

NIPIGON DISTRICT MEMORIAL HOSPITAL
Regular Board Meeting
Monday, January 23, 2017

PRESENT K. Pristanski (Chair), J. Pothof (Vice Chair) N. Gladun, A. O'Connor,
Dr. R Crocker Ellacott, D. Allen (CNO)D. Hill (CFO), R. McEwen (Nurse
Manager), Dr. R. Dhaliwal (COS) via telephone, J. Jean (Recorder)

REGRETS E. Wawia

EDUCATION

D. Hill provided a presentation on the Procurement Directive under the Broader Public Sector Guidelines and how NDMH ensures its compliance.

1.0 CALL TO ORDER

1.1 K. Pristanski called the meeting to order at 5:50 pm.

1.2 QUORUM

Achieved.

1.3 CONFLICT OF INTEREST

There were no declarations of conflict of interest.

1.4 APPROVAL OF AGENDA

MOTION #1

Moved By: N. Gladun

Seconded By: J. Pothof

"That the Agenda be approved as circulated." Carried.

2.0 PATIENT STORY

R. McEwen provided a patient story regarding a life enrichment activity for our LTC residents.

3.0 CONSENT AGENDA

3.1 MOTION #2

Moved By: J. Pothof

Seconded By: A. O'Connor

"That the Consent Agenda be approved as circulated." Carried.

4.0 PRESENTATION

Strategic Plan 2020

R. Crocker Ellacott provided a presentation reviewing the accomplishments thus far and the plans for the upcoming Community Engagement session.

5.0 REPORTS AND DISCUSSIONS

5.1 Report From President And CEO

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

- Outbreak
- Code White Incident
- Influenza Season Preparation
- Meditech 6.1x, Readiness Assessment
- New Graduate Initiative
- Small Hospital Transformation Fund: Integration of NDMH/NDFHT
- Locum House
- Strategic Planning
- Accreditation 2017

MOTION #4

Moved By: N. Gladun

Seconded By: A. O'Connor

"That the President and CEO Report of January 2017 be accepted as presented."
Carried.

5.2 Report from Chief of Staff

Dr. Dhaliwal discussed the current challenges facing physician staffing.

MOTION #5

Moved By: N. Gladun

Seconded By: A. O'Connor

"That the Chief of Staff report of January 2017 be accepted as presented." Carried.

6.0 BUSINESS MATTERS

6.1 Appointment of Auditors

K. Pristanski asked the Directors for a motion to approve Grant Thornton as auditors for 2016/17 fiscal year subject to ratification at the June 2017 Annual General Meeting.

MOTION #6

Moved By: J. Pothof

Seconded By: N. Gladun

"That Grant Thornton be appointed as auditors for the fiscal year 2016/17 subject to ratification at the June 2017 Annual General Meeting." Carried.

7.2 Grant Thornton, Initial Communication on Audit Planning

Audit Planning documentation provided by D. Hill. Directors were invited to consider a teleconference for the February Board meeting, should clarification of the document be required.

7.3 Quality Committee Revisions

R. Crocker Ellacott has researched the number of Quality Committee meetings the committee is required to schedule annually. As long as the Quality Committee fulfils the requirements of the Excellent Care for All Act, 4 meetings are adequate.

MOTION #7

Moved By: A. O'Connor

Seconded By: N. Gladun

"That the revision to the frequency of meetings for the Quality Committee be accepted as presented." Carried

6.4 ADM 23, Management of Critical Incidents for Patients and Residents

D. Allen reviewed the revisions to the document.

MOTION #8

Moved By: J. Pothof

Seconded By: N. Gladun

"That document ADM 23, Management of Critical Incidents for Patients and Residents be accepted as presented." Carried.

6.5 ADM 24, Reporting of Incidents/Unusual Occurrences

D. Allen reviewed the revisions to the document.

MOTION #9

Moved By: N. Gladun

Seconded By: A. O'Connor

"That document ADM 24, Reporting of Incidents/Unusual Occurrences be accepted as presented." Carried.

6.6 ACCREDITATION

Board Self Assessment Tool

R. McEwen presented the Directors with the Governance Centre of Excellence Board Self Assessment Tool and explained the process.

MOTION #10

Moved By: A. O'Connor

Seconded By: J. Pothof

"That the Governance Centre of Excellence's Board Self Assessment Tool be adopted as the instrument for board learning to improve effectiveness and enhance organizational performance." Carried.

Individual Director Self Assessment Tool

R. McEwen presented the Directors with the Governance Centre of Excellence Individual Director Self Assessment Tool. Directors agreed that utilizing the tool would be beneficial for individual director development.

MOTION #11

Moved By: N. Gladun

Seconded By: J. Pothof

"That the Governance Centre of Excellence's Individual Director Assessment Tool be adopted as the instrument to support the development of individual board Directors."
Carried.

Worklife Pulse Survey Action Plan

An Action Plan has been developed in response to the results of the November 2016 Worklife Pulse Survey (staff survey). The Action Plan has been emailed to all staff for input prior to its implementation.

6.7 Strategic Plan 2012-15 Accomplishments

R. Crocker Ellacott provided the document to the Directors highlighting the accomplishments of the 2012-15 Strategic Plan.

6.8 FINANCE

Q2 Disbursements

D. Hill provided outstanding documentation from November Board meeting. Discussion and clarification took place.

6.9 Hospital Annual Planning Submission (HAPS) / Hospital Service Accountability Agreement (HSAA)

D. Hill reviewed the briefing note. Discussion followed.

MOTION #12

Moved By: N. Gladun

Seconded By: J. Pothof

"That the Board of Directors approves the 2017/18 submission of a balanced budget."
Carried.

6.10 Multi Sector Accountability Agreement (MSAA)

D. Hill will submit the agreement for approval at the February Board meeting. This agreement provides funding for the Assisted Living Program.

6.11 Key Service Agreements

D. Hill reviewed the briefing note including Audit, Actuary, Insurance and Banking arrangements.

- 6.12 2016/17 Capital Update**
D. Hill provided an update.

MOTION #13

Moved By: N. Gladun
Seconded By: A. O'Connor

"That the capital purchases of telephone, paging, wandering alert and wireless systems be made pending sufficient funding." Carried.

- 6.13 Smoking on Hospital Property**
D. Hill reported that this continues to be an enforcement challenge.

7.0 FOR INFORMATION

7.1 Meeting Effectiveness Evaluation
November 2016 Evaluation Results

- Directors are not receiving materials in sufficient time to prepare for meetings
- Include a question pertaining to referencing the ethics policy and decision making framework when making Board decisions.

January 2017 Board Meeting Effectiveness Evaluation provided, completed and returned.

7.2 Correspondence

- OHA Education and Professional Development Calendar
- Miller Thomson Coffee Talk Health Industry Seminar Series
- NW LHIN Governance to Governance Session, Feb 21, 2017

8.0 IN CAMERA

MOTION #10

Moved By: A. O'Connor
Seconded By: N. Gladun

"That the Board of Directors moves to In Camera at 7:25 pm

- 9.0 DATE OF NEXT MEETING**
Monday, February 27th, 2017 @ 5:30 pm

- 10.0 ADJOURNED - 7:50 pm**



K. Pristanski, Board Chair



Dr. R. Crocker Ellacott, Secretary