Regular Board Meeting
Monday, February 27, 2017

PRESENT K. Pristanski (Chair), J. Pothof (Vice Chair) N. Gladun, E. Wawia, Dr. R Crocker Ellacott, D. Allen (CNO), D. Hill (CFO), R. McEwen (Nurse Manager), Dr. R. Dhaliwal (COS) J. Jean (Recorder)

REGRETS A. O'Connor

EDUCATION
R. McEwen provided an overview of the required Leadership and Governance Standards of Accreditation Canada. Our progress was discussed.

1.0 CALL TO ORDER
1.1 K. Pristanski called the meeting to order at 5:55 pm.

1.2 QUORUM
Achieved.

1.3 CONFLICT OF INTEREST
There were no declarations of conflict of interest.

1.4 APPROVAL OF AGENDA
MOTION #1
Moved By: N. Gladun
Seconded By: J. Pothof

"That the Agenda be approved as circulated." Carried.

2.0 PATIENT STORY
R. Crocker Ellacott shared a patient story of the utilization of telemedicine and the collaboration of NDMH staff (OTN Coordinator, physiotherapist and physician) to provide a patient with access to initial and ongoing care via telemedicine referral.

OTN stats for 2015/16 and 2016/17 year to date were shared.

3.0 CONSENT AGENDA
3.1 MOTION #2
Moved By: N. Gladun
Seconded By: E. Wawia

"That the Consent Agenda be approved as circulated." Carried.

4.0 PRESENTATION

Quality Improvement Plan Progress 2016/17, and
Quality Improvement Plan 2017/18 DRAFT

D. Allen reviewed the progress of the 2016/17 Plan.

A draft 2017/18 Plan outlined the process of reviewing Health Quality Ontario recommendations and of choosing priorities for 2017/18 that best reflected the changes for NDMH that were reasonable for a small rural hospital. (ie. We did not choose to monitor our improvement on the care and management of stroke patients as we do not care for stroke patients at NDMH; they are transferred to TBRHSC).

The Board approved the following priorities for the 2017/18 QIP.

- Did you receive enough information from hospital staff about what to do if you are worried about your condition or treatment after you left the hospital?
- 30 day readmission rates for patients with Congestive Heart Failure (CHF)
- 30 day readmission rates for patients with Chronic Obstructive Pulmonary Disease (COPD)
- Percentage of Residents/Family who responded positively to the question *"How would you rate the overall quality of care and services delivered here?"*
- Percentage of Patients who responded positively to the question *"How would you rate the overall quality of care and services delivered in the Emergency Department?"*
- Percentage of patients that have Medication Reconciliation completed at admission
- Percentage of patients that have Medication Reconciliation completed during their visit to the Emergency Department
- Percentage of patients that have Medication Reconciliation completed at discharge
- Percentage of residents who are given antipsychotic medication without a diagnosis of psychosis

MOTION #3
Moved By: J. Pothof
Seconded By: N. Gladun

"That, pending endorsement by the Medical Advisory Committee, the DRAFT 2017/18 Quality Improvement Plan be accepted as presented." Carried.

5.0 REPORTS AND DISCUSSIONS

5.1 Report From President and CEO

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

- Health Services Blueprint: Early Adopter Implementation

- Strategic Planning 2020
- Changes in laboratory Services Life Labs
- Follow Up to January 2, 2017 Incident
- Nurse Practitioners
- Workplace Violence Prevention / Workplace Harassment, Discrimination Prevention / Domestic Violence
- Fire Drill Briefing
- Registered Nurses' Association of Ontario (RNAO) Best Practice Spotlight Organization

MOTION #4
Moved By: N. Gladun
Seconded By: J. Pothof

"That the President and CEO Report of February 2017 be accepted as presented." Carried.

5.2 Report from Chief of Staff

Dr. Dhaliwal reported on the following:

- Transition to Life Labs
- Physician staffing
- Nurse Practitioners

MOTION #5
Moved By: E. Wawia
Seconded By: N. Gladun

"That the Chief of Staff report of February 2017 be accepted as presented." Carried.

6.0 BUSINESS MATTERS

6.1 Accreditation

R. McEwen discussed the development of the Risk Management Program and a Patient Safety Plan (high priority requirements) for Accreditation Canada's Leadership standard.

ADM 35, Risk Management Program was reviewed and discussed. Managing risks has been a part of the hospital's day to day operations for many years, however, this Program reflects a structured plan/program to lessen the exposure, frequency and/or severity of risks based on evidence of best practices and organizational reviews; and fall within the framework provided within the policy.

