



## *Red Lake Margaret Cochenour Memorial Hospital*

# **Board of Governors MINUTES**

**DATE:** Tuesday, January 7, 2010  
**TIME:** 5:30 p.m.  
**PLACE:** Hospital Board Room

**PRESENT:**

Dr. Vic Aniol	Chief of Staff
Ms. Anne Billard	
Ms. Ursula DeKeyser	via teleconference
Mr. Loye Halteman	
Ms. Cathy Kaczmarek	
Mr. Peter Koch	via teleconference
Ms. Alana Procyk	Chair
Ms. Arlene Swanwick	
Ms. Marion Whitton	
Mr. Dave Wilson	
Ms. Eleanor Vachon	Vice Chair
Ms. Debbie Larson	Chief Nursing Officer
Ms. Deikel Orocu	IT/Finance Administrator
Ms. Annwyl Shewchuk	Professional Practice Co-ordinator
Ms. Janice Mullin	Chief Executive Officer

**REGRETS:**

Ms. Tammy Cameron	
Ms. Lori Kowalchuk	
Dr. Diane Zielke	President, Medical Staff

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### **1. CALL TO ORDER**

The meeting was called to order by Ms. Procyk at 5:31 p.m.

### **1.2 ACCEPTANCE OF AGENDA**

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**MOTION NO.: 10-04** Moved: A. Billard Seconded: D. Wilson

*That the agenda be accepted as presented.*

**VOTE FOR MOTION 10-04; Carried**

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### **1.3 DECLARATION OF CONFLICT OF INTEREST**

There was no declaration of conflict of interest declared.

## 2. CONSENT AGENDA

### 2.1 Adoption of Minutes

The following motion was brought forward:

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**MOTION NO.: 10-02** Moved: Seconded:

*That the Minutes of the Board of Governors Meeting held November 12, 2009 be accepted as presented.*

**VOTE FOR MOTION 10-02; Carried**

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## 3. NEW BUSINESS

### 3.1 Accreditation Update

Ms. Mullin informed members that the Hospital was accredited with condition. Specific criteria, as outlined, must be met within the specified timelines. To maintain the accreditation decision, the areas of concern listed must be met – evidence must be submitted showing the actions taken with regards to quality framework and measureable goals. This area must be complete and submitted by May 9, 2010. **The full Board will meet to further discuss, February 16<sup>th</sup> at 5:00 p.m.**

### 3.2 Communication Plan

A copy of the Hospital's new Community Relations/Communication Plan was distributed for information. The Governance Committee has met to discuss the plan.

### 3.3 Ed Advisory Team

Ms. Larson provided a powerpoint presentation on the Regional Emergency Department Study. A summary of the recommendations was distributed. The report takes a close look at the sustainability of the Emergency care of Hospitals in Northwestern Ontario – 13 Hospitals were reviewed. Findings of the study and recommendations were reviewed. Ms. Larson currently sits on the regional committee. Ms. Larson noted that most of the recommendations are legitimate and very positive; however, for the governance model, they are looking for representatives from all regional hospitals. In the past, initiatives have failed when utilizing already very busy administrative and clinical leadership. There was discussion that it would be difficult to allow Ms. Mullin or Ms. Larson the time commitment required for this project structure. It was decided that a motion could be written for support but to include a caveat concerning the governance structure. Members will take the document home and review it thoroughly and be prepared to write the motion at the February Board meeting.

### 3.4 Foundation Donor Wall

Ms. Mullin attended the Foundation meeting January 5, 2009. An additional Foundation donor wall was discussed, to be located on the same wall as the Foundation office. Ms. Whitton noted that there is space on the current donor wall which should be utilized. The Board was in agreement with relooking at this further. Ms. Whitton/Ms. Mullin will bring this information back to the next Foundation meeting.

Dr. Aniol inquired if the Hospital was still looking at hanging a plaque in honour of Dr. Miller-Williams. Ms. Mullin noted that the Heritage Centre has a flag painted by Karen Coleman in memory of Dr. M.W. which will be located, along with his picture in the front lobby.

## 4. CRQI

### 4.1 Incident/Unusual Occurrence Report

A powerpoint presentation was provided outlining incident/unusual occurrences for 2009 and a comparison of 2007, 2008 and 2009 ( patient falls/medication related incidents were not included).

#### 4.2 Medication Related Incidents

Medication related incidents for 2009 were reviewed by Ms. Shewchuk. 51% of the incidents had no harm, 37% of the incidents didn't involve the patient, 10% were near misses and 2% were slight harm to the patient.

#### 4.3 Lab Accreditation

Ms. Shewchuk advised that OLA (Lab) accreditation will take place February 11, 12, 2010.

#### 4.4 Diabetes Program Client Satisfaction Survey Results

Satisfaction surveys were mailed out to diabetes patients. A variety of questions were asked and the overall results were very positive.

#### 4.5 Accessibility Legislation

Ms. Shewchuk noted that as of January 2, 2010, the Customer Service Standard (Regulation 429/07) under the Accessibility for Ontarians with Disabilities Act 2005 will apply to Hospitals. To ensure compliance with the requirements of the Act, all staff must receive training in the Customer Service Standard and complete a short test. The course is available through a website which all staff have been e-mailed the link for. The Hospital must establish policies, practices and procedures on providing services to people with disabilities. Ms. Shewchuk will send members the link if they are interested in completing.

### 5. GOVERNANCE COMMITTEE

#### 5.1 Health Governance in Volatile Economic Times

This document was forwarded to all members for information.

### 6. FINANCE COMMITTEE

#### 6.1 Financial Statements ending October 31, 2009/November 30, 2009

Ms. Orocu provided a powerpoint presentation on the November 30, 2009 financials:

- ✓ Total revenue - \$4,771,224
- ✓ OHIP – Implemented a new regional claims system 07/08, the initial regional system setup caused our revenue to be overstated in 07/08 and the beginning of 08/09. The issue was detected at year end March 31, 2009. At this time the recovery of revenue process to OHIP was started, which due to remote area services deductions ended up in a partial recovery. The issues have been resolved and resulted in adjustment to OHIP revenue in November 2009.
- ✓ Total expenses - \$4,606,599 – under budget by \$121,174
- ✓ Year to date surplus of \$134,289 (after amortization)
- ✓ Bottom line surplus of \$164,525 – Investment gain of 74%, fuel/electricity 20%, other 6%.
- ✓ Other votes (mental heal/visiting specialist/diabetes) have a surplus of \$214,832.

The following motion was brought forward:

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**MOTION NO.: 10-03** Moved: Seconded:

*That the financial statements ending December 31, 2009 be accepted as presented.*

**VOTE FOR MOTION 10-03; Carried**

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### 7. SUB COMMITTEE/SPECIAL PROJECTS

#### 7.1 Update

The Hospital has purchased the house located at 10 Keewatin Street. Rudy Huetler is completing the minor renovations and should be ready to accommodate physicians April 1, 2010.

### 8. MEDICAL ADVISORY COMMITTEE

Draft minutes of December 17, 2009, January 19, 2010 and February 4, 2010 were distributed.

**9. REPORTS**

Ms. Mullin's report was distributed.

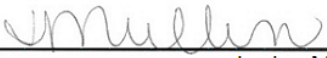
**10. NEXT MEETING**

March 11, 2010

**11. ADJOURNMENT**

The meeting adjourned at 7:10 p.m for an In Camera session.

  
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Alana Procyk  
Chair

  
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Janice Mullin  
Secretary