

**SIOUX LOOKOUT MENO-YA-WIN HEALTH CENTRE
MEETING OF THE BOARD OF DIRECTORS
THURSDAY, APRIL 2, 2009
RAIN FOREST ROOM, FOREST INN**

Present: Mr. Kai Koivukoski, Chair, Mr. A. Brown, Mr. J. Cutfeet, Mr. J. Fiddler, Mr. T. Jewell, Ms. S. Maxwell, Mr. R. Spence, Ms. M. Hoey, Mr. R. Walker, Ms. B Linkewich, Mr. D. Semple, Mr. G. Hill, Ms. H. Fukushima, Ms. R. Demetzer (Recorder)

Absent: Mr. Frank Beardy, Mr. J. Brohm, Mr. J. Kakegamic, Mr. K. McGill, Chief J. Meekis, Mr. M. Ningewance, Ms. D. Roundhead, Mr. L. Tait, Dr. T. O'Driscoll, Dr. B. Russell-Mahoney

1. AGENDA

The agenda had been distributed and was reviewed. The order of items was rearranged.

MOTION #013/09

Moved by Mr. J. Fiddler that the board of directors approve the agenda for the April 2, 2009 regular meeting as amended. Seconded by Ms. S. Maxwell. **CARRIED**

2. NEW BUSINESS

2.1 Revision of Mission Vision Values Statement

After discussion stemming from the board retreat in November, the mission, vision and values statement is being revised. The vision will include the phrases: patient centred, service oriented, performance focused.

It was suggested that in the new hospital, traditional healing, medicines and foods be added to the mission for the services that are available. Appropriate wording will be found and drafts will be shared with board members. This item will be brought to the next executive committee meeting prior to the May board meeting.

MOTION #014/09

Moved by Mr. J. Fiddler that the board of directors approve the changes to the mission, vision and values statement to add: "...And care that is patient centred, service oriented, performance focused." Seconded by Ms. M. Hoey. **CARRIED**

2.2 Issues Management

- Mr. Walker provided a handout that outlined the flow for handling a patient complaint. Mr. Walker stated the process was pretty typical of most hospitals, except for two areas: consultation with elders, and with community leaders.
- He advised that we have, on average, two serious complaints in a year.
- There were suggestions that the elders council be involved through the entire process. It was also suggested there should be a step for conflict resolution and/or a healing circle. This issue will be the focus of the next elders council meeting. Board members are

invited to attend. It will be an opportunity to clarify the roles of community members and board members.

- While there was a question as to the role of the board members in a complaint issue, they felt the main question was who board members go to when they receive a complaint. The issue of many separate organizations, e.g. the hostel, hospital, three physician practices, etc. being involved in responding to complaints was raised.
- A stakeholders gathering was suggested. Mr. Walker advised this has been discussed at joint management meetings. There is a willingness to support to support the health centre in dealing with issues management.
- Some complaints are raised first to Chiefs and council, tribal councils, health directors and community health workers . It was suggested that the process should begin with the patient and their family.
- Another board member suggested that the staff is capable of dealing with the complaints, and that the role of the board members is to get an update at the board meeting. If a board member can be of service, they should be informed of that.
- It was suggested that the board should not be involved in the process other than to pass on information to the staff or offer to provide information to the chief, council health directors.
- Mr. Walker advised that based on discussions, a one-page outline of the board members role in the complaint process would be produced.
- It was further suggested that a stakeholders meeting should proceed.

3. MINUTES

3.1 Minutes of Regular Board Meeting Held March 5, 2009

- The minutes had been distributed and were reviewed for errors and omissions.

MOTION #015/09

Moved by Mr. J. Fiddler that the board of directors approve the minutes of the regular board meeting held March 5, 2009 as distributed. Seconded by Mr. A. Brown.

CARRIED

4.2 Business Arising

4.2.1 Pickle Lake Representation

The Pickle Lake town council has been invited to discuss various options for representation.

4.2.2. Facility Committee Roles

- At the last board meeting, members were given options as to where the facility committee should be focusing its time. The committee will take those suggestions into their next meeting and discuss them. The executive committee will also work with the committee to prioritize the suggestions.

