



## Board Meeting Minutes

March 28, 2023 at 5:30 pm, via Zoom / NDMH Boardroom



### 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

Membership	O	T	V	R	A
Nancy Gladun, Chair	x				
Robert Beatty, Vice Chair	x				
Eric Rutherford, Director	x				
Gordon Mackenzie, Director	x				
Deana Renaud, Director	x				
Cathy Eady, CEO	x				
Madison Boudreau, CNE	x				
Shannon Jean, Director, NDFHT	x				

O: On-site / T: Telecon. / V: Videocon. / R: Regrets / A: Absent

Non-Voting Membership	O	T	V	R	A
Dr. Ravi Dhaliwal, Chief of Staff	x				
Dr. Doug Scott, FHT Physician Lead					x
Dr. Jonathon Scully, Pres., Prof. Staff			x		
Shannon Cormier, COO (invited)				x	
Dino Armenti, Interim CFO (invited)				x	
Joyce Stansell, NDFHT QIDSS (invited)	x				
Judy Jean, Interim EA/Bd Liaison	x				

<b>1.0</b>	<b>CALL TO ORDER</b>
<b>1.1</b>	Board Chair, N. Gladun called the meeting to order at 5:35 pm. J. Stansell, Quality Improvement Decision Support Specialist (QIDSS) for the Family Health Team was welcomed. A land acknowledgement protocol in recognition of indigenous lands, treaties and peoples was recited.
<b>1.2</b>	<b>QUORUM</b> With 5/5 members present, quorum was attained.
<b>1.3</b>	<b>CONFLICT OF INTEREST</b> None.
<b>1.4</b>	<b>APPROVAL OF AGENDA</b> The following was added to the agenda -  Item 4.2 Senior Management Report, March 22, 2023 Update regarding Ontario’s transition to a new normal state and identifying winding down measures for LTC. Item 4.2 Update on Chaplaincy Recruitment

	<p>Moved by - D. Renaud          Seconded by - R. Beatty          Opposed - None</p> <p><i>“That the agenda for the Board of Directors of Nipigon District Memorial Hospital and the Nipigon District Family Health Team meeting of March 28, 2023 be accepted as amended.”</i> Carried.</p>
<b>2.0</b>	<b>EDUCATION</b>
<b>2.1</b>	<p><b>Quality Improvement Plan</b>          M. Boudreau provided a complete overview on the development, submission, implementation and review of the Quality Improvement Plan.</p>
<b>2.2</b>	<p><b>PATIENT STORY</b>          M. Boudreau shared a story about providing wound care to a resident. Wound care and treatment can be complex, especially when multiple medical conditions are present. Wound care is not a common occurrence in our Home and we have taken the opportunity to undertake a complete refresh of the wound care best practices and implement additional education for our registered practical nurses.</p>
<b>3.0</b>	<b>MEETING MINUTES</b>
<b>3.1</b>	<p><b>NDMH/NDFHT Board Minutes</b>          Moved by - R. Beatty          Seconded by - E. Rutherford          Opposed - None</p> <p><i>“That the meeting minutes of February 28, 2023 for the Board of Directors of Nipigon District Memorial Hospital and the Nipigon District Family Health Team be accepted as presented.”</i> Carried.</p>
<b>3.2</b>	<p><b>Medical Advisory Committee Minutes</b>          Moved by - G. Mackenzie          Seconded by - D. Renaud          Opposed - None</p> <p><i>“That the meeting minutes of March 8, 2023 for the Medical Advisory Committee be accepted as presented.”</i> Carried.</p>
<b>4.0</b>	<b>GENERATIVE</b>
<b>4.1</b>	<p><b>Board Chair Report</b>          N. Gladun reported on the following -</p> <ul style="list-style-type: none"> <li>• Interviews have been scheduled for the Executive Director position</li> <li>• Executive Director has received her evaluation</li> <li>• Thunder Bay District Municipal League Conference was attended. Health care related topics were included on the agenda and strong advocacy from all municipalities for top health care including EMS availability. Concern was expressed regarding EMS ambulance base closures.</li> </ul> <p>Moved by - R. Beatty          Seconded by - G. Mackenzie          Opposed - None</p> <p><i>“That the Board Chair report for March 28, 2023, be accepted as presented.”</i> Carried.</p>

## 4.2 Senior Management Report

M. Boudreau reported on the following -

- Successful Recruitment of Chief Operating Officer
- Hospital Infrastructure Renewal Fund
- Facilities Manager CSA Certification for Medical Gas Pipeline Systems
- ONA Central Bargaining Update
- Stable Patient Transfer Funding
- Accreditation Follow Up
- Pandemic Working Group
- Relocation of Chapel

Additions

- March 22, 2023 Update regarding Ontario's transition to a new normal state and identifying winding down measures for LTC.

