



## Board Meeting

February 28, 2022 at 5:30 pm via ZOOM

### Minutes

### Decision Making Framework

NDMH is committed to ensuring decisions and practices are ethically responsible and align with our vision, mission, values, philosophy and strategic directions. All decision makers should consider issues from an ethics perspective, including their implications of patients/residents and their families, staff and the community.

The following questions should be considered for each issue:

- 1 Does the decision put **Patient's First** by responding respectfully to needs, values and preferences of our patients/residents and their families, our communities and by considering input from our Patient/Resident and Family Advisory Council?
- 2 Does the decision support the pursuit of high **Quality** care through the adoption of best practices and innovation?
- 3 Does the decision demonstrate **Accountability** by advancing a high quality patient/resident experience that is socially and fiscally accountable?
- 4 Does the decision demonstrate **Respect** by honoring the uniqueness of each individual and the diversifying natures of our communities?
- 5 Does the decision foster **Compassion, Fairness, Integrity and Teamwork**?

### Agenda

Time	Presenter	Item & Purpose										Expected Outcome		Page #		
		R: Recommendation Decision/Action					E: Education		D: Discussion		I: Information =				R-E-D-I	
<b>1.0</b>	<b>Roll Call</b>															
	<b>Membership</b>	<b>O</b>	<b>T</b>	<b>V</b>	<b>R</b>	<b>A</b>	<b>Non-Voting Membership</b>					<b>O</b>	<b>T</b>	<b>V</b>	<b>R</b>	<b>A</b>
	Kal Pristanski, Chair				X		Cathy Eady, CEO							X		
	Nancy Gladun, Vice Chair	X					Madison Boudreau, Interim CNE					X				
	Ed Wawia, Director			X			Lauren Haskell, CFO							X		
	Eric Rutherford, Director	X					Shannon Jean, Director, NDFHT							X		
	Gordon Mackenzie, Director			X			Dr. Ravi Dhaliwal, Chief of Staff							X		
	James Foulds, Director			X			Dr. Doug Scott, Physician Lead									X
	Robert Beatty, Director			X			Dr. Robert Foulds, Pres., MAC									X
		O: On-site / T: Telecon. / V: Videocon. / R: Regrets / A: Absent					Janice Nicol Vella, EA/Bd Liaison					X				


Time	Presenter	Item & Purpose					
		R: Recommendation Decision/Action		E: Education		D: Discussion	
<b>2.0</b>	<b>Call to Order at 5:30 p.m.</b>						
	N. Gladun	<u>Indigenous Land Acknowledgement Protocol/Opening Remarks</u>					
		<p><i>Welcome and boozhoo. We acknowledge the Indigenous Peoples of all the lands that we are on today. While we meet today in-person and/or on a virtual platform, let's take a moment to acknowledge the importance of the land, which we each call home.</i></p> <p><i>We do this to reaffirm our commitment and responsibility in improving relationships between nations and to improving our own understanding of local Indigenous peoples and their cultures.</i></p> <p><i>We acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this nation home, and acknowledge the territory of the Ojibwe/Chippewa/Anishnaabe, Oji-Cree and Mushkegowuk/Cree peoples of Northwestern Ontario, the traditional territory of the Anishinaabe peoples of the Robinson-Superior Treaty, Treaty 9 and Treaty 5.</i></p> <p><i>Please join in a moment of reflection to acknowledge the harms and mistakes of the past and to consider how we can each, in our own way, move forward in a spirit of reconciliation and collaboration. Thank you, miigwetch.</i></p>					
<b>2.1</b>							
<b>2.2</b>	N. Gladun	<u>Quorum</u>					

