Geraldton District Hospital

Minutes of the

### Regular Board Meeting

Held in the Boardroom, Tuesday, March 3, 2015 at 5:30 p.m.

Present: Jamie McPherson Dale Randa Dorene Boulanger (T)

Voting Willy Anton Shirley Tyance Audrey Johnston

 Melanie Lankin (T) Chico Tschajka

Non-Voting Kurt Pristanski Sylvie Duranceau Laurie Heerema

 Dr. Laine Diane Lauzon (recorder)

Regrets: Suzanne Lafrance Dean Burke

Voting

Regrets: Dr. Zufelt

Non-Voting

Absent: Victor Chapais

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

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

**Total Board Members (voting): 11 Present: 8 Attendance: 73%**

|  |
| --- |
| 1. CALL TO ORDER |
| * 1. The meeting was called to order at 5:32 p.m., by the Chair, Jamie McPherson.

 **1.2 Correspondence:**● None. * 1. **Education:**

1.3.1 Tour of Support Services Departments:● Deferred to next month.1.3.2 Rural and Northern Health Care Conference: May 7-8/15:● J. McPherson asked if anyone is interested in attending the conference.● K. Pristanski added that it is a very good conference.● Dr. Laine and S. Tyance reported that they may be interested in attending.● J. McPherson reported that he will attend.● **D. Lauzon will make the necessary arrangements.** 1.3.3 Aboriginal Health Forum Verbal Report:● W. Anton reported that the Aboriginal people in Alaska want to establish relationships and improve services for the First Nations. She added that there is an open line available where people can call in to report complaints, as well as provide input for changes.● K. Pristanski reported that he attended the morning session only. He noted that Alaska functions as a segregation operation (hospital run by first nations, which is great but reports to a non-aboriginal Board).● Dr. Laine reported that he only attended the morning session also. He stated that no information stood out.● L. Heerema reported that Thunder Bay Regional has bent over backwards to accommodate the first nations. She added that everybody should be treated the same; equal.1.3.4 Thunder Bay Regional Health Sciences Centre Strategic Planning Session:● W. Anton reported that the team she was with discussed headlines for the aboriginal for the next 3 years. ● K. Pristanski reported that the team he was with focused on senior care and services. They also had to develop 3 headlines. He added that there were 5 separate teams working on 5 different themes.● J. McPherson reported that he spoke to Dick Mannisto about the session as D. Mannisto sits on the Thunder Bay Regional Board. D. Mannisto briefed J. McPherson about the session. |  |
| 2. ADOPTION OF THE AGENDA |
| ● J. McPherson asked if there were any amendments to the agenda.● The following item was added to the agenda.7.2 Nakina Clinic Donations● It was requested to remove item 4.3 (Medical Advisory Committee) from the consent agenda and move it to 9.2.**It was moved by C. Tschajka and seconded by W. Anton to approve the agenda as amended.** | **Carried** |
| **3. DECLARATION OF CONFLICTS OF INTEREST** |
| ● None. |  |
| **4. CONSENT AGENDA** |
| **4.1 Regular Meeting, February 3, 2015:****4.2 Board of Directors QI Team Notes – February 4, 2015:** **4.3 Medical Advisory Committee Minutes – January 27, 2015:**● Moved to item 9.2.**4.4 Ethics Committee Minutes – February 11, 2015:****4.5 CNO Report:****4.6 CCS Report:****It was moved by A. Johnston and seconded by D. Randa to accept the Consent Agenda as amended (4.3 to 9.2).** | **Carried** |
| **5 BUSINESS ARISING FROM MINUTES** |
| **5.1 COS Evaluation:** ● K. Pristanski reported that he was unable to find a COS to conduct the evaluation from the region. Therefore, K. Pristanski went outside the region and found someone from a small rural hospital who is thinking about performing the evaluation; however the individual has yet to provide his final decision to K. Pristanski. **5.2 NW LHIN re: Merger - Update:**● J. McPherson reported that this will be further discussed during the in-camera session.**5.3 Administration Bylaw:**● J. McPherson reported that he cannot remember why he had the item added to the agenda back in January. **He asked that the item remain on the agenda for one more month.****5.4 MOHLTC LTC Home Inspection Action Plan: Update:**● D. Randa stated that although this item was requested by the Board last month, he feels that it is no longer Board business but rather day-to-day operation affairs. He added that the Board reviewed the LTC report and that should be sufficient. It should be the CEO’s duty to ensure that outstanding items are included in the CEO report for update. ● D. Randa reported that submitting the action plan to the Board every month is added pressure and work for staff. The Board should not be managing staff; that is the CEO’s job.