# BOARD OF DIRECTORS MEETING

**OPEN SESSION**

Thursday, May 24, 2018

5:30 pm – Hot Buffet Dinner Provided – Knox United Church – Rainy River
6:00 pm – Rainy River Health Centre – Board Room

## AGENDA

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tr>
<td>1. Call to Order – 6:00 pm – Reading of the Mission Statement *&lt;br&gt;1.1 Quorum&lt;br&gt;1.2 Conflict of Interest and Duty</td>
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<td>2. Presentation – Deferred due to the NW LHIN G-2-G Session on May 28, 2018</td>
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<td>3. Patient / Resident Safety Moment</td>
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<td>5. Motion to Approve the Agenda</td>
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<td>6. Business Arising</td>
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<td>7. Quality, Safety, &amp; Risk Strategic Discussion – Deferred to In Camera</td>
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<td>8. New Business&lt;br&gt;8.1 Board Chair – Verbal Update&lt;br&gt;8.2 Rainycrest Update&lt;br&gt;8.3 Rural &amp; Northern Conference and Advanced Board Program for the Health Care Sector</td>
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<td>9. Opportunity for Public Participation</td>
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<td>10. Move to In-Camera</td>
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<td>11. Other Motions/Business</td>
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<td>12. Date and Location of Next Meeting: June 26, 2018</td>
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| 13. Adjournment | | get your hands dirty and actually help the world move forward.
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<tr>
<th></th>
<th>Motion to Approve the Agenda</th>
<th>THAT the RHC Board of Directors approve the Agenda as circulated/amended</th>
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<td>5.</td>
<td>Move to In-Camera</td>
<td>THAT the RHC Board of Directors move to in camera session at (time)</td>
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<td>10.</td>
<td>Other Motions/Business</td>
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<tr>
<td>11.</td>
<td>Adjournment</td>
<td>THAT the RHC Board of Directors meeting be adjourned at (time)</td>
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To provide exceptional and compassionate health care, inspired by the people we serve, valued by our communities.

Riverside Health Care provides a high quality health care experience. We support a safe and healthy work environment where each person is valued, respected and where personal and professional growth is encouraged. Our commitment is to respond to community needs with our health system partners.

**Vision**

**Mission**

**Strategic Pillars & Directions**

**Quality**
- Delivering exceptional care
- Improved access to care
- Commitment to continuous improvement

**Partnerships**
- A culture that supports teamwork: inside & out
- Cooperative partnerships within our communities
- Strategic relationships with regional partners

**Organizational Health**
- A healthy and engaged contemporary workforce
- Timely communications with internal and external stakeholders
- Responsible use of resources
- Strong governance and leadership capacity

**Values**

**Integrity**
We value the honesty of our words and the consistency of our actions.
We are committed to the highest ethical standard in the conduct of business.

**Excellence**
We are committed to the pursuit of excellence.
We are committed to helping people develop.
We value learning and sharing knowledge with others.

**Respect**
We believe that every person deserves respect, dignity and compassion.
We value the dedication of our people working together as a team.
We value the expertise of others and opportunities to form alliances.

**Growth**
We are committed to being the leader and innovator in our field.
We are committed to sustainable growth.

April 2013

Riverside Health Care
Date of Meeting: April 26, 2018  
Time of Meeting: 6:00 pm  
Location of Meeting: La Verendrye General Hospital – Board Room  

PRESENT:  
J. Beazley  
V. Nowak  
S. Weir  
C. McKinnon  
D. McDonald  
J. Forbes  
D. Robinson  
Dr. R. Algie  
J. Ogden  
Dr. L. Jenks  
*via OTN/teleconference  

STAFF:  
M. Griffiths, B. Booth, H. Gauthier  

REGRETS:  
L. Maki, C. Sanders, T. Scholten  

GUESTS:  
S. Pilatzke (Item 2.0), D. Allan (Item 2.0)  

1. CALL TO ORDER:  
J. Beazley called the meeting to order at 6:00 pm. B. Booth recorded the minutes of this meeting. D. Robinson read the Mission Statement.  

1.1 Quorum  
Jan shared there was 1 regrets. Quorum was present.  

1.2 Conflict of Interest  
No conflict of interest or duty was declared.  

2. Presentation – North West Local Health Integration Network (NW LHIN) Update – Susan Pilatzke & Darryl Allan  
Jan welcomed Susan Pilatzke and Darryl Allan to the meeting. Round table introductions took place. Susan provided an overview of her role with the NW LHIN. Darryl highlighted his role with the NW LHIN Board and his past experience. Susan provided an update on the NW LHIN’s initiatives since the integration with CCAC. She highlighted the following:  

- As of June 21, 2017 the NW LHIN integrated with CCAC; which is now called Home & Community Care. Still in the transitioning stages and moving forward with the MOH’s plan. The Ministry is looking at a new system to evaluate clients and the right level of care.  
- Self-Directed Care  
- Care coordination within the Family Health Team’s – strategically being rolled out over the next 2 years  
- Discussed the change-over of specialized needs; noting this is moving away from the Home & Community Care division  
- The NW LHIN has started a Patient & Family Advisory Council  
- More acute care is needed  
- Dementia care  
- Public Health (looking at Mental Health, Addictions and Harm reduction initiatives). Susan noted Mental Health & Addictions is the #1 topic in the region currently  
- Primary care needs Indigenous engagement and inclusion  
- Sub Regions; 4 out of 5 are initiated in the region – looking at population health  
- French language services  
- Other provincial initiatives; digital health, musculoskeletal program and advancing the regional program.  
- Susan noted there are 32 different projects that came out of the mandate and currently 21/32 projects are currently in the works since the integration with the CCAC
• Discussion took place around whether there was representation from this area and Susan confirmed there was
• Jan noted it would be beneficial for our Board and the NW LHIN Board to meet when they are in town on May 28 prior to the G-2-G session as a networking opportunity

**ACTION:** Ted and Brooke to send a formal request to the LHIN

• Susan shared she is aware of our PSW issues and noted Henry will be sitting on this initiative and they will be escalating the training of PSW’s
• Discussion took place around Public Health engagement and whether the First Nations have been engaged; Susan confirmed they are
• Discussion took place regarding Dementia Care; Susan described the spectrum and the goal to have supports regionally and locally

Jan thanked Susan for her presentation.

3. **Patient / Resident Safety Moment**

In Lori’s absence, Jan read Lori’s patient experience moment regarding the care received by an individual’s mother-in-law while in LVGH. Jan noted the individual spoke very highly of the physician and staff noting the care, empathy and understanding during the difficult time was outstanding. She noted the individual was extremely impressed when she witnessed a Code Blue call and how the staff immediately responded. Jan shared the individual reported the family was heard and included in the care journey. Positive experience.

4. **CONSENT AGENDA**

The Chair asked if there were any items to be removed from the consent agenda to be discussed individually. There were no items removed.

5. **MOTION TO APPROVE THE AGENDA:**

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It was,
MOVED BY: D. Robinson      SECONDED BY: D. McDonald
THAT the Board approves the Agenda as circulated.  CARRIED.
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6. **BUSINESS ARISING:**

There was no business arising.