Time	Presenter	Item & Purpose
		R: Recommendation Decision/Action E: Education D: Discussion I: Information
		With 7/7 members present, quorum was met.
2.3	N. Gladun	<u>Conflict of Interest</u> There were no conflicts of interests declared.
2.4	N. Gladun	<u>Additions/deletions to agenda, approval of the agenda, Motion #1</u> Motion: R. Beatty Second: J. Foulds Opposed: None Minutes of last meeting, update of what's transpired from last meeting. <i>"That the agenda for the NDMH and NDFHT Board of Directors meeting for February 28, 2022 be accepted as presented."</i> CARRIED.
<b>3.0</b>	<b>Education / Presentation</b>	
3.1	M. Boudreau	<u>Education: Accreditation Preparation</u> With the file provided for review in advance, the board was advised that in addition to this document, risks etc. will be brought to the next board meeting with the surveyors being be briefed. The board noted their appreciation for having the accreditation preparation information put together and available to review. A RSVP will be issued for April 11 at 0930 for the board of directors to participate in, and it was noted that two members will be unable to participate due to a conflict.
3.2	M. Boudreau	<u>Patient/Resident Story</u> EMS transfer delays are being experienced lately (weather, more due to staffing shortages). In one situation, a patient was in our ER for 24 hrs due to weather, at TBRHSC ER for 24 hours, received their consult, surgery and onto the overflow area post-surgery, resulting in significant delays and a poor experience for the patient and family. The team is under a new pressure to find creative ways to get patients to TBRHSC (such as sending 2 patients by ambulance, with one nurse instead of two separate transfers that would require two nurses and two ambulances). Or, NDMH may need to move particular patients quicker to avoid other emergencies (e.g. may not have the resources/medications/staff to keep a patient on-site). EMS uses a different system to assess and prioritize patients. Ambutrans/Stable Patient Transfer meetings are helping to bring some issues to light.  The board thanked her for making them aware of this challenge and requested that when assistance is required that these issues be brought forward for escalation, to schedule separate and/or formal meetings to seek solutions with those involved as appropriate. It was noted that if issues with EMS have been going for quite some time perhaps escalation may be required.
<b>4.0</b>	<b>Meeting Minutes</b>	
4.1	N. Gladun	<u>NDMH Board Meeting Minutes, January 31, 2022, Motion #2</u> A follow up regarding updates to the hospital expansion submission was discussed here instead of with the senior management report. A board member advised that Manitowadge (SMH) has been approval for expansion, and which sits adjacent to our political riding of Thunder Bay. It was noted that facility is also ELDCAP funded. Others have been approved for LTC beds, and NDMH has had provisional funding since 2019. Further discussions take place on March 3 <sup>rd</sup> regarding the acute care pre-capital submission. The MoHLTC and MoH combination which makes these complex projects. Motion: E. Rutherford Second: J. Foulds

Time	Presenter	Item & Purpose
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		Opposed: None <i>"That the minutes for the NDMH Board meeting for January 31, 2022 be accepted as presented."</i> CARRIED.
4.3	N. Gladun	<u>NDMH Quality Committee Minutes, February 11, 2022, Motion #4</u> Motion: R. Beatty Second: E. Wawia Opposed: None <i>"That the minutes for the NDMH Quality Committee Board meeting for February 11, 2022 be accepted as presented."</i> CARRIED.
<b>5.0</b>	<b>Generative</b>	
5.1	N. Gladun	<u>Board Chair Report, Regional Services Council</u> No report at this time.
5.2	C. Eady	<u>Senior Management Report, February 2022, Motion #6</u> M. Boudreau has been hired into the CNE role, congratulations were offered. LTC application has been discussed with Patti (Hajdu), M. Gravelle, MP, and R. Harvey, Mayor, who are providing letters or adding the item to their meetings. There is a discussion to revoke Directive 3. NDMH continues to have problems recruiting volunteers for Meals-On-Wheels. IT security breaches have escalated as a result of the Russia/Ukraine war and notifications have been sent to staff. Regarding immunizations, and the pending March 14 deadline, we aren't expecting anyone to not be compliant. A previous termination where an employee had not received any doses has gone through first stage of grievance process and will move to step 2. The board was advised that the grievance process would result in arbitration and not a legal case (involving HIROC). The board asked if new employees are required to be fully vaccinated and if there are other ways to accommodate staff, and why the issue was being pressed when it may not be an issue in the future. The board was advised that the Directives requiring vaccination are issued by the Ministry, and hospitals such as NDMH, are ordered to comply. New employees require full vaccination. Moved: E. Wawia Seconded: R. Beatty Opposed: None <i>"That the Senior Management Report for February 2022, be accepted as presented."</i> CARRIED.
5.3	R. Dhaliwal	<u>Chief of Staff Report, February 2022, Motion #7</u> A verbal report was provided where the Chief of Staff advised that they have been short physicians for a while, and that local Chiefs of Staff have been meeting regularly to discuss imminent closures due to shortages of nurses or physicians. Most ER's have operated throughout COVID by working more hours/shifts and staff are now discussing what is too much and unsafe (such as working 10-12, 24-hour shifts per month). Clinic openings are often sacrificed to staff the Emergency Department but there is a locum (unvaccinated) who will only be doing clinic appointments and cannot work in other areas due to vaccination status. This, along with G. Fox continuing to work as a NP are helping. It was also noted that getting allied health support would alleviate pressure on doctors along with supporting the FHT, and that shortages aren't known (outside of the hospital) because the shifts get covered despite burnout and the duration of hours.

