

Regular Board Meeting, January 24, 2017

A **Regular Board Meeting** of the Board of Directors of the Hornepayne Community Hospital was held on Tuesday, January 24th, 2017 at 4:00 p.m. in the Hospital Board Room.

PRESENT:

- R. Kelly - Chair
- H. Jaremy-Berube – Secretary
- A. Liebigt
- L. MacEachern
- A. Morrison
- Y. Vaillancourt
- H. Verrino
- M. Zajac

REGRETS:

- Dr. Cameron
- C. Fort
- Dr. Henderson
- A. Le Fort
- S. Peroff
- J. Roy-Ward

IN ATTENDANCE: S. Collins - Recording Secretary

1. CALL TO ORDER - APPROVING AGENDA

The meeting was called to order at 4:05 p.m. Richard welcomed everyone.

Amendments to the Agenda:

Delete: 4. **Report of Officers**
 4.3 Chief of Staff

***01-01-17 Motion:**

It was moved by L. MacEachern and seconded by Y. Vaillancourt to accept the agenda as amended.

CARRIED

2. RECEIVING AND PASSING OF MINUTES

2.1 Minutes of the Regular Board meeting of November 29th, 2016

Richard inquired about VCC¹. Alison informed him that our mandate is 1 case per year, which we have exceeded last year. It is good to exceed expectations. We want to make sure that we use this service in order not to lose it.

Errors or Omissions - None.

***02-01-17 Motion:**

It was moved by Y. Vaillancourt and seconded by M. Zajac that the minutes of the Regular Board meeting of November 29th, 2016 be accepted as presented.

CARRIED

¹ Virtual Critical Care

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2.2 Minutes of the Executive Meeting (HAPS²) of January 11th, 2017

Heather reiterated that our LHIN advisor, Jen McKenzie, recommended a revision to our HAPS to remove the \$85,535 for Mental Health. We need to apply annually for this funding. The Mental Health funding is not guaranteed.

Errors or Omissions - None.

***03-01-17 Motion:**

It was moved by Y. Vaillancourt and seconded by M. Zajac that the minutes of the Executive Meeting (HAPS) of January 11th, 2017 be accepted as presented.

CARRIED

3. REPORT OF BOARD COMMITTEES

3.1 Financial Statement, December 31st, 2016

The December 31st, 2016 Summary of Revenue and Expenses was reviewed and discussed.

The total revenues were \$4,097,135, the total expenses were \$4,024,701 = Operating surplus of \$72,434.

***04-01-17 Motion:**

It was moved by M. Zajac and seconded by A. Liebigt to accept the Summary of Revenue and Expenses dated December 31st, 2016 as presented.

CARRIED

4. REPORT OF OFFICERS:

4.1 Chief Executive Officer

Strengthening Homecare - Work continues with NECCAC³ and NELHIN⁴ to strengthen Homecare in Hornepayne. We have reached a milestone, I believe, by agreeing around the table that our community would benefit from having healthcare coordinated locally. While it is acknowledged that there isn't enough of a workload for a full-time Case Manager or Coordinator, it has been discussed that in principle, there could be a combined position to include Home Care Coordination with perhaps other Nursing functions in a manner that makes sense. This aligns with our priority of becoming a health hub, to provide a holistic community approach to easing transitions in and out of hospital, and helping patients remain in their homes with appropriate support. On Monday January 23rd, we agreed to have the LHIN/CCAC submit on our behalf, a request for funding for a .5 Homecare Coordinator. As these proposals usually take months to be reviewed and approved, we have a lot of time to determine how this role may be combined with others in our facility, to make it more attractive as a full-time Nursing position. The current Coordinator located in Wawa will still remain, but responsibility for our community will be given to someone local, which we are certain will vastly improve communication with healthcare providers, with patients, with discharge planning, and follow up to assist our citizens in remaining independent as long as possible.

2 Hospital Accountability Planning Submission

3 North East Community Care Access Centre

4 North East Local Health Integrated Network

4.1 Chief Executive Officer (continued)

Physiotherapy - We are still waiting for NDH⁵ to be able to recruit another full-time physiotherapist, which we hope to share, should they be successful. In the meantime, we have been advised that CCAC has arranged to contract a physiotherapist to travel to Hornepayne, once a month, to serve CCAC clients who are housebound, and who is also certified to assess patients for Assisted Device Programs. Additionally, we are, this week, negotiating a potential agreement with a private physiotherapist in Wawa who has assisted the Wawa hospital to set up a therapy program for their Long-Term care residents. We hope to spend the \$25,000 the LHIN gave us for physiotherapy equipment, to spend rather on the therapist's service. It does not make sense to spend money on equipment, with no staff to use it.

