Geraldton District Hospital

Minutes of the

### Regular Board Meeting

Held in the Boardroom, Tuesday, October 7, 2014 at 5:30 p.m.

Present: Jamie McPherson Dale Randa Dorene Boulanger

Voting Willy Anton Shirley Tyance Audrey Johnston

 Suzanne Lafrance Melanie Lankin (T) Chico Tschajka

Non-Voting Kurt Pristanski (T) Dr. Roy Laine Sylvie Duranceau

 Dr. Ryan Zufelt Laurie Heerema Dan Hill

 Diane Lauzon (recorder)

Regrets: Victor Chapais

Voting

Regrets:

Non-Voting

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

**Current Vacancies (voting): 1 Elected 0 Appointments Total 1**

**Total Board Members (voting): 10 Present: 9 Attendance: 90%**

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| 1. CALL TO ORDER |
| * 1. The meeting was called to order at 5:30 p.m., by the Chair, Jamie McPherson.

**1.2 Correspondence:**1.2.1 M.A. Darling Resignation Letter● There is now one Board vacancy.● **K. Pristanski will verify the Board policy regarding the process to follow for a resignation.**1.2.2 Thank You Card from Holly Daiter● A very nice thank you card was sent to the Board from Holly Daiter.● She was very appreciative of gifts received from the Board upon her retirement.* 1. **Education:**

