



Heartland Regional Health Authority Meeting – Minutes Rosetown - # 301 Centennial Drive – Boardroom #2 Sept 10, 2015

Authority Members Present:

Mark Stockford	Lorreen Ilott
Gary Groves	George Siemens
Norm McIntyre (attended until 12:00pm)	Lyle Rankin
M.L. Whittles	Hazel Lorenz
Loretta Goring	Richard Anderson
David Nykiforuk	

Others in Attendance:

Christa Garrett, Coordinator of Executive & Medical Affairs
Ken Brown, Media
Stacey Bosch, VP of Corporate Services
Sheila Pajunen – VP of Human Resources
Greg Cummings, President/CEO
Ruth Miller, Director of Continuing Care
Tammy Blackwell, Director of Staff Development & Safety

Regrets:

1. CALL TO ORDER

- The meeting was called to order at **9:05am** by Richard Anderson.

1.1 FIRE & SAFETY INSTRUCTIONS

- Shared by Richard Anderson

1.2 DECLARATION OF CONFLICT OF INTEREST

- No conflicts were declared

1.3 REVIEW PREVIOUS MEETING EVALUATION RESULTS

- Authority members reviewed the summary of the self-evaluation from the July 21, 2015 Authority meeting.

1.4 PATIENT VOICE

- A resident and a family member attended the Board meeting via TeleHealth to tell about the experience of moving into the new facility in Kerrobert. The move in happened so quickly. Felt that they needed to be given a tour of the room prior to moving in so they had an idea of what was needed. Felt the building was going to be more important than the people – apprehension before not knowing and not knowing if it was going to feel like a hotel not like a home. Took a while for it to feel like home but it feels like home now. The greatest thing is the shower in the room. Closets need to be bigger – free standing wardrobe rather than a walk-in closet. Access to Nurse Practitioner and Physician are very good.
- It was noted that the quality of care in LTC is being looked at provincially. Resident is happy with the quality of care. Only frustration is the chain of communication. The family has been involved in the care plan for the mother.
- The Board Chair asked if there were any opportunities to do things better or things that HHR should pay attention to - not a lot of time to plan for things that are needed, have

rooms walk in ready and make as seamless as possible, wardrobe and communication are things that HHR could do better. Suggestion would be to not move residents in until completely finished.

2. ADOPTION OF AGENDA

- The agenda for Sept 10, 2015 was circulated and reviewed.

MOTION 2015/060 David Nykiforuk George Siemens	THAT the Agenda for the Sept 10, 2015 meeting be adopted as presented.	
		CARRIED

3. APPROVAL OF MINUTES

3.1 APPROVAL OF MINUTES

- The Board reviewed the minutes from July 21, 2015.

MOTION 2015/061 Norm McIntyre Lyle Rankin	THAT the Minutes for the July 21, 2015 meeting be adopted as presented.	
		CARRIED

4. BUSINESS ARISING FROM THE MINUTES

5. IN CAMERA

In Camera at 9:50am

MOTION 2015/062 Hazel Lorenz Laura Goring	THAT the Authority go in camera.	
		CARRIED

Out of Camera at 11:05am

6. NEW BUSINESS

6.1 PUBLIC HEALTH UPDATE – DR. DAVID TORR

- Dr. Torr, Medical Health Officer provided a presentation on Public Health. In his presentation he spoke about the difference between primary care and primary health care. Primary care deals mainly with the prevention and treatment of sickness. It is what we think of as front-line care, traditionally in the form of a visit to the family doctor or health centre. Primary care may involve immunization, preventative advice (stop smoking, get some exercise), diagnosis and treatment of illness, but it stops short of a comprehensive, inter-sectoral approach to producing or enhancing health. Perhaps most importantly, primary care is focused on individuals and families, but not the community as the unit of intervention.” Primary Health Care as defined by the World Health Organization in 1978 is essential health care, based on practical, scientifically sound, and socially acceptable methods and technology; universally accessible to all in the community through their full participation; at an affordable cost; and geared toward self-reliance and self-determination (WHO & UNICEF, 1978).

