



**Regular Board Meeting
Monday, April 30, 2018**

PRESENT K. Pristanski (Chair), N. Gladun, E. Rutherford, James Foulds, A. O'Connor, E. Wawia, D. Mangoff, M. Boudreau, L. Haskell, D. Ward, (Interim Director NDFHT/Community Services), J. Garofalo (Interim CFO), Dr. R. Crocker Ellacott (CEO), Dot Allen, (CNE) Dr. R. Dhaliwal (COS), J. Jean (Recorder)

REGRETS J. Pothof, Dr. D. Scott (FHT Physician Lead)

TOUR OF URGENT CARE CLINIC

D. Ward (Interim Director NDFHT/Community Services) provided a tour of the newly renovated space. On April 2nd, 2018 Urgent Care (same day appointment) was transitioned from the Jackson Hughes Medical Clinic to the Family Health Team.

1.0 CALL TO ORDER

K. Pristanski called the meeting to order at 5:45 pm.

2.0 PATIENT STORY

D. Allen shared a patient story of how Long Term Care Staff recognized a resident's social isolation as a result of illness and found an alternative way for the resident to return to the social setting of Long Term Care.

This story also demonstrates the dedication of the LTC staff to the residents they care for.

3.0

3.1 QUORUM

2/5 of voting members. Achieved.

3.2 CONFLICT OF INTEREST

There were no declarations of conflict of interest.

3.3 APPROVAL OF AGENDA

MOTION #1

Moved by - N. Gladun

Seconded by - J. Foulds

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

3.4 CHAIR REMARKS

K. Pristanski welcomed D. Ward to Nipigon Hospital as Interim Director NDFHT/Community Services and L. Haskell as Finance Manager.

4.0 CONSENT AGENDA

MOTION #2

Moved by - N. Gladun

Seconded by - J. Foulds

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

5.0 REPORTS AND DISCUSSIONS

5.1 Report from the President and CEO

R. Crocker Ellacott, President and CEO reported on the following:

- Medical, Educational Missions and Outreach (MEMO) Donations
- Accreditation update regarding follow up requirements
- Long Term Care Homes Quality Inspection Program / NDMH Performance
- EMS Station, Red Rock
- Healthcare Energy Leaders of Ontario (HELO) Lighting LED Update
- Base Funding Enhancement
- 2018/19 Hospital Infrastructure Renewal Fund (HIRF) Exceptional Circumstances Projects

Regarding the Long Term Care Homes Quality Inspection Program, NDMH rated the highest standing possible. Congratulations were extended to the D. Allen (CNE), M. Boudreau (Nurse Manager) and the staff of Long Term Care in their dedication and commitment to the residents of Nipigon Hospital.

A formal letter of acknowledgement and congratulations will be sent to the LTC staff.

MOTION #3

Moved by - E. Wawia

Seconded by - A. O'Connor

"That the President and CEO report of April 2018 be accepted as presented." Carried.

5.2 Report from the Chief of Staff

Dr. Dhaliwal reported that the Canadian Physicians and Surgeons of Ontario have implemented significant changes.

MOTION #4

Moved by - J. Foulds

Seconded by - N. Gladun

"That the Chief of Staff report of April 2018 be accepted as presented." Carried.

6.0 BUSINESS MATTERS

6.1 Overview of Community Engagement Session

R. Crocker Ellacott discussed the March 5, 2018 Community Engagement Session. The session was favorably attended by community partners and staff; many of who had also taken part in

the development of the strategic plan.

From the engagement session, the Hospital will work on integrating the feedback regarding our discharge planning process and transitions in care into the Strategic Plan Action Plan.

The overall quality of the session was rated good to very good and suggestions for future improvement were minimal. Special thanks to T. Smith and C. Freitag from Thunder Bay Regional Health Sciences Centre for supporting the engagement session.

6.2 Shared Services Agreement

R. Crocker Ellacott provided the final DRAFT of the Shared Services Agreement. J. Foulds requested information on the integration between NDMH and NDFHT. Clarification was provided.

MOTION #4

Moved by - K. Pristanski
Seconded by - N. Gladun

"That the Shared Services Agreement dated April 30, 2018 between NDMH and NDFHT be accepted as presented." Carried.

6.3 Performance Based Compensation

D. Allen provided Q4 report on the progress of the 2017/18 Quality Improvement Plan. The progress on the 3 indicators to which compensation is attached were reviewed.

Moved by - A. O'Connor
Seconded by - N. Gladun

"That the Board of Directors acknowledges that targets related to the Quality Improvement Plan of 2017/18 have been achieved, and that the disbursements of funds held back shall be returned to the CEO at 2%, COS at 2%, CFO 1%, and CNE 1%." Carried.

6.4 Q3 Financial Reporting

J. Garofalo and L. Haskell reviewed the disbursements for the months of October, November and December 2018.

Financial performance and variance analysis was also reviewed for the Q3 reporting period. Hydro costs remains significant however a large cost savings is expected from the LED initiative.

6.5 Family Health Team

D. Ward provided the following report:

- Funding has been received for a new RN position and the position has been posted. Interviews are being planned for May.
- MOHLTC Reporting
 - Preparing for Q4 submission
 - Facilitating review of "Schedule A" reporting structure – reviewing current

programs and services, critical review of metrics, working with MOH advisor regarding updating

- Focused work on Strategy and Operational Plan development for 2018/19

In his interim position, D. Ward is planning for a seamless transition to the permanent Director, once hired, through clear direction for Reporting Structure, Operational Plan 2018/19, and Strategic Direction for 2018/19.

6.5 RNAO Best Practice Spotlight Organization Open House

M. Boudreau invited the Directors to the Open House on Monday, May 7th at 2:00 pm in celebration of our year one achievements as a best practice spotlight organization.

7.0 FOR INFORMATION

7.1 Accessibility Plan 2015-18

K. Pristanski noted that the document reflects the Hospital's continued commitment to our Accessibility and our related achievements since 2015. This is the last year for this current Plan. The document can also be found on the Hospital's website at ndmh.ca

7.2 Accreditation Correspondence

As per the CEO Report, correspondence received on the 27th of April 2018 confirms our compliance with the follow up requirements.

7.3 Change in Leadership at North West LHIN

NW LHIN announces the appointment of Dr. Rhonda Crocker Ellacott as its new CEO.

7.4 North West LHIN Media Release - Improving the Quality of Life and Health Outcomes for People Experiencing a Mental Health or Addictions Crisis

7.5 Meeting Evaluation

100% Director satisfaction achieved at the March 2018 meeting.

8.0 BOARD MEMBER COMMENTS

None.

9.0 IN CAMERA

MOTION #12

Moved By - E. Wawia

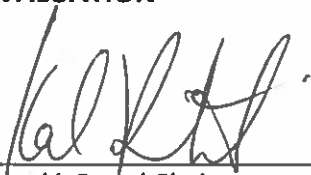
Seconded By - J. Foulds

"That the Board of Directors moves to In Camera at 7:40 pm." Carried.

10.0 DATE OF NEXT MEETING - Monday, May 28th, 2018 @ 5:30 pm

11.0 ADJOURNED - 9:45 pm

12.0 MEETING EVALUATION



K. Pristanski, Board Chair

Dr. R. Crocker Ellacott, Secretary