	Time	Presenter	Item & Purpose
			R: Recommendation Decision/Action E: Education D: Discussion I: Information
			<p>It was noted by the board that while NDMH is working on an expansion/extension, there is a concern that we may not have staff due to staffing/recruiting issues common to the area. The board also noted their appreciation of the work done by physicians, and the efforts being made to bring in doctors.</p> <p>Moved: G. Mackenzie            Seconded: E. Rutherford            Opposed: None  <i>"That the Chief of Staff report for February 2022, be accepted as presented."</i> CARRIED.</p>
<b>6.0</b>		<b>Strategic</b>	
6.1		C. Eady	<p><u>Board Member Recruitment</u></p> <p>The board will look to replace any skill sets that are being lost. A question was asked if the board members can redo the skills checklist and they were advised that this skills checklist was for new board members.</p>
6.2		M. Boudreau	<p><u>NDMH Q3 QIP</u></p> <p>This quarterly QIP shows a significant increase in repeat emergency visits for mental health where 90% are related to substance abuse and withdrawal.</p> <p>The wording of the 'patient involvement in decisions about their care' objective was discussed at Quality meeting and recommendations were made to rephrase the question to remove the 'as much as you wanted' wording as it is too subjective.</p>
6.3		C. Eady / M. Boudreau	<p><u>2022-2023 QIP Planning</u></p> <p>Details around 2022-2023 QIP were provided, where:</p> <p>Early ID objective: with data to work with, and from a patient-centred lens a process has been established to refer to the FHT. The number of previous visits will be the numerator, and the referrals (or a stay in hospital) will count as the numerator.</p> <p>Repeat visits for MH objective: A survey will be distributed in Q3 and we will be able to establish a target in 2022-23 with action plans.</p> <p>Increase reporting of workplace violence objective: this previously tracked incident reports, and should now look at trending and set targets around the 'reasons' for the violence and put actions items in place to address them. NDMH has done well in creating the 'culture of reporting' with regards to this issue.</p> <p>Zero tolerance of abuse of patients' objective: this objective will be moved to the scorecard to continue to track since we have improved greatly.</p> <p>Two objectives will be added to the QIP: 1) suicide prevention in emergency and long-term care and 2) medication reconciliations as part of the transfer of care (e.g between Emergency /LTC, Emergency to home).</p> <p>Someone requiring assistance for an acute mental health need/crisis should:</p> <ul style="list-style-type: none"> <li>-Go to Emergency, where emergency-related assistance can be provided, or Mental Health Assessment Team (MHAT) can be accessed (in collaboration with TBRHSC).</li> <li>-Call any available crisis numbers (e.g. NOSP offers emergency appointments)</li> <li>-If a suicide risk, or someone with planned or a prior attempt, fleeting thoughts and if afraid for personal safety, go to Emergency.</li> </ul> <p>Further discussions regarding the QIP will happen in March.</p>
6.4		C. Eady	<p><u>Enterprise Risk Management – Heat Map</u></p> <p>Cybersecurity: Funding has recently been confirmed for cybersecurity software is for all regional hospitals through a collaboration with TBRHSC.</p>

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<b>7.0</b>		<b>Fiduciary</b>	
7.1		L. Haskell	<p><u>Fiscal Advisory Committee, Motion #9</u></p> <p>The FAC committee saw several new members participating. The committee was advised of a large ticket item for DI which, having reached the end of its lifecycle, is a priority for replacement for the next fiscal year. The nursing department will confirm their priorities and advise the CFO.</p> <p>Motion: E. Rutherford  Second: R. Beatty  Opposed: None  <i>"That the Fiscal Advisory Committee minutes for February 16, 2022, be accepted as presented."</i> CARRIED.</p>
7.2		L. Haskell	<p><u>NDMH Q3 Financials, Motion #10</u></p> <p>Small capital purchases this year, and the first part of the skylight contract are highlighted. Additional costs for staff (screeners, cleaner), food (increased in cost), and COVID-19 monthly expenses are captured as are APEX security costs. NDMH is awaiting funding for the Jul to Dec period along with the assessment centre funding for Sep-Dec which should help with any deficit, and we are expecting additional reimbursement for security.</p> <p>Motion: E. Wawia  Second: G. Mackenzie  Opposed: None  <i>"That the financials for NDMH for Q3 be accepted as presented."</i> CARRIED.</p>
<b>8.0</b>		<b>Adjournment to In-Camera Meeting</b>	
8.1		N. Gladun	<p><u>Adjournment to In-Camera Meeting, Motion #12</u></p> <p>Motion: E. Rutherford  Second: E. Wawia  Opposed: None  <i>"That the Board of Directors move to in-camera at 7:09 p.m."</i> CARRIED.</p>
<b>9.0</b>		<b>Adjournment</b>	
9.1		N. Gladun	<u>Return to regular board meeting</u>
9.2		N. Gladun	<p><u>Meeting evaluation</u></p> <p>The meeting evaluations can be returned to J. Nicol Vella via email or phone call (887-3026, ext 1223).</p>
9.3		N. Gladun	<p><u>Next meeting on March 28, 2022 at 5:30 p.m., Motion #14</u></p> <p>Motion: E. Rutherford  Second: J. Foulds  Opposed: None  <i>"That the Board of Directors meeting be adjourned at 8:08 p.m."</i> CARRIED.</p>

  
N. Gladun, Vice-Chair

  
Cathy Eady, Chief Executive Officer