



Board Meeting

November 28, 2022 at 5:30 pm, via Zoom / NDMH Boardroom

Minutes

Decision Making Framework

NDMH is committed to ensuring decisions and practices are ethically responsible and align with our vision, mission, values, philosophy and strategic directions. All decision makers should consider issues from an ethics perspective, including their implications of patients/residents and their families, staff and the community. The following questions should be considered for each issue:

- 1 Does the decision put **Patient's First** by responding respectfully to needs, values and preferences of our patients/residents and their families, our communities and by considering input from our Patient/Resident and Family Advisory Council?
- 2 Does the decision support the pursuit of high-**Quality** care through the adoption of best practices and innovation?
- 3 Does the decision demonstrate **Accountability** by advancing a high-quality patient/resident experience that is socially and fiscally accountable?
- 4 Does the decision demonstrate **Respect** by honoring the uniqueness of each individual and the diversifying natures of our communities?
- 5 Does the decision foster **Compassion, Fairness, Integrity and Teamwork**?

Agenda

1.0 Roll Call															
Membership			O	T	V	R	A	Non-Voting Membership			O	T	V	R	A
Nancy Gladun, Chair					X			Cathy Eady, CEO					X		
Robert Beatty, Vice Chair						X		Madison Boudreau, CNE						X	
Eric Rutherford, Director	X							Lauren Haskell, CFO	X						
Gordon Mackenzie, Director	X							Shannon Jean, Director, NDFHT	X						
Shannon Cormier, Director				X				Dr. Ravi Dhaliwal, Chief of Staff	X						
Deana Renaud, Director	X							Dr. Doug Scott, Physician Lead							X
Vacant								Dr. Jonathon Scully, Pres., Prof. Staff				X			
O: On-site / T: Telecon. / V: Videocon. / R: Regrets / A: Absent								Janice Nicol Vella, EA/Bd Liaison							X

Guest: Cindy Fedell, Regional Chief Information Officer, NWO Hospitals

Presenter		Item & Purpose			
		R: Recommendation Decision/Action	E: Education	D: Discussion	I: Information
2.0 Call to Order at 5:33 p.m.					
2.1	N. Gladun	<u>Indigenous Land Acknowledgement Protocol/Opening Remarks</u> <i>Welcome and boozhoo. We acknowledge the Indigenous Peoples of all the lands that we are on today. While we meet today in-person and/or on a virtual platform, let's take a moment to acknowledge the importance of the land, which we each call home.</i> <i>We do this to reaffirm our commitment and responsibility in improving relationships between nations and to improving our own understanding of local Indigenous peoples and their cultures.</i> <i>We acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this nation home, and acknowledge the territory of the Ojibwe/Chippewa/Anishnaabe, Oji-Cree and Mushkegowuk/Cree peoples of Northwestern Ontario, the traditional territory of the Anishinaabe peoples of the Robinson-Superior Treaty, Treaty 9 and Treaty 5.</i> <i>Please join in a moment of reflection to acknowledge the harms and mistakes of the past and to consider how we can each, in our own way, move forward in a spirit of reconciliation and collaboration. Thank you, miigwetch.</i>			
2.2	N. Gladun	<u>Quorum</u> With 5/6 members present, quorum was met.			
2.3	N. Gladun	<u>Conflict of Interest</u>			