5. NEW BUSINESS

No new business was raised outside of items carried forward from committee and administrative reports.

6. REPORTS

6.1 Report From the Chair

6.1.1 Timmins Chiefs Meeting March 10 – 12, 2009

- Doug Semple advised he spoke with DGC Alvin Fiddler at the meeting and passed on the board's letter of support regarding the Mamow Na-Ta-Wii-He-Te Sowin: Healing Together declaration from the three-day NAN meeting held in Thunder Bay in February regarding the need to work with the communities on prescription drug abuse.
- There was a lengthy discussion on how the health centre/CCAS can assist and whether we have a specific role in this.
- The Patient Services Committee will continue to promote involvement in this endeavour.
- It was suggested that the board so that the issue doesn't get lost or forgotten.
- Administration was asked to ensure they collaborate with the tribal councils, communities and other agencies in their endeavours.

6.2 Patient Services Committee

6.2.1 CA-MRSA

- Rates of CA-MRSA infection have increased dramatically from 10 in 2004 to 264 in 2008 for the Sioux Lookout area. These are not in-hospital infections, but are acquired in the community and are diagnosed through our laboratory.
- These statistics have caught the attention of the Thunder Bay Public Health Unit and the Ontario Agency for Health Protection and Promotion of the Ministry of Health.
- Dr. O'Driscoll will be asked to do a presentation at the next board meeting.
- It was noted that one way to reduce this infection is to ensure your hands are washed. The OHA and the MoH currently have a province-wide hospital campaign for physicians, staff, visitors and patients to "Just Wash Your Hands".
- It was asked if there was a breakdown by age or community. It was noted that all ages and communities can be infected, as the infection is usually spread through family contact.

6.2.2 Flow Chart re Intake/Assessment/Placement in Long Term Care

- Ms. Heather Fukushima gave a presentation on placement in long term care (LTC) facilities.
- She advised that the wait list is currently three to four years.
- People assessed as needing long term care are asked to choose three LTC locations where they would be willing to go. When patients admitted to hospital for an acute condition are subsequently determined to require an LTC placement, or are admitted to

hospital because there is no place available in an LTC facility, they are classified as an alternate level of care (ALC) patient. At any given time, one-third to one-half of the health centre's patients are classified as ALC.

- The health centre has received Aboriginal Health Transition Fund moneys to conduct a study on the elder continuum of care: ie. what services are available in each of our communities and how they are being used.
- It was noted that the health centre requires political support for more long term care beds in the community.

6.2.3 Research Articles

- The hospital and health providers have had 22 peer-reviewed, research articles published. This is a significant accomplishment for a small hospital.

6.3 Resource Utilization Committee

6.3.1 Minutes of the Meeting Held March 4, 2009

- The minutes of the Resource Utilization Committee held March 4, 2009 were distributed.

6.3.2 Financial Update

- Mr. Hill believes we will end the year with a small surplus.
- The 2009/10 budget hasn't been finalized yet. It should be completed by the end of April. We have a two-year Hospital Services Accountability Agreement (HSAA) with the LHIN, which requires us to have balanced budgets.

6.3.3 2009-11 Multi-Sectoral Service Accountability Agreement (MSAA)

- An MSAA is a contractual agreement with the LHIN for other than hospital services. It is similar to the HSAA. In our case, the MSAA covers Community Counselling and Addictions Services (CCAS). This is the first year that MSAA's have been required.
- The budget for the CCAS was reviewed and approved previously. However, if the MSAA is not signed, the CCAS will not receive any funds.

MOTION #016/09

Moved by Mr. R. Spence that the board of directors approve the 2009/10 and 2010/11 Multi-sectoral Service Accountability Agreement with the Northwest Local Health Integration Network as presented.. Seconded by Mr. J. Fiddler. **CARRIED**

6.4 Facility Committee

6.4.1 Minutes of Facility Committee Meeting March 4, 2009

- The minutes were distributed.
- The terms of reference will be reviewed at the May meeting and brought back to the board.

