



**Regular Board Meeting
February 20, 2019**

PRESENT

K. Pristanski, Chair
J. Foulds, Director
R. Beatty, Director
C. Covino, CNE/COO
L. Haskell, CFO

N. Gladun, Vice Chair
G. Mackenzie, Director
S. Jean
Director, FHT/Community
Services

E. Wawia, Director
* via phone
Dr. R. Dhaliwal, COS
J. Jean, Recorder

REGRETS

E. Rutherford, Director
D. Murray, President & CEO

Dr. Doug Scott, FHT Lead

Dr. Robert Foulds,
President, Medical Staff

EDUCATION

C. Covino provided a presentation on Quality Improvement Plans. The presentation included:

- Quality improvement basics and its relationship to the Excellent Care for All Act
- The development and approval processes of a quality improvement plan
- Quality priorities for the 2019/20 Quality Improvement Plan

General discussion took place throughout the presentation.

1.0 CALL TO ORDER

K. Pristanski called the meeting to order at 5:50 pm.

2.0 PATIENT STORY

C. Covino provided a patient story that demonstrated the process involved in reviewing a recurring incident involving a resident and the successful resolution including multiple staff and a model for improvement.

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 - R. Beatty

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

3.4 CHAIR'S REMARKS

In follow up to the January meeting, K. Pristanski has corresponded with the LHIN. The LHIN is aware of the Hospital's long standing financial challenges. As per the process of submitting a deficit budget, NDMH shall submit a Hospital Improvement Plan.

4.0 MEETING MINUTES

4.1 Board

The meeting minutes of the January 23, 2019 Board meeting were reviewed.

MOTION #2

Moved by - J. Foulds

Seconded by - N. Gladun

"That the Board meeting minutes of January 23, 2019 be accepted as presented." Carried.

4.2 Medical Advisory Committee (MAC)

The meeting minutes of the February 13, 2019 MAC meeting were reviewed.

MOTION #3

Moved by - R. Beatty

Seconded by - J. Foulds

"That the Medical Advisory Committee meeting minutes of February 13, 2019 be accepted as presented." Carried.

4.3 Patient/Resident and Family Centred Care Committee

The meeting minutes of the February 5, 2019 meeting were reviewed.

5.0 REPORTS AND DISCUSSIONS

5.1 CEO Report

C. Covino reviewed the CEO report to the Board:

- Registered Nurses Association of Ontario (RNAO) Advanced Clinical Practice Fellowship Program
- Hospital Infrastructure Renewal Fund (HIRF) Update

MOTION #5

Moved by - G. Mackenzie

Seconded by - N. Gladun

"That the President and CEO report of February 2019 be accepted as presented." Carried.

5.2 Nipigon District Family Health Team Director Report

S. Jean provided a report to the Board on the following:

- Healthcare of Ontario Pension Plan (HOOPP)
- Management of Anticoagulant Therapy (MOAT) Course update

- Wound Care Program
- Program Coordination with Red Rock Indian Band and Flying Post First Nation
- Dilico Travelling Team Visit

MOTION #6

Moved by - E. Wawia

Seconded by - J. Foulds

"That the Nipigon District Family Health Team Director's report of February 2019 be accepted as presented." Carried.

COS Report

5.3 Dr. R. Dhaliwal reported on the following:

- Dr. Janine Pintar has signed on with the Nipigon Doctor's Group
- The Suboxone Program shall continue under the leadership of Dr. Carfignini
- Dilico travelling team and shared electronic health record

E. Wawia will meet with the chief of the Red Rock Indian Band and collaboration opportunities for the electronic health record.

MOTION #7

Moved by - G. Mackenzie

Seconded by - R. Beatty

"That the Chief of Staff report of February 2019 be accepted as presented." Carried.

6.0 BUSINESS MATTERS

6.1 Enterprise Risk Management

C. Covino presented a draft Risk Registry, which was created with input from the senior team. The draft document identifies the corporate risks of the organization.

In addition to the Risk Registry, C. Covino reviewed the Risk Heat Map which presents the results of the risk assessment visually and identifies the likelihood and potential impact of the identified corporate risks.

The senior team will meet in the near future to validate and establish risk tolerance. C. Covino will provide this information to the board at its March meeting in order to select the risks that will require action plan development.

QUALITY

6.2 NDMH Quality Improvement Plan / Scorecard, Q3

The Quality Improvement Plan's progress for Q3 was reviewed by C. Covino.

6.3 Scorecard, Q3

C. Covino reviewed other reporting requirements identified in the scorecard for Q3.

6.4 NDFHT Quality Improvement Plan / Scorecard, Q3

The Quality Improvement Plan's progress for Q3 was reviewed by S. Jean.

6.5 Quality Priorities / Indicators for 2019/20 QIP

C. Covino discussed the Quality Priorities for the 2019/20 Quality Improvement Plans for Hospitals as established by Health Quality Ontario.

The Hospital sector has two mandatory indicators in the 2019/20 QIP. They include:

- Time to inpatient bed (as a small hospital, this is not an issue for NDMH)
- Number of workplace violence incidents (same as current year and as discussed in 4.3)

The Senior Team and Medical Advisory Committee have also discussed and reviewed the priorities for the upcoming QIP. In addition to the mandatory indicators identified above, the Senior Team, Medical Advisory Committee and Patient Resident and Family Centred Care Committee supports the following indicator development:

- Complaints acknowledged in a timely manner
- Early identification: Documented assessment of needs for palliative care patients
- Timely access to primary care provider and patient involvement in decisions about care.
- Medication reconciliation at discharge
- The number of patients not attached to a physician
- IT/IS in the clinic and access to patient information on a system that physicians use in clinic

The Quality Committee will meet on February 26th to review the priorities and indicators for 2019/20 and provide their recommendations.

The final document will be provided to the MAC and Board for final approval prior to March 31, 2019.

FINANCE

6.6 Response from LHIN Re: Budget Submission

L. Haskell has been in contact with the LHIN and utilizing discussions from the Fiscal Advisory Committee, Senior Team and the Board, a Hospital Improvement Plan has been submitted to the LHIN.

The Senior Team will continue to review its current financial obligations to identify cost savings.

6.7 NDMH Finance, Q3

L. Haskell provided the Disbursements, Summary by Department / Variance Analysis, and Summary of Operations / Variance Analysis for Q3. Documentation was reviewed.

6.8 NDFHT Finance, Q3

L. Haskell provided the Disbursements, FHT Departmental Budget Summary and Diabetes Education Program (DEP) Departmental Budget Summary for Q3. Documentation was

reviewed.

7.0 OTHER

7.1 Canadian Healthcare Technology, January 2019 - Mackenzie Health makes the leap to EMRAM 7

Article provided in follow up to D. Murray's presentation at the January 2019 Board meeting.

7.2 January 2019 Meeting Effectiveness Results

100% Director satisfaction achieved at the January 2019 meeting.

8.0 IN CAMERA

MOTION #10

Moved By - J. Foulds

Seconded By - G. Mackenzie

"That the Board of Directors moves to In Camera at 7:30 pm." Carried.

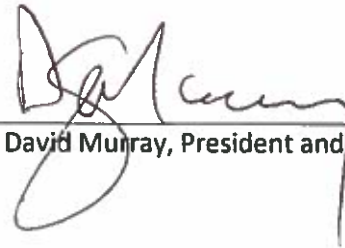
9.0 DATE OF NEXT MEETING – Monday, March 25th @ 5:30 pm, Board Room

10.0 ADJOURNED – 7:55 pm.

MEETING EVALUATION



Kal Pristanski, Board Chair



David Murray, President and CEO