



Board Meeting

May 30, 2023 at 6:30 pm, via Zoom or NDMH Boardroom

Minutes

Join Zoom: <https://us02web.zoom.us/j/86598099352?pwd=SmdjWGRaMDFJNTdhcmZIMERwTkwxZz09>

Call in: [+1 647 374 4685](tel:+16473744685) or [+1 647 558 0588](tel:+16475580588), Meeting ID: **865 9809 9352**, Passcode: **934276**

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

1.0	Roll Call						Non-Voting Membership					
	Membership	O	T	V	R	A		O	T	V	R	A
	Nancy Gladun, Chair	X					Cathy Eady, CEO	X				
	Robert Beatty, Vice Chair	X					Shannon Cormier, COO				X	
	Eric Rutherford, Director	X					Vacant, CNE					
	Gordon Mackenzie, Director	X					Dr. Ravi Dhaliwal, Chief of Staff	X				
	Deana Renaud, Director	X					Dr. Jonathon Scully, Pres. Med Staff	X				
	Jay Lucas, Director	X										
	Vacancy											
O: On-site / T: Telecon. / V: Videocon. / R: Regrets / A: Absent												
							Janice Nicol Vella, EA/Bd Liaison	X				

Guests: Cindy Fedell, Jessica Logozzo, Dr. S. Viherjoki

	Presenter	Item & Purpose
R: Recommendation Decision/Action E: Education D: Discussion I: Information		
2.0	Call to Order at 5:33 p.m.	
2.1	N. Gladun	<p><u>Indigenous Land Acknowledgement Protocol/Opening Remarks</u></p> <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>

	Presenter	Item & Purpose
		R: Recommendation Decision/Action E: Education D: Discussion I: Information
		<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>
2.2	N. Gladun	<u>Quorum</u> With 6/7 members present (one vacancy), quorum was met.
2.3	N. Gladun	<u>Conflict of Interest</u> There were no conflicts of interest declared.
2.4	N. Gladun	<u>Additions/deletions to agenda, approval of the agenda, motion #1</u> Moved: J. Lucas Seconded: G. Mackenzie Opposed: None <i>“That the agenda for the May 30, 2023 NDMH board meeting be accepted as presented/amended.”</i> CARRIED.
3.0	Education / Presentation	
3.1	C. Fedell, J. Logozzo, Dr. S. Viherjoki	<u>Presentation: Meditech Expanse</u> An overview of how the new system would be of a benefit to clinicians and their providing of care was provided to the board. Comments and questions that the board had along with responses include: -Transferability of records to southern Ontario/other hospitals: they are connected though not seamless, physicians notes may not transfer, but consults labs, imaging reports are available provide-wide -A lot of digital material – how are we protected from cyber attacks? Current initiatives, and plans are progressing, and TBRHSC may be a potential centre for cyber security; they are otherwise following advice and standards. -If a physician does do primary care, LTC, or oncology, how does the system manage home/community care? The team noted that there are superior products to Meditech (Medecare is inferior, recommend that they move to expanse). For primary care, they are looking to bring those partners on-board and this system may need some improvements. For chronic care, addictions, mental health, the product works well but they have yet to fully explore what meditech expanse can do. Dr. Viherjoki was asked if he had seen this work and he advised that it is currently set up as a per visit-based chart, but the there is a tech fix and intention to improve this (commitment by meditech). -Cost competitive, will not buy-in if it isn't. Yes, it should be. -Run current system(s) alongside the new system for a while, and then when does it go live? No, the 'build' happens and data is exported, tested, then a data dump occurs as close to go-live as possible. There will be some legacy view in old systems and they cannot use two products in real time. -Will be consultation about go-live dates on a hospital by hospital basis (staged implementation)? No, consider it a big-bang – simultaneous across all sites, to reduce risk from having to build an intermediate system. A staggered go-live would require info-sharing systems to carry things over.

