer hours for 2011.</li> <li>She also reported that the annual penny auction sale raised approximately \$2,700.</li> </ul> <p><b>It was moved by M. Lankin and seconded by W. Anton that the Report from the Geraldton Hospital Auxiliary be accepted.</b></p> <p><b>7.2 Board QI Notes and Score Card – Feb. 1/12:</b>  <ul style="list-style-type: none"> <li>K. Pristanski highlighted the attached notes and score card.</li> <li>It was noted that the medication errors have significantly decreased.</li> </ul> <p><b>It was moved by V. Chapais and seconded by D. Mannisto that the Report from the Board QI Notes be accepted.</b></p> <p><b>7.3 Quality Improvement Committee Minutes – Feb. 16/12:</b>  <ul style="list-style-type: none"> <li>A. Johnston noted that the minutes are self-explanatory.</li> <li>A member inquired about the discussion in item 9.1. Where is the extra money going to come from for the 7% CUPE arbitration award? K. Pristanski replied that he will be scheduling a Fiscal Advisory Committee (FAC) meeting in the next few weeks to start reviewing the 2012/13 operating budget.</li> </ul> <p><b>It was moved by J. McPherson and seconded by W. Anton that the Report from the Quality Improvement Committee be accepted.</b></p> <p><b>7.3.1 Quality Improvement Plan:</b>  <ul style="list-style-type: none"> <li>K. Pristanski reported that the Quality Improvement Plan has been recommended to the Board from the Quality Improvement Committee.</li> <li>Members reviewed the Plan in detail.</li> <li>Members were concerned with the substance abuse’s current performance being 0. K. Pristanski responded that 0 is incorrect but health records personnel are having difficulty gathering the data collection from CIHI. This is being followed up.</li> <li>Discussion took place regarding the Greenstone Family Health Team and Geraldton Medical Group acceptance of patients’ current performance and target. Members concurred to leave both columns blank since the indicators are too new.</li> <li>It was noted that the Complex Chronic Care falls avoidance indicator needs to be updated.</li> </ul> </p> </p></p></p>	<p><b>Carried</b></p> <p><b>Carried</b></p> <p><b>Carried</b></p>



<ul style="list-style-type: none"> <li>● Health &amp; Safety of Staff: there was a total of 9 lost days for 2011, compared to 145 days in 2010.</li> <li>● K. Elliott provided an update on Sandoz drug shortages (injectable; Gravol, Demerol, Morphine, etc.). This shortage is causing a big impact on GDH and all the Canadian pharmacies and hospitals. There are some medications available to substitute.</li> <li>● Insurance Coverage: K. Pristanski reported that half of the liability insurance coverage amount was paid in January and the other half will be paid in June.</li> </ul> <p><b>It was moved by S. Tyance and seconded by J. McPherson that the Report from the CEO be accepted.</b></p> <ul style="list-style-type: none"> <li>● K. Elliott provided an update on the OxyContin drug being replaced with OxyNEO. OxyNEO is intended to be more difficult to abuse because it is not easily crushed, which is necessary if the abuser wants to snort or inject the drug. She added that she had discussions with the Chief of Staff and Clinical Care Facilitator regarding what to do when patients start coming to the Hospital for Oxy withdrawal. She added that there is a medication in place for such withdrawal. The Hospital will also liaison with the Public Health Unit and North of Superior Counselling Programs to try to help these patients. Dr. Laine added that those people who use OxyContin non-legitimately will find something else to replace their drug of choice.</li> </ul>	<p><b>Carried</b></p>
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**12. ROUND-TABLE DISCUSSION**

<ul style="list-style-type: none"> <li>● K. Elliott thanked everyone for welcoming her to GDH – today is her one-year anniversary.</li> <li>● M. Lankin reported that the Girls Night Out event raised approximately \$4,100 for the Tamarack House.</li> <li>● D. Kampela gave her regrets for the April Board meeting.</li> <li>● D. Mannisto gave his regrets for the April Board meeting. He also reported that the OHA Region 1 Council Executive Committee presented to 7 of the 11 northern MPPs their issues regarding hospitals in the north. He provided a copy of “Summary for Recommendations” to D. Kampela who will forward it to everyone.</li> <li>● M. Michel reported that she hopes to be at the next meeting in person and she hopes to be able to attend the Thunder Bay OHA Conference.</li> </ul>	
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**13. BI-MONTHLY MEETING EVALUATION SUMMARY**

<ul style="list-style-type: none"> <li>● Members reviewed the attached summary.</li> <li>● Members concurred that the ratings were all very good and the comments received were also all very good.</li> </ul>	
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**14. TERMINATION OF REGULAR BOARD MEETING**

<p><b>It was moved V. Chapais and seconded by S. Tyance that the regular meeting be adjourned at 8:55 p.m.</b></p>	<p><b>Carried</b></p>
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