



**Regular Board Meeting  
February 22, 2021**

**PRESENT** N. Gladun, Vice Chair C. Eady S. Jean, Executive Director  
E. Wawia, Director President & CEO FHT/Community Services  
J. Foulds, Director J. Dorval, CNE J. Jean, Recorder  
E. Rutherford, Director L. Haskell, CFO  
R. Beatty, Director

**REGRETS** K. Pristanski, Chair G. Mackenzie, Director  
Dr. D. Scott, FHT Lead Dr. R. Dhaliwal, COS  
Dr. R. Foulds, President, Medical Staff

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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**

N. Gladun called the meeting to order at 5:40 pm.

N. Gladun 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 - J. Foulds

Seconded by - E. Wawia

Opposed - None

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

## **2.0 DEMONSTRATION**

K. Lemieux, RN Educator provided a demonstration on the features of the newly purchased mannequin "Bobby" and the medical simulation modules the hospital purchased with the mannequin and opportunities for the purchase of additional modules.

Both K. Lemieux and Dr. J. Pintar have participated in education on the mannequin. Some staff has received introductory education and feedback is very positive. The mannequin provides the opportunity for active training in trauma with real life simulation.

## **3.0 PATIENT STORY**

J. Dorval provided a patient story about a recent unique admission to NDMH and the communication among the staff and patient. Post discharge, the team met and discussed opportunities for improvement. The discharged patient sent a note of appreciation to the Hospital for its exemplary care.

## **4.0 PRESENTATION – AmbuTrans**

C. Covino Eady provided a presentation on the stable patient transfer project. This is a collaborative between Terrace Bay, Nipigon, Thunder Bay Regional Health Sciences Centre, Superior North EMS and AmbuTrans. Through Superior North EMS base funding for 3 years for this project has been secured. This is the first time anyone has received multi-year funding.

## **4.0 MEETING MINUTES**

### **4.1 Board**

The minutes of the January 25, 2021 Board meeting were reviewed.

#### MOTION #2

Moved by - J. Foulds

Seconded by - R. Beatty

Opposed - None

*"That the Board meeting minutes of January 25, 2021 be accepted as presented."* Carried.

### **4.2 Medical Advisory Committee**

The minutes of the February 10, 2021 MAC meeting were reviewed.

#### MOTION #3

Moved by - J. Foulds

Seconded by - E. Wawia

Opposed - None

*"That the Medical Advisory Committee meeting minutes of February 10, 2021 be accepted as presented."* Carried.

### **4.3 Patient, Resident and Family Advisory Council**

The minutes of the February 19, 2021 PRFA meeting were reviewed.

**MOTION #4**

Moved by - R. Beatty

Seconded by - E. Wawia

Opposed - None

*"That the Patient, Resident and Family Advisory Council meeting minutes of February 10, 2021 be accepted as presented."* Carried.

**5.0 GENERATIVE**

**5.1 Senior Management Report**

C. Eady reviewed the report.

Senior Management Report included -

- COVID-19 update
- Lab renovation
- Recruitment
- Facilities
- CCC to Eldcap Conversion
- Long Term Care Compliance
- Stable Patient Transfers
- Police/Hospital Transitions

**MOTION #5**

Moved by - J. Foulds

Seconded by - E. Rutherford

Opposed - None

*"That the Senior Management report of February 2021 be accepted as presented."* Carried.

**5.2 Nipigon District Family Health Team Executive Director Report**

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

- Lead role in COVID Vaccination for Community
- Successful recruitment of RN and RPN
- First Vaccination Clinic

**MOTION #6**

Moved by - R. Beatty

Seconded by - E. Wawia

Opposed - None

*"That the NDFHT Executive Director report of February 2021 be accepted as presented."*  
Carried.

## **6.0 STRATEGIC**

### **6.1 NDMH Quality Improvement Plans for 2021/22**

J. Dorval provided a review of the current status of the quality Improvement planning process. The Quality Improvement Plan for 2020/21 was not submitted to Health Quality Ontario in March 2020 as the portal was not open for submissions as a result of the pandemic. The situation remains the same for this year and there are no instructions for submission of a QIP.

However, NDMH continued to measure the indicators selected in 2019/20 and report on progress to the Quality Committee.

To recap, indicators transitioned to 2020/21 –

Under the EFFECTIVE dimension -

- Early Identification. Documented assessment of needs for palliative care patients
- Repeat emergency visits for mental health

Under the SAFETY dimension -

- Increase reporting of workplace violence incidents (verbal and physical)
- Zero Tolerance of Abuse and Neglect of Residents

Under the PATIENT CENTRED dimension -

- Patient involvement in decisions about their care

#### **MOTION #7**

Moved by - J. Foulds

Seconded by - E. Rutherford

Opposed - None

*“That the following NDMH quality improvement measures, (previously identified in 2020/21) will continue to be measured and reported on for 2021/22 -*

- *Documented assessment of needs for palliative care patients*
- *Repeat emergency visits for mental health*
- *Increase reporting of workplace violence incidents (verbal and physical)*
- *Zero Tolerance of Abuse and Neglect of Residents*
- *Patient involvement in decisions about their care.” Carried.*

### **6.2 NDFHT Quality Improvement Plans for 2021/22**

S. Jean provided a review of the current status of the quality Improvement planning process stating that over the past year the focus of the team has been in supporting the Hospital and communities within the catchment area around the COVID-19 pandemic. The NDFHT is in the same position as NDMH with regards to the submission of the Quality Improvement Plan for 2020/21.

