



Regular Board Meeting
May 31, 2021

<u>PRESENT</u>	K. Pristanski, Chair N. Gladun, Vice Chair E. Wawia, Director R. Beatty, Director	G. Mackenzie, Director E. Rutherford, Director C. Eady President & CEO J. Dorval, CNE	L. Haskell, CFO S. Jean, Executive Director FHT/Community Services Dr. R. Dhaliwal, COS J. Jean, Recorder
<u>REGRETS</u>	Dr. D. Scott, FHT Lead J. Foulds, Director	Dr. R. Foulds, President, Medical Staff	

Due to the continued restrictions as a result of the COVID-19 pandemic, Board members continue to attend the meeting via videoconference / teleconference.

Each Board member received a copy of the presentation and board package contents via email in advance of the meeting.

1.0 CALL TO ORDER

K. Pristanski called the meeting to order at 5:35 pm.

K. Pristanski began the meeting with an Indigenous Land Acknowledgement Protocol. *"Aannii, Boozhoo. Before we begin, I'd like to acknowledge the traditional territories that we sit on today. Northwestern Ontario sits on the traditional lands of the Ojibwe/Chippewa/Anishnaabe, Oji-Cree and Mushkegowuk/Cree peoples and occupies the lands of Robinson-Superior Treaty, Treaty 9, Treaty 5 and the Ontario portion of Treaty 3. We recognize the footsteps placed before our time and are grateful for the opportunities to work together towards true health equity."*

1.1 QUORUM

2/5 of voting members. Achieved.

1.2 CONFLICT OF INTEREST

There were no declarations of conflict of interest.

1.3 APPROVAL OF AGENDA

MOTION #1

Moved by - G. Mackenzie

Seconded by - N. Gladun

Opposed - None

"That the agenda be accepted as presented. Carried."

2.0 OPENING REMARKS

K. Pristanski discussed the recent Regional Services Committee Meeting of May 6, 2021. Year one progress and setting the stage for year 2 was discussed. A Briefing Note outlining the process was provided to the directors.

Directors discussed IT as a priority including the upgrading of Meditech or moving to another electronic health record software. Currently, Meditech is being used throughout all hospitals in northwestern Ontario. It is up for renewal this year.

3.0 PATIENT STORY

J. Dorval provided the following patient story.

Transportation remains a constant challenge. Ambutrans has been a game changer and has facilitated our non-urgent transfers, but urgent transfers trigger a domino effect where previously scheduled appointments confirmed with EMS are sometimes delayed.

The challenges around transporting urgent and non-urgent patients was discussed. K. Pristanski requested that EMS provide a presentation to the Board in September 2021 to learn more about EMS transfer process.

4.0 PRESENTATION

4.1 Regional Transfer Nurse Protocol

C. Eady provided a presentation on the proposal. The proposed Regional Transfer Nurse initiative will address the current process for patient transfers (requiring nurse escorts from regional hospitals to Diagnostic Imaging only. Other locations will be reviewed at a later date) which is not optimal and putting significant risk/pressure on small hospitals, EMS, ORNGE and the overall health system.

C. Eady explained that there have been multiple attempts at solving this challenge in the past, and that while it worked well, it was not sustained due to various limitations of how the program was structured or funded and the level of nursing support and the environment in the Diagnostic Imaging Department. The Briefing note and presentation were provided to the directors for additional information.

5.0 MEETING MINUTES

5.1 Board

The minutes of the April 26, 2021 Board meeting were reviewed.

MOTION #2

Moved by - E. Rutherford

Seconded by - E. Wawia

Opposed - None

"That the Board meeting minutes of April 26, 2021 be accepted as presented." Carried.

5.2 Medical Advisory Committee

The minutes of the May 12, 2021 MAC meeting were reviewed.

MOTION #3

Moved by - R. Beatty

Seconded by – G. Mackenzie

Opposed - None

“That the Medical Advisory Committee meeting minutes of May 12, 2021 be accepted as presented.”
Carried.

5.3 Quality Committee

The minutes of the May 18, 2021 Quality Committee meeting were reviewed.

