

Regular Board Meeting, September 26, 2017

A **Regular Board Meeting** of the Board of Directors of the Hornepayne Community Hospital was held on Tuesday, September 26<sup>th</sup>, 2017 at 4:00 p.m. in the Hospital Board Room.

**PRESENT:**

- R. Kelly - Chair
- Dr. Cameron
- C. Fort
- A. Liebigt
- L. MacEachern
- A. Morrison
- J. Roy-Ward
- H. Verrino
- M. Zajac – Secretary

**REGRETS:**

- H. Jaremy-Berube
- B. Claveau
- Dr. Henderson
- A. Le Fort
- S. Peroff
- A. Sloan

**IN ATTENDANCE:** S. Collins - Recording Secretary

**1. CALL TO ORDER - APPROVING AGENDA**

The meeting was called to order at 4:00 p.m. Richard welcomed everyone to the meeting.

**Amendments to the Agenda:**

- Delete:** (Deferred to the next meeting)
- 2. **Election of Officers - Nominations**
    - 2.1 Chairperson of the Board
    - 2.2 Vice-Chairperson of the Board
    - 2.3 Chairperson of the Finance Committee
- Addition:**
- 7. **New Business**
    - 7.1 Snow Removal Tender

**\*57-09-17 Motion:**

It was moved by L. MacEachern and seconded by C. Fort to accept the agenda as amended.  
CARRIED

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**2. ELECTION OF OFFICERS - NOMINATIONS**

Deferred to next meeting.

**3. RECEIVING AND PASSING OF MINUTES**

**3.1 Minutes of the Regular Board meeting of May 30<sup>th</sup>, 2017**

**Old Business:**

**Staff Scheduling Software** – The staff scheduling software is not up and running yet. We are still searching for a host.

**Errors or Omissions**

None.

**\*58-09-17 Motion:**

It was moved by M. Zajac and seconded by L. MacEachern that the minutes of the Regular Board meeting of May 30<sup>th</sup>, 2017 be accepted as presented.

CARRIED

**4. REPORT OF BOARD COMMITTEES**

**4.1 Executive Committee, June 12<sup>th</sup>, 2017**

The Independent Auditor's Report and Financial Statements as of March 31<sup>st</sup>, 2017 were presented and accepted as presented.

One application was received, to fill a vacancy for Board of Directors, from Bonnie Claveau and accepted.

The Board members, also, received a copy of the Evaluation of Chief Executive Officer form to be filled in and discussed.

**\*59-09-17 Motion:**

It was moved by M. Zajac and seconded by Dr. Cameron that the minutes of the Executive meeting of June 12<sup>th</sup>, 2017 be accepted as presented.

CARRIED

**4.2 Finance Meeting, August 23<sup>rd</sup>, 2017**

No quorum deferred to next meeting.

**5. REPORT OF OFFICERS:**

**5.1 Chief Executive Officer**

The summer has passed us by in a flurry of activity, projects and increasing daily workload. Welcome back from the summer hiatus.

**Strengthening Homecare/ALC<sup>1</sup>** - The funding proposal for a .5 FTE<sup>2</sup> Homecare Coordinator is pending. As we await decisions, there are many Nursing gaps that have been identified, that one Nursing management position cannot possibly undertake. Some of the areas, we see that we need to focus on are patient engagement and risk management. We continue to ponder these issues, as we await information regarding funding for the Coordinator position and associated homecare services. As the summer wore on, the ALC crisis landed in Hornepayne. On September 7<sup>th</sup>, Dr. Cameron, Alison, Julie and I met via teleconference with our LHIN<sup>3</sup> representative to outline the ALC issue that has persisted throughout the summer, which creates a drastic reduction in availability of acute care beds. The response from the LHIN was encouraging, and to that end we have agreed to work on a Supported-Living proposal, along with the proposal currently on the table for improved homecare services.

**Hospital Properties** - As of early July, we began using the Neesomadina property for accommodations for visiting staff and locums. The repairs to the roof, on the Neesomadina house, were just completed. Repairs are, also, required to 2<sup>nd</sup> Drs. Apartment due to a water leak. Heidi will address these two maintenance issues.