7. **Quality, Safety, & Risk Strategic Discussion**

Jan referenced the strategic pillars in the draft strategic plan regarding Quality, Safety, and Risk; noting this would be an opportunity to discuss these bullets and note any additions/revisions. Jan highlighted the bullets under Quality. Discussion took place as follows:

• It was suggested under the first bullet to state “delivering optimal and safe care”. Discussion took place regarding prioritizing safety
• It was suggested under the second bullet to state “Improved” or “Appropriate” access to care across the continuum
• Discussion took place regarding having objective targets
• It was suggested to use the terms “safe” and “equitable care”
• It was also suggested to incorporate the “development of regional programs”. Henry noted this is also connected to partnerships

8. **NEW BUSINESS:**

8.1 **Rainycrest Update**

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MOVED BY: D. Robinson SECONDED BY: D. McDonald
THAT the Board approves the Agenda as circulated. CARRIED.
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Minutes of the Open Board Meeting – April 26, 2018

Page 2
Jan reviewed the briefing note. Marva reported the Ministry of Health is at the home currently and hoping to have the exit interview tomorrow. Marva shared “communication” is at 100% compliance. Marva reported most issues continue to be around staffing shortages. There is no news on when Rainycrest will be open to admissions. Marva confirmed that the outbreak is still in place. Discussion took place regarding staffing issues. Marva noted she will know more after the exit interview. Further discussion took place around trying to alleviate Rainycrest issues however creating other issues at the hospital in the process. Jan noted Ted has reached out to the Ministry and has spoken to the LHIN regarding this. Conversation ensued around OT and sick time increasing our deficit an additional stresses on physicians and staff. Henry confirmed the Rainycrest closure to admissions will increase our deficit however we need to focus energy on reopening Rainycrest to start to stabilize and filter this through to the hospital. Discussion took place around local PSW programs and Henry confirmed we are hoping to access some of these individuals. Dr. Jenks discussed some of the initiatives being done to deal with the high census at the hospital. Further discussion took place around the orthopedic program in May and whether we will be able to accommodate the patients.

8.2 Rainy River District West Health Hub – Memorandum of Understanding

Jan reviewed the circulated memorandum of understanding (MOU) noting phase 1 is winding down and we want to move into the next phase. Jan noted the hope is that all Board’s will sign off on the MOU in order to move forward. She noted in the next phase there will be 2 groups; operational and governance. It was noted that the governance group membership would be very large. Jan questioned whether the Board was comfortable signing. All agreed to sign.

It was,

MOVED BY: D. Robinson SECONDED BY: V. Nowak
THAT the Board of Directors agrees to sign off on the RRDWHH Memorandum of Understanding. CARRIED.

8.3 Audit Materiality

Doug noted that the Audit & Resources Committee met with the Auditors without management present. During this meeting, the Auditors suggested that we increase the audit materiality from 800k to 940 k which is 2% of the expenses. Doug reported as a Committee it was decided to recommend 900k. Henry defined “materiality” and provided scenarios.

It was,

MOVED BY: J. Forbes SECONDED BY: J. Ogden
THAT the Board of Directors approves to change the materiality from 800k to 900k as suggested by the BDO Auditors and reviewed and recommended by the Audit & Resources Committee. CARRIED.

8.4 RHC Corporate Bylaws – Professional Staff – Part VII - Approval

Jan reviewed noting Part VII is what is being reviewed tonight. Dr. Algie noted that this has been vetted through him, Dr. Kowal, Ted, and legal and these have been approved at the Medical Advisory Committee. Discussion took place regarding some minor housekeeping revisions which Brooke will correct.

It was,

MOVED BY: D. McDonald SECONDED BY: D. Robinson
THAT the Board of Directors approves the Corporate Bylaws – Professional Staff – Part VII as reviewed and recommended by the Medical Advisory Committee. CARRIED.

Minutes of the Open Board Meeting – April 26, 2018
8.5 **L-SAA, H-SAA, & M-SAA’s Approval**

Jan reviewed the briefing note. Henry recalled that the emailed correspondence that was initially received came from the corporate level not from the CEO and Board Chair.

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<td>MOVED BY: D. Robinson</td>
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<td>SECONDED BY: J. Ogden</td>
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<td>THAT the Board of Directors approves the 2018-19 L-SAA, M-SAA, and H-SAA agreements between the NW LHIN and Riverside Health Care contingent upon official receipt of a response to our March 23, 2018 letter from the NW LHIN Board Chair and CEO acknowledging and accepting our aforementioned conditions.</td>
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9. **OPPORTUNITY FOR PUBLIC PARTICIPATION**

Darryl Allan spoke to his experience regarding Riverside’s outpatient services noting the professionalism of staff. Darryl thanked all for allowing him to be present this evening on behalf of the NW LHIN and further noted he appreciates the work we do.

Jan thanked Darryl for attending.

10. **MOVE TO IN-CAMERA:**

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<td>MOVED BY: D. Robinson</td>
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<td>SECONDED BY: S. Weir</td>
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<td>THAT the Board go in-camera at 7:25 pm.</td>
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<td>CARRIED.</td>
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11. **OTHER MOTIONS/BUSINESS:**

There was no other motions/business.

12. **DATE AND LOCATION OF NEXT MEETING:**

May 24, 2018

13. **ADJOURNMENT:**

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<td>MOVED BY: D. Robinson</td>
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<td>THAT the meeting be adjourned at 9:47 pm.</td>
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_______________________________
Chair

_______________________________
Secretary/Treasurer
Strategic Pillars & Directions:

**Quality**
- Attended OHA Rural and Northern Health Care Leadership Conference May 8-9. Topics included:
  - Election Environment in Ontario
  - Physician Recruitment Models
  - Innovative Virtual Care Solutions
  - Perspectives on Integrated Health Systems
  - Legal and Governance considerations in Integrated Health provider Entities
  - Health Hub Pilot - Evaluation Report
  - Organizational Ethics for Hospitals
- Attended OHA Advanced Board Program for Health Care Sector May 10-11. Topics included:
  - Hospital Board’s Roles Responsibilities, Composition and Effectiveness
  - Case Studies of Boards in Action
  - Internal Controls for Cyber / Social Media / Health System Funding Reform Funding
  - Case examples of Board Successes and Failures

**Organizational Health**
- Completed Module 2 (week 2 of 3 - April 23-27) of Advanced HealthCare Leadership Program at University of Toronto, Rotman School of Management. Module 3 is scheduled for June 4-8.
- Physician Recruitment Committee continues to be active.
  - As reported last month, Dr. Angeleen McCollum is coming for a site visit May 24-25 and considering a locum in July. We are continuing to recruit for 2 GPA’s and 1 Family Med for Fort Frances, two Family Physicians for Emo and Rainy River currently does not require physicians, but accepting interested locums.
  - As previously reported NOSM, along with HFO and the two northern LHINs co-sponsored in February the HHR Summit North in Thunder Bay. 130 people from across the North attended the event, with a goal to generate new and innovative ideas to stimulate physician recruitment and retention. Dr. Denis Lennox (from Queensland Australia) was the keynote speaker, who shared insight on a Service and Workforce Design model he developed, that has the potential of being relevant in Northern Ontario.

