

Regular Board Meeting, February 28, 2017

A **Regular Board Meeting** of the Board of Directors of the Hornepayne Community Hospital was held on Tuesday, February 28th, 2017 at 4:00 p.m. in the Hospital Board Room.

PRESENT:
Y. Vaillancourt – Vice-Chair
H. Jaremy-Berube – Secretary
A. Le Fort
A. Liebigt
L. MacEachern
A. Morrison
J. Roy-Ward
H. Verrino
M. Zajac

REGRETS:
Dr. Cameron
C. Fort
Dr. Henderson
R. Kelly
S. Peroff

IN ATTENDANCE: S. Collins - Recording Secretary

1. CALL TO ORDER - APPROVING AGENDA

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

***12-02-17 Motion:**

It was moved by L. MacEachern and seconded by A. Le Fort to accept the agenda as presented.
CARRIED

2. RECEIVING AND PASSING OF MINUTES

2.1 Minutes of the Regular Board meeting of January 24^h, 2017

Errors or Omissions

None.

***13-02-17 Motion:**

It was moved by M. Zajac and seconded by A. Le Fort that the minutes of the Regular Board meeting of January 24th, 2017 be accepted as presented.

CARRIED

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3. REPORT OF BOARD COMMITTEES

3.1 Finance Committee, February 27th, 2017

Summary of Revenue and Expenses, January 31st, 2017

The January 31st, 2017 Summary of Revenue and Expenses was reviewed and discussed.

Total Revenues: \$4,483,145
Total Expenses: \$4,450,749
Operating Surplus: \$ 32,396

The Hospital Quarterly report Q3 – 2016-17 – Year-End Forecast

Total Revenue: \$5,450,731
Total Expenses: \$5,397,716
Operating Surplus: \$ 53,015

We are in good shape with a balanced budget

3.2 Investments Year-to-Date

Interest as of December 31, 2016	\$ 83,852.13 CND
	\$ 11,873.33 USD
Investments as of January 31, 2017	\$ 2,280,323.00

We are in good shape with a balanced budget.

***14-02-17 Motion:**

It was moved by L. MacEachern and seconded by M. Zajac to accept the Summary of Revenue and Expenses of January 31st, 2017 as amended.

CARRIED

Family Medicine Clinic Server

Dr. Cameron brought to our attention that the Family Medicine Clinic server, which houses all the data for the clinic is end-of-life. He obtained a quote from Notre Dame Hospital IT¹ services to purchase the new hardware and they will migrate the data for us. With respect to financial responsibility, Dr. Cameron has provided us with a contact at the MoHLTC² who is responsible for the operating expenses for the clinic. The contact has indicated that there is room in the budget for this additional expense. They have increased the RNPGA overhead budget for this fiscal year. This was approved on a one-time basis only. The quote for the purchase and installation of this equipment was in the amount of \$21,314.46.

***15-02-17 Motion:**

It was moved by M. Zajac and seconded by L. MacEachern to approve the purchase of the Family Medicine Clinic server in the amount of \$21,314.46 as recommended.

CARRIED

1 Information Technology

2 Ministry of Health and Long-Term Care

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3. REPORT OF BOARD COMMITTEES

3.1 Finance Committee, February 27th, 2017 (continued)

Pharmacy Project – Packager Equipment

This Packager Equipment is part of the NE LHIN³ Pharmacy Project funding.

The total cost to purchase the equipment is \$49,270.26.

Our hospital will receive the cost of the packager, auto feed, supplies, and a two-year maintenance contract and 3% HST for a total cost of \$45,258.05 from the Project's Paymaster, Mattawa Hospital.

***16-02-17 Motion:**

It was moved by A. Le Fort and seconded by A. Liebigt to approve the purchase of the Packager Equipment in the amount of \$49,270.26 as recommended.

CARRIED

Hospice Suite – Fern Girard General Construction Inc.

The NE LHIN has provided \$51,000 for 2016/17 funding for our Hospice Suite. However, ongoing funding of \$105,000 annually will be added to our base to continue to operate a palliative space. If we could declare ourselves up and running with required renovations, training of staff, and compliance standards, by March 31st, 2017, we could be eligible for the full \$105,000 for this budget year, rather than half.

Request for Tender for interior renovations in order to build a Hospice Suite was posted. Two quotes were received from Fern Girard. The first one for the Nursery Room repairs for a total of \$11,688 + HST. The second quote was for Hospice Suite repairs for a total of \$98,016 + HST.