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		No conflicts of interest were declared.
2.4	N. Gladun	<p><u>Additions/deletions to agenda, approval of the agenda, Motion #1</u></p> <p>Additions to the agenda included:</p> <p>6.9 Nurse Practitioner Position</p> <p>6.10 Indemnity Clause</p> <p>Motion: G. Mackenzie</p> <p>Second: D. Renaud</p> <p>Opposed: None</p> <p><i>"That the agenda for the NDMH and the NDFHT Board of Directors meeting for November 28, 2022 be accepted as amended."</i> CARRIED.</p>
3.0	Education / Presentation	
3.1	Guest: C. Fedell	<p><u>Cybersecurity Initiatives</u></p> <p>Cindy Fedell was welcomed to the meeting to provide an update on the current position for cybersecurity at NDMH. It was noted cybersecurity has the fastest growing crime rate in the last 5 years. Current initiatives include penetration testing and external reviews. Last set of tests found some exposures at NDMH that they are currently in the process of mitigating. RD asked who does the external testing, CF stated it was done by Telus. Hospitals need to focus on having ongoing awareness with staff on cybersecurity and have continual testing. Education must be provided to staff and repeated.</p> <p>Other initiatives include:</p> <p>Old equipment reviews: I.e. old servers, old med dispense cabinets, old nurse calls, etc. These tend to be the source of some of the security exposures because it means they don't have current security packages as the vendors stopped producing them. This is an ongoing program to make sure as much as possible we are upgrading old equipment or removing it from the network.</p> <p>Auto Patching Tool: This past year they implemented an auto patching tool which is fully automated. This will take off workload from our team and guarantee it will be completed in a much timelier way.</p> <p>Auto Monitor Tool: Currently implementing a new tool to auto-monitor 24/7. This tool automatically detects suspicious activity and responds to it i.e. blocks it. This is a state-of-the-art tool that was just procured.</p> <p>Governance: They are also doing lots of work in governance. The MOH is driving everyone towards creating regional cybersecurity operation centres, these are meant to bring all healthcare partners together to support one another.</p> <p>Current risk assessment – continues to be very high. We still have old equipment and criminals keep coming up with new ways to breach our systems and because there are constant levels of breaches across hospitals our risk remains high. It is expected this will remain high until the focus is taken off healthcare.</p> <p>Key take away is that staff are our biggest risk and the more we can do around educating them the better off we will be. Other part is that there is lots of work still being done and some great progress bring made.</p> <p>RD – as we move to Meditech Expanse does this make us a larger target for potential cybersecurity? CF – From a technical perspective it will reduce our risk in the sense that we will have newer equipment but it is unknown if it will increase or decrease our cybersecurity risk as lots of breaches are very random and constantly evolving.</p>

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		RD – in regards to the automatic patching/automatic threat detection software, wasn't the solar winds hack based on auto monitoring software? CF – This is a firewall system and should stop it before entry, our software is another layer on top of what would be solar winds type software. This is similar to the swiss cheese theory, we have many layers of protection but if they all line up something could fall through.
3.2	L. Haskell	<u>Patient Story</u> The CNE will provide an update to the October 17, 2022 patient story at the January board meeting. A new patient story was shared by the CFO. The resolution found that it was nice to have a good news story.
4.0	Meeting Minutes	
4.1	N. Gladun	<u>NDMH Board Meeting Minutes, October 17, 2022, Motion #2</u> Motion: E. Rutherford Second: S. Cormier Opposed: None <i>"That the minutes for the NDMH Board meeting for October 17, 2022 be accepted as presented."</i> CARRIED.
4.3	N. Gladun	<u>MAC Meeting Minutes, November 9, 2022, Motion #4</u> Motion: E. Rutherford Second: G. Mackenzie Opposed: None <i>"That the minutes for the MAC meeting for November 9, 2022 be accepted as presented."</i> CARRIED.
4.4	N. Gladun	<u>NDMH Quality Committee Minutes, November 15, 2022 Motion #5</u> Motion: S. Cormier Second: D. Renaud Opposed: None <i>"That the minutes for the NDMH Quality Committee meeting for November 15, 2022 be accepted as presented."</i> CARRIED.
5.0	Generative	
5.1	N. Gladun	<u>Board Chair Report, Regional Services Council</u> No report at this time.
5.2	C. Eady	<u>Senior Management Report, November 2022, Motion #7</u> HIRF funding this year will be used for fire pump upgrade. Currently recruiting for telemedicine nurse and have successfully hired PSW students. Vacancy rate is approximately 9% with turnover rate of 20%. Meditech Expanse go live is about 2-3 years away, recently the IT/IS team reviewed the scope and will be looking to ensure there is financial awareness going forward. Workplace Violence Committee is working to meet deadlines on the orders set by MLITSD. NDMH currently has 4 agency staff, 3 RPNs and 1 RN. A house is rented for the agency staff which costs \$3000/month. C. Eady and E. Rutherford met with EMS in Beardmore to talk about what community paramedicine would look like in the area. Trying to get input from the various partners i.e. indigenous partners, to see what this program can help with and get in place by March. Second meeting is scheduled for early December. Went to RFP for stable patient transfers as there is only one year left on the current contract with Ambutrans. CEO to bring back in January or February. ER – EMS meeting in December, is that in Beardmore? CE – offered virtual and in Beardmore.