MOTION #4

Moved by - R. Beatty

Seconded by - E. Rutherford

Opposed - None

“That the Quality Committee meeting minutes of May 18, 2021 be accepted as presented.” Carried.

5.4 Quality Committee’s Governance Work

C. Eady explained the purpose of the meeting. K. Pristanski, N. Gladun and R. Beatty and C. Eady met to discuss and review the preliminary plans for addressing the gaps identified in the OHA’s Board Self assessment and Accreditation Canada’s Governance survey results and roadmap. A Briefing Note was provided to the Directors.

C. Eady will present the progress at the next Quality Meeting.

The minutes of the May 18, 2021 Quality Committee’s Governance Work meeting were reviewed.

MOTION #5

Moved by - N. Gladun

Seconded by - R. Beatty

Opposed - None

“That the Quality Committee’s Governance Work meeting minutes of May 18, 2021 be accepted as presented.” Carried.

6.0 GENERATIVE

6.1 Senior Management Report

C. Eady reviewed the report.

Senior Management Report included -

- COVID-19 Update
- Laboratory

- Nursing
- Indigenous Advisory
- Satisfaction Surveys
- CCC to EldCap Conversion
- Stable Patient Transfers
- Additional Long Term Care Beds Announcement

MOTION #6

Moved by - G. Mackenzie

Seconded by - E. Wawia

Opposed - None

“That the Senior Management report of May 2021 be accepted as presented.” Carried.

6.2 Board Terms

K. Pristanski requested that E. Wawia and N. Gladun consider their commitment to a 3-year term’ to the Board as they will be up for re-election at the June AGM

6.3 NDMH By-Law Review

Revisions to By Law No. 2

Article 4

Board

4.1 Composition of the Board

The Executive Director, Nipigon District Family Health Team as an *ex-officio* non-voting Director.

Article 8

Board Committees

8.3 Board Committee Members, Chair

Unless otherwise provided by by-law or Board resolution, the Board shall appoint the chair, the vice-chair (If any) and the members of each Board committee. Each chair and vice-chair of a Board committee shall be a Director. The members and the chair and vice-chair of each Board committee shall hold their office at the will of the Board. The Board committees may include members who are not Directors (other than an Executive Committee, if any).

Article 15

Matters Required by the Public Hospitals Act

15.1

Committees and Programs Required by the Public Hospitals Act

The Board shall ensure that the Corporation establishes such committees and undertakes such programs as are required pursuant to the Public Hospitals Act, including a medical advisory committee, a fiscal advisory committee and a quality committee.

French Language Services

The elected membership shall make every effort to recruit French-speaking representation on its Board of Directors to ensure the needs and concerns of the Francophone population are integrated into the decision-making process. The Board shall strive for one French-speaking member.

Credentialing

The MAC shall:

- (i) receive and consider the application along with the Credentials Committee Report and Minutes (where exists) and further consider the application in the context of the Professional Staff Human Resource Plan and the Impact Analysis Report completed by the relevant Department
- (ii) based on the documents reviewed and considered, make a recommendation with respect to the Applicant's appointment in writing to the Board within sixty (60) days from the date of the application
- (iii) send notice of its recommendation to the Applicant pursuant to the Public Hospitals Act. Where the recommendation is in favour of appointment, the MAC shall specify its recommendation with respect to the privileges the Applicant should be granted and procedures the Applicant should be permitted to perform.

If the MAC's recommendation is against appointment or re-appointment, the MAC shall provide written notice to the Applicant which shall inform the Applicant that s/he is entitled to:

- (i) written reasons for the recommendation if a request for reasons is received by the MAC within seven (7) days of the receipt of a notice of the recommendation by the Applicant; and
- (ii) a hearing before the Board if a written request is received by the Board and the MAC within seven (7) days of the Applicant's receipt of the written reasons.

The MAC may make its recommendation later than the sixty (60) day period set out in the Public Hospitals Act if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and the Applicant that a final recommendation cannot yet be made, and gives the written reasons therefore.