- Health Status recommendations: epidemiological monitoring - evidence-based planning & program evaluation, Pro-actively plan - changing and aging population, support healthy aging, prenatal courses - timely contact of mothers post-delivery discharge, Breastfeeding, cancer prevention, better address risk factors, circulatory system disease (high blood pressure, cholesterol levels, diabetes, smoking, stress, alcohol consumption, inactivity, overweight) and more safe driving practices.
- Currently providing sealant and Fluoride Varnish Program for Grade 1 and Grade 7. Unable to provide the sealant and f12 varnish program to Grade 1 and Grade 7 children due to staff shortage. No Dental assistant since July of 2013. The low wage of \$20.27 compared to private practice of \$24.00/25.00 and the vast area that is covered appear to be key factors
- Fluoride Varnish programming: Providing dental screenings and fluoride varnishes to all children ages 6 months to 14 yrs of age at all HHR Hutterite colonies. Provide varnishes to pre-schoolers ages 6 months to 5 yrs. Over 1,000 preschoolers have received a dental screening and fluoride varnish in the past year. PHNs and SLP refer when child is identified as a high risk. If child is not high risk, parent can self- refer. Fluoride Mouthrinse programs continue to be offered to 24 schools with an 87% participation rate.
- Community Water Fluoridation: There are presently 2 communities with adjusted water: Luseland, Outlook and Kindersley is supposed to be, but f12 levels appear to be trace amounts .10 mg/L. HHR did have 5 communities that were fluoridating in 2010: Eston, Luseland, Kindersley, Outlook, Rosetown. Over the years 10 communities have discontinued water fluoridation over the last number of years: Davidson(1972), Kensaston (1982), Denzil (1994), Dinsmore (1991), Dodsland (1989), Perdue (1992), Plenty (prior to 1990) Rosetown (2012), Eston (2014).

7. REPORTS

7.1 SMO REPORT – DR. LYLE WILLIAMS

- The SMO noted that there have been a few cases of Fentanyl deaths within the region. The Director of Acute Care and the SMO have been meeting with physicians to assess how ER departments are functioning throughout the region – looking at medication and equipment to try and increase and improve services ER provided to better deal with the emergencies. There are three new physicians in the region. There are currently two physicians entering the September intake of SIPPA.

7.2 BOARD CHAIR – RICHARD ANDERSON

- The Board Chair discussed and reaffirmed the importance of privacy, recognizing that management continues implementing and raising awareness to employees and the public on the importance of privacy.
- Starting January 2016 the Board meetings will be held on the last Wednesday of each month. The meetings for the remainder of this year will be on November 10th and December 15th.

7.3 CEO REPORT – GREG CUMMINGS

- Written report provided. EMS 3P held on July 7th in Rosetown. Municipal leaders and community members throughout the region were invited to attend. The next step is follow up with communication to municipalities.

7.4 LOCAL RMA REPORT – DR. DAN LEDDING

- Not available

MOTION 2015/063	THAT the Authority approves the Reports as presented.
	CARRIED

8. FINANCIAL STATEMENTS/BUDGET

8.1 UPDATE – STACEY BOSCH

- Financial statements for month ending July 31st, 2015
- We are in good operational financial position with a surplus of \$951,113 before any timing adjustments.
- Major contributors to the year to year swing are WCB Surplus distribution of \$622K, Building projects – Biggar and Kerrobert (June) with increased housekeeping and overall training of staff, year to date OT and ST costs are up from 2014/15; and EMS is on par with 2014/15. (Reminder we increased our budget by \$300K as an efficiency this year.) Community Services vacancies are \$218K compared to \$124K surplus in 2014/15.
- Some timing issues continue into Quarter 2 that will work out over the next quarter. For example professional fees not until Quarter 3; year to date surplus of \$109K, Utilities are lower in Quarter 1 and into Quarter 2; year to date surplus of \$119K., Vacation liability significant decrease in July/August, Higher benefits until staff meet their caps, Annual/semiannual supplies and contracts paid in first quarter (Med/Surg., Lab and Drugs), New laundry contract as of October 1st.
- Salaries: year to date is overall surplus of \$220 – Facilities deficit of (\$273K) due to OT/ST and extra staffing for projects. July vacation swing of \$402,669 and no payroll stat posted in resulted to a temporary decrease in STAT bank of \$96,876. Significant Community Services vacancies in first half of the fiscal year. Positions filled in October. Surplus of \$218 year to date. Upcoming contract changes: HSAS – Aug 9, 2015 new wage rates implemented for 2015-16. 2013 – 1.5%, 2014 – 1.5%, and 2015 – 1.55%. Retro (04/01/13 to 11/30/14) to be paid by October 30th. Lump sum - .50% of the employee’s earnings (01/01/14 to 03/31/15) to be paid by October 2nd.

MOTION 2015/065 Gary Siemens Mark Stockford	THAT the Authority approves the Financial Statements.
	CARRIED

9. NEW BUSINESS

9.1 OH&S – TAMMY BLACKWELL

- Tammy Blackwell, Director of Staff Development & Safety provided a presentation on Occupational Health and Safety. The presentation included what is safety management. A safety management system is a systematic approach to managing safety and minimizing the incidence of injury and illness at the workplace.
- Research has proven that once organizations have a comprehensive safety management system woven into the fabric of their organization it becomes part of the culture, the way people do their jobs, and workplaces injuries no longer occur.