**Physiotherapy** - A Physiotherapist from Wawa, Carol-Anne Robinson, has made several visits. All the necessary paperwork and creation of necessary policies etc. required to deliver this program have been completed, with the assistance of a number of hospital staff. Physiotherapy has been delivered throughout the summer to the LTC<sup>4</sup> residents delivered by Jessica Lavigne, PSW<sup>5</sup>, under supervision of the Physiotherapist. As always, balancing shift coverage is an ongoing challenge, while working to deliver additional programs and services. **IT<sup>6</sup>** - The IT department in Hearst continues to serve our needs quite well. Monthly visits from the technicians are conducted. Compilation and prioritization of IT needs are completed by Marilyn in Purchasing. What can be resolved locally is done, and what is not, creates an ongoing list for attention during the monthly visits.

Jeannette Vaillancourt, Chief Information Officer for HPH<sup>7</sup>, NDH<sup>8</sup>, SBH<sup>9</sup>, and SRFH<sup>10</sup>, continues to represent us and the other hospitals on various technical IT committees, to enable us to make informed decisions with respect to future upgrades of Meditech and other Information technologies.

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1 Alternate Level of Care  
2 Full-Time Equivalent  
3 Local Health Integrated Network  
4 Long-Term Care  
5 Personal Support Worker  
6 Information Technology  
7 Hornepayne Community Hospital  
8 Nôtre Dame Hospital  
9 Sensenbrenner Hospital  
10 Smooth Rock Falls Hospital

**5. REPORT OF OFFICERS:**

**5.1 Chief Executive Officer (continued)**

**LEAN** - LEAN methodology continues, with staff beginning to feel empowered, and part of solutions to improve our services. I again encourage Board members to walk around the facility to view our huddle boards, and the ideas and projects we have in progress.

With the help of PACE personnel, we have been conducting bi-weekly Departmental meetings throughout the summer, when there are enough people in attendance. The purpose of this accelerated schedule is to review and revise our Strategic Plan and policies, which will be the cornerstone of much of our work in preparation for Accreditation in October 2018.

**Ministry of Labour visit summer 2017** - We had a visit and inspection from the Ministry of Labour earlier this summer. There was one compliance order given, which was a requirement to update the Abuse, Harassment and Violence in the Workplace program, to align with legislation change that occurred in late 2016. The program and policies have now been completed and are in compliance with current legislation.

**Staffing** - As usual lately the norm in the hospital is change. There are a few new hires in various departments that the other Managers will speak to. Shannon Milley, Charge Tech in Health Records welcomed a new addition to her family in August, and is currently on maternity leave. The current staff is managing day-to-day work load and requirements quite efficiently. Technical assistance is provided regularly by our Chief IT/Information Manager.

**BPS<sup>11</sup> Executive Compensation Program – In-Camera Session** - A motion is required to approve the Executive Compensation as presented, as per Board Education Sessions September 2017.

**Projects Applied for New Funding** - Again this year, the province released approximately \$3.5 million for Small Hospital Transformation Funding for projects, with approximately 10 days for submission. In previous years, we had been approved for funding for the Mental Health Counsellor position and LEAN training. This year, together with our IT Coordinator, I submitted requests for the following projects:

1.	Policy and Procedure Creation electronic format	\$60,000
2.	Clinical Scanning and Archiving (Phase 2)	\$45,000
3.	LEAN Training (Phase 2)	\$15,000
4.	Mental Health Counsellor	\$90,000

We received word on September 22<sup>nd</sup> that the Mental Health Counsellor has been approved as permanent Community-Base funding, and will be given directly to HSK<sup>12</sup> Counselling Services.

Decisions on the remaining projects are expected in the next two weeks.

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<sup>11</sup> Broader Public Sector

<sup>12</sup> Hearst, Smooth Rock Falls, Kap

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**5. REPORT OF OFFICERS:**

**5.1 Chief Executive Officer (continued)**

**Suzanne Collins** - I, also, want to add that Suzanne Collins has indicated that she will be retiring at the end of November. Suzanne will spend her time with her family and in particular her grandchildren and enjoy some travel. Sara Baker has been hired as her replacement. Sara comes to Administration, via Reception, after much work to upgrade her education. Suzanne will begin training Sara in early October once she is replaced in Reception. Suzanne's many years of dedication will be difficult to match and she will be missed in many ways.

**Thank you** - I would like to end this report by thanking all the hospital staff for stepping up; going above and beyond over what was a very busy summer.

**\*60-09-17 Motion:**

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

CARRIED

**5.2 Chairman of the Board**

Nothing to report at this time. I will be reporting in-camera.

