



Regular Board Meeting
June 25, 2018

<u>PRESENT</u>	K. Pristanski, Chair	J. Pothof, Vice Chair	J. Foulds, Director
	E. Rutherford, Director	A. O'Connor, Director	
	D. Murray, President & CEO	D. Ward, Interim	
	D. Allen, CNE/COO	Director, FHT/Community Services	
	D. Mangoff, Facilities Mgr	M. Boudreau, Nurse Mgr	L. Haskell, Finance Mgr
	J. Jean, Recorder		J. Garofalo, Interim CFO
<u>REGRETS</u>	N. Gladun, Director	E. Wawia, Director	Dr. Doug Scott, FHT Lead
	Dr. R. Dhaliwal, COS		

1.0 CALL TO ORDER

K. Pristanski called the meeting to order at 5:35 pm.

2.0 PATIENT STORY

D. Allen (Chief Nursing Executive) shared a story where staff from the Hospital and clinic worked together to address and resolve outstanding questions from a patient's family. Family expressed gratitude to the Hospital. This occasion represents the growth of patient/resident and family centred care by the Hospital and its health care partners.

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 - E. Rutherford

Seconded by - A. O'Connor

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

4.0 CONSENT AGENDA

MOTION #2

Moved by - J. Pothof

Seconded by - A. O'Connor

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

5.0 REPORTS AND DISCUSSIONS

5.1 CEO Report

D. Murray, President and CEO reported on the following:

- Ontario College of Pharmacists site visit
- EMS Stations, Red Rock and Nipigon
- North of Superior Programs lease agreement
- Home and Community Care lease agreement
- Parking Lot

MOTION #3

Moved by - J. Foulds

Seconded by E. Rutherford

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

6.0 BUSINESS MATTERS

6.1 Declaration of Compliance M-SAA

At the March 26, 2018 Board meeting, J. Garofalo presented the M-SAA agreement (the agreement that funds the Assisted Living Program). The agreement was approved by the Board at that time.

Further to the approving of the agreement, the M-SAA Declaration of Compliance was signed by K. Pristanski, Board Chair for submission to the NW LHIN.

6.2 BPSAA Attestation

With the implementation of the BPSAA in December 2010 and the subsequent Procurement Directives and Expense Directives in April 2011, St. Joseph's assumed increased responsibility for all aspects of contract management. St. Joseph's continues to build sourcing capacity while helping our suppliers and other partners understand the processes for approval, justification of spending, and competitive bidding. We also continue to focus on refining and improving business processes, with action plans as outlined in the Attestation of Compliance.

The Hospital remains committed to improved openness and transparency and we have taken the necessary steps to ensure all organizational policies and practices comply with the BPSAA requirements.

The Broader Public Sector Accountability Act Attestation was signed by K. Pristanski, Board Chair and D. Murray, President and CEO.

The annual Attestation of Compliance will be posted to the Hospital's website.

6.3 BPSAA Use of Consultants

J. Garofalo reported that NDMH did not make use of consultants during the 2017/18 fiscal year.

6.4 Family Health Team/ Community Services

D. Ward reported on the following:

- Hiring of additional RN
- Resignation of RPN

MOTION #4

Moved by - J. Pothof

Seconded by - A. O'Connor

"That the Family Health Team report of June 2018 be accepted as presented." Carried.

7.0 OTHER

7.1 Thank You to J. Garofalo

K. Pristanski thanked J. Garofalo for his work as interim CFO.

8.0 DATE OF NEXT MEETING - September 2018. Date TBD

9.0 ADJOURNED - 7:28 pm

10.0 MEETING EVALUATION

Kal Pristanski, Board Chair

David G. Murray, President and CEO