	Presenter	Item & Purpose
R: Recommendation Decision/Action E: Education D: Discussion I: Information		
		<p>-Will Nipigon have people helping them? Support plan: entire process will see workflow design involvement, which means learning, training is ‘icing on the cake’.</p> <p>-Would Nipigon be brought into the project – i.e. resource issues? There will be a central team whose job is to ensure the info is taken/used without interrupting work as little as possible.</p> <p>-We are funding future development – have wording in the contract to avoid complications. They are working with a meditech collaborative through OH to avoid these complications.</p> <p>Patient-centric, any sync with patient devices? This work is being done through the meditech collaborative. There are interfaces already built by vendors to import data into meditech system.</p> <p>-\$1.4 million for Nipigon’s capital piece, then \$165,000 incremental operating costs, then more (\$317,000/year?), is the hospital expected to fund on an annual basis? The 1.2 million should cover the costs for 12-18 months to help organizations build budgets, they have also requested funding to double as this is a major project. Ongoing, there isn’t a full answer.</p> <p>-Any federal obligations i.e. funding from feds to go forward? Some have reached out to Fednor et al, but no expectation for federal government to fund this but they could approach federal government to fund (re: grant funding). Funding issue is not unique, nearly all organizations are facing it.</p> <p>-OH is at the planning table with hospitals and support this change as it aligns their strategic plan. OH has given reassurances, and will not support the current product (which is end-of-life).</p> <p>The board was advised by the CFO that we have to move forward regardless (current product is at end-of-life) and hope ministry comes to the table.</p> <p>-Current costs? This is a good product, it is running around the world and in North Eastern Ontario; we are leveraging on this and it reduces our risk.</p> <p>Board chair thanked the group for their presentation, noting that further questions can be sent to the CEO.</p> <p>The group left the meeting at 6:19.</p> <p>The board further discussed impacts if we use different product, or develop our own, with others responding that anything would have to be linked to what others are using, and all hospitals are signing on in NW Ontario. The CEO noted that this is better for us financially since NE Ontario went through it already.</p> <p>The board was advised that there has been extensive engagement so far, with the CoS noting that every clinical process will need to be revisited, that we will see a drop in productivity but that doesn’t mean this is not the right way to go; medical scribes have been used in other areas.</p>
3.2	J. Nicol Vella	A patient story was shared with another committee with the thought that it would in future, be shared with the board when it is received in writing.
4.0	Meeting Minutes	

	Presenter	Item & Purpose
		R: Recommendation Decision/Action E: Education D: Discussion I: Information
4.1	N. Gladun	<p><u>NDMH Board Meeting Minutes, April 25, 2023, motion #2</u></p> <p>The board advised that there was an error on roll call (S. Cormier noted as director, and as staff), and missing information (Society of rural physicians of Canada general conference and select someone from the FHT for this conference), will be added to the minutes.</p> <p>Moved: R. Beatty</p> <p>Seconded: J. Lucas</p> <p>Opposed: None</p> <p><i>“That the NDMH Board Meeting minutes of April 25, 2023, be accepted as amended.”</i> CARRIED.</p>
4.2	N. Gladun	<p><u>MAC Meeting Minutes, May 10, 2023, motion #3</u></p> <p>Further to the minutes, the following was noted: regarding July 26, a rain date notification will go out and item 6.2 (Gmail account confidentiality) the issue is not limited to Google. J. Lucas indicated he could provide advice on what to do.</p> <p>Moved: D. Renaud</p> <p>Seconded: E. Rutherford</p> <p>Opposed: None</p> <p><i>“That the MAC meeting minutes of May 10, 2023, be accepted as presented/amended.”</i> CARRIED.</p>
4.3	N. Gladun	<p><u>NDMH/NDFHT Quality Committee Minutes, May 17, 2023, motion #4</u></p> <p>Moved: R. Beatty</p> <p>Seconded: G. Mackenzie</p> <p>Opposed: None</p> <p><i>“That the NDMH/NDFHT Quality Committee of the Board meeting minutes of May 17, 2023, be accepted as presented/amended.”</i> CARRIED.</p>
5.0	Generative	
5.1	N. Gladun	<p><u>Board chair report, motion #5</u></p> <p>Moved: D. Renaud</p> <p>Seconded: J. Lucas</p> <p>Opposed: None</p> <p><i>“That the Board Chair report for May 2023, be accepted as presented.”</i> CARRIED.</p>
5.2	C. Eady	<p><u>Senior Management report, May 2023, motion #6</u></p> <p>The following additional information was provided by the CEO:</p> <p>An update regarding the lab director, a briefing note is forthcoming regarding an agreement and intent.</p> <p>Regional OHT: ‘Healing Together’, a new name will be used that was brought to them during a May 24 ceremony.</p>

