



## Board Meeting

October 17, 2022 at 5:30 pm, via Zoom / NDMH Boardroom

### 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

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			Madison Boudreau, 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					
Shannon Cormier, Director	X					Dr. Doug Scott, Physician Lead					X
Deana Renaud, 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				

Guest: Holly Ryan, Borden Ladner Gervais

Presenter	Item & Purpose
R: Recommendation Decision/Action E: Education D: Discussion I: Information	
2.0	<b>Call to Order at 5:29 p.m.</b>
2.1	<p><u>Indigenous Land Acknowledgement Protocol/Opening Remarks</u>  <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>
2.2	<p>N. Gladun</p> <p><u>Quorum</u>            With 6/7 members present, quorum was met.</p>
2.3	<p>N. Gladun</p> <p><u>Conflict of Interest</u></p>

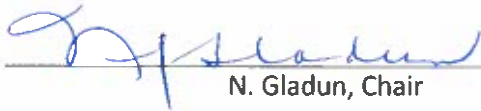
	Presenter	Item & Purpose
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		No conflicts of interest were declared.
2.4	N. Gladun	<u>Additions/deletions to agenda, approval of the agenda, Motion #1</u> Motion: E. Rutherford Second: R. Beatty Opposed: None <i>"That the agenda for the NDMH and the NDFHT Board of Directors meeting for October 17, 2022 be accepted as presented."</i> CARRIED.
<b>3.0</b>	<b>Education / Presentation</b>	
3.1	Guest: H. Ryan (BLG)	<u>Professional By-laws and ONCA (Ontario Not-for-profit Corporations Act)</u> H. Ryan from BLG was welcomed to the meeting to highlight some of the recent ONCA-related changes to the Professional Staff Bylaws. She indicated that a key, initial change, was to use plain language principles and remove duplication. After leaving the meeting, the CEO confirmed that the remaining were already agreed upon with the CoS and that further revisions weren't required.
3.2	M. Boudreau	<u>Patient Story</u> A patient story was shared by the CNE. The resolution found that conversations and communication were key to finding a resolution with regards to the story. The CNE will provide an update to the situation in November.
<b>4.0</b>	<b>Meeting Minutes</b>	
4.1	N. Gladun	<u>NDMH Board Meeting Minutes, June 27, 2022, Motion #2</u> Motion: E. Wawia Second: E. Rutherford Opposed: None <i>"That the minutes for the NDMH Board meeting for June 27, 2022 be accepted as presented."</i> CARRIED.
4.3	N. Gladun	<u>MAC Meeting Minutes, September 21, 2022, Motion #4 and Oct 12, 2022, Motion #5</u> Motion: S. Cormier Second: E. Wawia Opposed: None <i>"That the minutes for the MAC meeting for September 21, 2022 be accepted as presented."</i> CARRIED.  Motion: R. Beatty Second: D. Renaud Opposed: None <i>"That the minutes for the MAC meeting for October 12, 2022 be accepted as presented."</i> CARRIED.
4.4	N. Gladun	<u>NDMH/NDFHT Quality Committee Minutes, October 11, 2022</u> Motion: R. Beatty Second: E. Wawia Opposed: None It was confirmed that the new Nurse Practitioner (NP) would work under the guidance of all physicians (including locums) with regards to taking some of the emergency situations. <i>"That the minutes for the Quality Committee meeting for October 11, 2022 be accepted as presented."</i> CARRIED.
<b>5.0</b>	<b>Generative</b>	
5.1	N. Gladun	<u>Board Chair Report</u>

