



North Eastman Health Association Inc. *Association de santé du Nord-Est inc.*

Board of Directors Meeting – MINUTES

Meeting Number 11.2011.05.24

Corporate Office, Pinawa

May 24th, 2011

Board Members Present: M. Mills (Chair), R. Carmichael, T. Conroy, S. Day, I. Goodall-George, O. Johnston, D. Kelly, K. Kost, D. MacDonald, D. Owen, B. Sabanski, M. Simard, H. Slaby, U. Wendt

Regrets: D. Franklin

Staff present: Ron Van Denakker, Chief Executive Officer
Judy Coleman, VP – Programs & Services
Donna DeMarco, VP – Finance and Support Services
Bonnie Frith, VP – Organizational Development
Dr. Harold Nyhof, VP – Medical Services

Recorder: Gisele Wilson, Executive Assistant

1. Call to Order and Adoption of Agenda

M. Mills called the meeting to order at 6:03 p.m. The Agenda was adopted with the following additions/deletion:

New Business:

3.3 DHAC Report (I. Goodall-George)

3.4 Bright Beginnings Report (B. Sabanski)

Delete: 4.3 Finance, Capital Planning & Audit Committee

Motion by O. Johnston, seconded by H. Slaby.

BE IT RESOLVED THAT:

The agenda be adopted as amended.

MOTION CARRIED: 11.2011.1.0

2. Adoption of Minutes

The minutes from the May 9th, 2011 meeting were reviewed and amended as follows:

Page 3: 2nd last paragraph, “the establishment of ... **\$304,910** for this project...”; page 6: first bullet, “...used for dialysis **refuse** and that the required...”.

Motion by H. Slaby, seconded by B. Carmichael.

BE IT RESOLVED THAT:

The minutes from the May 9th, 2011 meeting be adopted as amended.

MOTION CARRIED: 11.2011.2.0

BUSINESS ARISING

◆ Summary of Past Years Deficit/Surplus

List of past years deficit/surplus included in the Board package for information.

3. New Business

3.1 In-Camera – Presentation of 2012/13 Health Plan

The meeting was moved in camera for presentation of the 2012/13 Health Plan.

Motion by T. Conroy, seconded by I. Goodall-George.

BE IT RESOLVED THAT:

The meeting move “in-camera” at 6:10 p.m.

MOTION CARRIED: 11.2011.3.1A

Motion by K. Kost, seconded by B. Carmichael.

BE IT RESOLVED THAT:

The meeting move “out-of-camera” at 7:00 p.m.

MOTION CARRIED: 11.2011.3.1B

R. Van Denakker wished to acknowledge the tremendous amount of work that goes into preparing our Region’s Health Plan and express sincere thanks to the staff.

Motion by D. MacDonald, seconded by T. Conroy.

BE IT RESOLVED THAT:

The Board of Directors approves the 2012/13 Health Plan for submission to Manitoba Health as presented to the Board on May 24th, 2011.

MOTION CARRIED: 11.2011.3.1C

3.2 NEHA Scholarship Presentation

The 2011 NEHA Scholarship presentation listing was included in the Board package. The following Board members were identified as presenters:

Lac du Bonnet Senior School	Harold Slaby / Ian Goodall-George as alternate
Edward Schreyer School	Steve Day
Whitemouth High School	Therese Conroy
Pinawa Secondary School	Barbara Sabanski
Powerview High School	Harold Slaby
Springfield Collegiate	Ian Goodall-George

No applicants from the Wanipigow School received for the NEHA Scholarship.

3.3 District Health Advisory Council

Ian Goodall-George briefly reported on the District Health Advisory Council meeting held on May 17th, 2011. He noted that the meeting went very well, good discussion and good attendance. The election of officers resulted: Chair – Sheila Sutyla, Vice Chair – Marline Wruck and Recorder – Pat Ledingham. Draft Minutes from the meeting will be included in the next Board package for information.

3.4 Bright Beginnings

B. Sabanski noted that Bright Beginnings is a coalition of Healthy Child Manitoba, and has been in operation for 12 years. NEHA holds the position of Banker for the Coalition and Myrna Suski, Director of Public Health, represents NEHA. The Coalition chaired by B. Sabanski, held their annual Forum on May 18th, 2011 in Powerview-Pine Falls. There were

80 participants and the day provided presentations from around the region, a keynote speaker, lunch and door prizes.

Each year, Bright Beginnings advertises in the local papers encouraging grassroots organizations to apply for program funding. Criteria for funding is: programs for children from 0-6 years that meet the four pillars of numeracy, literacy, nutrition and community capacity building.

4. Board Governance

4.1 Chair's Report

M. Mills noted that the last of the CEO Meet and Greet was held in Whitemouth last Monday. All facility tours were great and staff were very welcoming.

The next Council of Chairs meeting is on June 9th, 2011 and Minister Oswald is scheduled to be in attendance.