**5.3 Chief Financial Officer**

**Summary of Revenue and Expenses – April – August 2017**

Year-to-date – Operating results in a deficit in the amount of (\$151,168).

Richard inquired about the deficit.

Are there any outstanding invoices? Julie says "no".

Are we current with bill payment? Julie says "yes".

Are we holding back cheques to our suppliers? Julie says "no".

Julie indicated that we need to drill down to address our financial core issues and devise a plan going forward.

Richard inquires to see if there was any overflow debt from previous years not identified?

Julie mentioned that we began the new fiscal year in a deficit position.

Richard inquired if there were any possible Meditech coding errors that caused the deficit numbers in our month-to-month budget reports. Julie says "no".

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**5.3 Chief Financial Officer (continued)**

Julie explained that there were a number of things that contributed to the deficit such as:

- Employees going Part-Time to Full-Time wages
- Staffing increase
- Three pays in August
- Hospital is aging (25 years old) – doors, generator, elevator (upgrades/updates)
- Equipment is getting old –end-of-life
- Renewing Annual Service contracts for equipment
- 2015/16 Pharmacy Initiative received \$67,000 (one-time funding)
- Base funding is staying the same, however, expenses are going up
- IT<sup>13</sup> switch from HSN<sup>14</sup> to NDH
- Jen McKenzie, LHIN, site visit – October 11<sup>th</sup> – Proposal for Assisted Living – people are living longer – need more staffing – can't stay at home – trying to strengthen Home Care.

How will we deal with this deficit?

**Cash Flow** – In July, there was a transfer from investments to Operation of \$400,000.

Further finance options need to be evaluated – Line of Credit and Interest Rates in order to process payroll.

**\*61-09-17 Motion:**

It was moved by M. Zajac and seconded by C. Fort to increase Line-of-Credit loan application as recommended.

CARRIED

Program	Expenditures	Anticipated Revenue
Mental Health	37,000	90,000
Hospice	43,750	105,000
	80,750	195,000

As previously mentioned in the Chief Executive Officer report, the Mental Health revenue will be paid directly to HSK Counselling Services.

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13 Information Technology

14 Health Sciences North

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**5.3 Chief Financial Officer (continued)**

**2017/18 HIRF<sup>15</sup>** - Exceptional Circumstance Projects \$5,000 – Not approved.

**Small Hospital Transformation Fund** – On August 11<sup>th</sup>, submitted as previously mentioned in the Chief Executive Report.

**HEEP Application** – submitted heating and lighting upgrade

**Doctor’s Apartment – Insurance Claim and Renovations**

**CUPE Upcoming Negotiations – Proposal Exchange**

**House – Neesomadina Avenue Renovation Expenditures** – The roof will cost approximately \$30,000 to get repaired.

**\*62-09-17 Motion:**

It was moved by A. Liebigt and seconded by C. Fort to accept the Chief of Staff report as presented.

CARRIED

**5.5 Chief Nursing Officer**

**Acute Care/Emerge**

**ALC Crisis** - As of October 1<sup>st</sup>, we will have a total of 4 in-patients paying the ALC co-pay, and 1-2 patients who will be following soon after. On September 5, 2017, I went to Heather and informed of the state we are in with a potential of 6 ALC patients in our 7 bed acute care hospital. She contacted Jennifer from the LHIN and declared an ALC Crisis. Jennifer met with us on September 7<sup>th</sup> by teleconference, Dr. Cameron and Connie Dasti also attended. She has submitted an application for assisted living to the Ministry of Health on our behalf. She will be making a site visit on October 11<sup>th</sup> and in the meantime she is consulting her “ALC experts” and we are hoping she will have some good solutions for us.

**Patient Transfers** - Treatment and Return Transportation for patients requiring tests continue to be a problem as nurses are not willing to go. Losing a nurse to a transfer is a huge burden on our already stressed staffing compliment. The good news with respect to transfers in general is that it appears there is some collaboration happening between ORNGE, Criticall, and the new entity CoreHealth (formerly Cardiac Care Network and Stroke Ontario). This will help streamline our critical/urgent/traumatic transfers. They seem to be taking the problems of the rural north into consideration and working together to bridge some of the gaps. Virtual Critical Care (VCC) continues to be a successful resource to us. We are accessing it about once every 1-2 months.