	Presenter	Item & Purpose
		R: Recommendation Decision/Action E: Education D: Discussion I: Information
		<p>A concern was raised by a board member that the hospital is losing its maintenance superintendent; the CEO clarified that it is the Maintenance Worker that has resigned and not the Facilities Manager.</p> <p>Media interviews regarding the LTC care expansion: our build is complex since it's LTC and acute and the board chose to stay with the current model and complete the pre-capital submission (done for acute), with LTC being redone to reflect FLTCA, e.g. private rooms instead of shared rooms. 4.5 million needs to be raised locally (10% of overall cost) and 2025 funding should be coming, but nothing has been received in writing (a board member and the Nipigon mayor were advised funding was coming). The board was advised that adjacent municipalities were included in the original submission. They commented on fundraising options with the CEO advising that resources are needed to do this work. She will ask the architect to reflect private rooms per FLTCA.</p> <p>Moved: D. Renaud</p> <p>Seconded: J. Lucas</p> <p>Opposed: None</p> <p><i>"That the Senior Management report for May 2023, be accepted as presented."</i> CARRIED.</p>
5.3	R. Dhaliwal	<p><u>Chief of Staff report, May 2023, motion #7</u></p> <p>Dr. Dhaliwal provided a verbal report, advising that SIM Education continues with one more before July/Aug. There are currently no locums and they are fully staffed; things are optimistic. Two physicians continue to express interest in community and contract negotiations continue (i.e. for a sixth position), advising after a related question, that rostering does help build a case.</p> <p>Moved: G. Mackenzie</p> <p>Seconded: R. Beatty</p> <p>Opposed: None</p> <p><i>"That the Chief of Staff report for May 2023, be accepted as reported."</i> CARRIED.</p>
6.0	Strategic	
6.1	N. Gladun	<p><u>Meditech Expanse (Northwestern Ontario Electronic Record Renewal Business Case), motion #8</u></p> <p>Regarding Meditech Expanse, it is known that the old system cannot be maintained, and with other hospitals in the same situations, it is hoped that the Ministry of Health will help fund this large project.</p> <p>Moved: D. Renaud</p> <p>Seconded: R. Beatty</p> <p>Opposed: G. Mackenzie</p> <p><i>"Whereas the current hospital information system (Meditech Client/Server) is approaching end of life, and whereas the North West</i></p>