Retirement Dinner: Thank you to Board members who attended the Retirement Dinner. All agreed that it was very nice event and the setting is wonderful.

4.2 Policy Committee

H. Slaby noted that the Policy Committee minutes of April 26th, 2011 have been approved with some changes and therefore a revised copy will be included in the next Board package for information.

H. Slaby put forth the following resolution for Board Policy GP. 16 Board Self Evaluation Questionnaire, noting that a notice of motion was given at the last Board meeting.

Motion by H. Slaby, seconded by U. Wendt.

BE IT RESOLVED THAT:

The NEHA Board of Directors approve the recommended revision to Board Policy GP. 16 Board Self Evaluation Questionnaire. The phrase "*upon receipt of competent medical advice*" will be inserted in Statement 17, first line, after "The Board". As per the Policy Committee Minutes of April 26, 2011 (attached).

MOTION CARRIED: 10.2011.4.2

The next Policy Committee meeting will be on June 13th, 2011 at 4:30 pm in the small boardroom.

5. Operational Items

5.1 Chief Executive Officer

WCB Research & Workplace Innovation Program 2011 Update:

- First conference call with the Wellness Institute revealed significant opportunity.
- Small team to meet in Oakbank to define the project and related timelines.

Regional Health Plan Update:

- In-Progress – draft presented to the Board for approval on Tuesday, May 24th.
- NEHA will make presentation to Manitoba Health after June 1, 2011. Specific date TBA.

Regional Health Authority Performance Indicator Portal (PIP) Project

- Steering Committee will resume activity Fall 2011.

Chief Provincial Public Health Officer Report (CPPHO) – Final Draft – April 25,2011:

- Confidential - Executive summary of document circulated at meeting.

PCH Beds Review:

- Additional review of the data has been completed, including the CHA findings and analysis of the most current PCH and Home Care utilization, to assess the overall regional need for PCH beds and to determine the most appropriate location for additional beds. In consultation with Manitoba Health Capital Planning, Health System Development/Support Branch, and Regional Programs and Services (LTC), it was confirmed that the location for all 50 beds should be Lac du Bonnet.
- Next steps include working with the Steering Committee and Mb Health to establish the role statement in advance of functional planning.
- The revised analysis identified additional requirements for PCH beds within the region. This need will be reflected as a New Initiative in the 2012/13 Health Plan.

Bill 38:

- Increased transparency and accountability
- Regulations anticipated in Fall of 2011.

Mb Health's 5 Year Plan:

- Average total health expenditure growth rate for Manitoba during 2004 to 2008 was 6.5% - unsustainable
- To ensure long-term sustainability
 - Control expense rate to 5%
 - Utilize productivity gains and other innovation to keep systems functioning well at lower level
- Key areas of innovation include
 - Improved access to primary care
 - Financial methodologies

Activity Based Funding:

- A funding model that pays a set price for each patient treated.
- Hospital revenue is directly linked to volume and acuity of patients treated.
- Based on CMG (case mixed groups) – to set price.
- Pros: Transparency, Faster access and reduced wait times, Encourage efficiency – surplus stays with Hospital for redirection.
- Cons: Rewards volumes, Can increase fragmentation of care, Up coding/gaming
- Evidence: Decreases LOS (length of stay), Increases hospital spending, Little impact on quality, Increase data quality surveillance, Increase administrative costs.

Primary Care Network – Call For Proposals

- Expression of Interest – Primary Care Network due June 13, 2011
- Provincial primary care goals: Improve access especially for those without primary care provider; Demonstrate quality and safety in primary care; Connect care providers within/across boundaries; and Enhance efficiency in primary care to support sustainability.
- Meeting with Manitoba Health on May 30, 2011.

5.2 VP Programs & Services

Berens River Renal Health Program:

- The draft Service Purchase Agreement (SPA) will be reviewed with BR Representatives before June 10, 2011.
- Regardless of nursing model, housing continues to be an unresolved issue. Manitoba Health are working on a framework for presentation to the Deputy Minister towards a possible Treasury Board submission. Regardless of solution, temporary housing will likely be required.
- This nursing model is still unresolved however BR would prefer not to be the employer of record at this point for a number of reasons. Dr. Bruce Martin shared some of the challenges they faced with the Garden Hill's Renal Centre. He recommended that NEHA continue to address housing concerns with MB Health as the preferred model. He informed us that Garden Hill's initial intent was for the Band to take over operations of the building and that this still has not happened. Dr. Martin felt NEHA is better positioned to recruit due to cheaper shorter flights, access to both summer barges and winter roads, and that Berens River is nationally known as a very engaged community. The Northern Medical Unit offered to assist NEHA with respect to shared staff, contracting staff and overall guidance as required.
- Agreed that the landfill will not be used for dialysis refuse. Water treatment issues are almost resolved to meet MRP's basic specifications. NEHA has now received pictures and information on the cameras MB has quoted, and NEHA is waiting on where information of where the monitor is going to be installed. MRP is working on getting quotes for the bailer, as previously stated the landfill may not be suitable to accommodate a large amount of plastic. MRP continues to work with BR on the water treatment specifications.
- Pencco Construction is willing to assist NEHA with all of NEHA's equipment to both store at Pencco's site in Blumenort and to take up the equipment by barge to BR.
- Met earlier today with the operational planning committee via Telehealth. Looking at different models.
- Manitoba Health looking at developing housing that is owned by Manitoba Health in BR