M. Boudreau explained that correspondence of March 22, 2023 received from the Ministry of Long-Term Care regarding Pandemic Response states that the risk of severe outcomes to residents has been reduce with the high vaccine uptake and available of safe and effective therapeutics. (These are antiviral medications that can be given to a resident should they become COVID positive.) Effective March 31, 2023 the province of Ontario is implementing its first phase to wind down measures for those living or working in LTC that are no longer appropriate or necessary. These include,

### ASYMPTOMATIC TESTING AND REPORTING - **NO LONGER REQUIRED**

1. Asymptomatic screening testing for staff, students, volunteers, support workers, caregivers and visitors.
2. Collect and maintain statistical information for asymptomatic screen testing.
3. Submit daily COVID-19 outbreak data to the ministry.

### PASSIVE SCREENING - **TO CONTINUE**

4. Passive screening requirements for staff, visitors and caregivers. *Passive screening* is when staff, physicians, visitors and caregivers monitor themselves for signs and symptoms of COVID-19 and other respiratory or infectious diseases to prevent the spread of illness.

### LIMITATIONS / RESTRICTIONS - **NO LONGER REQUIRED**

5. Limit of one caregiver at a time during COVID-19 outbreak or when a resident is symptomatic or isolating.
6. Restricting visitors and qualified staff pending their vaccination status.

### RESIDENT MONITORING - **NO LONGER REQUIRED**

7. Daily temperature checks for all residents.
8. Actively screen residents returning from an absence

**RESIDENT MONITORING - TO CONTINUE**

9. Daily monitoring for the presence of infection, including COVID-19.

**MASKING - NO LONGER REQUIRED**

10. Masking outdoors for residents, caregivers and visitors.

**MASKING - TO CONTINUE**

11. Indoor masking requirements for staff, physicians, students, volunteers, support workers, caregivers and visitor.

11. Outdoor masking requirements for staff, physicians, students, volunteers, support workers, when in close proximity to a resident (six feet or less).

Meetings are scheduled with the Residents Council and the Patient/Resident and Family Advisory Council (including the Residents' Family Council) for Wed. Mar 29<sup>th</sup> to share this information.

Memo will be sent to staff and signage will be changed throughout the facility.

Update on Chaplaincy Recruitment

M. Boudreau stated that she has not yet received any applications for the position. L. Rowsell's last day as Hospital Chaplain is March 31<sup>st</sup>. G. Mackenzie will attend the Chaplains' meeting on March 30<sup>th</sup>.

Moved by - E. Rutherford

Seconded by - D. Renaud

Opposed - None

*"That the Senior Management report for March 28, 2023, be accepted as presented."* Carried.

**4.3 Chief of Staff Report**

Dr. Dhaliwal reported on the following -

- Physician Group at full compliment
- With the assistance of the NPs, the physicians are able to decrease their wait times
- Medical Learners / Locums
- Simulation exercises
- Mental Health and addictions concerns
- Risk of Workplace Violence/On Site Security

Discussion followed regarding the upward trend of Workplace Violence at Nipigon Hospital and across the health care sector. The "probability of an occurrence" of workplace violence is trending upward and ranges from low, to medium, to high as does the "risk of severity" to our staff.

- Persons most likely to respond with violent behaviour are those predominantly with mental health/addiction issues
- The Emergency department is not a suitable place for these people but, unfortunately the timely access to appropriate care and treatment is extremely lengthy and scarce
- The Healthcare sector no longer recognizes Non-Violent Crisis Intervention training as best practice

- D. Renaud recommended the Crisis and Trauma Resource Institute’s Threat Based and Crisis Management Strategies as a valuable resource.
- The Hospital should consider investing in the implementation of its own Violent Threat Assessment Process. This process would include -
  - A robust communication strategy to the communities we serve identifying our expectations to the public when seeking care at Nipigon Hospital. This communication will include that each client is responsibilities for his/her own behaviour along with clearly identified boundaries
  - Education and training for all staff to the degree that they are providing care for this patient population
  - Continue to grow the supportive relationship with the Ontario Provincial Police
  - When an incident of workplace violence has occurred, regardless of the degree of occurrence and severity, debriefing should take place as soon as possible after the incident in addition to ongoing support from internal and external sources.
- The need for security has been steadily increasing for which the Hospital has been utilizing the services of Apex. C. Eady stated that funding is not available for security services
- Dr. Scully stated that, education and training are not enough for staff and physicians and that the Hospital requires additional physical presence in the building, on site health care security professionals.