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

It was moved by L. MacEachern and seconded by M. Zajac to approve the quote from Fern Girard in the amount of \$109,704 + HST as recommended.

CARRIED

Generator Project – Total Power Limited Radiator

We received a quote from Total Power Limited for a radiator replacement for the generator. This generator is 25 years old. It has been leaking oil and needs to be repaired. The quote for the radiator replacement is for \$8,004.30 HST included.

***18-02-17 Motion:**

It was moved by L. MacEachern and seconded by A. Liebigt to approve the quote from Total Power Limited in the amount of \$8,004.30 HST included as recommended.

CARRIED

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3. REPORT OF BOARD COMMITTEES

3.1 Finance Committee, February 27th, 2017 (continued)

Post-Employment Benefits for Employees Actuarial Valuation

We received a quote from Cowan Insurance Group to provide post-employment benefits for employee's actuarial valuation.

***19-02-17 Motion:**

It was moved by A. Liebigt and seconded by M. Zajac to approve the quote from Cowan Insurance Group in the amount of \$2,300 + HST as recommended.

CARRIED

Executive Compensation – We have contacted Hays Group Consultants and we are in the process of negotiating a contract with them. They will evaluate and analyse the executive positions.

4. REPORT OF OFFICERS:

4.1 Chief Executive Officer

Strengthening Homecare - On Monday January 23rd, we agreed to have the LHIN/CCAC⁴ 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.

Physiotherapy - We are still waiting for NDH⁵ to be able to recruit another Full-Time Physiotherapist that we hope to share, should they be successful. 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. We continue to wait on services from a private Physiotherapist who has assisted the Wawa Lady Dunn Hospital to set up a therapy program for their Long-Term-Care residents.

Information Technology (IT) - We have given notice to HSN⁶ that the IT service contract that expires in March 2017, will not be renewed. We pay almost \$40,000.00 annually for two visits per year, and an on-call in-service when problems are encountered. This has not served us well at all. There are continual problems that don't get resolved, and we require guidance and oversight with respect to an IT vision. This is, also, a need that has been identified over the last 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, running 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.

4 Community Care Access Centre

5 Notre Dame Hospital

6 Health Sciences North

4. REPORT OF OFFICERS:

4.1 Chief Executive Officer (continued)

Information Technology (IT) (continued)

We have received a draft IT contract from NDH IT staff; the following is an outline of services that will be provided:

IT Management and Coordination

Managing IT operations within the site (including the physician clinic office)

Budget planning (advancements and network devices)

Schedule and supervise network activities

Bring IT leadership and guidance to the organization by planning, designing, budgeting, implementing and coordinating IT activities.

Ensure that IT needs are being met within the organization at all levels; management, department, user and clinician groups.

Attend meetings and coordinate regional IT activities for site.

Network Layer

Server support (hardware and software)

Maintain and support operations of server, services, backups, security and network gear, wireless, ensuring all services are online. (IE: Print Queue)

Meditech

Site lead of NEON MIS/UNV team: Support and maintenance of users/profiles/menus/audits, and other systems that integrated with Meditech.

Attend Meditech Committee and working group meeting. IE: (Technical, SMWG, EMRSMWG)

NEON advised that local facilities have a module super user as first line of support and issue resolution. Troubleshooting assistance will be provided to those super users.

Hardware Support

Software Support

On-Site Visits

On-site IT Technician visits will be done monthly or as required. If the amount of work required is too large, an overnight stay can be arranged using Customer's accommodations or other accommodations at Customer's expense.

On-site IT Management visits will be done as required to ensure IT operations services are being met for management and users. The visits will also allow for proactive planning with Customer to improve organizational IT performance.

Visits will be planned and approved by Customer.

The cost of this IT arrangement is \$50,000.

An additional cost of \$20,000 will be Hornepayne's share (based on bed size) for the shared IT Coordinator position which will be shared by Hornepayne, Hearst, Kapuskasing, and Smooth Rock Falls.

We look forward to this new arrangement.

4. REPORT OF OFFICERS:

4.1 Chief Executive Officer (continued)

LEAN Training - On January 9th and 10th, Pace Consulting was on location to deliver a management workshop for designated leaders in each department. PACE was back on site, on February 1st and 2nd to conduct White belt, or introductory training for general staff in three half day sessions. The funding for this was provided from the LHIN from Small Hospital Transformation Funds. Pace Consulting is also providing training to Notre Dame, 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. We have since identified 3 individuals to attend Green Belt Training in Timmins in early April. Green Belt Training is specifically designed for Project management.

