Geraldton District Hospital

Minutes of the

### Regular Board Meeting

Held in the Boardroom, Tuesday, January 9, 2018 at 5:30 p.m.

Present: Jamie McPherson Dorene Boulanger Kathryn Legault

Voting Terry Popowich Willy Anton Myrna Letourneau

 Marlo Sobush Ralph Humphreys Chico Tschajka

 Mark Wright

Non-Voting Lucy Bonanno Sylvie Duranceau Laurie Heerema

 Adam Kolisnyk Dr. Roy Laine

 Sandra Penner (recorder)

Regrets: Sheri Taylor

Voting

Regrets: Dr. Ryan Zufelt

Non-Voting

Guests:

# 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%**

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| CALL TO ORDER |
| **1.1.1 Welcome and Chair’s Opening Remarks:**● The meeting was called to order at 5:30 p.m., by the Chair, J. McPherson.● J. McPherson read the Treaty Acknowledgement.● J. McPherson announced to members that the Rural and Northern Health Care Leadership Conference will be taking place the first weekend in May. If anyone is interested in attending please contact J. McPherson.**1.1.2 Accreditation Update:**● I. McPherson presented the Four Year Cycle for accreditation handout which provided a description of the tasks which take place between on-site surveys. ● I. McPherson advised that the Instruments and documentation have been completed for accreditation and additional information will be presented at the next Board meeting.● I. McPherson addressed ROP 12.1.6 Performance Evaluation and Accountability. ● I. McPherson advised that what the Auditors are looking for in this regard is the QIP plan and the At Risk Survey for senior management. I. McPherson noted that what is currently in place meets the requirements. ● J. McPherson noted the Board of Directors reviews the CEO and it has been scheduled**1.1.3. Governance Results 8.2, 8.3 and 9.8 Follow Up from November Meeting**● I. McPherson presented 3 items for an education opportunity from the governance self-assessment. ● It was previously noted that the board members were not comfortable with 8.2 & 8.3. ● I. McPherson noted that the process for evaluation and performance review for health care professionals who have been granted privileges is contained In the medical bylaw. ● Dr. Laine reported he works with the staff in medical records and reviews the evaluations from Thunder Bay Regional.  **I. McPherson to review this process with Dr. Laine prior to the next meeting**. ● S. Duranceau noted that it is also a regional process through the Thunder Bay Regional Hospital. Physicians requesting privileges are required to send 3 references. If there are no concerns with the references then the physician has to provide their portfolio to the Health Records department who reviews the submission with Dr. Laine (Chief of Staff) and then he can recommend granting privileges for the physician to the Medical Advisory Committee. ● The differences between item 8.2 Evaluating and 8.3 Granting Privileges was discussed. ● 8.2 Relates to evaluating their practice. Small hospitals rely on the documentation from the larger regional hospital for this data. ● It was noted that if a complaint is received against a physician then an investigation would take place. ● I. McPherson reported on item 9.8 A. Kolisnyk’s risk management presentation meets this requirement. ● L. Bonanno reported that having a CFO on site will address this risk.● A. Kolisnyk noted the projection model created (HAPS) is also addressing risk.* 1. **Correspondence:**

**1.2.1 CNIB Eye Van Correspondence** ● A thank you letter was received from the CNIB thanking Geraldton District Hospital for participating in the Eye Van Program. **1.2.2 Reinvest in Hospitals Information Package** ● L. Bonanno presented a leaflet received from the OHA discussing “It’s Time to Reinvest in Hospitals” as an information only item.**1.2.3. Ministry of Health and Long Term Care Letter**● A letter was received from the MOHLTC stating that Stage 2 planning for the Emergency Department addition has been approved and acknowledging Stage 3.1 has been received.  * 1. **Education:**
		1. **Guide to Good Governance**

