Geraldton District Hospital

Minutes of the

**Regular Board of Directors’ Meeting**

Held at the Geraldton District Hospital and via Zoom,

Tuesday, April 13th, 2021 at 5:00 pm

Present

Voting: Mark Wright Kathryn Legault Jamie McPherson

Victor Tschajka Cheryl Checkley Jessie Beaulieu

Terry Popowich Dorene Boulanger Sanna Humphreys Ralph Humphreys

Non-Voting: Darryl Galusha Ian McPherson Laurie Heerema

Dr. Roy Laine Brigitte Ouellet

Jena Goulet (recorder)

Regrets

Voting: Patricia Dufour

Non-Voting: Dr. Ryan Zufelt

Guests: Teresa Perryman Scott Potts

**Board Composition (voting): 9 Elected 2 Appointments Total = 11**

**Current Vacancies (voting): 0 Elected 0 Appointments Total = 0**

**Total Board Members (voting): 11 Present: 10 Attendance: 91 %**

**1.0 CALL TO ORDER**

**1.1 Welcome and Chair’s Opening Remarks**

● The meeting was called to order at 5:02 pm by M. Wright.

● M. Wright read the Treaty Acknowledgement.

**2.0 DECLARATION OF CONFLICTS OF INTEREST**

● No conflicts declared.

**3.0 ADOPTION OF THE AGENDA**

● M. Wright asked if there were any amendments to the agenda.

● Under New Business, add the following Items:

● 11.5 Nominating Committee,

● 11.6 Fundraising.

**It was moved by V. Tschajka and seconded by T. Popowich that the agenda be approved as amended.**

**CARRIED.**

**RES 29**

**4.0 PRESENTATIONS**

**4.1 Patient Navigation**

● T. Perryman and L. Heerema presented and summarized the importance of the Patient Navigation Program.

● The program started as a pilot project through Health Links which focuses on substance abuse and mental health patients.

● These types of hospital admissions are on the rise with limited resources available. Often, these patients are transferred to TBRHSC with little or no follow up after discharge.

● The Patient Navigator is the initial and ongoing contact for these patients. Even after discharge, T. Perryman can help them navigate the health care system.

● Through collaboration with the OPP, when substance abuse or mental health patients are being transported to GDH by police, they contact the Patient Navigator who will meet them at the Emergency Department to help ease the admission process for the patient.

● L. Heerema stated that since T. Perryman is the only Patient Navigator at GDH and makes herself available at all hours of the day, she is currently looking for a part-time mental health care worker to help ease the caseload.

● L. Heerema also informed the Board members that to help reduce the number of transfers to TBRHSC, the Patient Navigator is using Telesite which allows for virtual appointments to take place between the patient and a psychiatrist in Thunder Bay. This allows for quicker access and is more cost effective since these patients can be treated at GDH as opposed to being transferred which can cost the organization $5,000-$10,000 per transfer.

● Once T. Perryman has signed consent from the patient, she can help set up referrals, set appointments, follow up with the patient after discharge and receive all information pertaining to their care to help make their treatment easier to manage.

● T. Perryman shared that the number of readmissions to the Emergency Department for substance abuse and mental health patients has decreased significantly since the introduction of the Patient Navigation Program.

● T. Perryman stated that her goal is to create a partnership between GDH, the OPP and the North of Superior Programs.

● V. Tschajka inquired about how the success of the program is measured. L. Heerema stated that they currently only have data from the previous six months. She informed the Board members that she is tracking the percentage of mental health and substance abuse patients admitted to the Emergency Department and those who are transferred to TBRHSC.

● V. Tschajka asked T. Perryman if she has any concerns regarding her safety when dealing with these patients. T. Perryman shared that she has established a good rapport with these patients and the OPP keep her informed about the potential of violence when bringing the patients into the Hospital.

● C. Checkley expressed her concerns that no referrals have been received by the Friendship Centre. T. Perryman explained that she has not been successful in contacting anyone at the Centre. Therefore, she has not sent referrals to the Friendship Centre. C. Checkley stated that she can be contacted directly through email or a message can be left at the Centre.

● The Board members congratulated T. Perryman and L. Heerema for their development of the Patent Navigation Program.

**4.2 ER Project Updates**

● S. Potts presented the Emergency Department Project updates to the Board members.

● S. Potts stated that the main focus at this point in the project is Level 1 and the Penthouse.

● On Level 1, activities include: door installation, floor installation, plumbing, specialty systems, nursing call system, CCTV and card access system. These projects should be completed over the next couple of weeks.

● In the Penthouse, equipment has been installed and system start-ups will begin shortly. Once completed, commissioning and training for staff will take place.

