Geraldton District Hospital

Minutes of the

### Regular Board Meeting

Held in the Boardroom, Tuesday, May 10, 2016 at 5:30 p.m.

Present: Jamie McPherson Dorene Boulanger Mark Wright

Voting Willy Anton Doug Bedwash Dean Burke

 Kathryn Legault Myrna Letourneau Chico Tschajka

Non-Voting Lucy Bonanno Dr. Zufelt Sylvie Duranceau

 Dr. Laine Laurie Heerema Diane Lauzon (recorder)

Regrets: Ralph Humphreys Sheri Taylor

Voting

Regrets:

Non-Voting

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

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

**Total Board Members (voting): 11 Present: 9 Attendance: 82%**

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| CALL TO ORDER |
| 1. The meeting was called to order at 5:24 p.m., by the Chair, J. McPherson.

● Our new Board member, Doug Bedwash, was welcomed and introductions were held.● Dr. Richard Herbert made a presentation (via teleconference) on behalf of the Matawa First Nations (MFN) regarding the Matawa Health Cooperative Initiative.● A lengthy discussion was held following Dr. Herbert’s presentation.● Some of the comments noted were:-Dr. Laine noted that there is no physician manpower. No structure, no specialties for long-term training due to lack of patient population. A residency program is not feasible for those reasons. Dr. Zufelt concurred.-J. McPherson noted that the Hospital cannot lead a residency program due to lack of staff and training.-Dr. Herbert added that the MFN wants Geraldton and Longlac to help with the planning process of the initiative.-The contact liaison between GDH and MFN would be Dr. Herbert.● The teleconference with Dr. Herbert was terminated at 5:50 p.m.● Another lengthy discussion was held amongst the Board members.● Some of the comments noted were:-D. Burke feels GDH should be involved as an “ear” since the Hospital does serve 4 first nation communities.-Dr. Zufelt wondered who would be involved in the initiative, where would the funding come from. He noted that the geographic area is questionable. Following the information provided and questions/concerns raised, he does not believe the initiative is feasible.-Dr. Laine again noted that there is no room for specialty training at GDH.-Dr. Zufelt noted that the Hospital cannot contact the government (federal or provincial) and tell them what we plan to do. Dr. Zufelt suggested that the group recommends being kept apprised of the progress and if the initiative receives LHIN and federal support, then the Hospital can be approached once again.-Dr. Laine believes it would be ideal for the first nations’ communities to encourage their own people to go to medical school and practice in their communities.-Dr. Zufelt added that there are some good ideas but the logistics are not all there yet.-L. Heerema noted that there is a great deal of technology available, such as OTN. OTN services in remote communities would greatly reduce patient transfer costs, it would be time saving (transfer emergent patient directly to Thunder Bay rather than being assessed at GDH first).-J. McPherson noted that GDH is willing to work for the patients of the entire region. Once the hurdles are all passed, then we can be contacted again.-M. Wright noted that we should not be on board with too many options.● Following an extremely lengthy discussion, **L. Bonanno will sent Dr. Herbert a response letter thanking him and noting that once the MFN works through their partnership process, then they can contact us again. PFCC should also be mentioned in the letter.*** 1. **Correspondence:**

1.2.1 NW LHIN re: Small Hospital Base Funding Enhancement:● For member information.1.2.2 Thank You Card from Shirley Tyance:● For member information.1.2.3 Thank You Card from Tiffany Connors:● For member information.1.2.4 Thank You Card from Daenis Camiré:● For member information. 1.2.5 Thank You Card from Paul Leupen:● For member information.* 1. **Education:**

