Geraldton District Hospital

Minutes of the

**GDH Board of Directors’ Meeting**

Held at the Geraldton District Hospital and via Zoom

Tuesday, December 7th, 2021 at 5:30 pm

Present

Voting: Mark Wright Bobby Jo Chenier Victor Tschajka Michael Davis Terry Popowich Dorene Boulanger

 Kathryn Legault Ralph Humphreys Patricia Dufour

Non-Voting: Darryl Galusha Ian McPherson Brigitte Ouellet

 Dr. Ryan Zufelt Laurie Heerema

 Jena Goulet (recorder)

Regrets

Voting: Jessie Beaulieu Sanna Humphreys

Non-Voting: Dr. Roy Laine

**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%**

**1.0 CALL TO ORDER**

**1.1 Welcome and Chair’s Opening Remarks**

● The meeting was called to order at 5:34 pm by M. Wright.

● M. Wright read the Treaty Acknowledgement.

**2.0 DECLARATION OF CONFLICTS OF INTEREST**

● No conflicts declared.

**3.0 ADOPTION OF THE AGENDA**

● M. Wright asked if there were any amendments to the agenda.

● Under New Business, add Item 11.2 Regional Services Counsellors’ Meeting – November.

**It was moved by V. Tschajka and seconded by M. Davis that the agenda be approved as amended.**

**CARRIED.**

**RES 75**

**4.0 PRESENTATIONS**

None.

**5.0 CORRESPONDENCE**

None.

**6.0 EDUCATION**

**6.1 Guide to Good Governance – Chapter 10 (Pages 261-290)**

● M. Wright asked if there were any questions or comments regarding this month’s education.

● The Geraldton District Hospital follows the Not-For-Profit Corporation’s Act.

● The Board’s AGM Meeting must take place between April 1st and July 31st annually.

***P. Dufour joined the meeting at 5:39 pm.***

**7.0 CONSENT AGENDA**

**7.1 Regular Board Meeting Minutes – November 2nd, 2021**

**7.2** **MAC Meeting Minutes – November 18th, 2021**

**7.3 CCS Report**

**7.4 CNE Report**

**7.5 Human Resources Report**

**7.6 COS Report**

**It was moved by D. Boulanger and seconded by K. Legault to accept the Consent Agenda as presented.**

**CARRIED.**

**RES 76A**

**8.0 ITEMS LIFTED FROM CONSENT AGENDA**

**9.0 BUSINESS ARISING FROM MINUTES**

None.

**10.0 OPERATIONS SUPPORT MANAGER REPORT**

**10.1 Financial Highlights**

● I. McPherson summarized the current GDH Financial Highlights for the Board of Directors.

● GDH is operating with a surplus as of September 30th.

● The financial statement vs. the current ratio were discussed.

● R. Humphreys inquired about the difference between current and non-current assets. I. McPherson explained that current assets are cash and receivables that can be liquidated quickly, as needed. Non-current assets are related to GDH’s investments.

● The acid-test ratio was discussed. I. McPherson stated that large amounts of money were spent this fiscal year for the Emergency Department Project and on Capital Projects.

● D. Boulanger asked what the forecast is for the current surplus funds. I. McPherson replied that additional expenses are expected for purchased services, such as Agency Nurses, and consultation fees for the old Emergency Department space.

● The surplus for the Nakina Clinic will be used to replace the flooring and the addition of a new phone system.

● There has been a significant increase in the supplies expenses. This is due to the unexpected electricity costs for the new Emergency Department. Options for amalgamating the costs for both side of the Hospital are being explored to decrease these costs.

***B. J. Chenier joined the meeting at 5:52 pm.***

**10.2 Operational Highlights**

● I. McPherson summarized the Operational Highlights for the Board members.

● Potential plans for repurposing the old Emergency Department were discussed. The Board will be informed when a proposal is being created.

● B. Ouellet explained that the company has been selected for the Imaging Department equipment but is waiting for the agreement to be drawn up. B. Ouellet is confident that the equipment will be ordered by March but the Department may not be able to go live until the new fiscal year.

**11.0 NEW BUSINESS**

**11.1 Governance Functioning Tool**

● I. McPherson presented the summarized report to the Board of Directors.

● I. McPherson stated that an Action Plan can be developed at the Board level to improve any yellow or red items. This is required for accreditation.