● C. Tschajka agreed with D. Randa; however he was happy to see the first report.● W. Anton concurred with D. Randa and C. Tschajka.● S. Tyance noted that it is a great deal of work, reading and paper to have the action plan included in the Board package every month.● D. Boulanger noted that once the original report was addressed; that was sufficient.● M. Lankin concurred.● J. McPherson inquired if K. Pristanski would report on the action plan from now on. K. Pristanski designated L. Heerema to do the reporting because it is a nursing issue.● L. Heerema will report on the action plan in her CNO report, as required.**5.5 GDHA Constitution and Executive:**● This was distributed via email following last month’s meeting.**5.6 Governance to Governance Follow-Up Meeting and Minutes:**● K. Pristanski highlighted the attached documents from the NW LHIN Governance to Governance meeting held by teleconference on January 28/15 and the follow-up meeting the same day with the 5 hospitals and NOSP CEOs and Board members.● J. McPherson reported that the Collaborative Position Statement was supported and the “committee” will meet bi-monthly.● K. Pristanski reported that the committee is looking at back-office services. This may take years.**It was moved by A. Johnston and seconded by C. Tschajka that the Board approves the North Shore Hospitals and North of Superior Counselling Programs Collaborative Position Statement.** **5.7 Dr. Crawford’s Privileges:**● K. Pristanski reported that he followed up and Dr. Crawford’s privileges were indeed submitted but it was never put on the physician privileges list to be approved.● **K. Pristanski will follow-up with Jocelyne Marino who looks after the physician privileges listing.****5.8 Individual Board Member Assessment Summary:**● J. McPherson noted that everyone was fair with their ratings and comments on their individual assessments.● J. McPherson reviewed the list of education needs. The following were comments noted.-LHIN: the Board requests that a LHIN staff member be invited to attend a Board meeting and provide a LHIN overview. This would be arranged as a special meeting of the Board. **K. Pristanski will send a letter to Laura Kokocinski.** -Finance: J. McPherson asked if Dan Hill should be invited to a Board meeting again soon. It was decided to invite D. Hill to the June Board meeting, in conjunction with an Audit Committee meeting. **K. Pristanski will contact Dan Hill.**● A. Johnston noted that members were being very practical with their scoring.● C. Tschajka noted that there were a great deal of “strongly agree” scores. Members are obviously more comfortable in their positions now. | **Carried** |
| **6. CAPITAL PLAN ED RELOCATION PROJECT UPDATE** |
| ● K. Pristanski highlighted the attached design.● D. Randa inquired if the architects are keeping in mind the electrical and heating systems for long-term planning. K. Pristanski responded that as equipment is being replaced, everyone is keeping in mind the 3 phases of the capital project. |  |
| **7. NEW BUSINESS** |
| 7.1 Board – CEO Relationship Policies and Procedures (BOD-BC1 - 6):● Members reviewed the attached policies.● BOD-BC5 was amended to include financial status reports.It was moved by D. Boulanger and seconded by M. Lankin to approve the Board - CEO Relationship policies and procedures as reviewed and amended (BOD-BC5).7.2 Nakina Clinic Donations:● K. Pristanski reported that he recently found out that individuals make donations to the Nakina Clinic and he is not sure what the staff are doing with the money or the controls that are in place. Also, when donations are made, a tax receipt should be issued but this has not been the case. He added that the donations for the Nakina Clinic should come to the Hospital and placed in a separate reserve account for the Clinic.● L. Heerema reported that she was informed that the Nakina Clinic RN opened an account years ago for donations received. There are also “in memory of” plaques on the wall of the clinic.● L. Heerema will follow-up with Pauline Taphorn about the account upon her return from vacation.● D. Boulanger noted that she believes the Nakina Clinic receives monthly bank statements for the donations account.● J. McPherson noted that the procedure needs to be changed. Donations are to be sent to the Hospital and then placed in the proper ledger.● L. Heerema will confirm the amount in the account and who has access to the account at the next meeting.● K. Pristanski reported that he will ensure a proper GL account is set up for the Nakina Clinic and that tax receipts are provided to the donators. | **Carried** |