**5.5 Chief Nursing Officer (continued)**

**Patient Order sets** – Computer generated sets of admission orders which integrate Quality Based Procedures (QBP) has been an ongoing project. Physicians and nurses have adapted to using them. We are seeing more use of QBP order sets vs the general admission order set. Last month we increased QBP usage by 200%! Think Research has heard our requests and they have improved some of the features as requested by the Physicians. These improvements are due to go live in October.

**Scanning and Archiving** – Jeanette is helping Pam in medical records with this slow and steady process.

**CNEO** – Pam and Julie are working on this with Jeanette’s guidance to roll out all of the privacy and technological implications of rolling out a province wide EHR.

**LTC**

**RQI** - We had our annual Resident Quality Inspection (RQI), which is an unannounced site inspection of our LTC on August 22, 23, 24, and 25. It was a grueling 4 days. I would like to thank Shannon Burns, RAI Coordinator for all of her efforts. She held down the fort in my absence on the first day they arrived. These inspectors really put everyone under a microscope. We are still waiting for our final report, but I anticipate a lot of work will need to be done in order to comply. The PSW charting was very well done; however, the registered staff assessments, charting, care planning and programs need work. These are all fairly new processes for the nurses as it has been less than a year that we’ve been live with the PointClickCare Charting. In anticipation of this, Shannon is planning and preparing for some intensive training for the RPN’s, who will be responsible for this documentation, particularly with respect to care plans. Presently the RAI coordinator have updated and documented assessments based on input from staff and their observations. We will be moving to a model where the front-line RPN completes this documentation, and the RAI Coordinator role will be to support them and audit to ensure that every detail is completed and up to date.

**Physiotherapy for LTC** – Jessica has been providing Physio as a trained assistant. We will need to plan for her replacement in December.

**Pharmacy**

**Pharmacy Accreditation** - We had a successful Pharmacy Inspection in June, and we are accredited for 2 years. Thanks to all of the hard work from Liz and Satvir. They really impressed the inspectors. They made some recommendations for us to work on, as we are always expected to improve processes for auditing and risk mitigation. It was a positive experience.



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**5.5 Chief Nursing Officer (continued)**

**Unit Dose Packager** – We have the hardware, and a rep is coming soon to set it up. This was a group purchase through the LHIN with our Pharmacy Group.

**Docuscripts** – This is a program NorthWest Telepharmacy uses to process their physician's orders for pharmacist verification. It allows nurses to scan documents and the telepharmacist can access them in a systematic way, make notations on them, and they are stored in this encrypted secured system. Jason from IT was helping with this process. It is so nice not to have to worry about the IT piece with regard to security and setup

**Registered Pharmacy Tech** - Given that our pharmacy department is in such good shape, and our partners in Hearst have helped us out with so many things over the past year or so, when they came to us for help to fill in for their Registered Pharmacy Tech to cover vacation and sick time on an as needed bases, we were happy to do so. Liz will be providing contracted services to the Nôtre Dame Hospital. I anticipate that we will be able to increase the inventory sharing that we have recently been doing. There are many emergency drugs we must have on hand, yet they often expire before ever being used. Rather than buying a whole case, we are purchasing individual units from them for certain items. This will save some costs for us.

**LTC Pharmacy Service Provider** – We put out an RFP for Long-Term Care Pharmacy Services. We received 2 proposals. Our criterion was based on the document created by the Ontario Pharmacist Association (OPA), entitled OPA Best Practice Guidelines for LTC which is based on the LTC Homes Act 2007 and O.Reg 79/10. The board is asked to review the information and provide a final decision.

**Staffing**

We survived another summer of vacation time coverage. This resulted in a fair bit of OT. The alternative would have been using an Agency, but with scattered vacation requests, it would have been very costly to do this, as for every week of vacation coverage we would need at least a minimum of a week of training.

**RN's** – Vanessa Walton has requested a 1 year personal LOA. We have asked her to provide 3 months' notice for recruitment and training. We will have to recruit a Temporary FT RN.

**RPN's** – Kayla Dunford, RPN, was recently hired. She has completed her orientation period and is adjusting well to our hospital and LTC. She will fill in the gaps for our various maternity LOAs.

**PSW's** - We are in a big shortage of PSW's, despite hiring one FT and one casual/temp PT last spring. We have an upcoming Maternity LOA to plan for, and if our application for assisted living goes through, we will need even more PSW staff.

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**5.5 Chief Nursing Officer (continued)**

**PSW Program** – Contact North is offering a FT program running from October 30 to June 15, 2018. It is 100% on-line classroom, and the clinical component can be done here. We are looking to fund 1-2 employees on education contracts. We are looking into second career funding grants to help with this. If we can pull this off, we will have 2 PSW's ready for next summer!