1.3.1 Finance:● An information package was distributed prior to the meeting commencing.● D. Hill highlighted the package page by page and answered questions. 1.3.2 North Shore Annual Education Conference:● C. Tschajka reported that a great deal of time was spent discussing leadership. The retreat was a very good networking opportunity and very educational.● Dr. Laine reported that the retreat was very political but it was good.● A. Johnston reported that she enjoyed the retreat, it was very well run but she was disappointed in the attendance. She feels that the retreat was not very productive. She added that she appreciated the opportunity to attend the annual education conference.● K. Pristanski reported that much discussion was held regarding integration and how the Boards have to be the leaders. He also noted that all Boards should attend the Governance to Governance (G2G) session and asks questions. Boards need to come up with the best scenario possible regarding integration. Boards have to learn how to deal with the LHIN.● J. McPherson said that hopefully the Boards will get a better feel regarding the LHIN’s intentions at the upcoming G2G session. |  |
| 2. ADOPTION OF THE AGENDA |
| ● J. McPherson asked if there were any other amendments to the agenda.● The following items were added to the agenda.5.5 NW LHIN Governance to Governance Session5.6 Health Achieve Conference● It was requested to move item 7.1 after item 12.0.**It was moved by A. Johnston and seconded by C. Tschajka to approve the agenda as amended.** | **Carried** |
| **3. DECLARATION OF CONFLICTS OF INTEREST** |
| ● None. |  |
| **4. ADOPTION OF MINUTES** |
| **4.1 Regular Meeting, September 2, 2014:**● J. McPherson asked if there were any errors or omissions in the September 2, 2014 regular Board meeting minutes.**It was moved by W. Anton and seconded by D. Boulanger to accept the minutes as received.** | **Carried** |
| **5 BUSINESS ARISING FROM MINUTES** |
| **5.1 Opportunities for Board Improvement/Learning:**● J. McPherson reported that a presentation was held today and Board survey results were reviewed.● J. McPherson highlighted page 9. ● He reported that there are opportunities for improvement across the province for CEO and COS succession planning.● He added that the Governance Centre of Excellence has a succession plan that can be utilized.● J. McPherson asked the Board members which items for improvement they wish to start reviewing.● D. Randa inquired with Dr. Laine if a “rotating” COS would be better than a “fixed” COS. Dr. Laine said it was a conflict of interest for him to answer the question.● Most members said they prefer one COS vs. a rotating COS position.● K. Pristanski mentioned that the Board appoints the COS after receiving advice from the Medical Advisory Committee. Many years ago the COS position rotated but not in recent years, partially because of low member of physicians and physicians not staying in Geraldton for extended years.● A. Johnston reported that a matrix is available for Board succession planning.● A discussion was held regarding the Board survey conducted and members concluded that some of the questions were misinterpreted, resulting in some of the questions/concerns listed on page 9.● Board members concurred that the last 3 bullets from the list were not an issue.● C. Tschajka noted that perhaps the Board should revisit the idea of a consent agenda. Too much time is spent reviewing reports and minutes. S. Duranceau concurred that a great deal of time would be saved with a consent agenda; however members would need to come prepared to the meetings.● **J. McPherson and K. Pristanski will review the idea of a consent agenda.**● J. McPherson said that if anyone wishes to add something to the list to please bring it forward.**5.2 Appropriate Evaluation Form/System for COS:**● K. Pristanski reported that he has researched how to evaluate the COS. Currently there are two opportunities.1. Board members and colleagues would complete an electronic survey available from the Hay Group regarding the COS.2. A consultant would come to the Hospital and conduct the COS and colleagues interviews in person.● Dr. Laine reported that the COS position at GDH (small hospital) is different than the Greater Toronto Area (GTA) hospitals. At GDH, the COS is mostly a “go to” person. It is a totally different world than the GTA.● D. Randa inquired if there are roles and responsibilities in place for the COS. K. Pristanski responded that there are roles and responsibilities for such in the Bylaws.● S. Lafrance asked if the Board should prepare the questions, etc. for the interviews. **K. Pristanski will follow-up with the Hay Group regarding appropriate questions for a small hospital COS in their 360o assessment.****5.3 Board Planning and Cycle Agenda Control:**● Members reviewed the schedule.● L. Heerema will provide Lean hospital education in January.**5.4 Board Committees and Representatives:**● Completed.**5.5 NW LHIN Governance to Governance Session:**● K. Pristanski, J. McPherson and V. Chapais are attending the G2G session on October 22 in Thunder Bay. **5.6 Health Achieve Conference:**● W. Anton, A. Johnston, J. McPherson, K. Pristanski, L. Heerema and Katrina Popowich are attending the Toronto conference. V. Chapais will be attending the Thunder Bay conference.● J. McPherson noted that those attending should ensure they not all go to the same sessions. ● A. Johnston responded that members attending the conference always looked after what they wanted to attend on their own.● **L. Heerema has an agenda for the conference. She will forward it to D. Lauzon to forward to those attending.** |  |
| **6. CAPITAL PLAN ED RELOCATION PROJECT** |
| ● K. Pristanski highlighted the update/schedule. He added that the timelines are all dependent on the LHIN and MOHLTC.● K. Pristanski reported that the request to change the scope of the project to the full hospital will not hold up anything.● D. Randa inquired if the MOHLTC could change their plans and say Geraldton will instead get a whole new hospital. K. Pristanski responded that it is not likely.  |  |
| **7. LINKAGES & PARTNERSHIPS** |