	Presenter	Item & Purpose
		R: Recommendation Decision/Action E: Education D: Discussion I: Information
		<p><i>Regional Hospital CEO Steering Committee on March 30, 2023 has recommended the Business Case for approval to the Boards of Directors and whereas the total one-time cost is estimated to be \$107.2M and average annual new operating cost is estimated to be \$12.2M and whereas Nipigon District Memorial Hospital share of that one-time cost, at 1.33%, is estimated to be \$1,428,871 and average annual net new operating cost is estimated to be \$160,627 and the readiness costs are estimated to be \$30,000 at the additional expense of NDMH</i></p> <p><i>and whereas TBRHSC has agreed to be the lead finance entity, where other hospitals agree to pay their share be it hereby resolved that the Board of Directors approve proceeding with the upgrade to Meditech Expanse, as presented.” CARRIED.</i></p>
6.2	C. Eady	<p><u>QIP 2022/23, Q4</u></p> <p>The QIP was reviewed as part of the next agenda item.</p>
6.3	C. Eady	<p><u>Briefing note: NDMH QIP, executive compensation, motion #9</u></p> <p>The Board Chair declared a conflict for this agenda item.</p> <p>A board member responded that while none of the criteria were met as they were set out, they feel that the board could support 2/3 reimbursement (for work done with workplace violence prevention and suicide prevention) and because the hospital continues to work towards the goals. Another member asked if the targets were realistic to start with, that they agree with the development of the plan. A 66.67% pay out was suggested after reviewing the briefing note.</p> <p>Moved: R. Beatty</p> <p>Seconded: D. Renaud</p> <p>Opposed: None</p> <p><i>“That regarding executive compensation for the 2022-2023 Quality Improvement Plan (QIP), with two of three QIP indicators/targets being met; that a payout can be made at a rate of 66.67% for CEO and Chief of Staff, and at a rate of 66.67% for the CNE.” CARRIED.</i></p>
6.4	C. Eady / N. Gladun	<p><u>Regional Transformation & Integration, Briefing Note, Year 3 Report and Dashboard</u></p> <p>The information was provided in the board package for review.</p>
6.5	C. Eady	<p><u>Ontario Health Teams update (City and District of Thunder Bay Ontario Health Team Key Messages)</u></p> <p>Ongoing key messages, some staff have been hired and we should see more coming from this team.</p>
6.6	N. Gladun	<p><u>Briefing note: NDMH Corporate Bylaws and document with markup/changes</u></p>

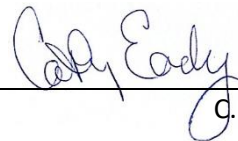
	Presenter	Item & Purpose
		R: Recommendation Decision/Action E: Education D: Discussion I: Information
		The board decided to have a final version of the by-laws to review for June.
6.7	N. Gladun	<u>Terms of office: G. Mackenzie, R. Beatty</u> With two members up for re-election in June, the board chair requested that they consider a three-year commitment to the board, and that a response would be required by the June board meeting.
6.8	N. Gladun / C. Eady	<u>AGM date, time and staff BBQ</u> The NDMH June board meeting and AGM will occur after the NDFHT June board meeting and AGM. Expected time to start the NDMH meetings is 5:30 p.m. with the NDFHT meetings starting at 4:30 p.m.
6.9	N. Gladun	<u>Board meeting schedule for 2023-2024 year</u> A calendar of proposed dates was provided in the board package. The board decided that with Halloween falling on the last Tuesday of October, they would meet on October 17, 2023 instead and considering the closeness in date to the September board meeting, that one would be cancelled. It was confirmed that the board would still have 9 meetings this year (the bylaws require 8 meetings).
6.10	C. Eady	<u>2022-2023 Annual report draft</u> The draft annual report was displayed for the board members and the CEO advised that the final draft will be provided to the board in June.
6.11	N. Gladun	<u>CEO and COS performance evaluation</u> With the last evaluations conducted in the fall of 2022, they will be done as per the policy (once per year) and in the fall of 2023.
6.12	N. Gladun	<u>Board member recruitment update</u> The board confirmed they are well represented by each community except Lake Helen and they wish to seek ongoing representation from the community.
7.0	Fiduciary	
7.1	D. Armenti	<u>NDMH Q4 Financials, motion #10</u> Highlights: Lucas machine and sweeper major costs, agency nursing costs are high, fire pump / HRF funding done in the spring. Moved: G. Mackenzie Seconded: D. Renaud Opposed: None <i>“That the Board of Directors approves the fourth quarter financials as presented.” CARRIED.</i>
7.2	D. Armenti	<u>H-SAA briefing note, H-SAA Agreement signature page, H-SAA Agreement</u> A briefing note was provided to summarize the information. One-time funding could help the hospital and because we submitted a deficit budget a PIP had to be submitted, where in March 2025 we could be in the black. If NDMH does not sign, cash payments wouldn't come, NDMH May be the last to sign. Moved: E. Rutherford