● D. Boulanger would like to compare the results to the report that was created 4 years ago.

● T. Popowich stated that if Board members have concerns, they should be discussed during their meetings prior to filling out the survey.

**11.2 Regional Services Counsellors’ Meeting – November**

● T. Popowich provided his perspective from the November Regional Services Counsellors’ Meeting.

● The formation of the Ontario Health Teams has Greenstone lined up with the North Shore. T. Popowich made the committee aware that this is not the wishes of GDH and informed D. Galusha of the discussion. D. Galusha shared that staying aligned with Thunder Bay since GDH works well with TBRHSC and a collaboration would best serve the community members of Greenstone.

● The Regional Transformation Group between Pharmacies and Chemotherapy Compounding Facilities was discussed and it was stated that GDH is already involved in the Group.

● The Regional Rehabilitative Care provided education regarding the Regional Rehabilitative Care Outreach Program.

● The Regional Chief Information Officer provided education on regional cybersecurity efforts as well as a brief update on the Health Information System (HIS) renewal.

**12.0 LINKAGES & PARTNERSHIPS**

**12.1 QIC Meeting Minutes – Next Meeting: December 16th, 2021**

**12.3 HCAC Meeting Minutes – Next Meeting: December 14th, 2021**

**12.4 Geraldton Hospital Auxiliary Report**

● No report provided.

**It was moved by T. Popowich and seconded by R. Humphreys that the Linkages & Partnerships reports be accepted as presented.**

**CARRIED.**

**RES 77**

**13.0 CEO REPORT**

● D. Galusha highlighted his written report to the Board of Directors.

● The submission provided outlined the increased requirement for LTC beds within the Greenstone District. It is projected that the area would require a total of 62 beds by 2035. Therefore, the requested 48 LTC beds submitted in the proposal is reasonable.

● Awaiting final confirmation regarding incremental expenses associated with the implementation of Directive 6 for both first and second quarter COVID-19 expenses.

● GDH Staff are currently being provided with the COVID-19 booters.

● We continue to utilize the Nurse Practitioner position to assist with the Physician shortage within the Emergency Department. This has allowed for a significant decrease in the Physicians’ workload. GDH will continue to search for a funding model that will allow for the continued utilization of the NP in this position. D. Galusha has removed himself from the process to prevent a conflict as the current NP is his spouse.

● GDH is exploring optional housing options for professional staff. Current housing options are limited within the district and this poses some challenges in the recruitment and retention of qualified professionals.

● A letter of support has been signed for the creation of the BScN program from Confederation College. D. Galusha will be lobbying for a Greenstone campus, to ensure that we can continue to provide additional educational opportunities to local residents.

**13.1 Greenstone Local Health Hub**

● As of 2020, GDH is only serving 58% of the demand for LTC beds. The LTC Residence has 26 beds which are occupied and currently has 20 individuals on a waitlist.

**It was moved by B. J. Chenier and seconded by M. Davis that the report from the CEO be approved as presented.**

**CARRIED.**

**RES 78**

**14.0 DECISION OF THE BOARD**

**14.1 Physician Privileges**

● The list of Physician Privileges requests from the MAC meeting was presented to the Board for review.

**It was moved by K. Legault and seconded by D. Boulanger that the list of Physician Privileges be approved as presented.**

**CARRIED.**

**RES 79**

**15.0 ROUND TABLE DISCUSSION**

● Discussion occurred.

**16.0 MONTHLY MEETING EVALUATION**

**16.1 GDH Board of Directors’ Score Card**

● D. Boulanger highlighted that Individual Assessment completion is at 49%. This needs improvement as these are required for accreditation.

**16.2 Bi-Monthly Meeting Evaluation Form**

● The Evaluation Form was provided to the Board members.

● It was requested that the forms be completed and submitted to J. Goulet by Friday, December 10th, 2021.

**17.0 IN CAMERA MEETING**

**18.0 TERMINATION OF IN CAMERA MEETING**

**19.0 MEETING WITH MANAGEMENT (CEO ONLY)**

**20.0 MEETING WITHOUT MANAGEMENT**

**21.0 TERMINATION OF REGULAR BOARD MEETING**

**It was moved by D. Boulanger and seconded by T. Popowich that the Board of Directors Meeting be adjourned at 6:51 pm.**

**CARRIED.**

**RES 80**

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Board Chair Signature