Following his presentation at Summit North, the MOHLTC asked NOSM to work with Dr. Lennox to explore the possibility of adapting a similar model in Northern Ontario. As a result, NOSM is proceeding with a “Knowledge Transfer Project” that would retain the services of Dr. Lennox to help develop a “made in the North” solution predicated on the Queensland model. He will be in Northern Ontario between May 18 and June 8 to meet with seven communities, including Fort Frances, to study our healthcare system to apply it to a new model. Visit is planned for May 23-24. Plan is to meet hospital senior leadership, Board Executive, FHT leadership, physicians (both hospital and FHT), municipality and the local Recruitment Committee (or recruiter).

In meeting with key stakeholders across the North, he will be gathering information about Ontario’s healthcare system, including payment models, how physicians work in rural areas, resources available in the communities and gain a deeper understanding of the unique issues affecting Northern communities. This fact-finding research will serve as a foundation of the work he would undertake to develop a hybrid model for Northern Ontario.

**Partnerships**
- We received the Draft Review of Mental Health and Addictions Services for the Rainy River District West Health Hub. Completed by the Health Innovations Group, in partnership with CMHA FF and RHC, the report broadly outlines current state, leading practices, a strategic framework, and recommendations for collaboration. Once reviewed and vetted by the steering committee it will be shared at the next meeting of the Health Hub.
- The NW LHIN is hosting a Governance to Governance session May 28. Governance and senior leadership of all LHIN funded HSPs are invited to meet with the LHIN Board of Directors. RHC Board is hosting a separate meeting with their board in advance of the meeting.
• NW LHIN Community Engagement Workshop held May 3 in Fort Frances was well attended with over 40 attendees from across the district. Interactive discussion and feedback was gathered regarding what health care in the future should provide to individuals and community. This information will be used to assist in development of the 2019-2022 Integrated Health Services Plan. Thank you to all that attended.

Respectfully Submitted,

Ted Scholten
President and CEO
Strategic Pillars & Directions:

Quality

• **North West LHIN Regional Pharmacy Planning**
  o Attended at the North West LHIN in Thunder Bay on May 16th, with representatives from the LHIN, hospital CEO’s and CNE’s, North West Health Alliance (NWHA), and Ontario College of Pharmacists (OCP). A presentation by OCP focused on “setting the stage for a regional pharmacy strategy – promoting quality and safe pharmacy practices”. Topics included OCP’s oversight of hospitals, and NAPRA Compounding Standards, emphasizing that sterile compounding standards are a critical patient safety and quality care priority for all pharmacies that engage in sterile compounding across the province.
  o OCP advised they would not be “closing hospitals” that are unable to meet required standards by January 2019. Suggesting that we consider looking at “investing, divesting or meeting status quo”. Is there a hospital that can provide or support another? A framework was developed for the NE LHIN to support the hospitals in collectively providing medication management services according to standard. A decision tool to support regional planning was reviewed. It was deemed a framework from which we can all work from, going forward and has proven useful for the NE LHIN.
  o Supporting hospitals in the NW LHIN, from a regional perspective, raised concerns over distance between sites, volumes, transportation, inclimate weather and other impediments to supporting viability of this proposed strategy.
  o Critical elements of the Standards and Action Plans (where you want to go, or need to be) are required for January 1, 2019. This will include training of personnel, policies and procedures, quality assurance procedures as well as appropriate standards for facilities and equipment. Two critical elements for equipment are a working commercial, biomedical grade refrigerator and a functioning hood that meets the requirements for sterile compounding, including certification and environmental controls, both of which RHC has already secured. The hood has not yet been installed, due to the impending and significant infrastructure renewal that is required to facilitate its installation, as it needs to be vented externally. RHC and other hospitals in the region are facing similar challenges, as related to capital, to ensure we all meet necessary structural requirements. Pharmacy staff have completed QUESS training (QUESS 360 Program), which provides training and management tools intended for the sterile preparations compounding sector.
  o RHC has recruited the expertise of North West Telepharmacy, project lead, and LM Architects to move us forward toward meeting the desired requirements as set out by OCP and the NAPRA standards.
  o RHC has indicated we will not meet all critical standards by January 2019. Although we are on track with obtaining training and implementing certain achievable operational changes in the pharmacy department, we and some of the other hospitals in the region, are challenged with the sterile and non-sterile compounding requirements that essentially require capital dollars to accommodate what is being mandated from an infrastructural and environmental perspective.
  o From a broad-based and balanced approach, it has been agreed that we identify and address common goals, provide targeted, focused support and build a foundation for the future in providing medication management services.
  o LHIN involvement will be critical now and into the future, in supporting our ongoing regional efforts approach to pharmacy planning.
  o It was emphasized that CEO and hospital Board support is necessary in this, and all other efforts moving forward, in recognition of the oversight and attention required to address what has been deemed an area of significant risk to patient safety in our respective hospitals.

• **Naloxone**
  o Meeting with Nursing Leadership and Quality, Safety and Risk to pursue an organizational policy for RHC relating to the support of the administration of Naloxone as an emergency first aide response in our community based locations at Community Counselling, Nelson House and Front Street Manor. Naloxone is an antidote for opioid overdose and we are planning to make this available as intra nasal naloxone in the First Aide Kits at all the above-mentioned locations. The policy is currently in draft form and will be vetted with appropriate individuals, prior to going the course for final approval and distribution.
  o The Ontario Hospital Association (OHA) has been in contact with the MOH LTC regarding the expansion of the Ontario Naloxone program (ONP) to include hospitals with an emergency department or urgent care centre. This would build on the MOHLTC’s commitment under the Provincial Opioid Strategy to increase access to take-home naloxone kits for people of high risk of an opioid overdose, as well as their friends and family. Hospitals would order their naloxone kits through their local public health unit and are in early
stages of discussion. Although this has not been deemed mandatory at this point, there is significant
dialogue required before we determine RHC’s position in participating in this harm reduction expansion
initiative.

Organizational Health

• **Orthopaedics Program**
  - Meeting with Dr. Puskas and Caroline Fanti, Regional Ortho Program Director, regarding the future of
    orthopaedics for RHC. Discussed the need for additional anaesthetic resources that are required to assist
    with general surgery access to the OR when orthopaedic surgery is performed here.

• **Harmonized Research Ethics Board (REB) for the Region**
  - Contacted by Dr. Abraham Rudnick, Lakehead University, to inquire as to whether there might be some
    interest in developing a Harmonized REB for the region. This arose from discussions regarding future
    planned research by the Ortho Group (surgeries led by Dr. Puskas) and/or other research based activities.
    A harmonized REB will make the research ethics process easier, through standardization across the region.
    Presently, research requests come to the attention of the Ethics Committee, where the requester must
    complete a detailed form that is reviewed by the Committee before approving or denying the request. It
    was suggested that I and other members of RHC’s Ethics Committee attend at an REB meeting in Thunder
    Bay to observe and look at an opportunity for collaboration. A tentative date for September is pending.