**Quality/LEAN/Continuous Improvement**

**Green Belt** – Christa and I went for Greenbelt training in June. We have seen a great transformation in the form of a 5S event in the LTC Laundry Room. This was a “Stretch Project taken on by Penny Forster and Christa was her Coach. (Before and after pictures shown). I will present my analysis of Medication Errors and Improvements. See Excel sheets.

**\*63-09-17 Motion:**

It was moved by C. Fort and seconded by M. Zajac to accept the Chief Nursing officer report as presented.

CARRIED

**5.6 Manager of Nutritional, Domestic & Plant Services**

**House Renovations** – The roof is completed.

**Javis Brown** – Javis is being trained as part of succession planning.

**Increase Revenue** – We are trying to increase our revenues whenever we can by doing more with what we have on hand (staffing wise).

**Maintenance Handyman** – We have hired a new Maintenance Handyman – Pierre Drouin.

**Quotes** – We are getting quotes for the electric heating for the house and doctor's apartment.

**Troy Life** – He was just in to fix deficiencies in the fire suppression system and, also, upgrade the system.

**Ministry of Labour** – They will be in tomorrow to review Infection Control.

**Riding Lawn Mower** – The riding lawn mower has reached its end-of-life. We will need to purchase a new one next year.

**\*64-09-17 Motion:**

It was moved by M. Zajac and seconded by C. Fort to accept the Manager of Nutritional, Domestic & Plant Service's report as presented.

CARRIED

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**5.7 Hospital Auxiliary**

**Summer Sales** - I'm very happy to report that the summer sales were excellent despite our challenges to recruit volunteers.

**Fall Trade Show** - The Auxiliary is currently preparing for the Fall Trade Show on November 18, 2017; along with bring in new stock for Halloween and Christmas.

**Donations** - The following items were purchased for the hospital over the summer months:

- 1) Portable suction machine and parts
- 2) Zoll AED Pads, battery and cabinet
- 3) New Pagers for the clinic
- 4) 2 new mattress

Overall contribution of \$9000.

**\*65-09-17 Motion:**

It was moved by C. Fort and seconded by M. Zajac to accept the Hospital Auxiliary's report as presented.

CARRIED

**6. CORRESPONDENCE – September 2017**

None.

**7. NEW BUSINESS**

**7.1 Snow Removal Tender for 2017 – 2020**

One bid was received from C&S Enterprise. The cost would be for \$15,000 + HST a year to provide this service.

**\*66-09-17 \*Motion**

It was moved by M. Zajac and seconded by C. Fort to accept the bid from C&S Enterprise for Snow Removal tender for 2017 - 2020 as presented.

CARRIED

**8. OPEN FORUM**

None.

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**9. IN-CAMERA**

**\*67-09-17 Motion:**

It was moved by Dr. Cameron and seconded by C. Fort to go into in-camera at 5:50 p.m.  
CARRIED

**\*68-09-17 Motion:**

It was moved by M. Zajac and seconded by C. Fort to go out of in-camera at 6:02 p.m.  
CARRIED

**Pharmacy RFP Tenders**  
(Discussed in-camera)

**\*69-09-17 Motion:**

It was moved by M. Zajac and seconded by C. Fort to accept the tender from Pharmacie Novena to be our Long-Term Care pharmacy services provider as recommended.  
CARRIED

**BPS Executive Compensation Program**  
(Discussed in-camera)

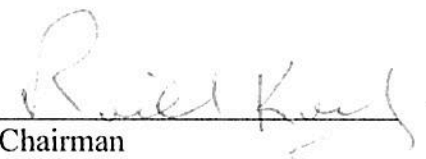
**\*70-09-17 Motion:**

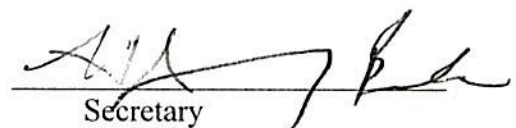
It was moved by M. Zajac and seconded by C. Fort to accept the Broader Public Sector (BPS) Executive Compensation Program as presented.  
CARRIED

**10. ADJOURNMENT**

**\*71-09-17 Motion:**

It was moved by C. Fort that the meeting be adjourned at 6:30 p.m.  
CARRIED

  
Chairman

  
Secretary