● J. McPherson presented page 33 from the Guide to Good Governance and noted if members have topics they would like added to the new agenda format to please bring them forward. ● M. Letourneau noted she would like Patient Stories to be added to the new agenda. |  |
| 2.0 ADOPTION OF THE AGENDA |
| ● J. McPherson asked if there were any amendments to the agenda.● 6.2 Board Committees Representatives were added.**It was moved by M. Letourneau and seconded by W. Anton to approve the agenda as amended.** | **Carried** |
| **3.0 DECLARATION OF CONFLICTS OF INTEREST** |
| ● None declared |  |
| **4.0 CONSENT AGENDA** |
| **4.1 Regular Board Meeting Minutes – December 5, 2017:****4.2 PFCC Meeting Minutes – November 29, 2017:****4.3 Community Paramedicine Program Meeting Minutes: December 4, 2017:****4.4 Volunteers’ Tree of Life Meeting Minutes: November 20, 2017** **4.5 CCS Report:****4.6 CNE Report:****4.7 CFO Report:****It was moved by C. Tschajka and seconded by D. Boulanger to accept the Consent Agenda as amended.** | **Carried** |
| **5.0 ITEMS LIFTED FROM CONSENT AGENDA** |
| **5.1 CFO Report:**● A. Kolisnyk presented the Operational Report and Capital Budget report in new formats and provided verbal details of each to the members. ● M. Wright inquired if day to day supplies are listed under usage or expenditures and A. Kolisnyk indicated expenditures.● A. Kolisnyk presented the HAPS report.● J. McPherson noted on Pg 5 under expenses there was $ 146K increase in benefits.● A. Kolisnyk reported that benefits were previously under forecasted thus going over budget.● It was noted on pg 4 of the report paragraph 5 should read **FY2018.****It was moved by M. Wright and seconded by T. Popowich to accept the CFO Report as amended.****Capital Budget Report**● A. Kolisnyk noted that of the 41 items approved by the board 68 % are completed. ● A. Kolisnyk noted the Helipad fence project was removed as the more it was researched, it was determined to be unfeasible.● A. Kolisnyk reported that an HR / recruiter position is currently being considered.● J. McPherson noted in the comments the inability to get contractors so projects should be booked as early as possible so we can get jobs completed. ● A. Kolisnyk reported the implementation of the Risk Management reporting is going well and between 15 to 20 items have been reported currently. **It was moved by M. Sobush and seconded by K. Legault to accept the Capital Budget Report as presented.****4.1 Regular Board Meeting Minutes – December 5, 2017:**● 1.1.2.2. Bullet 2 fourth line, will be coming ‘**to**’ Geraldton.● 9.2 Bullet 3 should read chair **‘/ sink’**● 12.0 S. **Duranceau** misspelled.**It was moved by R. Humphreys and seconded by D. Boulanger to accept the minutes of the Regular Board Meeting Minutes – December 5, 2017 as amended.** | **Carried****Carried****Carried** |
| **6.0 BUSINESS ARISING FROM MINUTES** |
| **6.1 Checklist of Governance Practices:****6.1.1 Committee Chair Terms – Roles and Responsibilities**● J. McPherson requested members who have not yet signed to do so.**6.1.2 Board Committees & Representatives**● The current listing for 2017 – 2018 was distributed.● D. Boulanger requested to be removed from the HCAC committee. S. Penner to update. |  |
| **7.0 CAPITAL PLAN ED RELOCATION PROJECT UPDATE** |
| ● L. Bonanno announced that Stage 2 has been accepted and acknowledgement of receipt of the Stage 3.1 Report has been received. ● L. Bonanno reported the Chemo area is currently acceptable.● L. Heerema noted that we are the only facility caught between having a current chemo room and close to getting a new one so we are in a unique situation. ● M. Wright noted that a Project Manager will be required for the ER renovation. |  |
| **8.0 NEW BUSINESS** |
| 8.1 Changes to Agenda and Resolution:● J. McPherson presented the new proposed Agenda and Resolution format for discussion.● D. Boulanger noted that the Geraldton Municipal Council used to use this format and noted a concern that it can be challenging to get everyone to sign all of the resolutions. ● D. Boulanger inquired if the members still want the CFO report under the consent agenda? D. Boulanger noted that her preference would be to move it out so A. Kolisnyk would have an opportunity to present the report in detail.● J. McPherson noted the Quarterly reports are a stand-alone item. ● T. Popowich noted that the Capital plan should be part of CFO report.● J. McPherson requested agenda item # 10 be changed to Capital / CFO Report.8.2 Board Planning Cycle and Agenda Control● J. McPherson presented the current Board Planning Cycle and Agenda Control schedule for member review.● J. McPherson requested that the Governance Process Policies (BOD-GP 1-26) scheduled for the February meeting be moved to the April agenda.8.3 Executive Limitations Policies (BOD-EXL 1-16)● J. McPherson presented the current revisions of BOD-EXL 1-16 for member review.● The following Policies were lifted for revision: - BOD-EXL 8 – Reference to Aboriginal peoples to be changed to Indigenous. - BOD-EXL 9 – Action item – L. Bonanno - February Board Meeting - BOD-EXL 10 – Action item – A. Kolisnyk – February Board Meeting - BOD-EXL 11 – Action item – A. Kolisnyk – February Board Meeting**It was moved by M. Sobush and seconded by T. Popowich to accept BOD-EXL 1 thru 7 and BOD EXL 12 thru 16 as presented.**● S. Penner to include the amended polices in the February 2018 meeting package. | **Carried** |