• **Transitional Care Program**
  - As part of the NW LHIN’s commitment to engaging with sub-regions and other providers, there is a program
    “Short Term Transitional Care Models (STTCM) with funding to reduce ALC in hospitals through
    implementation of services and collaboration in the community. The LHIN is in the process of developing
    the set of initiatives for 2018-2019 that will have the greatest impact on reducing ALC’s at our hospitals. We
    are being engaged, with our colleagues, to discuss the range of ideas that may be eligible and impactful for
    this funding. Dates for webinar sessions have been scheduled to learn about the program, parameters and
    instruction for proposal completion during the week of May 22\textsuperscript{nd}.

• **SURGE at LVGH – Update**
  - Patient census for the month of May has averaged in the mid 40’s to 50 plus. Census for May 18\textsuperscript{th} is at 47
    patients, with 12 ALC for Long Term Care and 4 pending placement for Long Term Care. Orthopedic
    surgeries for TKA’s were reduced to six patients due to bed and staffing availability and beds were
    borrowed from Emo Health Centre and our Chemotherapy unit to accommodate these patients. The
    surgical program staff followed the patients to the nursing unit to provide 24 hour post-operative care
    through to discharge. There are currently 4 full time RN vacancies on the nursing units and we are actively
    recruiting for these positions.

Partnerships

• **Meetings**
  - Chief Nursing Executive (CNE) Committee Meeting. Focus and discussion on transfers, repatriation, staffing
    complements/issues, Naloxone, sexual assault, and nursing education/practice. This is an invaluable
    opportunity to collaborate and network with nursing leadership from the hospitals in the NE and NW LHINs.
  - Interviews with two prospective candidates to replace Lisa Belluz, new Director of Riverside Community
    Counselling Services, in her previous mental health counsellor position.
  - Videoconference attendance at Board of Governor’s meeting for Confederation College on May 9\textsuperscript{th}.

Thank you to the Clinical Team for their submissions that prove to be invaluable in the preparation of this report.

- Agnes Ruppenstein – Administrative Assistant, Nursing Department
- Cindy Cole – Director Patient Safety & Perioperative Services

Respectfully submitted,

Lori Maki
Vice President, Health Services and CNE
Strategic Pillars & Direction:

Organizational Health

- **LaVerendrye Staff Entrance**
  The RHC supply chain department is coordinating distribution of FOB keys for all staff at LaVerendrye General Hospital to improve site security by limiting access to this entrance by FOB key only on a 24 hours 7 day per week basis. It is anticipated this change will be implemented during July 2018.

- **Pendant Alarm System**
  The Ministry of Labour identified the requirement for a pendant alarm system at Rainycrest Long Term Care. RHC will be installing a centrally managed pendant alarm system that utilizes our existing WiFi network infrastructure. This new system will initially be implemented at Rainycrest and provide for expansion or replacement of existing systems at our hospitals and Front Street housing locations. This system will be presented to the Ministry of Labour as our mid-term plan as it will require 7-8 months to complete the selection and implementation processes. Occupational Health & Safety is exploring personal alarm systems that will be implemented in the coming weeks at a low investment level while ensuring that Rainycrest staff members are able to signal one another for urgent support, when necessary.

- **Executive Compensation**
  RHC’s Executive Compensation plan was posted on our website throughout the month of April, as required under the Executive Compensation Framework Regulation established under the Broader Public Sector Executive Compensation Act, 2014. During the 30 day posting period there were no questions or comments received from the public resulting in the Ministry of Health and Long Term Care approving our plan on May 2, 2018. Wage increases consistent with our plan have been implemented for the executive team, effective May 2, 2018. The approved plan is posted on the RHC website for public viewing.

- **Insurance**
  The RHC insurance policy for the period of April 30, 2018 to April 29, 2019 has been renewed. Our policy includes property, boiler and machinery, professional and general liability, crime, environmental impairment, travel accident and cyber liability insurance classes. The deductible on property coverage has been increased from $5,000 to $10,000 to maintain the rate of increase at 2.08%; the pre-tax cost of this policy increased from $286,297 in 2017-18 and to $292,254 in 2018-19.

- **Conferences**
  During the week of May 7th I attended the Rural and Northern Health Care Leadership Conference and the Advanced Board Program for the Health Care Sector along with our President & CEO and Board Members.

The Rural and Northern Health Care Leadership Conference included sessions on the pre-election environment, physician recruitment models, innovative virtual care solutions, outside perspective on integrated health systems, integration of health provider entities, health hub evaluation and organizational ethics sessions. The session on Outside Perspective on an Integrated Health System led by Dr. Douglas K. Eby, VP of Medical Services, Southcentral Foundation (Nuka) in Alaska provided a window to resetting the health care system to be client centric, culturally aligned and efficient in the delivery of care through an interdisciplinary care model.

The Advanced Board Program for the Health Care Sector included sessions on hospital board’s roles, responsibilities, composition & effectiveness, discussion and care on boards in action, internal controls (cyber risk, social media and health system funding reform), why do some hospital boards succeed while others fail and a learnings review. Dr. Richard LeBlanc, Associate Professor, Law, Governance & Ethics, York University led the sessions along with an expert panel from within the Ontario Health Care System.

- **Site Visits**
  The senior team at RHC previously scheduled weekly meetings at Rainycrest to meet with site leadership, union leadership and to conduct a brief tour. Starting on May 18th our senior leadership team is scheduled to formally engage management and union leadership on a go-forward basis as follows:
  - Rainycrest – every 2nd week
  - LaVerendrye – every 4th week
  - Emo – once every 8 weeks
  - Rainy River – once every 8 weeks
Future opportunities are being explored to ensure formal engagement occurs at our other service providers (housing, community support services/assisted living) on a routine basis.

**Partnerships**
- **PSW Steering Committee**
The NW LHIN has formed a PSW Steering Committee Coalition including representatives from the NW LHIN, District of Kenora Home for the Aged, Sioux Lookout Meno Ya Win Health Centre, St. Joseph’s Care Group and RHC. RHC will have two representatives on the steering committee to ensure continuity. Next steps include starting bi-weekly meetings, drafting a terms of reference and reviewing a draft proposal that will seek the necessary support to develop at least 100 PSWs across the region. A focus on retention methods will be incorporated into the committee mandate and there will be a conscientious effort to align regional and local efforts.

**Quality**
- **Non-Urgent Patient Transfers**
Historically, social service administration boards have provided for urgent and non-urgent ambulance transfers in smaller northern communities. It has become the position of most social service administration boards, including the Rainy River District Social Services Administration Board, that continued provision of non-urgent transfers threatens the availability of ambulance services during emergencies. The NW LHIN and MOHLTC have provided for a small funding base in 2018-19 and 2019-20 to enable Riverside Health Care (RHC) and Lake of the Woods District Hospital (LWDH) to contract a non-urgent transfer service provider. RHC and LWDH are working collaboratively to develop a request for proposal with the goal of selecting a provider that can deliver a credible and appropriate non-urgent transfer service. There remains considerable concern that the funding level may not be adequate to afford the necessary service coverage.