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5.3	R. Dhaliwal	<p>ER – The fire pump upgrade is that the set up for the sprinkler system? LH – It is the fire pump in the basement that ties in to the whole sprinkler system.</p> <p>ER – PSW students, are they graduated and now working for us? CE – Yes, they were students who have graduated and now work for us, but not fulltime. ER glad to see partnership with Confederation College and perhaps draw others into that training program see other staff coming on board.</p> <p>Dr. Scully mentioned he hasn't seen any RN students from LU in a while and was wondering if there is anything we can do. CE mentioned CNE has a strong relationship with Lakehead University and continues to try to recruit nursing students.</p> <p>Moved: D. Renaud Seconded: E. Rutherford Opposed: None <i>"That the Senior Management Report for November 2022, be accepted as presented."</i> CARRIED.</p> <p><u>Chief of Staff Report, November 2022, Motion #8</u></p> <p>Dr. Dhaliwal introduced Dr. Scully as President of Professional Staff.</p> <p>The verbal report noted that flu season has come and it is all over. The ER department has increased volumes due to the combination of cold and flu. TBRHSC has lifted their life and limb policy, which stated we could only transfer patients who were acutely dying or losing limbs. The Doctors Group is fully staffed with 5 physicians, having a PT NP has also helped relieve ER pressures. Staffing is still unstable and negotiating month to month with the 5th physician. From a recruitment perspective the more residents we have coming through the better chance we have of obtaining locums and staff, come January there will be another 2nd year med student. RNPGA agreement is up for review by the Ontario government, this agreement states how the physicians are funded locally. It is unclear whether the doctor compliment will go down or up. Next meeting is November 29th.</p> <p>The Regional Chief of Staff meeting was cancelled last month so no update.</p> <p>GM commented the doctors have had success recruiting doctors. RD responded that they have had luck and a steady supply of med students has helped. The recruitment of a FT NP has also made the position more attractive as the doctors aren't so burnt out.</p> <p>Moved: G. Mackenzie Seconded: S. Cormier Opposed: None <i>"That the Chief of Staff Report for November 2022, be accepted as presented."</i> CARRIED.</p>
6.0	Strategic	
6.1	N. Gladun	<p><u>Professional Staff Bylaws, 2022-2023 as recommended by the Governance Committee, Motion #10</u></p> <p>Moved: S. Cormier Seconded: D. Renaud Opposed: None <i>"That 1. the Professional Staff By-laws (By-law) in the form presented to the board of directors of the Corporation ("Board"), is approved and adopted as the by-law of the professional staff, and all previous professional staff by-laws enacted are repealed and replaced by the By-law, effective on the date that the By-law is formally approved by the Board and then confirmed by the members of the Corporation; 2. the By-law be submitted to the Members for confirmation; and</i></p>

