

**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS MEETING HELD AT SANTÉ MANITOUWADGE HEALTH  
ON Tuesday, December 2, 2021 AT 1900 HOURS IN THE JUDITH C. HARRIS BOARDROOM**

<b>PRESENT:</b>	Peter Ruel	Board of Directors Chair
	Rolly Smith	Board of Directors Vice-Chair
	Donna Jaunzarins	Director
	Belinda Schleier	Director
	Keisha Drapeau	Director
	John MacEachern	Director
	Charrly Maynard	Director
	M. Esarte	Director of Community Programs and Services
	Debbie Hardy	CEO
	Annie Janveau	Chief Nursing Officer
	Dr. Cimona	Chief of Staff
<b>Staff:</b>	Julie MacIntyre	Executive Assistant
	Amy Gray	Finance Manager
<b>Absent:</b>	Isabelle Ouellet	Director
	Marcel DeMars	Director

**1. Call to Order**

Mr. Peter Ruel, the board chair called the meeting to order at 1900.

**2. Certificate of Notice Circulated to all Directors**

The Notice of Meeting was as stated in the pre-meeting package.

**3. Declaration of Conflict**

None to Report

**4. Trustee Education**

Mrs. Hardy reviewed the Governance Functioning Tool for Accreditation.

The following resolution was tabled for approval;

**MOVED BY: J. MacEachern**

**SECONDED BY: D. Jaunzarins**

**BE IT RESOLVED: That the following policy be approved as presented;**

**Policy IV-170 Violence In The Workplace Program**

**CARRIED!**

**5. Patient Story**

Mrs. Janveau explained how a patient was brought into SMH by ambulance and had no control over their right side; the trauma team followed the stroke protocol and the patient regained all motor skills in a very short amount of time before being transferred out. This is a rare and blessed experience for the staff involved.

## 6. **Board Chair Report**

Mr. Ruel commented on the continued communications between the CEO and the Board Chair. He also thanked the vice-chair for the support and availability that he willingly offers.

## 7. **Chief of Staff Report**

Dr. Cimona informed the Board that the last couple weeks have been trying, as there have been multiple transfers of critical patients and it has put pressure on SMH staff. Although, it has been trying SMH has been successful getting the transfers out in a timely manner.

## 8. **Administration Report**

### **Strategic Directive #1**

#### **SMH will be proactive to individual and community needs**

- SMH continues to provide vaccination clinics for both COVID-19 and the Flu for the community. The next COVID clinic is expected to be booked near the end of November. Flu clinics are being held throughout the month and we are making arrangements for more clinics in December.
- SMH has had an amazing compliance rate for vaccinations – there are talks continuing in the northwest regarding mandatory vaccinations for all healthcare workers. Several facilities have adopted the Mandatory Vaccinations for all new hires (each facility has their own date of implementation set). All eligible LTC residents have received their third doses as well as some eligible community members. Arrangements are being made to offer the vaccines to all healthcare workers in the community.
- We continue to work with agencies and have created a recruitment and retention package hoping to entice permanent workers – to be reviewed during meeting.

### **Strategic Directive #2:**

#### **SMH will sustain outstanding quality and operations**

- The purchase order for the new U/S including an updated echocardiography module has been completed and is now in use.
- The new defibrillator has arrived and training for the staff is to be provided by the company virtually.
- The new chemistry analyzer (7600 chemistry for lab) is scheduled to arrive the 21<sup>st</sup> of December for installation at that time the training and validation to follow in January with the tentative go-live plan in February. This is after a delay of approx. one month due to supply chain issues. Initial plan was to have us going live before Christmas.
- Accreditation Canada. We have committed to Dec 1 & 2 as a virtual assessment with a follow up on site date in March 2022. Work is well under way with document/process review and the uploading of requested materials.
- The flooring project is progressing well. As of current 6 rooms on the nursing unit have been done based on priority need. The project will replace the flooring in the Laundry room as well. At this time we will be reverting to staff being responsible for the laundering of their own uniforms.
- The FHT now has two full time RNs in the department and training is underway for program delivery.

### **Strategic Directive #3:**

#### **SMH will be innovators in service and program delivery**

- COVID Clinics and Flu clinics are being run through SMH as the clinics have been smaller than the initial roll out of the COVID-19 vaccine. With the 3<sup>rd</sup> dose for the general population expected to be released in the near future we may have to return to the Recreation Center to accommodate the larger clinics if need be.
- A Regional Pediatric project has been to SMH for a site visit to explain their role is vision. Resource materials have been shared with us and a brainstorming session on the “whats” and “hows” to improve peds care. The idea has a basis very similar to RCCR.

**Strategic Directive #4:  
SMH will become a magnet workplace**

- A regional task force has been formed to address the HHR issues across NW Ontario. We have 2 reps on this committee.
- Efforts continue to recruit a physiotherapist for the FHT.
- We strive to have a full complement of nursing staff thus decreasing the need for excessive overtime (given/taken by staff as per contract). It is proving to be difficult with the holidays as new contracts are being offered with a start date of after the holiday season thus, leaving us with a large void over the holiday season.
- We hope to have more good news early 2022 on the physicians group.
- Recruitment efforts are ongoing to recruit the 3<sup>rd</sup> physician as well as build the locum pool for the community.

**9. Committee Reports**

**9.1. Governance Committee**

No Report

**9.2. Finance and Audit Committee**

The September financial statements were reviewed by Ms. Amy Gray. She advised that at the end of the September there was a deficit of \$40,693.00.

The following resolution was tabled for approval;

**MOVED BY: J. MacEachern**

**SECONDED BY: C. Maynard**

**BE IT RESOLVED: That the Financial Statement for September 2021, be approved as presented.**

**CARRIED!**

**9.3. Executive Committee**

No Report

**9.4. Medical Advisory Committee**

No Report

**10. New Business**

**10.1 Meeting the Demand for Long-Term Care Beds**– reviewed by Board members

**10.2 LTC Opportunities** – reviewed by Board members

**11. Other Business**

**12. Quality** – No incidents to report

**13 Correspondence**

**14 Consent Agenda Items Approval:**

- a. Minutes of Board of Directors Meeting held: Oct 26, 2021

**MOVED BY: M. DeMars**

**SECONDED BY: D. Jaunzarins**

**BE IT RESOLVED: That the following Consent Agenda items, be approved: Minutes**

**CARRIED!**

**15 In Camera**

The following resolution was tabled for approval;

**MOVED BY:** D. Jaunzarins  
**SECONDED BY:** C. Maynard

**BE IT RESOLVED:** That we move into an In-Camera session at 2005

**CARRIED!**

The following resolution was tabled for approval;

**MOVED BY:** D. Jaunzarins  
**SECONDED BY:** B. Schleier

**BE IT RESOLVED:** That we move out of In-Camera session at 2030.

**CARRIED!**

**16. Place and Time of Next Meeting – December 14, 2021 at 1900.**

**MOVED BY:** B. Schleier  
**SECONDED BY:** D. Jaunzarins

**BE IT RESOLVED:** That the next meeting of the Board of Directors of Santé Manitouwadge Health be held on Tuesday, December 14, 2021 in the Judith C. Harris Boardroom.

**CARRIED!**

**17. Adjournment**

There being no further business to conduct. The following resolution was submitted for consideration.

**MOVED BY:** D. Jaunzarins  
**BE IT RESOLVED:** That this meeting be adjourned.

**CARRIED!**

Mr. Smith thanked everyone for attending and the meeting adjourned at 2035 hours.

**17 For the Good of the Board**

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Debbie Hardy, CEO

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Peter Ruel ,Board Chair