● At the end of March 2021, the Project is 92.6% completed.

● 95% of the MOHLTC Grant has been received by the Hospital and should cover the full project expenses. At this time, Hospital funds will be used to cover the remainder of the Project until the rest of the grant is provided upon Total Completion.

● Furniture is being installed April 27th.

● Substantial Completion will occur the week of April 26th. Phasing into the new department will take four to six weeks.

● S. Potts informed the Board members that a significant Change Order has been issued regarding the missed automated doors on Level 0 and Level 1 by the architects. The estimated cost for this change has been valued at $107,000, but S. Potts has brought it down to $59,000. He is requesting approval from the Board of Directors to increase the Contingency Plan by another $59,000 to cover the costs of the Change Order.

**It was moved by D. Boulanger and seconded by R. Humphreys that the Board of Directors approve no more than $59,000 be added to the Contingency Plan for the Change Order to install the automated doors.**

**CARRIED.**

**RES 29A**

**5.0 CORRESPONDENCE**

None this month.

**6.0 EDUCATION**

**6.1 Guide to Good Governance – Chapter 4 (Pages 66-98)**

● M. Wright asked if there were any questions or comments regarding this month’s education.

● J. McPherson highlighted the importance of stakeholder relationships on page 76.

● J. McPherson emphasized that dashboards can be a useful tool for the CEO to deliver information to the Board of Directors on page 88.

● Chapter 5 was assigned for reading for the next Board meeting.

**7.0 CONSENT AGENDA**

**7.1 Regular Board Meeting Minutes – March 2nd, 2021**

**7.2 MAC Meeting Minutes – March 24th, 2021**

**7.3 CCS Report**

**7.4 CNE Report**

**7.5 Human Resources Report**

**7.6 COS Report**

**It was moved by J. Beaulieu and seconded by K. Legault to accept the Consent Agenda as presented.**

**CARRIED.**

**RES 30A**

**8.0 ITEMS LIFTED FROM CONSENT AGENDA**

**9.0 BUSINESS ARISING FROM MINUTES**

**9.1 Revised BOD-GP 15: FIPPA Compliance Policy**

● Approved as presented.

**9.2 Revised BOD-BC 4: Monitoring CEO Performance Policy**

● Approved as presented.

● Clarifications were provided.

**It was moved by T. Popowich and seconded by J. McPherson to approve the amended BOD-BC 4: Monitoring CEO Performance Policy as presented.**

**CARRIED.**

**RES 30B**

***J. McPherson stepped out of the meeting at 5:57 pm due to a conflict of interest.***

**10.0 OPERATIONS SUPPORT MANAGER REPORT**

**10.1 Capital Plan 2020/21**

● I. McPherson presented the report to the Board of Directors.

● V. Tschajka inquired about the $350,000 of unplanned projects. I. McPherson explained that these costs include the purchase of the house for the new CEO and that two other items were rolled over for the previous fiscal year which were previously approved by the Board of Directors.

● V. Tschajka asked when the floors at the Greenstone Family Health Team clinic will be replaced. I. McPherson stated that quotes have been received and that the work is expected to be completed by late April or early May.

***J. McPherson returned to the meeting at 6:01 pm.***

**11.0 NEW BUSINESS**

**11.1 Incident Reports (RL6) – December 2020, January & February 2021**

● Reports were received.

**11.2 Review 2021/2022 Planning Cycle**

● J. McPherson voiced his concerns regarding the lack of board and governance training due to COVID-19. He would like to find other ways to provide education to the board members.

● The Board has requested that all evaluations be reviewed in June before the summer break instead of waiting until they resume meetings in September.

**11.3 Board Meeting Time – Discussion**

● Since the beginning of the COVID-19 pandemic, Board meetings have been held virtually and moved to a 5:00 pm start time. M. Wright would like to know if anyone would prefer to go back to the meetings being held at 5:30 pm. The Board agreed.

● The Board would also like for the meeting schedule be presented annually in January for the meeting dates for the year for approval. The remainder of the meetings for 2021 will be presented at the next meeting.

● A Resolution for this decision will be passed at the next Board meeting.

**11.4 Compensation Review – Discussion**

● Deferred until the next meeting.

**11.5 Nominating Committee**

● J. McPherson stated that there are two members of the Board of Directors who will be leaving at the end of June 2021.

● J. McPherson also informed the Board that members are needed to fill the positions of Chair, Vice Chair and Treasurer. Members were asked to notify J. McPherson or M. Wright if they are interested in these positions.

**11.6 Fundraising**

● T. Popowich consulted with other hospital in Northern Ontario inquiring about how they raise funds.

