Geraldton District Hospital

Minutes of the

### Regular Board Meeting

Held in the Boardroom, Tuesday, October 4, 2016 at 5:30 p.m.

Present: Jamie McPherson Willy Anton Dorene Boulanger

Voting Dean Burke Ralph Humphreys Myrna Letourneau

Chico Tschajka

Non-Voting Lucy Bonanno (T) Sylvie Duranceau Dr. Laine

Dr. Zufelt Diane Lauzon (recorder)

Regrets: Mark Wright Sheri Taylor Peter Shebagabow

Voting

Absent: Kathryn Legault

Guests: Bonnie Nicholas (T) Keith Taylor (T)

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

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

**Total Board Members (voting): 11 Present: 7 Attendance: 73%**

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| CALL TO ORDER | |
| 1.1.1 Welcome and Chair’s Opening Remarks:  ● The meeting was called to order at 5:31 p.m., by the Chair, J. McPherson. |  |
| 2.0 NEW BUSINESS | |
| **2.1 PFCC Thunder Bay Regional Presentation:**  ● B. Nicholas asked if there were any questions regarding the presentation since everyone present had already heard it.  ● J. McPherson noted that he is aware the Board will have to amend the Mission, Vision, Values Statement.  ● B. Nicholas stated that when doing so, keep in mind what kind of care you wish to deliver.  ● B. Nicholas added that slide 13 of the presentation, Board’s Role, is very important.  ● J. McPherson inquired what the metrics were at the Board level. B. Nicholas responded the following:  -Overall patient satisfaction. B. Nicholas concurred that it was a good idea to conduct comment card blitzes. TB Regional utilizes NRCC (National Research Corporation Canada) to conduct their staff satisfaction surveys.  -Having metrics/processes in place (i.e.: engagement, listen, NOD (name, occupation, do)).  ● B. Nicholas stated that all staff need to be educated on PFCC.  ● She also noted that the measure of compliance for NOD (audits) should be done.  ● L. Bonanno noted that Rhonda Crocker Ellacott referred to a statement at the Board Retreat a few weeks ago; “people are there as advisors, not as advocates”.  ● K. Taylor added that a patient advisor is similar to a co-worker; everyone works together on hospital issues.  ● J. McPherson inquired who at TB Regional looked after the Bylaw changes to reflect PFCC. B. Nicholas responded that it was Rhonda Crocker Ellacott who found the model of care (PFCC) and was the Lead, but together with the CEO and the Board of Directors, they revised by Bylaw.  ● Dr. Zufelt asked B. Nichols what were the biggest changes, most difficult tasks in implementing PFCC. She responded the following:  -Education of PFCC  -Sharing patient stories  -Patient family advisors (PFA) need to be coached  -Allow and encourage participation  -Collaboration  ● B. Nicholas added that there is no ratio for PFA to patient.  ● Dr. Zufelt inquired how PFAs were recruited. B. Nicholas responded that managers recommended some patients at the time and brochures were given out. Ads were also placed in the newspaper and by word of mouth.  ● K. Taylor stated that PFAs need to be trusted 100%.  ● B. Nicholas noted that PFAs go through an orientation (similar to staff orientation), they must sign a confidentiality agreement and provide a criminal record check.  ● L. Bonanno noted that PFCC is an ongoing work; it requires re-engagement and re-education.  **2.1.1 Approval of Agenda:**  ● Approval of the agenda was moved from item 5.0 to 2.1.2.  **It was moved by R. Humphreys and seconded by W. Anton that the Board approves the agenda as amended.**  **2.2 PFCC Improvement Charter:**  ● L. Heerema reported that the PFCC education plan is in process and will be reviewed by the nurse champions.  ● Dr. Zufelt noted that L. Heerema cannot carry-out the full PFCC duties on top of her full-time CNO position. L. Heerema responded that in time, a PFCC Coordinator position will be required (as stated in the charter).  ● L. Heerema noted that she works closely with B. Nicholas and can now ask for assistance from Dot Allen, CNO at Nipigon Memorial Hospital, since they have recently implemented PFCC at their hospital.  ● L. Heerema noted that the Hospital will need cultural change and acceptance from staff, physicians, etc.  ● D. Burke noted that L. Heerema should go easy and slowly; “it is a marathon, not a sprint”.  ● J. McPherson noted that it is great to have a template in place.  ● L. Heerema stated that any suggestion is always welcome.  **2.3 Expectations of Board with PFCC:**  ● L. Heerema briefly highlighted the attached document.  ● L. Heerema noted that a PFA will be needed on the Board. J. McPherson responded that as such, the Bylaw will have to be amended accordingly.  ● L. Heerema added that everything starts with a patient story.  ● She also noted that she does not believe every single hospital committee will require a PFA.  ● L. Heerema noted that PFCC resources are the responsibility of the Board; the funds should not come from the operating budget. J. McPherson responded that it is up to L. Bonanno, as CEO, to have a balanced budget.  ● L. Heerema added that PFCC is a big financial requirement, as is the OCP (Ontario College of Pharmacist) accreditation.  ● J. McPherson noted that the “Desired Future State for PFCC” section of the Expectations of Board with PFCC document should be available for the consultant when working on redeveloping the MVV Statement and the Strategic Plan.  **2.4 Mission, Mission and Values Statement:**  ● Attached, along with the GDH Mission, Vision and Values Statement were examples of other facilities that have PFCC in place.  ● J. McPherson read an example of a strategic plan process.  ● Members requested a copy of the example.  ● **J. McPherson will send it to D. Lauzon to email to all members.**  **2.5 Bylaw:**  ● J. McPherson noted that it is important to review the Bylaw to tie it to PFCC.  ● He added that the definition of “family” will have to be defined.  ● He also noted that the quorum, composition and committees sections will have to be amended accordingly. | **Carried** |
| **3.0 CORRESPONDENCE** | |
| **3.1 Thank You Letter: Gracie Mascotto:**  ● For member information. |  |
| **4.0 EDUCATION** | |
| **4.1 Board Retreat Verbal Reports:**  ● W. Anton noted that they talked a great deal about patient stories. She noted that the Manitouwadge hospital name was changed. She also noted that NOSP has a great deal of problems and needs with mental health services; there is no accountability. NOSP needs help; there are too many silos.  ● L. Bonanno added that NOSP is in an internal crisis. They received funds for another mental health worker but their service is Monday to Friday, 9:00 to 5:00. The hospital could use another mental health worker for the ED but funds are not available. NOSP has no support during evenings and weekends.  ● R. Humphreys reported that he enjoyed the open discussions.  ● C. Tschajka reported that he missed the Friday night session. He added that we need more people like Shannon Cormier (NOSP). S. Cormier reported during the retreat that she is willing to lose her job for added services. He added that during the PFCC presentation, Rhonda Crocker Ellacott reported that the TB Regional parking lot changes (tokens) did not include PFCC input.  ● M. Letourneau inquired about the Manitouwadge hospital and how their funds are disbursed within the hub. L. Bonanno responded that the Family Health Team is funded differently but the funds go to the hospital; they have their own budget line. The FHT Director oversees the budget with the hospital CEO.  ● W. Anton added that it was discussed to invite the Family Health Teams to next year’s retreat. She added that the hospitals in the area are all fundraising (i.e.: masquerade ball, walk, etc.). |  |
| **5.0 ADOPTION OF THE AGENDA** | |
| ● Refer to item 2.1.1. |  |
| **6.0 DECLARATION OF CONFLICTS OF INTEREST** | |
| ● None. |  |
| **7.0 CONSENT AGENDA** | |
| ● There was no consent agenda this meeting; it was strictly a governance meeting. |  |
| **8.0 ITEMS LIFTED FROM CONSENT AGENDA** | |
| ● There was no consent agenda this meeting. |  |
| **9.0 BUSINESS ARISING FROM MINUTES** | |
| 9.1 Request for Proposal (RFP): Amended  ● J. McPherson informed the members to email their thoughts and/or suggestions to L. Bonanno regarding the attached RFP.  9.2 Individual Director’s Functioning:  ● Deferred to the next meeting.  ● J. McPherson asked the members to review item #7 to be ready for discussion at the next meeting.  9.3 Key Elements of High Performing Systems:  ● J. McPherson noted that the twelve items were internally recognized at last year’s HealthAchieve conference to improve any organization.  9.4 Board Picture:  ● J. McPherson reminded the Board members that the Board group picture will be taken at the November meeting.  9.5 Board Committees and Representatives:  ● J. McPherson noted that the Executive Committee requires one more member.  ● M. Letourneau agreed to sit on the Executive Committee. |  |
| **10.0 CAPITAL PLAN ED RELOCATION PROJECT UPDATE** | |
| ● No update this meeting as the focus was governance. |  |
| **11.0 LINKAGES AND PARTNERSHIPS** | |
| 11.1 Geraldton District Hospital Auxiliary (GDHA) Report:  ● There was no report this meeting. |  |
| **12.0 MEDICAL STAFF** | |
| **12.1 Physician Privileges:**  ● None. |  |
| **13.0 CHIEF EXECUTIVE OFFICER (CEO) REPORT** | |
| ● There was no report this meeting as the focus was governance only. |  |
| **14.0 ROUND TABLE DISCUSSION** | |
| ● No round table discussion this meeting as the focus was governance only. |  |
| **15.0 BI-MONTHLY MEETING EVALUATION:** | |
| ● Members completed their evaluations and handed them in to Diane. She will compile them and the summary will be reviewed at the next meeting. |  |
| **16.0 TERMINATION OF REGULAR BOARD MEETING** | |
| **It was moved by D. Boulanger and seconded by C. Tschajka that the regular meeting be adjourned at 7:48 p.m.** | Carried |