| **9.0 LINKAGES AND PARTNERSHIPS** |
| 9.1 QIC Meeting Minutes and Score Card – December 21, 2017:● R. Humphreys reported everything is going well with the committee. ● D. Boulanger commented the score card was missing from the report. ● S. Penner to ensure score card is included in February meeting package.It was moved by R. Humphreys and seconded by C. Tschajka to approve the Dec 21/17 Quality Improvement Committee minutes as presented.9.2 HCAC Meeting Minutes: November 29, 2017:● J. McPherson reported a discussion took place at the meeting about the value of this committee. It was noted that there are few opportunities to meet face to face and J. McPherson would like to see this committee continue as this is a huge resource to our community.● M. Letourneau inquired if this is a spring board to integration? ● L. Heerema noted that this committee cannot be a spring board as it is only a small percentage of what is available in the community. L. Heerema noted that this is a voluntary committee from individuals who are very busy in their jobs. Individuals cannot share project updates on a daily basis so this committee provides an opportunity to share information. This is a volunteer committee and members cannot be forced to attend.● L. Heerema noted that further conversation is needed to establish the goal of the committee.● It was noted on the minutes on Page 1 bullet 6 Terri should be spelled with an ‘I’.It was moved by W. Anton and seconded by M. Sobush to approve the HCAC Nov 29/17 minutes as amended.9.3 Geraldton Hospital Auxiliary Report● M. Letourneau reported the next meeting will be on Monday and elections will be held at that time. The new membership flyer will be in the February board package and the Auxiliary has starting to work on the upcoming penny auction.It was moved by M. Letourneau and seconded by K. Legault that the report from the Auxiliary be accepted as presented. | **Carried****Carried****Carried** |
| **10.0 MEDICAL STAFF** |
| **10.1 Physician Privileges:**● Dr. Laine presented the list of Physicians to receive privileges. ● It was noted that Dr. Bell’s designation should be changed to Locum**It was moved by C. Tschajka and seconded by D. Boulanger that the Board of Directors approves the list of physician privileges as amended.** | **Carried** |
| **11.0 CHIEF EXECUTIVE OFFICER (CEO) REPORT** |
| ● L. Bonanno presented her report. ● L. Bonanno noted the no smoking bylaw came into effect affective January 1, 2018. The hospital announced the change by placing an article on the website and in the Times Star newspaper and noted the staff are complying well.● M. Letourneau expressed concern for residents of LTC who smoke. ● L. Heerema noted that as the Long Term Care portion of our facility is smaller than the Acute Care portion, there was nothing that could be done regarding disputing the legislation. L. Heerema noted the hospital is giving residents smoking cessation aids and for all new admissions, advising them we are a non-smoking facility.● L. Bonanno reported the NWLHIN Sub-planning committee meeting which was cancelled in December due to weather has been rescheduled to January 18th here in Geraldton.**It was moved by D. Boulanger and seconded by R. Humphreys that the report from the CEO be accepted as presented and discussed.** | **Carried** |
| **12.0 ROUND TABLE DISCUSSION** |
| ● D. Boulanger noted it was a good meeting.● L. Heerema reported that the social worker Seema and Jenny from Longlac are creating chemo care kits. To date they have handed out 31 of these bags which they are buying and filling themselves. The bags are the 31 Brand and they are placing items such as a blanket, a puzzle book, Kleenex, lip balm etc in them. L. Heerema is fund raising for these bags so any donations can go to her prior to the end of January.● M. Letourneau will bring the fund raising request to the Hospital Auxiliary.  |  |
| **13.0 MONTHLY MEETING EVALUATION:** |
| ● J. McPherson reminded members to complete the evaluations and the summary will be reviewed at the next meeting. ● J. McPherson noted he appreciates everyone’s comments. |  |
| **14.0 TERMINATION OF REGULAR BOARD MEETING** |
| **It was moved by W. Anton and seconded by M. Letourneau that the regular meeting be adjourned at 7:15 p.m.** | Carried |

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Board Chair Signature