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		<i>3. following confirmation by the Members, the Chair and the Secretary of the Corporation are authorized and directed to certify a copy of the By-law as confirmed by the Members and to place such certified copy in the minute book of the Corporation.” CARRIED.</i>
6.2	N. Gladun	<u>NDMH Board of Directors Terms of Reference, Motion #11</u> Moved: G. Mackenzie Seconded: E. Rutherford Opposed: None <i>“That the NDMH Board of Directors, Terms of Reference for 2022-23, be accepted as presented.” CARRIED.</i>
6.4	L. Haskell	<u>Progress Update: MLITSD Orders</u> The CFO provided an update to the Board on the six orders received in October. Four orders were due by November 11. These were submitted with no further requests from the inspector. The remaining two orders have a deadline of January 31, 2023 and the WPV team is on track to meet that deadline.
6.5	N. Gladun	<u>NDMH Board Member Declarations, VSC</u> 3 board members have submitted their declarations. Still awaiting direction as to whether the board members have to submit a vulnerable sector check or a criminal record check. Reminder these declarations are a yearly obligation. C. Eady will look into the Fixing LTC Act for guidance and report back to board members.
6.6	L. Haskell	<u>Fixing Long Term Care Act (FLTCA)</u> The CFO provided an update to the Board on the FLTCA. As of April 11, 2022, the FLTCA and the Ontario regulation 246/22 replaces the previous Long-Term Care Homes Act (2007), and 79/10, and its culmination of lessons learned through the pandemic in LTC homes across the province. Recommendations came from the auditor general and directly from residents and families/caregivers. NDMH has work to do regarding additions and changes with this legislation. The Ministry can enforce monetary fines for compliance orders. More information will come as education in January.
6.7	N. Gladun	<u>Board Member Recruitment</u> With regret received resignation from board member Edward Wawia. A skills review was completed and looking for a candidate with finance, board experience, business management, government relations, and indigenous representation. An AD will be in the gazette Nov 29 th for 2 weeks and advertised on the NDMH & NDFHT Facebook pages.
6.8	N. Gladun	<u>NDMH, NDFHT Joint Quality and Board Meetings</u> Decided not to separate the quality meetings for NDMH and NDFHT. Suggested Joyce Stansell be present at the quality meetings.
6.9	Dr. Scully	<u>Nurse Practitioner Role</u> JS questioned if anything was being done to keep the PT NP. It was stated NDMH is only funded for 1 FT NP, since this position was vacant in the summer that has allowed to PT NP to stay on in the interim to coach/mentor the new NP. CE stated there was a funding envelope that was monitoring the closing of ERs, CE made sure to put NDMH on that list to receive funding should some come available.
6.10	G. Mackenzie	<u>Indemnity Clause</u> Board member had trouble understanding the indemnity clause and felt there were two errors. #1 the grammar in the clause was incorrect and found it difficult to understand and #2 the clause could be interpreted differently by board members. Board member would like some clarity on Article 6 and would like to ensure the board members are covered. Board Chair and CEO will look into Article 6 and report back to board member.
7.0	Fiduciary	
7.1	L. Haskell	<u>NDMH Q1 & Q2 Disbursements, Motion #12</u>

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		Moved: E. Rutherford Seconded: G. Mackenzie Opposed: None <i>"That the NDMH Disbursement Reports for Q1 & Q2, be accepted as presented."</i> CARRIED.
7.2	L. Haskell	<u>NDMH Q2 Financials, Motion #13</u> The CFO reviewed the Q2 financial reports, noting that there is a large deficit. This is largely due to additional COVID staff, agency nurses, APEX security, increased cost of supplies and delivery charges, benefit increases, and aging building and equipment. The CFO and CEO have a meeting scheduled next week with Ontario Health to discuss the projected deficit. Moved: S. Cormier Seconded: D. Renaud Opposed: None <i>"That the NDMH Q2 Financials, be accepted as presented."</i> CARRIED.
8.0	Adjournment to In-Camera Meeting	
8.1	N. Gladun	<u>Adjournment to In-Camera Meeting, Motion #16</u> Motion: G. Mackenzie Second: E. Rutherford Opposed: None <i>"That the NDMH/NDFHT Board of Directors move to in-camera at 7:39 p.m."</i> CARRIED.
9.0	Adjournment	
9.1	N. Gladun	Return to regular board meeting at 7:51 p.m.
9.2	N. Gladun	<u>Meeting evaluation</u> The meeting evaluation can be returned to CFO via email or via call.
9.3	N. Gladun	<u>Adjournment, next Meeting on January 30, 2023 at 5:30 p.m., Motion #17</u> Motion: E. Rutherford Second: D. Renaud Opposed: None <i>"That the Board of Directors meeting be adjourned at 7:54 p.m."</i> CARRIED.



N. Gladun, Board Chair



C. Eady, Chief Executive Officer