| **8. LINKAGES AND PARTNERSHIPS** |
| 8.1 Geraldton District Hospital Auxiliary (GDHA):● M. Lankin reported that the GDHA annual penny auction sale is March 14/15 at the Geraldton Legion. She noted that this event is the biggest fundraiser for the GDHA. Tickets are available at McLeod’s Tru Hardware and the items can also be viewed at the store.● K. Pristanski asked for a calendar of GDHA annual events to share with Hospital staff so staff can help out at events. M. Lankin will provide K. Pristanski with a calendar.It was moved by M. Lankin and seconded by C. Tschajka that the report from the Auxiliary be accepted.8.2 Quality Improvement Committee Meeting – February 23/15:● A. Johnston noted that two lengthy QIC meetings were held to review the QIPs.● She asked if there were any questions regarding the minutes. ● No questions were raised.It was moved by A. Johnston and seconded by M. Lankin that the report from the Quality Improvement Committee be accepted.8.3 Quality Improvement Plans 2015/16:● A. Johnston noted that both QIPs were reviewed and revised on February 23 and 24. She noted that the overview needs to be completed and some errors need to be corrected.● Members noted that there were several things incorrect in the QIPs, as well as some missing amendments.● J. McPherson noted that once revised, both QIPs will have to be reviewed and approved by the Executive Committee. ● J. McPherson will send his comments to K. Popowich.● A. Johnston will arrange to meet with K. Popowich.● J. McPherson stated that if anyone has any thoughts or concerns, they should contact K. Popowich no later than this Friday (March 6/15). | **Carried****Carried** |
| **9. MEDICAL STAFF** |
| **9.1 Physician Privileges:**● D. Lauzon distributed a revised list of physician privileges to be approved, as recommended by the MAC.● Dr. Laine highlighted the list, noting that everyone listed was reviewed and approved.● K. Pristanski reported that Dr. Majid Ozgoli should be listed under Locum Tenens.**It was moved by C. Tschajka and seconded by W. Anton that the Board approves the physician privileges, as listed.****9.2 Medical Advisory Committee Meeting Minutes – Jan. 27/15:**● C. Tschajka had concerns with GDH not using PPMOs. Dr. Laine responded that the Hospital is using some but not as many as could be used. He added that in time, more will be used.● C. Tschajka inquired about item 4.4 (Cancer Patients – Longlac Clinic). L. Heerema clarified the issue that has since been resolved.● D. Randa inquired about Wi-Fi. He noted that patients at Thunder Bay Regional can purchase Wi-Fi. S. Duranceau elaborated on why GHD will not get into Wi-Fi services. L. Heerema also elaborated on the issue.● C. Tschajka inquired about physician recruitment advertising. S. Duranceau elaborated. **It was moved by C. Tschajka and seconded by S. Tyance that the report from the MAC be accepted.** | **Carried****Carried** |
| **10. CHIEF EXECUTIVE OFFICER (CEO) REPORT** |
| ● K. Pristanski reported that a 1% increase was received from the Small Hospital Funding Announcement for the current fiscal year. The funding will be added to the reserves account.● K. Pristanski asked if there were any questions regarding his report.● No questions or concerns were raised.**It was moved by A. Johnston and seconded by W. Anton that the CEO report be accepted.** | **Carried** |
| **11. ROUND-TABLE DISCUSSION** |
| ● Dr. Laine reported that one new locum is presently here and another is coming. He added that he had a COS meeting in Thunder Bay to discuss virtual ICU in the ED. The proposed GDH live date for this project is September. Dr. Laine noted that the project is to provide visual pictures to Thunder Bay physicians and specialists of extremely ill patients. Members were pleased to hear about the project. ● A. Johnston noted that it was a good meeting.● D. Boulanger noted it was a good meeting. |  |
| **12. BI-MONTHLY EVALUATION SUMMARY:** |
| ● Members reviewed the summary.● It was noted that the averages and comments were all good. |  |
| **13. DATE AND TIME OF NEXT MEETING:** |
| ● J. McPherson reported that he has another commitment on April 7 and he asked if the regular Board meeting can be rescheduled to another date. He noted that it will be a lengthy in-camera discussion.● Following a brief discussion, it was noted that the meeting would remain on April 7 but the meeting will commence with the in-camera session starting at 4:30 p.m. as J. McPherson has to leave by 6:15.  |  |
| **14. TERMINATION OF REGULAR BOARD MEETING** |
| **It was moved A. Johnston and seconded by W. Anton that the regular meeting be adjourned at** **7:17 p.m.** | Carried |