Since early February, regular huddle boards have taken place in various departmental groups, and are a work in progress. We rely heavily on Jim's focus and natural expertise in helping these run smoothly. Again, I encourage Board members to visit 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 Palliative Suite, we could 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.

Since the last update, Fern Girard Construction was determined to be the successful bidder on this project.

Construction has begun to renovate the Palliative room/Family Lounge, with expected opening March 31st.

At the same time, the unused space (former unused nursery) has been opened up, to be used for neat storage, ice and water dispenser. (Further details will be provided on this large project by Alison and Heidi.)

Diagnostic Imaging (DI) - The order has been placed for the DI retrofit which is required; we are awaiting receipt of equipment and installation and training to follow.

4. REPORT OF OFFICERS:

4.1 Chief Executive Officer (continued)

Executive Compensation - Since the Ontario government's announcement of the regulation that enables broader public sector organizations to establish executive compensation programs within certain limits, there has been significant media attention with commentary from the government and opposition parties. Executive salaries and compensation have been frozen for 5 years.

While unionized staff have benefited from cost of living raises, negotiated pay increases, executive salaries have remained frozen. This has resulted in an ever shrinking gap between senior clinical staff, and Administration staff. In many cases, senior nursing or diagnostics staff often now earns more than executives in small hospitals.

The Hornepayne Community Hospital, as well as our peers in the region is no exception. Hornepayne Community Hospital executive salaries seem to be on average 15-20% less than those in comparable size hospitals, and certainly 20% less than comparable jobs in other sectors with similar levels of responsibility.

To that end, Hornepayne, together with Hearst, Kapuskasing, Smooth Rock Falls, Cochrane, Iroquois Falls hospitals have engaged the Hay Group to provide a pricing framework to ensure compliance with current regulations, transparency, and to provide for the 6 hospitals with a defensible transparent comparator group, and secondly develop a compensation framework that is compliant with current regulation, as per September 2016. This is essential to maintain the hospital's ability to attract, recruit, motivate and retain professionals. We are waiting some final pricing to be negotiated for the 6 hospitals, which Smooth Rock Falls CEO has undertaken. This process must be fair, transparent, done once, and done correctly.

***20-02-17 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 Hospital Auxiliary

Gift Shop – The Gift Shop has been very slow since Christmas.

Merchandise – The St. Patrick's Day and Easter merchandise are now on sale.

Spring Trade Show – We are waiting for the final date of the Spring Trade Show.

***21-02-17 Motion:**

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

CARRIED

4.3 Chief Nursing Officer

Acute Care/Emerg:

Entry Point (Electronic Physician Orders) for Patient Order Sets is LIVE and working well.

PCS build by Rachel – Go Live March 1, 2017- Incorporates care plan sets and will make our charting on acute patients more up to legal standards.

LTC:

Assessment building in PCC – Shannon continues to work on this

Electronic Risk Manager in PCC – we've started using this on long-term-care resident incidents to track falls, etc.

Bed Assessments to meet MoHLTC regulations are being done by Shannon and Tanis

Door Locks – still waiting on Steel Communications to get back to us on a solution

Pharmacy:

Liz and Satvir are working on C-MAR stickers to avoid transcription and incorporate pharmacy checks when doctor's orders are changed.

Jeanette CMAR changes to prevent ERRORS (Partners with NDH, SBH, and SRFH). The current way the CMAR prints is contributing to medication errors at all 4 sites. The changes will correct this.

LTC – we are looking to get our Medication Supply for LTC locally from the Hornepayne Pharmacy. Alison and Liz met with Medhat this week. We will invite family for a Q&A session later in the month.

Liz completed Antibiotic Stewardship Program (ASP) course and is leading our group to make progress forward to meet standards that are required by Accreditation to track our antibiotic usage/and appropriate use of antibiotics.

Hospice:

Construction is in progress by Fern Girard.

Admission Criteria/Orderset – Lindsay is working on this

PCS Plan of Care Building in Meditech – Rachel is working on this. We should be ready from the clinical side for opening March 31st.

Staffing:

New Grad Guarantee – Lindsay has begun as an RN in this position with Rachel (Nurse Educator) as her mentor.

Nurse Educator – Rachel has begun in this position. She is making great progress with PCS building. There are lots of Temporary Positions right now in all nursing positions. It is chaotic, and we will be happy once all of the positions iron out into permanent positions.