They too will continue to measure the indicators selected last year and report on progress to the Quality Committee.

To recap, indicators for 2020/21 –

- Percent of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge.
- Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.
- Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment?
- Proportion of primary care patients with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.
- Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system within a 6-month reporting period
- Percentage of patients with diabetes, age 18 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 month
- Percentage of Ontario screen eligible women, 21-69 years old, who completed at least one pap test in a 42 month period.

#### MOTION #8

Moved by – R. Beatty

Seconded by – J. Foulds

Opposed – None

*“That the following NDFHT quality improvement measures, (previously identified in 2020/21) will continue to be measured and reported on for 2021/22 -*

- *Percent of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge.*
- *Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.*
- *Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment?*
- *Proportion of primary care patients with a progressive, life-threatening illness who have had their palliative care needs identified early through a comprehensive and holistic assessment.*
- *Percentage of non-palliative patients newly dispensed an opioid prescribed by any provider in the health care system within a 6-month reporting period.*
- *Percentage of patients with diabetes, age 18 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months*
- *Percentage of Ontario screen eligible women, 21-69 years old, who completed at least one pap test in a 42 month period.) Carried.*

### **6.3 NDMH Finance, Q3**

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

### **6.4 NDFHT Finance, Q3**

L. Haskell provided the Disbursements for Q3. Financial Performance / Variance Analysis, was also provided and reviewed.

### **6.5 H-SAA**

L. Haskell reviewed the operating and capital expenditures related to COVID-19. The Board has instructed Lauren to attest to the LHIN, a balanced budget for fiscal year 2020/21. This can be achieved with relief from Assessment Centre funding.

### **6.6 Terms of Reference - Patient, Resident and Family Advisory Council**

The Patient, Resident and Family Advisory Council welcomed a completely new group of volunteers to their membership on February 19<sup>th</sup>. (New members - Janie Inget, Shirley Jean, Owen Littlefield, Brian White and Maryann Mickelson).

Note that the principles and values of Patient, Resident and Family Centred care are identified in the terms. Principles include -

- dignity and respect
- communication and information sharing,
- participation
- collaboration

The Values include -

- compassion
- accountability
- respect
- excellence
- safety

The Terms of Reference also identifies that the Council is accountable to the Quality Committee.

#### **MOTION #9**

Moved by – J. Foulds

Seconded by – R. Beatty

Opposed – None

*“That the Terms of Reference of the Patient, Resident and Family Advisory Council be accepted as revised.” Carried.*

### **6.7 Terms of Reference - Quality Committee**

This Terms of Reference was reviewed by the Quality Committee at its October 14, 2020 meeting. It too identifies the principles of Patient, Resident and Family Centred Care along with the dimensions of quality health care as defined in our Quality Healthcare Framework

These are -

- safe
- effective
- patient/resident and family centred
- efficient
- timely
- equitable

**MOTION #10**

Moved by – E. Wawia

Seconded by – J. Foulds

Opposed – None

*“That the Terms of Reference of the Quality Committee be accepted as revised.”* Carried.

**6.8 Terms of Reference – Board of Directors**

The Board’s Terms of Reference was revised to reflect its responsibility and accountability for “quality of patient care and services”. Specifically, the revision includes the Board’s role around the strategic plan and its overall vision and goals, and its commitment to quality and safety.

**MOTION #11**

Moved by – R. Beatty

Seconded by – J. Foulds

Opposed – None

*“That the Terms of Reference of the Board of Directors be accepted as revised.”* Carried.

**7.0 OTHER**

**7.1 EMS Services – Beardmore**

E. Rutherford once again expressed concern about the plans to close EMS at Beardmore. He identified several conflicting concerns in the document and requested that Board Directors review.

**7.2 Electrostatic Cleaner**

Links to online introduction provided to Directors.

**7.3 Meeting Evaluation**

N. Gladun stated that the evaluation was included in the meeting package and to email to [admin@ndmh.ca](mailto:admin@ndmh.ca) once completed.

**8.0 IN CAMERA**

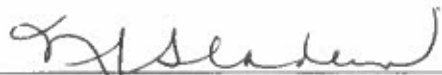
**MOTION #12**

Moved by - J. Foulds

Seconded by - R. Beatty

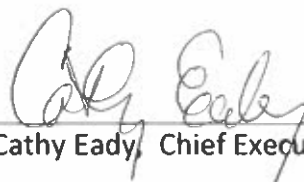
*"That the Board of Directors moves to In Camera at 7:35 pm."* Carried.

**ADJOURNED** -7:48 pm.



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Nancy Gladun, Vice Chair



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Cathy Eady, Chief Executive Officer