- **2018-19 Capital Equipment Approval**
The 2018-19 capital equipment approval process has been delayed further to June 2018 as there have been challenges with prioritizing and assessing the large volume of requests in a timely manner. Since a number of 2017-18 approved capital requests are still being processed the 2018-19 approval delay will have a limited impact on the timing of purchases.

- **Point Click Care Resident Information System**
RHC has finalized its agreement with Point Click Care (PCC) to implement their Resident Information System. The project team is being led by Project Manager Laurie Lundale, our former Coordinator, QSRP, in conjunction with clinical leadership at Rainycrest. The project team kick-off meeting is scheduled for May 22

- **Rainycrest Hot Water Tank**
Rainycrest has been experiencing challenges with meeting the required hot water temperature range from 40-49 degrees Celsius at the source and point of service delivery (tub). Engineering spent three days investigating this issue with external support and while the existing hot water tank was fully functional it has become apparent that the current system is unable to support existing requirements. RHC has leased two 1200 gallon instant hot water systems that will increase our storage capabilities and ensure that appropriate temperature ranges are maintained. Re-piping of water lines, gas lines and installation of chimneys will also be completed as part of this urgent project. We have elected to lease these units as the outright purchase would require an immediate investment of $40,000. The installation of these new tanks is occurring the week of May 14

Thank you to the Corporate Services Directors for their submissions that prove to be invaluable in the preparation of this report.

- Ed Cousineau, Director of Capital Planning, Engineering & Environmental Services
- Simone LeBlanc, Coordinator, Quality, Safety, Risk Management and Privacy and Manager, Food Services
- Jason Marchand, Director of Human Resources
- Carla Larson, Director of Financial & Patient Information Services
- Marie Brady, Director of Information Systems & Technology

Respectfully Submitted,
Henry Gauthier, Vice President, Corporate Services, Chief Operating & Financial Officer
Strategic Pillars & Directions:

Quality
- Resident Quality Inspection report has been completed with actions and time lines. Report has been submitted to MOH&LTC.
- Respiratory Outbreak declared over May 7, 2018.
- MOH&LTC inspection follow up to Critical Incidents and complaint, including orders; (April 17th to April 27th) resulted in 5 orders being lifted. Other identified areas were mentioned that require attention. Report from visit should be available two to 3 weeks from date of exit April 27th, 2018.
- Point Click Care implementation plan is in progress, with a “kick off” commencing May 22nd. All teams are in place, to ensure the process goes smoothly and efficiently.
- Unadjusted scores for April 1/2018 until May 15/2018 was 1.1251. CIHI adjusted scores for last quarter January 2018 to March 2018 are not available until Mid-June 2018. CMI should reflect a higher funding level for 2019.
- MOH&LTC Required Plans has been fully implemented.
- Current occupancy 134 beds; from 164 (30 beds unoccupied).

Organizational Health
- April 2018 Occupancy Report
  - Rainycrest: MTD YTD
    - Basic Beds: 86.36% 92.06% (Occupancy Target: 97%)
    - Interim Beds: 100.00% 102.22% (Occupancy Target: 90%)
    - Convalescent Beds: 25.00% 45.83% (Occupancy Target: 80%)
    - Respite Beds: 00.00% 24.17% (Occupancy Target: 50%)
  - Occupancy target significantly reduced due to closure of admissions as per Director’s Orders. Overall occupancy YTD- 90.48%.

  - Staff recruitment ongoing for HCA’s and RN’s, housekeeping, Activation, Dietary and Nurse Practitioner.
  - Recruitment for Food and Nutrition Manager still in progress.
  - Assistant Director of Care, new addition to Nurse Management team.
  - Activation Department has hired on a Student for the summer months. started May 7th 2018.

Partnerships
- The Volunteer Appreciation month has been moved from April (due to the Outbreaks) to May 24/2018. This year is themed Royal Gala Luncheon following the wedding of Prince Harry and Megan.
- Mary O’Connor from the Alzheimer’s Society has increased her hours to a full time position in the Rainy River District and we look forward to having her more available for Education with family/staff/resident/ and expanded support in the near future.
- United Native Friendship Center has reached out to Chaplain and Activation Coordinator to discuss partnership/involvement at Rainycrest

Thanks to the management team for providing information on their departments for this report.

Respectfully Submitted,

Marva Griffiths
Administrator
4.8.1 Board Orientation Review *
# New Board Member Orientation
### ________, 2018 at 8:00 am
#### Board Room, La Verendrye General Hospital

## Board and Governance
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 - 9:00 am</td>
<td>Introduction to the Board – Meeting Format - Agendas - Policy – Board Surveys - Code of Conduct – NW LHIN – Governance &amp; Board Process - Janice Beazley</td>
</tr>
<tr>
<td>9:00 - 9:30 am</td>
<td>Welcome and introduction to Riverside Health Care - General Information – Decision Making Process – Ted Scholten</td>
</tr>
<tr>
<td>9:30 – 9:45 am</td>
<td>Credentialing Process for Physicians – Chief of Staff</td>
</tr>
</tbody>
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## The Organization
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:45 - 10:05 am</td>
<td>Operations Services – Carla Larson/Ted Scholten</td>
</tr>
<tr>
<td>10:05 - 10:15 am</td>
<td>Break</td>
</tr>
<tr>
<td>10:15 - 10:35 am</td>
<td>Clinical Services – Julie Loveday</td>
</tr>
<tr>
<td>10:35 - 10:55 am</td>
<td>Risk Management / Quality / Accreditation – Simone LeBlanc</td>
</tr>
<tr>
<td>10:55 - 11:15 am</td>
<td>Patient/Resident Safety - Cindy Cole</td>
</tr>
</tbody>
</table>

## Key Stakeholders and External Relationships
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:15 – 11:30 am</td>
<td>Long Term Care – Marva Griffiths</td>
</tr>
<tr>
<td>11:30 – 12:00 pm</td>
<td>Confidentiality and Privacy – Simone LeBlanc/Rhondele Dennis</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Volunteers/Foundation/ LHIN/ Community Partners (Physician Groups, FHT, CMHA, DSSAB, TOFF) / MOHLTC, Wind-up, Evaluation, Tour - Ted Scholten</td>
</tr>
<tr>
<td></td>
<td>Lunch Provided</td>
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May 24, 2018
1. Call to Order

Bill called the meeting to order at 5:35 p.m. Sandra Beadle recorded the minutes of this meeting. Bill gave a hearty welcome to Lillian.

2. Adoption of Agenda

IT was,

MOVED BY: Kim Jo Bliss  SECONDED BY: Bev Langner

THAT the Agenda be accepted as circulated.

CARRIED.

3. Conflict of Interest

John McTaggart declared he may have a conflict regarding Physician Recruitment as he is the president of Fort Frances Community Clinic/Fort Frances Family Health Team.
4. Approval of Minutes

IT was,

MOVED BY: Donna McDonald SECONDED BY: Rob Georgeson

THAT the Minutes from the March 26, 2018 meeting be amended as follows:
8.3 Hospital Auxiliary June reported for LVGH Auxiliary the dates of the Spring Conference are April 27\textsuperscript{th} and 28\textsuperscript{th} not March.