4.3 Chief Nursing Officer (continued)

Education

Negative Pressure Wound Therapy (NPWT) - A representative for Cardinal Health is coming to do an in-service with the nurses on how to use the new wound vac system. It is a disposable single patient use system that CCAC is using. We will share the costs with them. It is used to treat difficult wounds, and this is much more economical than renting a unit from KCI as we have done in the past.

MediGas – A rep from MediGas is coming from Timmins to train the nurses to qualify patients for coverage by the MoHLTC for home oxygen and train them to do patient safety teaching for home oxygen. They will give us equipment to send our patients home with, and they will meet with the patient within one week to assess them in their home. We traditionally used the company Vital Air, but they have provided less than optimal service, and MediGas is eager to provide us the service our community needs.

LEAP – this is a palliative care course directed at physicians and nurses regarding treatment at end of life. Hearst is having a course March 16th. We will send as many as we can.

Fundamentals – this is the basic palliative care course from more of a spiritual/psychosocial perspective, which we will host in Hornepayne May 10, 11, and 12th. We hope to recruit some volunteers.

***22-02-17 Motion:**

It was moved by A. Liebigt and seconded by M. Zajac to accept the Chief Nursing Officer's report as presented.

CARRIED

4.4 Manager of Nutritional & Plant Services

Dietary:

Price Increase – Effective March 1st, 2017, there will be a price increase on all food items, salad bar, etc. In order to provide the quality of food we do, we have no choice but to increase our prices.

Surge Learning – It has been a struggle to get all staff in the habit of checking for training/educational sessions. Everyone is signed up now. In January, we didn't get a very good % of completion. However, as of February, we are pleased to announce that we are 80% completed, one staff is still outstanding on Surge, but she has resigned, which has brought our number down. We just need to update Shannon Burns whenever there are staffing changes.

Job Posting – We are in the process of posting a Temporary Full-time Manager of Nutrition Assistant, due to the possibility of my retirement in the future.

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4.4 Manager of Nutritional & Plant Services (continued)

Maintenance:

Hospice Suite – The hospice suite is well underway. Fern Girard and company are steady working on trying to meet the deadline of March 31st, 2017. On February 16th, we ran into a setback. While the carpenters were removing drywall they came across some mold. Upon further investigation, they discovered that it was contained to approximately 16’X30’ area. Our first question of concern was the well-being/safety of our staff, residents, and patients. The company are specialists in the field of mold and mildew removal. They had to take samples and send them to the Laboratory to be tested. When the Laboratory Analysis report came back the samples analyzed revealed abundant mold growth. The mold is contained between the insulation and vapour barrier. They asked us what we wanted to do. Without question, we wanted it removed. This will cost us more money than anticipated.

Board Room Wiring – Our new power pole has been installed in the board room.

***23-02-17 Motion:**

It was moved by L. MacEachern and seconded by M. Zajac to accept the Manager of Nutritional & Plant Services report as presented.

CARRIED

5. CORRESPONDENCE – February 2017

1. Township of Hornepayne
Re: Support Letter for Notre Dame Hospital – CT scan
2. Wellness Committee
Re: Update

6. NEW BUSINESS

6.1 Quality Improvement Plan (QIP) 2017/2018

Included in your Board Package is the recently completed Quality Improvement plan for this year which requires Board approval.

I would encourage you to retain this document, for future reference, as there is much to digest. I would like to thank Lindsay Dasti and Alison Morrison for their work on this document, as well as all the other staff who contributed. It is a comprehensive summary of our activities of the last year, as well as what we have planned for the coming months. I am very proud to present this to the Board, for final approval.

***24-02-17 Motion:**

It was moved by L. MacEachern and seconded by A. Liebigt to accept the 2017/2018 QIP as presented.

CARRIED

7. OPEN FORUM

8. IN-CAMERA

None.

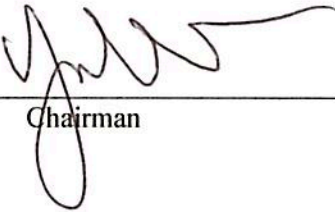
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9. ADJOURNMENT

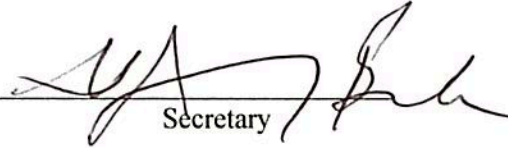
***25-02-17 Motion:**

It was moved by L. MacEachern that the meeting be adjourned at 4:45 p.m.

CARRIED



Chairman



Secretary