IT⁶ - We have given our notice to HSN⁷ that the IT service contract that expires on March 31, 2017, will not be renewed. We currently pay almost \$40,000 annually for two visits per year, and a call-in service when problems are encountered. This has not served us well at all. There are continual problems that don't get resolved. We require guidance and oversight with respect to an IT vision. This is, also, a need that has been identified over the past 6 months with our neighbors in Kap and Smooth Rock Falls. NDH, on the other hand, is well positioned with knowledgeable IT staff that possesses a strong clinical vision and they run almost identical operations to ours. We have reached out to NDH, as have Smooth Rock Falls and Kapuskasing to develop a shared IT Manager position, as well as, everyday IT services. We are in the process of developing a shared IT Coordinator position for the 4 hospitals, with regular everyday support provided by NDH staff. They have helped us on an emergency basis for months now, when HSN has not responded appropriately. We look forward to this new arrangement.

LEAN Training - On January 9th and 10th, PACE⁸ Consulting was on site to deliver a management workshop to designated leaders in each department. The funding for this was provided from the LHIN from the Small Hospital Transformation Funds. PACE Consulting is also providing training to NDH, Sensenbrenner, and Smooth Rock Falls. We are all on the same page, speaking the same language and it's great to have support in this journey. This training was extended to senior management, as well as those who replace department heads, or who have a position of natural leadership within the hospital. The workshops were intense, fun, and very beneficial. We learned a lot about ourselves, each other, and the organization. We meet a couple times a week, for 30 minutes to advance our objectives with respect to LEAN methodology. White belt or introductory training will be conducted on February 1st and 2nd in half-day sessions for the remainder of the staff. Once this is complete, we will roll out the methodology. We are hoping to identify leader personalities who can be trained for Green Belt or Lean Project Management.

I encourage all Board members to visit the PACE website at yourPACE.ca

Hospice Suite - Early in January, Alison was approached by the LHIN, asking that if we could accelerate our plans to open a Hospice Suite for palliative care patients. We would be eligible for the full \$105,000 for this fiscal year, instead of half.

It was decided that we would work as quickly as possible to complete required renovations, as well as work through nursing standards in order to declare ourselves open for the service that we already routinely provide. Both Heidi and Alison will speak to their part in the preparation of the Hospice suite.

5 Nôtre Dame Hospital

6 Information Technology

7 Health Sciences North

8 Partners Achieving Change Excellence

***05-01-17 Motion:**

It was moved by L. MacEachern and seconded by M. Zajac to accept the Chief Executive Officer's report as presented.

CARRIED

4.2 Chairman of the Board

Nothing to report.

4.3 Chief of Staff

Deleted.

4.4 Hospital Auxiliary

Sales – The craft and bake sale held on December 10th, 2016 were both very successful.

Christmas Basket – The winner of the Christmas basket was Diane Doiron.

Memorial Candles – There were over 300 memorial candles displayed, at the cemetery, this year. Of those 153 were sold. The remainder were donated. The Auxiliary members received excellent appreciative comments from the community for providing this wonderful memory each year.

Christmas Stock – The Christmas stock was on sale Monday, January 23rd (final day).

Valentines – Effective on January 26th, we will begin our next season of Valentines.

***06-01-17 Motion:**

It was moved by L. MacEachern and seconded by M. Zajac to accept the Hospital Auxiliary report as presented.

CARRIED

4.5 Chief Nursing Officer

Acute Care/Emerg

Think Research - We have been working diligently with Think Research on Patient Order Sets. The digitalization process is now complete. Training is mostly done. We are due to "go-live" on January 31, 2017! Dr. Cameron is so excited! Order sets are standardized sets of orders for patients based on diagnosis, so that each patient receives the Best Practice Treatment (ie: antibiotics for community acquired pneumonia) and a consistent set of diagnostic work ups (x-rays/lab test) for their disease process. Standardizing is also good, because the Nurses get to know what to expect the treatment plan to be and can carry it out efficiently. These digitalized order sets are the next step into a future state of having fully electronic physician orders, so that when the doctor orders the test, it goes straight to Meditech for the Lab, DI⁹ or Pharmacy to process. It eliminates a middle man having to go into Meditech and enter the orders, which will close the loop and prevent transcription errors.