CARRIED.

5. Guest Speaker – Dr. Algie re: Physician Recruitment

Dr. Algie gave a brief talk regarding the need for incentives for physicians. He gave a background on schooling costs and an update on current physicians as well as those considering coming to Fort Frances. He stressed the importance of recruitment incentives continuing and asked the Foundation to give full consideration stressing the investment in the community and to the hospital.

Lori Maki – spoke on behalf of Ted Scholten and Henry Gauthier who could not be in attendance. She referred to and read the Briefing Note from Henry and Ted dated April 23, 2018 Subject Physician Recruitment.

Allison and Todd have met with New Gold and they seemed to be receptive but nothing came out of the meeting. Allison was not sure if Todd has done any follow up.

Carla gave an explanation of the Physician Recruitment Committee deficit of $211,657 at March 31, 2018. They require approximately $151,000 in the 2018-19 year to offset projected deficit growth. She was asked who the current contributors are and what the expenses are.

6. Correspondence

There was some correspondence from Boundary Waters Dragon Boat Festival to take place June 30\textsuperscript{th}. They are asking for sponsorship. Allison will see if we can sell tickets at the Festival without being sponsors.

The North West LHIN has launched an engagement campaign called “Picture Your Health: Your Future”. The campaign encourages residents to share how they would like to see their health care in the future, and explore what changes to the system are needed in order to make that future a reality. There will be a session on Thursday, May 3\textsuperscript{rd} from 5:30 – 8:00 pm at La Place Rendezvous, Allison will forward the information to everyone.
7. **Ongoing Business**

7.1 **Board Vacancy – Emo Auxiliary**

Everyone thanked Lillian for attending. She will see how the meeting goes and will try to attend the next meeting taking place in Rainy River before she makes her decision. If Lillian has any questions she will contact Allison.

7.2 **Planned Giving Launch**

The launch has not started at this time.

7.3 **Gervais donation for Rainycrest**

Bill has spoken to Heather who is working with Mr. Gervais to pick another project from the 2017/18 approved itemized capital equipment list for his $5,000 donation to go toward. He has not made a decision yet.

7.4 **Fundraising Request – Third Party Fundraiser**

Allison has tried to contact Bill Michl to see if he would be interested in doing a run to get the community involved in raising the $6,000 to match the donation from TBT Engineering but she has had no response back yet.

7.5 **New Office Space**

Leave on the Agenda as a reminder that the current Foundation Office is temporary. The current upstairs location is not ideal.

7.6 **Palliative Care Cart – Rainy River**

Bev talked to Tammy McNally in Rainy River and she is aware there is money to be spent on Palliative Care. They have a fridge but she is not sure where it is. It was suggested to purchase a Microwave. Tammy is working on a list of items that would be required. Bev will meet with Tammy again and give an update at the next meeting. Carla and Lori will also speak to Tammy.

7.7 **By-Laws**

The By-Laws were passed on to Allison. The Harassment/Bullying Policy is important and John suggested the Foundation adopt Riverside Health Care’s Policy. Sandy will circulate a copy of that policy to the Board members.
7.8 Nexus Credit Union

It was,

MOVED BY: Deane Cunningham SECONDED BY: Tammy Kellar

THAT $42,216.90 BE transferred FROM the Riverside Foundation for Health Care Account #175018 (Nexus Community Credit Union) TO the Riverside Foundation for Health Care Account #0793-0303923 (TD Canada Trust) AND the Nexus Credit Union account be closed effective immediately.

CARRIED

7.9 Mammography Commitment

No report available at this time. Tabled.

7.10 OTHER

None

8. New Business

8.1 Canada Day Cash Lottery

Allison explained that the lottery laws have changed and as per the Lottery Licensing Policy Manual Chapter 3, Section 3.6.8, ‘licensing authorities must obtain irrevocable standby letters of credit for lottery licenses with a total prize value of $10,000 or greater, including taxes.’ This used to read MAY instead of MUST and the Town used their discretion to ask for a bank draft as opposed to a Letter of Credit. It is now mandatory that they require a letter of credit. Carla and Allison are working on getting the correct documentation from TD Canada Trust. Allison met with Lisa at the Town of Fort Frances and she cannot do anything until she gets the letter of credit. She is agreeable to issue a Lottery License Number right away when received and the Fort Frances Times are willing to rush the tickets to print.

The Cridland’s will be donating the Early Bird Prize of an all-inclusive trip for 2 to Manitou Weather Station Fishing Lodge again and the funds from Canada Day will be used towards purchasing 2 portable ultrasound machines. Allison asked for ticket sellers for the weekend during Expo for Friday and Saturday.

8.2 Annual Report

The Communications Lead (Kathryn Pierroz) will be working on a new format for the Annual Report. She will need a write up from the Chair and the Director. She asked if the Board would like to include a financial breakdown and/or an In Memoriam List. The deadline is May 14th. It was decided to keep the report to the basics this year since Allison
was not here for the 2017/2018 year and looking at providing more information on the next annual report.

8.3 Capital Equipment Requests

A Hoyer Lift for Rainycrest was approved as an urgent purchase. Rainycrest Auxiliary passed a motion to purchase the lift as well as new beds up to $25,000. The quote has recently changed and Allison is trying to sort out where this purchase is at as the motion passed by the Auxiliary was to purchase 2 lift to stand apparatus, not a hoyer lift.

The purchase of two portable ultrasound units was approved by management, one as an emergency purchase for LVGH and a second for Rainy River. A request was made that the Foundation purchase both units. There is a discount when ordering two, one unit is $66,000 but if order two its $30,800 each. The emergency LVGH requires a new probe bringing the cost of that one $40,380. The units are used by physicians in the ER as well as on the wards as a point of care device to help in diagnosis. The unit at LVGH was purchased in 2008 and was slated to be upgraded in 2018 but died in early April during a case in the ER, a loaner unit is currently in use.

It was proposed to use the general funds to cover the emergent purchase of one ultrasound unit for LVGH at the amount of $40,380.00 and to put Canada Day Cash Lottery profits towards the unit for Rainy River. The provider of the units assured that the discounted rate would still be available even if the units were not ordered and purchased at the same time.

The tickets however will reflect that we are fundraising for both units as this is a district wide campaign and is better for the Canada Day advertising.

It was,

MOVED BY: Bev Langner SECONDED BY: Tammy Kellar

THAT the funds raised from Canada Day Cash Lottery be used to purchase two portable ultrasound units for the district at the cost of $71,600.00 and that the Foundation covers any additional costs not raised by Canada Day ticket sales.

CARRIED.

Allison will check with Bernie Rittau, Manager Diagnostic Imaging to see where the old unit from Rainy River unit would go or if it will be kept for a back-up unit.

An email was circulated on April 2nd to Board Members requesting that the Foundation use general funds to cover the additional cost to the Rainycrest renovations above what was raised by the Fall Gala. The majority responded in favour and it was requested that a motion be retroactively passed so it is reflected in the minutes.
It was,

MOVED BY: Kim Jo Bliss SECONDED BY: June Keddie

THAT the additional costs for Rainycrest Long Term Care Home renovations be covered by Riverside Foundation for Health Care. Cost was $48,680.10, the Fall Gala raised funds to cover $40,000.00. Additional cost is $8,680.10

CARRIED.