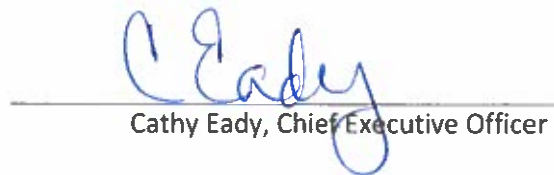
	Presenter	Item & Purpose
<p style="text-align: center;"><b>R: Recommendation Decision/Action    E: Education    D: Discussion    I: Information</b></p>		
		<p>The chair has attended the OHA's healthcare leadership series on September 13, 27, Oct 12. One session focused on enabling conversations amongst the participants, showing that OHA will continue to be the advocate for issues from across the province. They also indicated that healthcare is still in a crisis situation, stemming from the pandemic. The chair advised the board that performance appraisals for the CEO and CoS have been completed, and ED would have theirs next. The next meeting of the regional team is to be confirmed. The CEO added that the north west CEO's group meets with the OHA as well.</p>
5.2	C. Eady	<p><u>Senior Management Report, Sept/Oct 2022, Motion #6</u>  Pull acute and LTC submissions apart (separate) going forward.  A question was asked regarding the affect of COVID-19 on vacancies, and the CEO advised that we are currently using agency nurses to help for a short period of time, which can be challenging to culture, and because they cannot contribute to committees. Agency staff are not a long-term solution. Casual commitment has been low and we have lost employees. When asked, the CFO advised that there is an exit interview policy and the process will move online with a reduced number of questions. The CFO added that because we apply the LTC directives across the entire hospital, sick time has had an impact all over, not just LTC.  Moved: E. Wawia  Seconded: S. Cormier  Opposed: None  <i>"That the Senior Management Report for September/October 2022, be accepted as presented."</i> CARRIED.</p>
5.3	R. Dhaliwal	<p><u>Chief of Staff Report, Sept/Oct 2022, Motion #7</u>  A physician has signed up for two months of coverage at NDMH meaning a full compliment of physicians for the first time in 18 months. The new NP has started (casual NP has stayed as a mentor) and a resident has transferred residency to NDMH with two more residents starting in November, along with two med students. TBRHSC has as of today, moved into life &amp; limb situation, meaning NDMH may need to hold patients here instead of moving to the region. Flu season is coming, which may compound HHR issues. Mental health supports are low, and new support persons have helped, there's currently a 3-month wait for counselling (no social worker with the FHT affects care). Opioid crisis is affecting our community. He confirmed for the board that the TBRHSC is full (re: life/limb situation), and that ambulances are not the reason that patients could be held in in Nipigon/region. When asked if TBRHSC will be sending patents here, NDMH has received requests but none have come yet. He noted that funding is being sought to keep an NP on to assist in emergency. Asked if NDMH 'bills back' for any patients received from TBRHSC, the CFO confirmed the funding: if ALC, they pay to stay, and covered by OHIP if acutely ill. The CEO added that the census is usually around 50% though if acuity is higher, physician support may be required and that if patients are received while we are within our census, it can be funded. The CoS was thanked for the work done to acquire the staff.  Moved: E. Rutherford  Seconded: D. Renaud  Opposed: None  <i>"That the Chief of Staff Report for September/October 2022, be accepted as presented."</i> CARRIED.</p>
5.4	S. Jean	<p><u>Executive Director Report, Sept/Oct 2022, Motion #8</u></p>

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		<p><i>Non-NDMH related updates have been removed and found in the NDFHT minutes.</i></p> <p>There was discussion around a mental health crisis, and the organizations were asked if both have a strategic plan to outline what current strategies are being utilized, with the CEO indicating that recruitment and retention was addressed in the last strategic plan, and is revisited. The ED indicated that AFHTO (Association of Family Health Teams of Ontario) have discussed some recruitment strategies though currently there isn't funding for recruitment &amp; retention for all vacancies. She added that it will be challenging to get a NP with the funding model/compliment and FHT's are frustrated with this lack of funding.</p> <p>The ED discussed the briefing note (sent separately to members) regarding the frequency of quality committee and board meetings where the FHT would like to go back to quality meetings with the Doctor's Group instead of attending NDMH's meeting, along with the NDMH CEO and the FHT's required quality committee composition. She explained the meeting schedule and that for regular and in-camera, the FHT would meet first with the board, then hospital, and only on a quarterly basis (for the FHT). This will be discussed further at the Nov 15 Quality meeting and Nov 28 board meeting.</p> <p>Moved: E. Wawia  Seconded: S. Cormier  Opposed: None  <i>"That the Executive Director Report for October 2022, be accepted as presented."</i>  CARRIED.</p>
<b>6.0</b>	<b>Strategic</b>	
6.1	N. Gladun	<p><u>Professional Staff Bylaws, 2022-2023 as recommended by the Governance Committee, Motion #9</u></p> <p>The governance committee (chair, vice-chair, director) advised that with the few revisions made to the Professional Staff Bylaws, and since the governance committee has reviewed and recommended the file, the motion will be brought to the board in November.</p>
6.2	N. Gladun	<p><u>NDMH Board of Directors Terms of Reference</u></p> <p>This was deferred to the November board meeting.</p>
6.3	C. Eady	<p><u>Completion of BRD 07: Annual Declaration and Consent</u></p> <p>The declaration and consent can be returned to the EA/BL within 7-10 days, please advise if hard copies are required.</p>
6.4	C. Eady	<p><u>Bill 7, More Beds, Better Care Act, 2022 and NDMH</u></p> <p>It was initially thought that this act would have little impact on this home (NDMH was too far from Thunder Bay) but the distance that someone could be moved is confirmed to be 150km. She confirmed that if one is on the list for LTC, as long as there's a match someone could be sent to Nipigon. If that person decides to not go, the charge would be \$400/day. Our LTC home currently has a waiting list, currently there isn't space. HCCSS (Home and Community Care Support Services) will meet with the NW CEO's on Wednesday to provide clarification.</p>
6.5	C. Eady	<p><u>NDMH OHS 71 Vaccination Policy Update</u></p> <p>The NDMH policy has not been changed, without vaccinated staff the hospital/home would not have been able to provide care: staff were brought back during the shortage within their 5-days because they were vaccinated, positive staff to work during the shortage. She noted that for physicians, a mitigation strategy has been arranged where to avoid an emergency department closure, an unvaccinated physician would be</p>