4.6 Chief Nursing Officer (continued)

LTC

Steel Communications - We are working with Steel Communications on a solution for the door safety requirement that the Ministry of Health is demanding. This is a priority, as we were sited on it in 2015 and 2016. We want to get it right before they come back in 2017.

Point Click Care Charting - Nurses are getting used to Point Click Care Charting. We still have some assessments to build in. We are introducing them in small increments that are easier to digest.

Hospice

LHIN - The LHIN has recently told us that we will receive a full year of funding for the 2016-2017 period if we can open our one-bed hospice suite by March 31 of this year. We are using room 112 and the patient lounge to create this suite. Heidi is working hard to coordinate the renovation. I have assembled a group that is meeting once weekly on the Hospice standards, which is 18 pages of requirements that we must have in place.

This funding will be \$105,000 annually to our base funding. The LHIN had funds to build a hospice in the Northeast, rather than choosing one city, that would not benefit small communities; they decided to adopt the Hospice Co-Location Model as Kirkland/Timiskaming has proved to be a great success. So they are funding small hospitals for 1-2 hospice beds within the hospital, recognizing that hospitals are already providing this service, due to a lack of hospice in the rural areas.

Standards – The Standards focus on a multidisciplinary approach, holistic care, education requirements for staff, and hospice Board of Directors.

Palliative Care - 6 staff members attended a palliative care course in Wawa in December.

They will have another palliative care fundamentals course (looks like in April). We need to get volunteers, clergy and a Board member perhaps.

Staffing

Lindsay Dasti - Lindsay Dasti received her Temporary RN Licence, so we can begin the New Grad Guarantee Initiative. When Julie gets back, we have to do a financial report on the portal and proceed from there. This is a 26-week program that the Ministry will fund. The new grad must be doubled up with an RN for a minimum of 12 weeks. If, at that time, a full-time position becomes available, the new grad can bid it and the remaining funding for the additional 14 weeks can be used for mentorship/preceptorship programs and for back filling nurses to participate in education and professional development. We intend to use the funds to the maximum capacity. Since Lindsay will not require a lot of formal orientation, my intention is to have her and her preceptor formalize standardized orientation for RN's and RPN's. So that in the future, if we ever need to use an agency, it will serve as a very comprehensive go-to hand-book. She has been working in a temporary position on the QBP¹⁰ Order Sets and the upcoming QIP¹¹. She has done an excellent and thorough job. It has been a great help to me and has freed my time up to catch up on many other tasks.

10 Quality Based Procedures

11 Quality Improvement Plan

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4.6 Chief Nursing Officer (continued)

Staffing

Rachel Davie – The Nurse Educator role has been filled by Rachel Davie, RN, BScN, BSc Kinesiology. In February, she will begin her new role by building/refining our PCS¹² to flow and reflect different plans of care and to match up with the patient order sets for different admission diagnosis. This will enable us to meet Accreditation requirements.

Education

Surge Learning –The entire hospital is now on Board. Shannon Burns has created the yearly education plans for the different departments. There is mandatory hospital wide annual learning. There is departmental specific annual learning and there is also mandatory learning for the orientation period for all new employees and volunteers. These plans include the MoHLTC¹³ and the MoL¹⁴ requirements.

ACLS¹⁵ – Done in mid-December

LTC Management Course - I have just registered in the LTC Management Course, which is a requirement according to the LTC Homes Act. It is on-line. I intend to finish it before the crocuses bloom in spring.

Goals and On-going Projects

- Physio – as Heather explained.
- Lean Health Care – as Heather explained.
- Strengthening Home Care – as Heather explained.

***07-01-17 Motion:**

It was moved by M.. Zajac and seconded by Y. Vaillancourt to accept the Chief Nursing Officer report as presented.

CARRIED

4.6 Manager of Nutritional & Plant Services

Maintenance:

Lighting – Jean Mercier has completed all the lighting inside and outside the facility.