D. Renaud has offered to draft a funding proposal for on site security.

In her absence, S. Cormier concurred with Dr. Dhaliwal around the increasing trend of workplace violence in health care. She is eager to join in the work of the Workplace Violence Prevention Committee.

S. Cormier shared the following links offering different insights and perspectives into workplace violence in the health care sector.

<https://www.ruralhealthinfo.org/rural-monitor/violence-against-hospital-workers/>

<https://theconversation.com/amp/beefing-up-security-isnt-the-only-way-to-make-hospitals-safer-121301>

Moved by - D. Renaud  
 Seconded by - G. Mackenzie  
 Opposed - None

*“That the Chief of Staff report for March 28, 2023, be accepted as presented.”* Carried.

#### 4.4 Executive Director Report

S. Jean reported on the following -

- Quality Improvement Planning
- Presentation for Seniors Connections 55+
- Mental Health Visits to High School
- Vacancies

A detailed breakdown of each program’s statistics for the month of February 2023 was provided and reviewed.

D. Renaud congratulated S. Jean on the incredibly positive impact her Addiction Program Care Coordinator (N. Kashak) and Mental Health Support Worker (B. Aquino) are making with the high school students.

Moved by - R. Beatty  
 Seconded by - E. Rutherford  
 Opposed - None

*“That the Executive Director report for March 28, 2023, be accepted as presented.” Carried.*

**5.0 FIDUCIARY**

**5.1 Balanced Budget Waiver Update**

D. Armenti, Interim CFO submitted an update on the Ministry’s expectations for submitting a deficit budget for fiscal year 2023-24 on the Hospital Accountability Planning submission in January 2023.

Due to the deficit submission, the Hospital is asked to prepare a Performance Improvement Plan (PIP) which is a written document providing Ontario Health with the rationale for the deficit and the path or plan on how to mitigate the deficit.

Ontario Health has indicated that all but 2 hospitals in Ontario have submitted deficit budgets for the 2023-24 fiscal year with cost of living and purchasing inflationary pressures as a significant contributor to the deficit budgets. Ontario Health has requested that a Balanced Budget Waiver be approved for those hospitals that have requested, including Nipigon Hospital, and no further work is required by the Hospital with respect to the Balanced Budget Waiver.

Further communication from Ontario Health is expected in the coming weeks on the timelines and forms to complete for the Performance Improvement Plan. The PIP will be completed once the guidance is communicated by Ontario Health.

C. Eady shared that Nipigon Hospital has been approved to receive the following funding,

One Time	Addiction Case Management	\$10,000
One Time	2022/23 to support operating and working capital pressure	\$350,000
One Time	Q2, 2022/23 to reimburse the incremental HHR expenses	up to \$80,200
One Time	Q3, Q4 2022/23 to reimburse the incremental HHR expenses	up to \$450,700

In addition, C. Eady stated that the LHIN shall provide the funding for the delivery of service in 1 hospice bed in the 2022/23 fiscal year.

- (i) Base funding of \$105,000 per bed, to be provided in equal quarterly installments of \$26,250, and
- (ii) Additional one time funding of \$35,100 per bed to be provided in a lump sum payment

**6.0 STRATEGIC**

**6.1 NDMH Quality Improvement Plan, 2023/24**

M. Boudreau provided a copy of the Narrative required to be submitted to the Health Quality Portal.

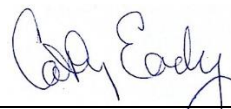
Moved by - R. Beatty  
 Seconded by - E. Rutherford