● T. Popowich stated that these hospitals have foundations established with full-time staff dedicated to raising funds for specialized equipment and facility needs. They organize events and find creative ways to raise thousands, or even millions, of dollars each year.

● S. Humphreys expressed that most fundraising for GDH is done through the Auxiliary Committee but, COVID-19 has interfered greatly with their efforts.

● D. Galusha stated that he will touch base with other CEOs in the region and will present the pros and cons of establishing a fundraising foundation at the next Board of Directors’ meeting.

● M. Wright suggested that GDH could partner with another foundation to help share the costs to run a foundation.

● Discussion occurred.

**12.0 LINKAGES & PARTNERSHIPS**

**12.1 ER Project Report – April 2021**

● Report was received.

**12.1.1 ER Project Ad Hoc Committee Meeting Minutes – March 16th, 2021**

**12.2 QIC Meeting Minutes – March 18th, 2021**

**12.3 HCAC Meeting Minutes – Next Meeting: April 7th, 2021**

● D. Galusha explained that quorum was not achieved and that another attempt for a formal meeting will be scheduled for next month.

**12.4 Geraldton Hospital Auxiliary Report**

● S. Humphreys provided a verbal report to the Board of Directors.

● S. Humphreys stated that a few Auxiliary meetings have taken place via Zoom.

● The committee is currently planning to purchase gifts for Mothers’ Day and Fathers’ Day for the residents in LTC.

● A meeting is taking place next week to discuss purchasing something for the new Emergency Department.

**It was moved by S. Humphreys and seconded by V. Tschajka that the Linkages & Partnerships reports be accepted as presented.**

**CARRIED.**

**RES 31**

**13.0 CEO REPORT**

● D. Galusha highlighted his written report to the Board of Directors.

● J. McPherson expressed his disappointment in the OHA for the lack of virtual education provided for Board members.

● D. Galusha informed the Board members that a Physician is interested in working out of the clinic in Nakina. This will allow for the Home Care Program to expand to Nakina and could result in splitting the full-time RN position into two RPN positions for home care.

● D. Galusha expressed his impressions of the COVID-19 Vaccine Clinics being held by the Greenstone Family Health Team. He stated that the team is working hard to get all qualified members of the community immunized. They are currently overwhelmed with people calling in and are doing their best to accommodate everyone.

● C. Checkley stated that information regarding the vaccines has not been provided to the Friendship Centre. L. Heerema stated that this information is not provided by GDH and that she will speak with S. Kristjanson about getting the information to the Centre.

● J. McPherson also stated that the Norwestern Community Health Centre and both clinics on the reserves are doing a great job at getting as many people vaccinated as possible.

● The RPN Program through Confederation College currently has four people signed up but needs a fifth in order for the course to take place. D. Galusha asked the Board members to relay the information to anyone who may be interested.

● D. Galusha stated that he is hopeful that the Emergency Department Grand Opening will be held June 26th, 2021.

**13.1 LTC Development Project Approval**

● Discussion occurred.

**13.2 COVID-19 Internal & External Communication**

**13.3 Kudos from A. Brown re: Facebook Communications**

**It was moved by V. Tschajka and seconded by C> Checkley that the report from the CEO be approved as presented.**

**CARRIED.**

**RES 32**

**14.0 DECISION OF THE BOARD**

**14.1 Physician Privileges**

● The list of Physician Privileges requests from the MAC meeting was presented to the Board for review.

**It was moved by V. Tschajka and seconded by J. McPherson that the list of Physician Privileges be approved as presented.**

**CARRIED.**

**RES 33**

**15.0 ROUND TABLE DISCUSSION**

● Discussion occurred.

● It was suggested that the Board of Directors provide the GDH Staff with another round of coffee and donuts. M. Wright will coordinate the date with J. Goulet.

**16.0 MONTHLY MEETING EVALUATION**

**16.1 Chair, Board of Directors Evaluation Form**

● The Evaluation Form was provided to the Board members.

● Completed evaluations are due back to J. Goulet by April 23rd, 2021.

**16.1 Bi-Monthly Meeting Evaluation Summary – February 2021**

● The Evaluation Form was provided to the Board of Directors.

**17.0 IN CAMERA MEETING**

● None this month.

**18.0 TERMINATION OF IN CAMERA MEETING**

**19.0 MEETING WITH MANAGEMENT (CEO ONLY)**

**20.0 MEETING WITHOUT MANAGEMENT**

**21.0 TERMINATION OF REGULAR BOARD MEETING**

**It was moved by J. Beaulieu and seconded by C. Checkley that the Board of Directors Meeting be adjourned at 7:24 pm.**

**CARRIED.**

**RES 34**

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Board Chair Signature