- Six Elements comprise the Safety Management System: Management and Leadership, Hazard Identification and Control, Training and Communications, Inspections, Reporting and Investigations and Emergency Response.

9.2 OT/ST UPDATE – SHEILA PAJUNEN

- Sheila Pajunen, VP of Human Resources presented on Attendance Management and Overtime (OT) and Sick Time (ST). The report included Overtime & Sick Time Data, as well as Mitigation Strategies.
- Overtime reduction strategies include: Targets identified for all sites/programs for overtime reductions; Staffing Guidelines for Call-in established for all departments in each site/program; regular review and updating; Staffing Replacement Guidelines & Priority Work Functions established in each site/program (clinical workload/ADC); Vacation Guidelines in place for all departments/programs; Appropriate utilization of RN Relief positions; Review and monitor/schedule time in lieu (TIL); Analyze leave requests (paid and unpaid) before approving; encourage entitled paid LOA prior to unpaid; Master Rotations - reviewed to ensure effectiveness, employees’ letter of appointment, maximizing integration wherever possible; All vacancies reviewed; Provide ongoing education and support for Managers and Employees on overtime issues; Monitor and evaluate guidelines for diagnostics callbacks/overtime; Staff mix/model changes as appropriate; Student Bursaries & limited relocation assistance; Conditional Hires, i.e., CCA, Dietary; Temporary Performance of Higher Duties (TPHD) processes; Temporary Assignments/Relief Assignments; Call-In Postings; SUN OT TIL Quarterly Review Process.
- Sick time reduction strategies:
 - Targets identified for all sites/programs for sick time reductions
 - Written sick time communication protocols
 - Attendance Support Program
 - Early Return to Work & Duty to Accommodate Programs

<p>MOTION 2015/066 M.L. Whittles Norm McIntyre</p>	<p>THAT the Authority approve the following policy monitoring documents as updated:</p> <ul style="list-style-type: none"> • GP05-17: Internal Audit • EE03-09: General Executive Expectations • EE03-10: Programming & Program Change • EE03-11: Public Image of Region
	<p>CARRIED</p>

10. SAFETY TALK

10.1 ELEMENTS TO MOVING AN OBJECT – GREG CUMMINGS

- Essential elements of moving an object are:
 - Communicating with Co-worker(s) During the Move
 - Taking Precautions
 - Proceeding with Preparatory Steps
 - Positioning of the Worker
 - Proceeding with the Moving Technique
- Communicating with Co-worker(s) During the Move: The primary worker communicates with co-worker(s) during the moving technique by giving short, clear commands one at a time throughout the moving technique and signaling the count in the moving technique (e.g., “1-2-3-Slide” or “1-2-3-Down”).

- Taking Precautions: During the moving technique, the worker takes precautions to:
 - Lift only within the comfort zone and never lift above shoulder level. This will help avoid shoulder injury to the worker.
 - Use the upper body properly. This will help avoid neck injury to the worker. If alignment is improper or the upper body muscles are used incorrectly, pressure increases on the cervical discs leading to an increased risk of injury.
 - Apply the principles of good body mechanics and ergonomics during any type of move to help avoid injury to oneself. For example, the worker:
 - Works with gravity - always
- Proceeding with Preparatory Steps: The primary worker ensures that assessments have been conducted in all three critical areas - self, environment (including equipment) and object. The primary worker also ensures effective communication on the roles of everyone involved in the moving task and the expectations for ongoing object assessment before, during and after the moving task.
- Positioning of the Worker: The primary worker finds a position close to the object during the moving technique. This position permits the worker to maintain good control, use good body mechanics and reduce the probability of injury.
- Proceeding with the Moving Technique: Once positioned properly, the worker(s) then proceeds with the selected moving technique.

11. LONG TERM CARE

11.1 UPDATE – GREG CUMMINGS

- On September 17th Medication Management goes to the Provincial Audit Committee. Information has been provided to the MoH for review. The ombudsman report recommendations are applicable to all health regions. MoH has done work and developed educational videos/sessions for all new and existing employees that highlight the special care home guidelines and expectations. Required to implement intentional rounding – expected to ensure discussions around care plans on a regular basis (Standard Care Plans implemented). The region must be in full compliance for all MoH recommendations for CEO resident and family council tours. The Resident and Family Council meetings are a place where families can bring concerns and raise awareness.

In Camera at 1:31pm

MOTION 2015/067 Lyle Rankin Laura Goring	THAT the Authority go in camera.
	CARRIED

Out of Camera at 1:47pm

12. AGENDA ITEMS FOR NEXT MEETING

13. MEETING EVALUATION

14. MEETING ADJOURNS

- M.L. Whittles moved to adjourned the meeting at **1:47pm**

Authority Chairperson,
Richard Anderson

President/Chief Executive Officer,
Gregory Cummings