1.3.1 Patient Services Tour:● The tour was deferred to the June Board meeting.**Rural and Northern Health Care Leadership Conference:**● C. Tschajka provided a verbal report regarding the Toronto conference. He noted that it was enjoyable; it was a very interesting conference. The themes are repeated from past conferences; integration, change management, physician recruitment. It was mentioned at the conference that Canada is not used as an example of leadership in healthcare. The BC healthcare system is doing very well. Communities need to get involved in physician recruitment.● L. Bonanno provided her verbal report regarding the conference, as well as the Governance conference the previous day. There were great speakers. A great deal of discussion was held regarding integration, accountability and physician recruitment. We need to think outside the box. It was a good networking opportunity.● J. McPherson provided his verbal report regarding the Governance and Rural conferences. He noted that the Rural and Northern Health Care Leadership conference is better than the HealthAchieve conference. It was a great networking opportunity. Meetings should be divided more for generative discussions. Organizational goals – how to align? QIP goals – put suggested questions in report for education purposes. The NW LHIN Blueprint is very good; however not all physicians are familiar with the QI concept. **J. McPherson requested that the list of the 12 elements of high-performance hospitals (Dr. Ross Baker report) be included in the next Board package.**● **L. Bonanno was requested to provide the 10 common small hospital QIP indicators for the next meeting.**1.3.2 Guide to Good Governance: Chapter 5:● Members reviewed Chapter 5.● The following were some comments noted.-S. Duranceau noted that there is no credentialing committee at GDH; Dr. Laine and L. Bonanno review and approve physician privileges.-Physicians are hired by the medical group, not the Hospital.-**Chapter 6 will be deferred to the September meeting due to the patient services tour taking place at the June meeting.**1.3.3 LHIN Celebration re: NOSH:● L. Bonanno and J. McPherson attended the celebration held at the LHIN office in Thunder Bay.● J. McPherson noted that there were no municipal representatives at the celebration; only healthcare reps, plus Michael Gravelle. He added that perhaps the celebration should have taken place in Marathon or Terrace Bay. |  |
| 2.0 ADOPTION OF THE AGENDA |
| ● J. McPherson asked if there were any amendments to the agenda.● The following item was added to the agenda.8.3 Board ID**It was moved by D. Burke and seconded by M. Letourneau to approve the agenda as amended.** | **Carried** |
| **3.0 DECLARATION OF CONFLICTS OF INTEREST** |
| ● No declaration of conflicts. |  |
| **4.0 CONSENT AGENDA** |
| **4.1 Regular Board Meeting Minutes – April 5, 2016:****4.2 Quality Improvement Committee Meeting Minutes – March 29 and April 21, 2016:****4.3 Anishnabe Hospital Liaison Committee Minutes – April 15, 2016:****4.4 Healthier Community Advisory Committee Meeting Minutes – April 27, 2016:****4.5 Medical Advisory Committee Meeting Minutes – April 27, 2016:****4.6 CCS Report:****4.7 CNO Report:****It was moved by W. Anton and seconded by C. Tschajka to accept the Consent Agenda as received.** | **Carried** |
| **5.0 ITEMS LIFTED FROM CONSENT AGENDA** |
| ● No items were lifted from the consent agenda. |  |
| **6.0 BUSINESS ARISING FROM MINUTES** |
| **6.1 Risk Policies:**● L. Bonanno reported that this is in process.● **J. McPherson asked that the update be provided in the June CEO Board.****6.2 Complaint Process Policy and Form:**● Members were satisfied with the process.**6.3 Request for Proposal (RFP): Update**● J. McPherson reported that the CEO needs to start a RFP to revise the Mission, Vision, Values statement, as well as the Strategic Plan, which needs to include PFCC.● L. Heerema reported that the implementation of PFCC will be a long process. She should be able to start implementing it this summer; however her first duty is CNO, not PFCC.● L. Heerema added that it will take a couple of years to be fully in place. Interviews will have to take place; contracts will have to be drafted, etc.● **J. McPherson noted that the draft RFP is to be ready for review at the September Board meeting.****6.4 Budget re: Education:**● J. McPherson noted that Board members will not be attending the HealthAchieve conference this year and CEO recruitment is complete; therefore there should be money in the budget.● L. Heerema noted that there will be expenses tied to PFCC and inquired which budget the funds would come from. J. McPherson responded that the funds will come from the operation budget.**6.5 ED Relocation Project News Release:**● L. Bonanno reported that the Ministry deadline has been met; responses were submitted.● She added that once more information is available, she will draft a news release. She added that a news release was done in March.● L. Bonanno added that she prefers doing news releases regarding the ED redevelopment 4 times per year instead of every month.● She added that she provides a monthly CEO update for the newspaper, as well as the Hospital website.**6.6 Board Committees and Representatives:**● J. McPherson informed D. Bedwash that if he has any questions or wishes to participate on any of the listed committees, that he can contact him.