	Presenter	Item & Purpose
		R: Recommendation Decision/Action E: Education D: Discussion I: Information
		<p>Seconded: G. Mackenzie</p> <p>Opposed: None</p> <p><i>“That the NDMH Board of Directors approve the NDMH H-SAA for 2023-2024 as presented.” CARRIED.</i></p>
7.3	D. Armenti	<p><u>Briefing Note: Auditor RFP, motion #11</u></p> <p>Grant Thornton proposal and the Rossi & Suraci proposals were provided as part of the board package. A briefing note was prepared along with a recommendation to the board. Board will recommend to the board at the AGM to select Rossi & Suraci.</p> <p>Moved: G. Mackenzie</p> <p>Seconded: R. Beatty</p> <p>Opposed: None</p> <p><i>“That the Board of Directors recommends Rossi & Suraci to conduct the NDMH audit for the next five fiscal years.” CARRIED.</i></p>
7.4	D. Armenti	<p><u>Draft 2022-23 NDMH financial statements</u></p> <p>NDMH is borrowing from overdraft with several outstanding cheques still on the books. There are \$442 000 retroactive payments. Current ratio, 0.79 means cash equivalent goes towards debt (1.31 last year), hope to rectify this with cash inflow and work with ministry on working capital; 1:1 is best. The Ministry of Health has funded a temporary locum program. Note disclosure on bill 124 and the impacts of it. Ontario government had a cap on public sector COLA, rendered void/no effect, cola has been renegotiated. Has been recorded as if everyone received it, many other hospitals are doing the same regarding equity, auditors say there isn’t a reopener clause for non-union, and the auditors may flag this (\$113 approved for non-union which shouldn’t be included as an expense, whereas other unions which are in negotiation could be paid out). Unifor should be settled at June 17. Will know before our AGM, though there may not be.</p> <p>Retroactivity and the high agency nurse costs (2-3 times the cost of an ONA nurse) sees the hospital with \$881 000 deficit. The CFO advised the board that CEO’s are not in a position to do a Performance Improvement Plan (PIP), since organizations do not have the info needed to do this.</p>
7.5	D. Armenti	<p><u>Line of credit increase, RBC letter, motion #12</u></p> <p>Discussion at SR. Leadership to increase line of credit from 300 000 to 600 000 to help pay retroactivity. RBC asked for correspondence from the board to make the change permanent. Requires two signatures from the board. The letter will be signed by chair & CEO. Overdrafts are further mitigated by doing vendor payments closer to ministry funding. The EA/BL is to add electronic signatures and send onto CFO.</p> <p>Moved: R. Beatty</p> <p>Seconded: J. Lucas</p> <p>Opposed: None</p>

	Presenter	Item & Purpose
		R: Recommendation Decision/Action E: Education D: Discussion I: Information <i>"That the Board of Directors approves a line of credit increase with RBC."</i> CARRIED.
8.0	Adjournment to In-Camera Meeting	
8.1	N. Gladun	<u>Adjournment to In-Camera Meeting, motion #13</u> Moved: J. Lucas Seconded: G. Mackenzie Opposed: None <i>"That the Board of Directors moves to the in-camera portion of the meeting at 8:11 p.m."</i> CARRIED.
9.0	Adjournment	
9.1	N. Gladun	<u>Return to regular board meeting</u>
9.2	N. Gladun	<u>Meeting evaluation</u> Last page of meeting package, please leave copies on the table.
9.3	N. Gladun	<u>Next meeting date, adjournment, motion #</u> Next regular board meeting & AGM: June 29, 2023 after the NDFHT board meeting and AGM and is expected to be at approximately 5:30 p.m. <u>2023-2024</u> October 17, 2023 (Q1: Apr, May Jun 2023) November 28 (Q2: Jul, Aug, Sep 2023) Motion: J. Lucas Second: R. Beatty Opposed: None <i>"That the Board of Directors moves to adjourn its regular meeting at 8:46 pm."</i> CARRIED.



N. Gladun, Chair



C. Eady, Secretary