

Regular Board Meeting
Monday, September 25, 2017

PRESENT K. Pristanski (Chair), N. Gladun, J. Pothof, E. Wawia, A. O'Connor,
Dr. R Crocker Ellacott (CEO), C. Shwetz, (ED FHT), D. Hill (CFO), R. McEwen (Nurse
Manager), J. Jean (Recorder)

REGRETS D. Allen (CNE), E. Rutherford, J. Foulds, Dr. R. Dhaliwal (COS),
Dr. D. Scott (FHT Physician Lead)

EDUCATION

C. Shwetz provided an Operations Summary of the Nipigon District Family Health Team.

1.0 CALL TO ORDER

K. Pristanski called the meeting to order at 5:45 pm. C. Shwetz, Executive Director of the Family Health Team was welcomed to the Board.

2.0 PATIENT STORY

R. McEwen shared a story of a person who had difficulty with activities of daily living. Through effective communication with care providers and family it was learned that the person was in possession of an extremely valuable keepsake and activities of daily living would separate the person from the possession. A way to avoid separation of the person and keepsake was sought and accepted by the person.

3.0

3.1 QUORUM

Achieved.

3.2 CONFLICT OF INTEREST

There were no declarations of conflict of interest.

3.3 APPROVAL OF AGENDA

The following was added to the agenda:

4.1 - Special Meeting Minutes, Sep 11, 2017 (Paving/Curbing)

7.7 - Proposed Education for 2017/18

The following was deleted from the agenda:

6.11 - BRD 02, Meetings

MOTION #1

Moved by - N. Gladun

Seconded by - J. Pothof

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

4.0 CONSENT AGENDA

MOTION #2

Moved by - N. Gladun

Seconded by - A. O'Connor

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

5.0 REPORTS AND DISCUSSIONS

5.1 Report from the President and CEO

R. Crocker Ellacott, President and CEO reported on the following:

- Accountability Agreement: Community Based Hospice Beds Located in NDMH
- ORNGE Visit
- Accreditation Appeal
- Accreditation Evidence Submission
- LTC Compliance Report
- Health Infrastructure Renewal Fund - HIRF/Parking Lot Paving
- Electrical Outlets Parking
- Transportation of Dangerous Goods Inspection
- Healthcare Energy Efficiency Program (HEEP)
- Strategic Plan

MOTION #3

Moved by - N. Gladun

Seconded by - E. Wawia

"That the President and CEO report of September 2017 be accepted as presented." Carried.

5.2 Report from the Executive Director Family Health Team

C. Shwetz reported on the following:

- Outstanding items from previous FHT Board meeting
- Urgent Care
- Quality Improvement
- Finances
- Programs and Accountability
- Staffing
- Health & Safety

MOTION #4

Moved by - A. O'Connor

Seconded by - J.Pothof

"That the Executive Director report of September 2017 be accepted as presented." Carried

C. Shwetz sought direction with signing authority for FHT financial matters. R. Crocker Ellacott was directed to develop a plan that is consistent with the Hospital's.

6.0 BUSINESS MATTERS

6.1 DIRECTOR DECLARATION AND CONSENT - Completed and handed in by Directors.

6.2 SKILLS INVENTORY - Completed and handed in by Directors.

6.3 INDIVIDUAL SELF ASSESSMENT / BOARD SELF ASSESSMENT RESULTS

The results of the individual self assessment, and board self assessment of May 2017 were provided to the members. Director comments from the individual assessment were used to develop the 2017/18 work plan. NDMH scored average or above as compared to the other seven participating boards of similar size.

6.4 2017/18 Work Plan

Reviewed.

MOTION #5

Moved by - A. O'Connor

Seconded by - E. Wawia

It was agreed that,

"That the 2017/18 NDMH Board Work Plan be accepted as presented." Carried

6.5 Q1 (Apr, May, Jun) Reporting

Quality Improvement Plan Progress

R. Crocker Ellacott reviewed the progress made

6.6 Q1 (Apr, May, Jun) Reporting

Score Card

Reviewed. A recent change in the way hand hygiene audits are performed was discussed and is reflected in the scorecard.

6.7 Q1 (Apr, May, Jun) Reporting

Finance

Disbursements for Apr, May and Jun were reviewed and clarifications were provided. Financial Performance and Variance Analysis was reviewed.

6.8 Small Hospital Comparison/Benchmarking

Provided and discussed.

6.9 Capital Update

D. Hill discussed the postponement of some capital purchases previously approved as per the Special Meeting Minutes of September 11, 2017.

6.10 Hospital Parking Directive Attestation

R. Crocker Ellacott executed the annual documentation that attests that we are in compliance with the Ministry's Parking Directive. The executed documents will be returned to the LHIN.

6.11 Patient Declaration of Values

The Patient Declaration of Values was reviewed by the Quality and Patient/Resident and Family

Centred Care Committees prior to Board review. The document clearly reflects NDMH's philosophy of patient, resident and family centred care.

MOTION #6

Moved by - N. Gladun

Seconded by - J. Pothof

"That the Patient Declaration of Values be accepted as presented." Carried.

6.12 ADM 04, Patient Relations Process, Concerns and Compliments

This document was reviewed by the Quality and Patient/Resident and Family Centred Care Committees prior to Board review.

MOTION #7

Moved by - N. Gladun

Seconded by - J. Pothof

"That ADM 04, Patient Relations Process, Concerns and Compliments be accepted as presented." Carried.

6.13 BRD 01, Board of Directors

This document is for annual review by the Board. The document reflects that the Guide to Good Governance, 3rd Edition continues to be the Board's main resource.

MOTION #8

Moved by - N. Gladun

Seconded by - A. O'Connor

"That BRD 01, Board of Directors be accepted as presented." Carried.

6.14 ADM 28, Media Relations

Reviewed without changes.

MOTION #8

Moved by - J. Pothof

Seconded by - A. O'Connor

"That ADM 28, Media Relations be accepted as presented." Carried.

6.15 FIN 01, Expenses and Reimbursements

D. Hill reviewed the changes to the document.

MOTION #9

Moved by - E. Wawia

Seconded by - J. Pothof

"That FIN 01, Expenses and Reimbursements be accepted as presented." Carried.

7.0 FOR INFORMATION

7.1 2016/17 Meeting Attendance Summary

In 2016/17 NDMH Board of Directors achieved 87% meeting attendance. Congratulations to the members on their dedication and commitment to the Hospital.

7.2 June 2017 Meeting Evaluation

100% meeting effectiveness achieved.

7.3 Meeting Evaluation Template

Given that meeting evaluations are achieving nearly 100% satisfaction at each meeting, the directors were asked if they would like a change in the evaluation template. The Directors expressed satisfaction with the current template.

7.4 By Law No. 2

Copy provided to each Director.

7.5 Board Orientation Handbook

Updated handbook provided to each Director.

7.6 Patient/Resident and Family Centred Advisor Orientation Handbook

Copy provided to each Director.

7.7 Proposed 2017/18 Education

Provided and agreed upon.

8.0 BOARD MEMBER COMMENTS - None.

None.

9.0 IN CAMERA

MOTION #10

Moved by - E. Wawia

Seconded by - A. O'Connor

"That the Board of Directors moves to In Camera at 6:45 pm." Carried.

10.0 DATE OF NEXT MEETING - Monday, October 23, 2017

11.0 ADJOURNED - 7:25 PM

12.0 MEETING EVALUATION



K. Pristanski, Board Chair



Dr. R. Crocker Ellacott, Secretary