**6.7 J. McPherson Tenure as Chair:**● D. Lauzon noted that J. McPherson was elected as Chair on June 25, 2013.● J. McPherson noted that he has a maximum of two more years as Chair.● J. McPherson added that we need to consider a Vice-Chair; someone who can be mentored to become Chair.● D. Boulanger noted that she is okay with remaining Vice-Chair but she has no interest in eventually becoming Chair.**6.8 Capital Budget:**6.8.1 Amount Projected Last Year:● The list of capital items/projects and actual cost was distributed before the meeting.● L. Bonanno noted that we did really well.6.8.2 Paving of Helipad:● Members reviewed the attached email from the Municipality regarding paving.● M. Wright noted that that the paving may be completed later than June.● S. Duranceau noted that a motion is required for the extra costs (paving) that was not included for approval at the April meeting. L. Bonanno responded that the final paving cost has yet to be received.**6.9 Board Picture on Website:**● The concern was the picture of the three physicians.● S. Duranceau reported that the picture has been removed.● M. Letourneau added that the picture is still on the PowerPoint slide in the lobby. |  |
| **7.0 CAPITAL PLAN ED RELOCATION PROJECT UPDATE** |
| ● L. Bonanno reported that two documents were returned to the Ministry today.● L. Bonanno hopes to have more information available for the June meeting.  |  |
| **8.0 NEW BUSINESS** |
| 8.1 Annual Board Report:● J. McPherson thanked everyone for completing the survey. He added that he was glad to see so many comments.● J. McPherson will email some of the items (actions to work on) for the June Board agenda to D. Lauzon.● M. Letourneau noted that the “not applicable/don’t know” responses have affected the average and should not have. D. Lauzon will follow-up with the OHA.● Members reviewed the comments on page 52. ● Discussion will take place at the June meeting to decide what items should be added to the annual planning cycle agenda.● Members concurred that GDH is doing well when compared to the other 6 participating Boards.8.2 Staff Satisfaction Survey:● L. Bonanno reported that she discussed staff satisfaction surveys at the last QIC and she also did some research. Some other hospitals conduct their surveys every two years, while some others conduct theirs every three years. The Excellent Care for All Act and Accreditation Canada state that staff satisfaction surveys need to be conducted once every cycle (every 4 years).● L. Bonanno added that this was also discussed with the Employee Health and Wellness Team members and they concurred that staff are getting fatigued of completing a survey every year.● L. Bonanno noted that she is looking at NRC Picker National Research Corporation (a new company) to conduct the next survey and she is suggesting it be conducted every two years.● D. Lauzon noted that as an employee that completes the survey, every year is too often.● The Board was in agreement of conducting the staff satisfaction survey every two years from now on.8.3 Board ID:● D. Boulanger noted that the Marriott hotel in Thunder Bay requires ID to get the hospital government rate. She suggested that Board members receive hospital identification.● A brief discussion was held regarding such. ● D. Lauzon noted that staff do not carry their photo ID or paystub with them as form of ID. Besides, the room is guaranteed on the hospital credit card when reservations are made; what more can we do. ● In the end, Board members noted that if the problem persists, members can stay at another hotel. |  |
| **9.0 LINKAGES AND PARTNERSHIPS** |
| 9.1 Geraldton District Hospital Auxiliary (GDHA) Report:● M. Letourneau highlighted her report.● She added that a membership drive will take place at the TD Bank on Friday, May 27 from 9:30 to 5:30.It was moved by M. Letourneau and seconded by W. Anton that the report from the Auxiliary be accepted. | **Carried** |
| **10.0 MEDICAL STAFF** |
| **10.1 Physician Privileges:**● Dr. Laine highlighted the attached list of privileges.**It was moved by M. Wright and seconded by D. Boulanger that the Board of Directors approves the list of physician privileges.** | **Carried** |
| **11.0 CHIEF EXECUTIVE OFFICER (CEO) REPORT** |
| ● J. McPherson asked if there were any questions or concerns with the CEO report.● M. Letourneau inquired about receipts for donations made online. L. Bonanno responded that receipts will be issued for all online and in-person/mail donations.● Clarification was requested and provided regarding the occupational health policies.**It was moved by K. Legault and seconded by D. Bedwash that the report from the CEO be accepted.** | **Carried** |
| **12.0 ROUND TABLE DISCUSSION** |
| ● Members noted that it was a good meeting. ● Members welcomed Doug Bedwash.● W. Anton noted that Dr. Zufelt informed the members about a lot.● D. Bedwash noted that it was a good meeting. He added that there is nice interaction amongst everyone.● J. McPherson reported that he received a very pleasing comment from a community member whose family member was treated at GDH.● L. Heerema reported that funding was received for two new programs; ACE Collaborative and a Regional Palliative Care Program. She briefed about the programs. |  |
| **13.0 BI-MONTHLY MEETING EVALUATION:** |
| ● None. |  |
| **14.0 TERMINATION OF REGULAR BOARD MEETING** |
| **It was moved by M. Wright and seconded by C. Tschajka that the regular meeting be adjourned at 7:42 p.m.** | Carried |