8.4 Additional Costs of Capital Equipment

Allison asked if there is a policy outlining proper protocol for when there are costs in addition to what the Foundation agreed on for projects or equipment. Should our motions always reflect additional costs to be covered if incurred? There doesn’t seem to be a policy.

8.5 RHC Physician Recruitment Request

There was discussion regarding the presentation by Dr. Algie and Lori Maki regarding Physician Recruitment. The briefing note Recommendation is as follows:

That Riverside Foundation for Health Care Board of Directors commit to fund raising for both equipment and physician recruitment and agree to support (fund):

• The physician recruitment cumulative deficit at March 31, 2018 of $211,657;
• The physician recruitment required financial support for 2018-19 of $211,000 (added $60,000 for one more physician); and
• Provide annual financial support for physician recruitment of up to $100,000 thereafter.

Comments, questions.

There was considerable discussion. There was concern expressed regarding the “sell” to donors when it’s for “perks” for Physician recruitment.

There was concern regarding the amount of the “ask”. If the Foundation were to take $450,000 (approximate) from the 2.3M and pay out $100,000 per year it would deplete funds considerably. The Foundation brought in $390,000 last year.

It was generally felt that the Foundation Board needs some more numbers before making a decision and that it would be unfair to make this motion tonight having just received the information in the Briefing note.

It was asked if DSSAB had been contacted and why the physician recruitment is not municipally funded as it has been in the past. There was also a suggestion to survey the donors regarding their willingness to donate towards physician recruitment. It was suggested that the statistics gained at the previous community forums hosted by Pertek Development would not be fair or accurate as they did not include the general fundraising body.
There was a question on the briefing note “Further, the Foundation would play an instrumental role as a member of the physician recruitment committee” Livia asked if that would mean that we would have a member on that committee and would like to have some clarification on what that role of that member would be.

It was asked if it would be possible to get a cost outline of what contributed to this deficit for the Physician Recruitment committee. Carla will provide the budget for recruitment and retention for 18/19 for the next meeting with the net amount.

It was also asked if there could be clarification of what “up to $100,000” means. If agreed on the Foundation would have to change their vision statement. John asked Allison to make a case including why support is needed, who uses the service, who benefits, etc. Allison agreed to work on a case. John also did not like the wording of the recommendation.

There was further discussion about Allison and Todd’s meeting with New Gold, they had originally committed to $80,000 for physician recruitment; they gave $20,000 and then went through a management change. When Todd and Allison met with them, they asked for the additional $60,000 that was originally pledged.

It was suggested that the Foundation could perhaps concentrate on support for the 3 physicians who have committed to coming in September.

The Riverside Foundation Board will meet next Tuesday, May 22\textsuperscript{nd} instead of May 28\textsuperscript{th}. The meeting will be at the Church in Rainy River.

8.5 OTHER

None

9. Standing Reports

9.1 Finance Report

Finance report tabled there was no March Report. Carla will attempt to have a report for the next meeting.

9.2 Special Event Committee Report

Livia reported that they have only sold 63 tickets for the luncheon. Sales are very low but they are going strong on advertising and sending out emails so they hope to garner more support and up the tickets sales. Tickets are on sale at several locations. Check out Riverside Health Care Facebook page for a chance to win tickets as well.

The Special Event Committee will meet tomorrow and they will be considering alternating the luncheon and the gala and only doing one each year. They stressed it is very hard on the committee doing two major events each year.
IT was,

MOVED BY: Tammy Kellar \hspace{2cm} SECONDED BY: Delaine McLeod

THAT the Foundation Special Event Committee Report be accepted.

\hspace{2cm} CARRIED.

\section*{9.3 Hospital Auxiliaries Update}

June reported that the LVGH Auxiliary is excited for Rock’n for a Reason to take place this weekend at the Home Show.

The LVGH Strawberry Social is June 14\textsuperscript{th}

The LVGH Auxiliary has received the proper documentation and has awarded the $1,000 bursary they had committed to.

The March lobby sale realized a profit of $558.50

They have purchased Navy Blue vests for the volunteers.

June didn’t have a report for the Rainycrest Auxiliary as they have not been able to meet or hold their functions due to the outbreak.

Bev reported that the Rainy River Auxiliary Strawberry Social is May 2\textsuperscript{nd} from 2:00 to 4:00 p.m. at the Rainy River Legion. They donated an item for the Foundation Luncheon for the Penny Table.

Emo Hospital Auxiliary Strawberry Social is on June 15\textsuperscript{th}. There are tickets for sale on chairs and solar lights to be drawn on June 15\textsuperscript{th}.

\hspace{2cm} CARRIED.

\section*{9.4 Foundation Director Report}

Allison has been busy learning the inner workings of the Foundation, it been quite a learning curve but she’s enjoying it and is thankful for opportunity. Allison has also been working on the Canada Day tickets and lottery license as discussed above and she has been helping out with the Spring Luncheon plans.

She’s been looking at developing a package for potential and new Board members that would include expectations, roles, etc.

She’s also working on setting up a bi-monthly e-newsletter and is developing a distribution list.

The new Courier Van has arrived on site and Riverside Health Care is covering the cost
of decals. When the decals have been put on, she will do a photo shoot for the media. Allison is working on different ideas for the website as well.

Fort Frances Little Theatre is putting on a play called Calendar Girls and they will be donating a portion of their ticket sales to the Foundation.

**9.5 Riverside Corporate Report**

Ted was not in attendance and there was no report.

**9.6 Other**

Please sign up to sell tickets this weekend and help create interest in the Luncheon.

**10. Next Meeting**

The next meeting will be on **Tuesday, May 22nd (due to the long weekend) at 5:30 p.m.** at the Church in Rainy River.

**11. Adjournment**

It was,

MOVED BY: John McTaggart

THAT the meeting be adjourned at **8:15**

CARRIED.

IT was,

MOVED BY: Deane Cunningham SECONDED BY: Delaine McLeod

THAT the Foundation Director Report be accepted.

CARRIED.

Bill Gushulak, Chair

/sb

07/05/2018
Emo

Moved to In Camera.

La Verendrye General Hospital

See Attached.

Rainycrest

See Attached.

Rainy River

No Report.
LAVERENDRYE GENERAL HOSPITAL AUXILIARY
EXECUTIVE MINUTES
Tuesday, May 1, 2018

After a lunch, the meeting was called to order at 12:25 in the meeting room of LaVerendrye Hospital with the reading of the Auxiliary Pledge.

Attending: Judy Webster, Irene Laing, Donna Penney, Janet Lambert, Dixie Badiuk, Dolores Fraser, Diane Glowasky, Laureen Vandetti, Joy Lockman, Linda Laroque, Marnie Cumming and Alison Cox (Riverside Foundation Director)

Regrets: George Glowasky, June Keddie, Monica Sus, Shirley Scofield

The following additions were made to the agenda:

- Rock’n for a Reason 2018
- Motion Clarification
- Shop Review
- Director of Communication role

There was no Conflict of Interest declared.