MOTION #6
Moved By: J. Pothof
Seconded By: N. Gladun

"That ADM 35, Risk Management Program be accepted as presented." Carried.

The Patient Safety Plan was reviewed and discussed. The Plan considers safety issues in the organization, the delivery of services and the needs of patients/residents and their families.
This Plan was reviewed by the Quality Committee at its February 13, 2017 meeting and approved within the consent agenda, Item 3.1

Accreditation Canada requires that we complete one Patient Safety Related Perspective Analysis annually.

In October 2016, the Board made a decision to align the medication process for patients with an alternate level of care designation with the process for residents on Long Term Care.

A Patient Safety Related Perspective Analysis was completed using this transition. The process was reviewed by R. McEwen.

Accreditation Survey was provided. At the March Board meeting, the schedule will be reviewed for dates that the Directors are required to be in attendance.

6.2 Quality

Balanced Score Card, including Q3 Quality Improvement progress

D. Allen provided education on the Scorecard.

The Scorecard is a tool created and used to focus on our Strategic Plan by measuring how we are achieving our organizational goals.

The Scorecard measures the following Quality Dimensions -

- Effectiveness
- Patient centred
- Resident centred
- Safety
- Access to care
- Appropriateness and efficiency

Objectives, measures/indicators, and targets are identified for each quality dimension. Progress is monitored and shall be reported quarterly. Q3 progress of the Quality Improvement Plan was discussed as reported in the Scorecard.

6.3 FINANCE

Q3 Reporting

Disbursements

Disbursements from October, November and December 2016 were reviewed.

Statement of Financial Position, December 2016

Reviewed.

Summary by Department, December 2016
Reviewed. Clarification was made.

Summary of Operations, December 2016
Reviewed.

6.4 Multi Sector Accountability Agreement (M-SAA)
D. Hill reviewed the agreement that finances the Assisted Living Program.

<u>MOTION #7</u>
Moved By: N. Gladun
Seconded By: J. Pothof

"That the Board of Directors approves the 2017/18 M-SAA Extension Agreement."
Carried.

6.5 Hospital Service Accountability Agreement (H-SAA)
D. Hill reviewed the agreement.

<u>MOTION #8</u>
Moved By: J. Pothof
Seconded By: N. Gladun

"That the Board of Directors approves the 2017/18 H-SAA Extension Agreement."
Carried.

6.6 Capital Update Year To Date
D. Hill reported that capital purchases are progressing as planned.

6.7 Workplace Violence/Harassment/Discrimination Prevention Statement
Reviewed by Directors.

<u>MOTION #9</u>
Moved By: E. Wawia
Seconded By: J. Pothof

"That the Board of Directors approves the Workplace Violence/Harassment/Discrimination Prevention Statement as presented." Carried.

6.8 OHS 30, Workplace Violence Prevention
Reviewed by Directors.

<u>MOTION #10</u>
Moved By: N. Gladun
Seconded By: E. Wawia

"That OHS 30, Workplace Violence Prevention be accepted as presented." Carried.

6.9 OHS 53, Workplace Harassment, Discrimination Prevention
Reviewed by Directors.

MOTION #11
Moved By: E. Wawia
Seconded By: J. Pothof

"That OHS 53, Workplace Harassment, Discrimination Prevention be accepted as presented." Carried.

6.10 OHS 57, Domestic Violence
Reviewed by Directors.

MOTION #12
Moved By: J. Pothof
Seconded By: E. Wawia

"That OHS 57, Domestic Violence be accepted as presented." Carried.

6.11 June, 2017 Meetings Date
June Board meetings will take place on the 19th of June, 2017.

- Regular Board Meeting
- Annual General Meeting
- Special Meeting

6.12 Individual Director Self Assessment
The self assessment was included in the Board meeting package. K. Pristanski requested that the Directors hand in their completed self assessments.

7.0 FOR INFORMATION

7.1 Shaw Bill
D. Hill provided clarification in follow up to the January 23, 2017 Board meeting.

7.2 Meeting Effectiveness Evaluation
January 2017 Evaluation Results
No Comments. 100% meeting effectiveness.

February 2017 Board Meeting Effectiveness Evaluation provided, completed and returned.

8.0 IN CAMERA
MOTION #13
Moved By: J. Pothof
Seconded By: N. Gladun

"That the Board of Directors moves to In Camera at 7:05 pm

9.0 DATE OF NEXT MEETING

Monday, March 27, 2017 @ 5:30 pm

10.0 ADJOURNED - 7:40 pm.

K. Pristanski, Board Chair

Dr. R. Crocker Ellacott, Secretary