5.3 VP Quality and Organizational Development

Capital Projects

Lac du Bonnet EMS Facility:

- Project is progressing very well and is on schedule.
- The site will be secured by fencing and appropriate signage posted as a 'Warning - Construction Site'.
- NEHA has requested Langreen provide three separate price quotes for the following items (out of scope of the Capital Project Renovation):
 - Replace existing fascia and drip edge on ambulance bay
 - Provide new cap flashing on exterior main doors and overhead doors
 - Provide new prefinished metal exterior cladding on ambulance bay.

Note: The entire metal roof will be replaced as part of the addition to the existing building.

Springfield EMS Facility:

- We have contacted the Springfield Development Officer and D'Arcy & Deacon, LLP regarding the issue of the outstanding land transfer and it appears that this remains outstanding with the Manitoba Highways and Springfield Municipality.

Powerview-Pine Falls EMS Facility:

- Construction is on schedule and progressing very well. Langreen has provided an option to supply and install a 6" concrete parking lot/entrance approach in lieu of an asphalt parking area, at no cost difference to NEHA. Manitoba Health has approved this change.
- Installation of a temporary power source was delayed due to MTS and Manitoba Hydro, however the installation of power to the site was to be completed May 23rd.
- We have been working with the Town of Powerview-Pine Falls to ensure the extension of the water and sewer infrastructure on Maple Street is completed by June 2011.

Quality and Organizational Development

Pursuing Excellence – Quality Improvement Teams:

- The Human Resources (Job Posting Process), Materials Services (Purchasing/ Receiving and Accounts Payable Procedures) and Public Health (review of allocation of Public Health Nursing Staff) Project Teams have continued to work on and make progress with their projects.
- All three teams have finalized their project mandates and scope of their analysis and are progressing well in the application of the LEAN approach to improving processes. The main objectives are to better serve the needs of their clients with less effort, less time and less resources with lower costs.

Risk Management (Patient Safety):

- Over the last several months a complete review of our Regional Risk Management – Occurrence Reporting and Management Policy and Process has been reviewed. An enhanced process has been included in this policy to ensure a more advanced, thorough and detailed documentation of a Root Cause Analysis, including changes to processes and procedures and systems improvements, for all Critical Clinical and Critical Occurrences is completed.

5.4 VP Finance & Support Services

Capital Projects

Powerview Pine Falls Health Care & Aboriginal Healing Centre:

- NEHA staff and Consultants met to explore additional strategies in advance of the upcoming meeting with Mb Health and their Quantity Surveyor. It was agreed that further architectural reduction would compromise design integrity.
- Broad terms of consideration could be:
 - Defer geothermal
 - Build overall shell and defer select program components
 - Defer asphalt
 - NEHA provide cash for shortfall with a payback arrangement from MB Health back to NEHA.

Finance Update

Projected Deficit for 2010/11:

- Our deficit for last fiscal year has continued to decrease and although our year end is not finalized, we are projecting a deficit of approximately \$75,000 for 2010/11.

5.5 VP Medical Services

E-Chart: The computers have been upgraded in Beausejour. The kick-off meeting is tentatively scheduled for May 31st and the “go-live” date is scheduled for June 21, 2011.

EMR: The costing and hardware requirements for Optimed have been finalized. As soon as funding is secured, we can proceed with implementation. Beausejour proposed as the first site due to close proximity with ISS re: support during implementation.

Rural Health Week: From May 23 until May 27, we will have 9 Medical Students in our region (3 in Pine Falls, 3 in Pinawa/Lac du Bonnet, and 3 in Beausejour), observing how our physicians service patients in a rural environment.

Physician Resources: Dr. Viola Tawfik will be working full time in Whitemouth by the beginning of June 2011.

Delegation of function for STI testing and treatment: NEHA has a much higher than Provincial average rates of STI's. Working with our Dr. Karen Robinson, MOH, and Public Health, to develop a policy for public health nurses to perform testing (possibly including point of care HIV testing) and administer treatment for STI's.

Advanced Access: Will be meeting with Roberta Vyse in the near future.

6. Correspondence

- 2011 June Board Calendar – for information

7. Adjournment

Motion by B. Sabanski, seconded by T. Conroy.

BE IT RESOLVED THAT:

The meeting be adjourned at 8:15 p.m.

MOTION CARRIED: 11.2011.7.0

Next Meeting:

**Monday, June 13th, 2011
Corporate Office Boardroom**