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		permitted. The only other place who has suspended the practice is Sioux lookout: all new staff must be vaccinated, but they are bringing back unvaccinated staff.
6.6	M. Boudreau/ L. Haskell	<u>Briefing note: MLITSD visit and subsequent orders</u> The CFO provided an overview of the briefing note provided, noting that healthcare has seen a rise in incidents of workplace violence. For NDMH, education is key component of success.
6.7	M. Boudreau	<u>LTC compliance visit (July 2022)</u> Inspectors did a follow up inspection around four critical incidents that go back to the spring of 2021 (falls resulting in injury, resident/resident abuse, staff/resident neglect). One order issued to provide staff education on resident safety (tub safety). Education to be completed by 29 Sep, and inspectors will be back to follow up. All staff had not completed the education, and often a challenge if staff are off/away, and this is completed on their next worked shift. An update will be provided after the follow up inspection.
6.8	N. Gladun	<u>OHA Board Self-Assessment Tool – Fall Edition</u> The OHA has issued their 2 <sup>nd</sup> self-assessment tool of the year with submissions due by November 13, 2022. The tool can be completed by any and all board members (voting and non-voting). The EA/BL will distribute the details.
6.9	N. Gladun	<u>Fixing Long Term Care Act, board member Vulnerable Sector Check</u> The FLTCA requires that all members of the licensee’s governing structure have a police record check completed and provided to the licensee (i.e. NDMH).  Requests for Vulnerable Sector Checks for a volunteer are now requested online: <a href="https://opp.ca">https://opp.ca</a> under ‘Police Record Checks’. When the VSC is completed, the OPP will email the results to you. Please provide the original or photocopy to the EA/BL, or email to <a href="mailto:admin@ndmh.ca">admin@ndmh.ca</a>
6.10	N. Gladun	<u>Meeting schedule changes</u> It was confirmed by the board that meeting attendance can be in person or virtual. Meeting invites for the remainder of the year are coming via email. The CEO noted that she is unavailable for the January meeting and can submit documentation/reports prior to the meeting.
<b>7.0</b>	<b>Fiduciary</b>	
7.1	L. Haskell	<u>Parking Declaration</u> The hospital attestation of compliance has been completed for September 1, 2021 to August 31, 2022, indicating that NDMH does not charge for parking.
7.2	L. Haskell	<u>NDMH Q1 Financials</u> The CFO reviewed the Q1 reports, noting that the disbursements that are usually provided will be provided with the Q2 disbursements. She highlighted the following issues in balancing the budget: System support: invoice sent late by regional, maintenance of an aging facility (boiler/HVAC), security costs are high, screeners wages are no longer covered, recently paid out a nurse incentive bonus, and sick leave costs. She noted that while a deficit is not unique, she is working on a briefing note with financial projections for the year to try to recover some costs, adding that all hospitals are working on this to let the MoH know that the lack of funding is ongoing, and where some hospitals are threatening to close departments due to this. Drivers and implications will be in the briefing note. Q2 NDMH costs could increase due to agency staff costs, because of two COVID-19 outbreaks.
<b>8.0</b>	<b>Adjournment to In-Camera Meeting</b>	
8.1	N. Gladun	<u>Adjournment to In-Camera Meeting, Motion #13</u>

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		<p>screeners wages are no longer covered, recently paid out a nurse incentive bonus, and sick leave costs.</p> <p>She noted that while a deficit is not unique, she is working on a briefing note with financial projections for the year to try to recover some costs, adding that all hospitals are working on this to let the MoH know that the lack of funding is ongoing, and where some hospitals are threatening to close departments due to this. Drivers and implications will be in the briefing note. Q2 NDMH costs could increase due to agency staff costs, because of two COVID-19 outbreaks.</p>
7.3	L. Haskell	<p><u>NDFHT Q1 Financials</u></p> <p>Disbursement reports for Q1 to come in November, the CFO provide an overview of the NDFHT financials for Q1.</p>
<b>8.0</b>	<b>Adjournment to In-Camera Meeting</b>	
8.1	N. Gladun	<p><u>Adjournment to In-Camera Meeting, Motion #13</u></p> <p>Motion: E. Rutherford  Second: E. Wawia  Opposed: None  <i>"That the NDMH/NDFHT Board of Directors move to in-camera at 7:39."</i>  CARRIED.</p>
<b>9.0</b>	<b>Adjournment</b>	
9.1	N. Gladun	Return to regular board meeting
9.2	N. Gladun	Meeting evaluation
9.3	N. Gladun	<p><u>Next Meeting Date, Adjournment, Motion #14</u></p> <p>Next regular board meeting: November 28, 2022 at 5:30 p.m.  Motion: E. Rutherford  Second: E. Wawia  Opposed: None  <i>"That the Board of Directors meeting be adjourned at 8:18 p.m."</i> CARRIED.</p>

  
N. Gladun, Chair

  
Cathy Eady, Chief Executive Officer