Subject to the provisions of the Public Hospitals Act, where no hearing is requested, the Board shall either implement the recommendation of the MAC or reject the MAC's recommendation. In either case, the Board shall cause the MAC and the Applicant to be informed of the Board's decision regarding the recommendation.

The Board may, in accordance with the Public Hospitals Act, refuse to appoint or reappoint and Applicant to the Professional Staff on any ground, including a failure to obtain or reduction in/loss of academic status at the University.

Where an Applicant requests a hearing before the Board within seven (7) days of the Applicant's receipt of the written reasons, the Board shall appoint a time for and hold the hearing and shall decide the matter within its authority. The parties to the proceedings before the Board are the Applicant, the MAC and such other persons as the Board may specify.

Where the Board is required to hold a hearing, the person requiring the hearing shall be afforded all of the rights set out in the Hospital's By-laws and Schedule "A" thereto and specifically may examine any documentary evidence that will be produced or any report, the contents of which will be given orally in evidence at the hearing, prior to the hearing.

The Board may make a decision under certain conditions without holding a hearing, unless a hearing is required by or under the Public Hospitals Act.

The Board of Directors, upon recommendation of the Medical Advisory Committee appoints the Chief of Staff to the Board of Directors.

The Chief of Staff works closely with Hospital Senior Management. The Chief of Staff reports to the Board of Directors regarding the quality of care provided to patients and residents by the medical staff, as well as other related medical issues.

The Board of Directors is responsible for the evaluation of the performance of the Chief of Staff.

In order to accomplish such evaluation in a fair manner, the following procedures will be followed -

- Every second year, the Chief of Staff participates in a Multi-rater Performance Review (MPR) process.
- Annually, the Chief of Staff, Board Chair and Chief Executive Officer will meet to review and discuss the MPR Report and establish goals.
- The Chief of Staff selects the raters for the review. The Ad Hoc Performance Review and Compensation Committee will include -
 - Board Chair
 - One other board member
 - Chief Executive Officer
 - Chief nursing executive
 - One physician
 - 1 allied health professional
 - Chief of Staff
- The MPR raters will review compliance of the Chief of Staff to the duties of the Chief of Staff, as listed in the Chief of Staff job description
- The MPR raters will also review accomplishments of goals and objective set by the Board of Directors, if any, and attendance at Board meetings, MAC meetings and Committee meetings.

- In addition, the Chief of Staff participates in the preparation of the Quality Improvement Plan annual indicator development. The indicators are reviewed by the Ad Hoc Performance Review and Compensation Committee and a determination is made as to the “at risk” percentage of compensation.
- The Quality Committee makes a recommendation to the Board of Directors as to the compensation rate of the Chief of Staff, including the “at risk” percentage, to be paid out based on successful achievement of the targeted indicators.

7.0 STRATEGIC

7.1 Q4, Strategic Plan

C. Eady discussed the progress made on the Strategic Plan despite the pandemic. An updated document was reviewed.

7.2 Finance

L. Haskell reported that overall, it has been an extremely busy year in the Finance Department realizing three times the usual reporting as a result of the pandemic. C. Eady thanked L. Haskell for her work.

7.3 NDMH Finance, Q4

L. Haskell provided the Disbursements. Summary by Department / Variance Analysis, and Summary of Operations / Variance Analysis were also provided and reviewed.

8.0 OTHER

Special Board Meeting

A special board meeting has been scheduled for Friday, June 11th at 10:00 am to communicate with the auditors. A Zoom invitation will be sent to all directors in advance of the meeting.

9.0 MEETING EVALUATION

For completion and return to Admin.

10.0 IN CAMERA

MOTION #9

Moved by - G. Mackenzie

Seconded by – J. Foulds

“That the Board of Directors moves to In Camera at 7:18 pm.” Carried.

11.0 ADJOURNED - 7:40 pm

NEXT MEETING – Monday, June 28th, 2021 @ 5:30 pm



Kal Pristanski, Board Chair



Cathy Eady, Chief Executive Officer
Nipigon District Memorial Hospital