	<p>Opposed - None</p> <p><i>“That the NDMH Quality Improvement Plan Narrative for the year 2023/24 be accepted as presented.”</i> Carried.</p>
<b>6.2</b>	<p><b>NDMH Quality Improvement Plan, Indicators/Targets - 2023/24</b> Approved at February 28, 2023 Board Meeting.</p>
<b>6.3</b>	<p><b>NDMH Quality Improvement Plan, Work Plans - 2023/24</b> Presented at February 28, 2023 Board meeting. For information only.</p>
<b>6.4</b>	<p><b>NDFHT Quality Improvement Plan, Indicators/Targets - 2023/24</b> J. Stansell stated that the FHT began working on their Quality Improvement Plan in January 2023. The Ministry has identified two priority indicators to include in this year’s Plan, however, the Association of Family Health Teams of Ontario (AFHTO) has requested that all Family Health Teams not include the indicator which measures the non palliative patient who has been provided an opioid prescription by any source. AFHTO’s stand is that this indicator is unreasonable given that the opioid prescription can be provided by any source.</p> <p>The following indicators have been selected for 2023/24 -</p> <ol style="list-style-type: none"> <li>1) Mandatory - Percentage 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.</li> <li>2) 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</li> <li>3) Percentage of patients with diabetes, aged 40 or over, with two or more glycated hemoglobin (HbA1C) tests within the past 12 months</li> <li>4) Percentage of Ontario screen eligible women, 21-69 years old, who completed at least one Pap test in 42-month period</li> <li>5) Percentage of Ontario screen eligible individuals, 50-74 years old, who were up to date for colorectal screening in each calendar year.</li> </ol> <p>J. Stansell discussed the targets selected, change ideas and challenges. A significant challenge is the inability to obtain results from patients who have been screened at the Coach but are not rostered to a physician. Unrostered patients and the privacy of health information prohibits the FHT from the health care statistics that would support the work of the team in their quality improvement efforts.</p> <p>J. Stansell is working with the Screening Coach to find a resolution.</p> <p>Moved by - Deana Renaud Seconded by - Gord Mackenzie Opposed - None</p> <p><i>“That the NDFHT Quality Improvement Plan Indicators and Targets for the year 2023/24 be accepted as presented.”</i> Carried.</p>
<b>7.0</b>	<b>INFORMATION</b>
<b>7.1</b>	BRD 15, Police Record Check, Disclosure Requirements and Annual Offence Declaration

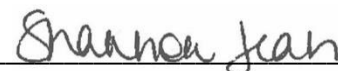
	<p>To review, N. Gladun stated that this document is in follow up to the legislated requirement where Police Record Check is required for Board Directors. At the January, 2023 Board meeting, it was agreed that it was reasonable to require police record checks for all incoming board members and the Board application was updated. It was also agreed that existing board members would be grandfathered prior to this new requirement.</p> <p>In the development of this document, the Ontario Provincial Police and Thunder Bay Police websites have been researched. Both websites refer to the Police Records Check Reform Act, 2015.</p> <p>Moved by - D. Renaud  Seconded by - R. Beatty  Opposed - None</p> <p>“That the Board of Directors approves BRD 15, Police Record Check, Disclosure Requirements and Annual Offence Declaration.” Carried.</p>
<p><b>8.0</b></p>	<p><b>IN CAMERA (CLOSED SESSION)</b></p> <p>Moved by - G. Mackenzie  Seconded by -D. Renaud  Opposed - None</p> <p><i>“That the Board of Directors moves to its In Camera meeting at 7:12 pm.”</i> Carried.</p>
<p><b>10.</b></p>	<p><b>RESUME REGULAR MEETING</b>  <b>Report from Closed Session</b></p> <ul style="list-style-type: none"> <li>• In Camera Meeting Minutes, Feb 28, 2023</li> <li>• Special In Camera Meeting Minutes (Executive Director Recruitment), Mar 2, 2023</li> <li>• Special In Camera Meeting Minutes (Executive Director Recruitment), Mar 7, 2023</li> <li>• Credentialing</li> <li>• Governance of the Family Health Team</li> </ul>
<p><b>11.</b></p>	<p><b>ADJOURNMENT</b></p> <p>Meeting evaluations were provided to the Directors.</p> <p>Moved by - G. Mackenzie  Seconded by - D. Renaud  Opposed - None</p> <p><i>“That the Board of Directors moves to adjourn its Regular meeting at 8:10 pm.”</i></p>



N. Gladun, Board Chair



C. Eady, Chief Executive Officer



S. Jean, Executive Director