MINUTES – The Chair accepted the Minutes as circulated.

TREASURER’S REPORT – Accepted as presented. The current book balance is $100,986.35. Alison was asked to follow-up on receipts for the 2016 pledge for the tub and the 2017 pledged treadmill.

BUSINESS ARISING FROM MINUTES:

- a) Vests – 30 navy vests (with logos) in assorted sizes have been ordered. It is hoped that they will arrive in time for the Strawberry Social.

- b) Education Grant – Received however the $412.10 exceeds the 65% of costs allowed to be covered thus the Treasurer is reimbursing as required.

- c) Superior North HAAO 2018 Spring Conference – Held in Thunder Bay this past weekend with 3 LVGHA members – Judy, Janet and Eloise Camirand – attending. Presentations included a talk by Michelle Allain, President; sessions on ‘Medical Assistance in Dying’ and ‘Laugh Out Loud’; NW Region meeting. Judy will distribute reports from other Auxiliaries when received. Donna McDonald of Rainy River was elected as Vice and will move into the Chair role for 2 years beginning in 2019. Financial balance is $2,325.69. Location for the 2019 Spring Conference will be decided during the October conference call.

- d) Capital List – 2018/19 list is still pending. Alison will look into possible items still available from 2017/18 so that our remaining $14,000 pledge can be fulfilled.
e) Strawberry Social – Confirmed for Thursday, June 14th from 1:30 – 3:30. Joy is co-chairing with Bev Bond. Diane Hoffman is no longer able to assist. Planning is well in hand. Janet is working to promote the event with posters, Facebook etc.

Motion: Moved by Irene and seconded by Donna - That the Auxiliary purchase a table, chairs, umbrella and stand for the Strawberry Social. Accepted

f) Rock’N for a Reason 2018 – A very successful event was held in conjunction with the Chamber of Commerce Expo on April 27-28. 18 pledge sheets brought in $6,165, the appeal letter donations netted $3,300, and a donation jar raised $220.65. An RBC pledge of $1000 is pending. The projected total will be over $11,000 which is the highest the event has ever attained.

Silver Fox sponsors ($500 – 1000) were: Norbord (Barwick mill), RBC, and Maureen Blair Leighton. Janet Lambert was recognized as a 10,000 Step Sponsor (combined sponsors) having raised $1000 in pledges. Janet will investigate the cost of a Donor plaque that will be displayed at the Shop.

Lottery ticket sales generated $397.00 after payouts.

Special thanks to Larry Cousineau and Deanne Cunningham who have retired this year but over 8 years as rockers have raised $3,425. Dixie was also thanked by the Executive for her commitment over the years to this very successful event.

g) Membership motion clarification: The following motions were passed at the March meeting. To ensure clarity for the future, minor change as indicated in italics below was accepted by the Executive. Two motions are ‘linked’ now.

i. That the Auxiliary membership year be September 1 to August 31 commencing September 1, 2018.

ii. That beginning September 2018, if fee is not paid for the upcoming year (e.g. 2018/19 membership year) by year end August 31, the individual’s name will be removed from the current membership list.
Rainycrest Auxiliary Meeting

The Rainycrest Auxiliary meeting was held Wednesday, May 9, 2018 at 1:30PM in the Activation Room at Rainycrest Long Term Care Home.

June Caul, Chairperson, called the meeting to order with the Auxiliary prayer.

**MEMBERS PRESENT:** June Caul, Sheila McMillen, Judy Karpinen, Laurel Halverson, Bev Angus, Verena Zucchiatti, Gloria Bergner, Donna McKelvie, Eva Angus, Marlene Wilson, Margaret Ann Hudson, Donna Gustafson, Joan Westover, Diane Maxey, Ruth Caldwell and Judy Anderson

**MOTION:** Diane Maxey made the motion to accept the minutes of March 13, 2018 meeting. Verena Zuchiatti seconded it. Carried

**FINANCIAL REPORT:** Sheila McMillen presented the Financial Report. A motion to accept the Financial Report and pay outstanding bills was made by Donna McKelvie and seconded by Judy Anderson.

**OLD BUSINESS:**

**Purchases for Rainycrest:** June Caul stated that nothing has been ordered yet for purchases we requested earlier in the year. There was a misunderstanding as to the "sit to stand" apparatus. June will check with the nurses to see if it is a "lift to stand" or a "sit to stand" that is required for residents.

No new furniture for the entrance has been ordered yet.

June Caul stated that she has spoken to several people (Admins) at Rainycrest regarding purchases the Auxiliary would like to make but to date there has not been any input from them into this matter.

**Riverside Volunteer/Retirement Dinner:** June Keddie was not at meeting to report. June Caul stated that June K. did receive a 40 year award and was hoping she would be at the meeting.

**St. Patrick’s Day Party:** Gloria Bergner read a report on the successful party with 110 people attending. Gloria would like a thank you card sent out to Gord McQuarrie from Tim Hortons for his donation of Timbits. Gloria submitted a total of $86.53 in bills to Sheila McMillen.

**Bridge Tournament:** Bev Angus reported that 32 participants attended and $680 was raised. Everyone had a good time and lots of prizes were given out. Bev also thanked the girls involved for providing the lunch.

**CORRESPONDENCE:** N/A.
DIRECTORS’S REPORTS:

Auxiliary Shop – Laurel Halvorson stated that she decorated the shop for Easter and did the inventory. Sales for March was $921.75. Because of the closure in Rainycrests the April and May sales will be added together.

Membership – Donna Gustafson stated that we have 6 new members. She is looking for volunteers to help do the calling of members. A discussion of whether pins are presented to members completing 20 years of service was discussed. It was noted that volunteers do get lifetime membership after 20 years.

Foundation – No report

Birthday Parties – Judy Anderson stated that March party was a big one with 14 residents and 5 guests attending. Because of the closure at Rainycrest a number of times the combined April and May party will be held on Thursday, May 17th.

Chapel - Joan Westover said that flowers were changed in the chapel.

Break-open Tickets – Diane Maxey stated that because of the closure several times due to illness, they just started doing the selling of tickets again.

Publicity – Still waiting for someone to volunteer to do that.

Welcome - Joan Westover stated that because of several closures during the year due to illnesses the welcome parties were cancelled. The end of January there were 13 new residents and gifts were given but no welcome party has been scheduled yet.

Ice cream Treats – no report

Memorials – Diane Maxey stated they are just waiting to start on this again.

MOTION made to adopt the Directors Minutes was made by Diane Maxey and seconded by Ruth Caldwell.
New Business:

Auxiliary Logo – June Caul asked if we were interested in presenting a logo for the Auxiliary. If someone is good at drawing or coming up with a logo that would be great. No response.

Residents Rendezvous Dinner - June Caul talked with Heather for a date and it was determined that it would probably be held on June 12th. June Caul took names of volunteers who are interested in helping out (2 trucks + 6 volunteers). Because there is no meeting before the dinner June will call the volunteers to discuss what is required.

June Caul adjourned the meeting.

__________________________________________
June Caul, Chairperson                        Judy Karpinen, Acting Secretary