| 7.1 Geraldton Hospital Auxiliary:● M. Lankin reported that the Auxiliary flags (2) have been put up for the penny auction. ● She also reported that the bake sale raised $686.It was moved by M. Lankin and seconded by D. Boulanger that the report from the Auxiliary be accepted.7.2 Board of Directors QI Team Notes – September 3/14:● K. Pristanski asked if there were any questions regarding the notes.It was moved by C. Tschajka and seconded by S. Lafrance that the report from the Board of Directors QI Team be accepted.7.3 Anishnabe Hospital Liaison Committee Minutes – September 12/14:● L. Heerema asked if there were any questions regarding the minutes.● It was noted that in the fourth bullet of item 5.1, “Aroland Clinic” should be “Ogoki Clinic”.It was moved by W. Anton and seconded by A. Johnston that the report from the Anishnabe Hospital Liaison Committee be accepted.7.4 Quality Improvement Committee Meeting – September 18/14:● A. Johnston reported that the meeting was lengthy because of many reports to review and a lengthy discussion held regarding several concerns with patients/residents violence.● Dr. Laine reported that some patients and residents are in the wrong institution. He added that dementia patients cannot be “undemented” and the hospital cannot restrain patients/residents anymore.● L. Heerema added that hospital staff can only restrain patients/residents that are capable of unrestraining themselves. She added that a great deal of relocation was done amongst residents to try to de-escalate violent situations.● L. Heerema reported that Thunder Bay has a facility for such patients/residents but they must be discharged from their current hospital/facility and admitted there and then have to reapply to a LTC facility for a bed. It is a very slow process.● Board members concurred that they are very concerned for staff, patient/resident and volunteer safety; however there is nothing the Board can do to help the matter.It was moved by A. Johnston and seconded by C. Tschajka that the report from the Quality Improvement Committee be accepted.7.5 Healthier Community Advisory Committee Meeting – September 25/14:● K. Pristanski asked if there were any questions regarding the minutes.It was moved by D. Boulanger and seconded by W. Anton that the report from the Healthier Community Advisory Committee be accepted.● L. Heerema asked if the Ethics Committee meeting minutes should be part of the Linkages and Partnerships section of the agenda. Members concurred to include the minutes. | **Carried****Carried****Carried****Carried****Carried** |
| **8. MEDICAL STAFF** |
| **8.1 Medical Advisory Committee Meeting: September 22/14:**● Dr. Laine asked if there were any questions regarding the minutes.● A brief discussion was held regarding lengthy wait times in the emergency department.● It was noted that the date was incorrect in the header of page one.**It was moved by D. Randa and seconded by S. Tyance that the report from the Medical Advisory Committee be accepted.** **8.2 Physician Privileges:**● Dr. Laine highlighted the physician privileges.**It was moved by A. Johnston and seconded by D. Boulanger that the Board approves the physician privileges, as listed.** | **Carried****Carried** |
| **9. CHIEF NURSING OFFICER (CNO) REPORT** |
| ● L. Heerema reported that there is frustration with the new automated medication system as it does not interface with the Meditech system. The nurses are currently being trained on the new system and the carts are being filled with the medications.● L. Heerema elaborated on the senior friendly initiative. **The policy will be presented to the Board next month.**● She added that she had applied for a $12,000 grant from the Cancer Centre for new equipment in the chemo room and were successful in receiving $8,500. Staff from the Cancer Centre will be at the Hospital on October 15 to present the funds. ● L. Heerema reported that there are currently 17 active chemotherapy program patients. She may have to send more staff to be trained on chemo administration.● She added that the Remicade program now has 9 patients, which eliminated those patients from having to travel to Thunder Bay for treatment.● C. Tschajka asked if there would be a benefit to sharing these program news with the LHIN. ● The Board applauded L. Heerema on a job well done with the satellite programs.● L. Heerema noted that she has been unsuccessful thus far in recruiting a replacement for Jackie Assad. D. Lauzon added that she has advertised the position in the Sault Ste. Marie, Sudbury and Kapuskasing newspapers.**It was moved by C. Tschajka and seconded by W. Anton that the CNO report be accepted.** | **Carried** |
| **10. CHIEF OF CLINICAL SERVICES (CCS) REPORT** |
| ● S. Duranceau asked if there were any questions regarding her report.● She reported that in about four months’ time one PT will take an 8-months parental leave.**It was moved by A. Johnston and seconded by S. Tyance that the CCS report be accepted.**  | **Carried** |
| **11. CEO REPORT** |
| ● K. Pristanski highlighted his report.● Staff Events: the Christmas dinner and dance poster will be included in next month’s package.● Health Links: an RFP for the Business Case was done last Friday.**It was moved by S. Lafrance and seconded by D. Boulanger that the CEO report be accepted.** | **Carried** |
| **12. NEW BUSINESS** |
| **12.1 GDH and Nipigon District Memorial Hospital Project Charter:** ● K. Pristanski highlighted the template Project Charter that is needed, in conjunction with the Business Case before submitting it to the LHIN.● It was noted that one-time funds of $300,000 for the project would be required. Although the Project Charter states that the one-time expenses would come from the Small Hospital Transformation Fund, the LHIN staff indicated that the one-time expenses would be covered from the savings of $150,000 per year.● D. Randa noted that the LHIN should be put on notice that they provide the $300,000 required before a decision is made to proceed with the amalgamation. Such approval needs to come from the LHIN in writing. ● J. McPherson concurred that GDH needs to send a letter to the LHIN. K. Pristanski responded that he prefers doing the Business Case before sending the LHIN such letter because both the one-time expense and savings are estimated at a high level review, while the Business Case will have better estimates at a more detailed review level.● J. McPherson responded that the LHIN needs to commit to the concept, in writing, and that they will provide the $300,000 funding required to amalgamate.● A. Johnston reported that page 8 should state that the Boards “explore” and not “pursue”. ● Some Board members feel that some things are being done and the Board is not aware of it.● **The Board requested K. Pristanski change “pursue” to “explore”.**● The Board wants to halt everything until they know if the LHIN will fund the integration.● A lengthy discussion ensued.● Members also noted that it is stated in one section of the Project Charter that there will not be any job losses and in another section of the document it states that there will be job losses. Board members want to know what the proper answer is. K. Pristanski responded that job losses would be done through attrition. ● D. Randa wants to ensure that it is made clear that the LHIN will commit to $300,000.● **K. Pristanski and J. McPherson will send a letter to the LHIN Chair and the letter will be cc’d to the NDMH Chair and CEO and the LHIN CEO.**● J. McPherson reported that once a response from the LHIN is received, a special meeting can be arranged to further discuss this topic. This is very lengthy and very important to discuss. |  |
| **13. ROUND-TABLE DISCUSSION** |
| ● D. Boulanger noted that it was a good meeting.● M. Lankin said that she is glad everyone voiced their opinion.  |  |
| **14. BI-MONTHLY MEETING SELF-EVALUATION:** |
| ● Members were reminded to complete the attached self-evaluation form and return it to D. Lauzon. The results will be reviewed at the next meeting. |  |
| **15. TERMINATION OF REGULAR BOARD MEETING** |
| **It was moved A. Johnston and seconded by D. Boulanger that the regular meeting be adjourned at** **8:05 p.m.** | Carried |