6.4.2 Capital Project Update

- A capital report for March 2009 was submitted by Mr. Beazley. The project is 26 percent complete and is on-time and on-budget.
- A tour was provided to approximately 30 seniors last month and was very beneficial.
- Board members asked that Mr. Bruyere of SLAAMB be invited to the May meeting to provide an update on First Nations employment on the projects.

6.5 Communications Working Group

6.5.1 Terms of Reference

- The terms of reference will be reviewed at the next meeting.

6.5.2 Broadcasts of Meetings

- The working group has decided to have a three-meeting trial of broadcasting the meetings to the north.
- There was a lengthy discussion on whether there should be broadcasts or whether we should try sending CDs with highlights of meetings to the community radio stations. It was noted that most people listen to the community radio.

6.5.3 Lexicon Project

- The project is moving forward.

6.5.4 Web Site

- The web site redesign is ongoing.

6.6 Foundation Report

- The foundation has received just over \$2 million in funds for the new hospital. It has a further \$300,000.00 in outstanding pledges, leaving just under \$200,000.00 still to be raised.
- Wasaya has hired a professional fund raiser to assist them in completing their fund raising for the CT scanner.

6.7 Report from the Elders Council

6.7.1 Elders Council Videoconference

- The elders council was to meet in March, however, due to weather that meeting did not take place.
- They met yesterday by videoconference to discuss a shortened agenda of items. A number of issues will be carried forward.
- Favourable comments were received on using the videoconference.

6.8 CEO Report

- Mr. Walker advised that the OHA has launched a new web report: My Hospital Care. It will replace the published Hospital Report and will provide ratings on hospital care in Ontario.
- Mr. Walker advised that the hospital budget is still being worked on. A somewhat different approach has been taken to reduce expenditure requests this year. The Ministry's step-by step process starts with reducing support service, then clinical support and finally clinical service costs. The managers identified strategic services that need to be implemented or grow first, then "core business" programs and services, followed clinical supports and finally other programs and services. The necessary resources were allocated first to strategic and core business programs and services, and then as available to clinical supports and finally other programs and services. In some cases this involved reallocations of departmental budgets.

6.9 Report from the Chief of Staff

6.9.1 Minutes of Medical Advisory Committee Meeting held March 9, 2009

- The minutes had been distributed.

6.9.2 Privileges

It was asked if Dr. O'Driscoll could again provide an explanation of how physicians are granted privileges.

MOTION #017/09

Moved by Mr. T. Jewell that the board of directors grant privileges as follows:

Dr. A. Iosif, consulting in psychiatry;

Dr. S. Ambreen, locum tenens in family medicine and minor surgery

Seconded by Ms. M. Hoey. **CARRIED**

6.10 Health Services Report/Corporate Services Report

6.10.1 Health Services Report

- Ms. Linkewich advised that the THMF program is the focus of several of the research articles mentioned earlier.
 - Ms. Heather Shepherd is leaving at the end of April. Ms. Fukushima and Mr. Osmond will have their duties expanded to take on that workload.
 - A team lead program is being put in place to build capacity and provide more support on the wards.
 - Interpreter staffing has stabilized.
 - A transformation of care workshop will take place next week that will begin the process of changing the culture at the health centre to become more patient/family centred.
-
- Sixty-two family visits took place by videoconference in 2008/09.

- Ms. M. Kimball and Ms. R. Southwind made a presentation on our Elder Care Program at the Bill George to the annual NW LHIN Aboriginal Health Forum.

6.10.2 Corporate Services Report

- Mr. Hill advised that in the most recent Ontario budget, it was stated that a full 40 percent of the budget goes toward health care. Increases of 2.1 percent for this fiscal year is still in place for hospitals, however, our spending is expected to increase by five percent this year.
- Harmonization of the sales tax will affect hospital budgets in higher taxes.

7. PATIENT ISSUES

No new issues were raised.

8. ROUND TABLE

S. Maxwell

- Ms. Maxwell advised there are many students looking for meaningful summer employment. It was advised that Ms. Lelonde, the human resources manager, would provide a list to the board at the next meeting.

9. ADJOURNMENT

Mr. Roy Spence gave the closing prayer. Meeting was adjourned at 2:00pm.

R. WALKER, SECRETARY

K. KOIVUKOSKI, CHAIR

RTD/April 13, 2009