RFP¹⁶ – A Request for Tenders was posted today for interior renovations in order to build a hospice suite as previously mentioned. The Scope of the Work has been completed for this project. On Friday, Marilyn and I went to Hearst NDH for an on-site visit to check theirs out. We have Fern Girard coming in tomorrow to check our facility out and propose a quote for the renovations. The hospice suite needs to be complete by March 31, 2017.

Video-Intercom System – We will be updating our buzzer system and purchasing a new video-intercom system for the front door.

Dietary:

Revenue –The kitchen continues to be busy and revenue generating.

12 Patient Charting System

13 Ministry of Long-Term Care

14 Ministry of Labor

15 Advanced Cardiac Life Support

16 Request for Proposal

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***08-01-17 Motion:**

It was moved by Y. Vaillancourt and seconded by L. MacEachern to accept the Manager of Nutritional and Plant Service's report as presented.

CARRIED

5. CORRESPONDENCE – January 2017

1. Karen Kirkbride
Re: Thank you card
2. Rose Gallo
Re: Thank you card
3. Alanna Pullen
Re: Thank you card
4. Deb Fedje-Fraser
Re: Thank you card
5. Heidi Verrino
Re: Thank you card
6. Linda Ryan
Re: Thank you card
7. Connie Dasti
Re: Thank you card
8. Heather Jaremy-Berube
Re: Letter of support for CT Scanner at Nôtre Dame Hospital

6. NEW BUSINESS

6.1 Fern Girard General Construction – Doors & Frames

We have received a quote from Fern Girard to replace 5 doors and frames at the back of the hospital that are original and end-of-life. The quote that we received to replace the doors and frames would cost \$31,008 + HST. This is covered through the HIRF¹⁷ grant.

***09-01-17 Motion:**

It was moved by M. Zajac and seconded by Y. Vaillancourt that the Hornepayne Community Hospital accept the quote from Fern Girard General Construction of \$31,008 + HST to replace the 5 doors and frames as presented.

CARRIED

¹⁷ Hospital Infrastructure Renewal Fund

6.2 Steel Communications – Access Control

As previously mentioned in the Chief Nursing Officer report, we may need to change the key pad entry system for a cost of approximately \$7,871.35 + HST. This is a “must” as per the MoHLTC.

Alison is checking with other hospitals to see how they are handling this. Therefore, this item will be deferred for now.

6.3 AGFA – Diagnostic Imaging Retrofit Upgrade

We have about 100g set aside for capital for this project, as it’s been in the works for some time. Technically our equipment is end-of- life (not serviceable) the end of 2017, but the current contract for service coverage expires March 31 2017.

During planning, it was decided, by the previous administration, that they could make an outright purchase of the upgrade, given that our financial situation is very stable and they put aside the \$ in advance.

We were offered of late, an opportunity to lease, with the service prices built in.

The price difference is purchase vs. lease, results in a \$28,000 savings.

Therefore, it doesn’t make sense to purchase and throw 28g out the window, however, we have the capital \$.

It was decided that the best option would be to prepay \$97,560 for year 1-3 with our capital funds. Pay the balance owing for the 5 year term, in years 4 and 5, in the amount of 32,520.

With this plan, there will be no operating costs for the first 3 years, as we will be using our capital \$ to obtain the equipment plus obtain 24/7 service.

***10-01-17 Motion:**

It was moved by L. MacEachern and seconded by M. Zajac that the Hornepayne Community Hospital accept the best option of prepaying \$97,560 for the first three years and \$32,520 for the next two years as presented.

CARRIED

7. OPEN FORUM

Richard Kelly – Thank you for the birthday card.

8. IN-CAMERA

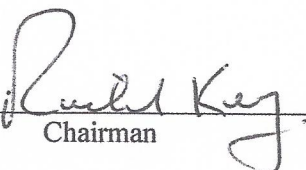
None.

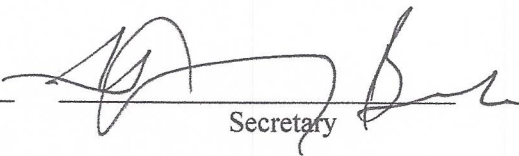
9. ADJOURNMENT

***11-01-17 Motion:**

It was moved by Y. Vaillancourt that the meeting be adjourned at 5:05 p.m.

CARRIED


Chairman


Secretary