



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

Authority Members Present:

Mark Stockford	Lorreen Ilott
Gary Groves	Bernadette Heintz
Norm McIntyre	Richard Anderson
Geoff Legge	Carey Baker
Loretta Goring	

Others in Attendance:

Christa Garrett, Coordinator of Executive & Medical Affairs
Ken Brown, Media
Stacey Bosch, VP of Corporate Services
Lorna Tarasoff, RN (SUN Representative)
Margot Wallace, SUN Employment Relations Officer
Greg Cummings, President/CEO
Amanda Pangman, Director of IS
Jeanette Abbott, Manager of Quality Improvement/Privacy Access Officer
Dr. Lyle Williams, SMO
Gayle Riendeau, VP of Health Services
Jeannie Munro, VP of Primary Health & Quality Services
Sheila Pajunen, VP of Human Resources

Regrets:

Lyle Rankin

1. CALL TO ORDER

- The meeting was called to order at **9:08am** 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 Sept 10, 2015 Authority meeting.

1.4 PATIENT VOICE

- Unavailable

2. ADOPTION OF AGENDA

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

MOTION 2015/068 Norm McIntyre Laura Goring	THAT the Agenda for the Nov 10, 2015 meeting be adopted as presented.
	CARRIED

3. APPROVAL OF MINUTES

3.1 APPROVAL OF MINUTES

- The Board reviewed the minutes from Sept 10, 2015.

MOTION 2015/069 Mark Stockford Gary Groves	THAT the Minutes for the Sept 10, 2015 meeting be adopted as presented.
	CARRIED

4. BUSINESS ARISING FROM THE MINUTES

5. IN CAMERA

In Camera at 9:23am

MOTION 2015/070 Carey Baker Mark Stockford	THAT the Authority go in camera.
	CARRIED

Out of Camera at 12:27pm

6. REPORTS

6.1 SMO REPORT – DR. LYLE WILLIAMS

MOTION 2015/071 Gary Groves Laura Goring	THAT the Authority approve the recommendation of the Practitioner Advisory Committee to approve privileges for Dr. Modupe Arowolo and Dr. Shagufta Tasveer as applied for under the Active Staffing Category.
	CARRIED

6.2 BOARD CHAIR – RICHARD ANDERSON

- The Board Chair welcomed the new appointed Board members – Geoff Legge, Carey Baker and Bernadette Heintz.

6.3 CEO REPORT – GREG CUMMINGS

- Written report provided.

6.4 LOCAL RMA REPORT – DR. DAN LEDDING

- No Report

MOTION 2015/072 Geoff Legge Norm McIntyre	THAT the Authority approves the Reports as presented.
	CARRIED

7. FINANCIAL STATEMENTS/BUDGET

7.1 UPDATE – STACEY BOSCH

- The region ended October in a good financial position, surplus of \$1.2 M. Surplus composed of \$622K WCB – onetime payment, vacancies in Community Services, timing of professional fees, utilities and benefits.
- Pressure on non-salary supplies such as drugs, medical surgical supplies and dietary as no inflationary increases received this year.
- Region is forecasting to finish in a surplus due to the WCB payment.

MOTION 2015/073 Lorreen Illott Mark Stockford	THAT the Authority approves the payout of the Lucky Lake & District Health Centre mortgage on its expiry date of Feb 1, 2016.
	CARRIED

8. NEW BUSINESS

8.1 SUN – UNIQUE ROLE OF RNS IN HHR - MARGOT WALLACE

- Lorna Tarasoff and Margot Wallace provided a thorough presentation on the unique role of the RN/RPN to the Board. There were several RNs in attendance for the presentation. A written copy of the presentation was also provided.
- The presentation provided background information on the profession of nursing and outlined the different nursing groups – RN, RPN, RN/NP and LPN. The presentation also provided an overview of the RN role, the differences between the different nursing groups and noted that these groups have different legislation, education, knowledge and abilities and are not interchangeable.

8.2 CORPORATE SERVICES & INFORMATION - AMANDA PANGMAN

- Amanda Pangman, Director of IS provided a presentation on Information Services to the Board. Her presentation provided a thorough description of what all Information Services covers from Computers, printers, laptops, scanners, phone systems, mobile devices - IT security (passwords, user access) - IT infrastructure (servers, network, wireless, water sensors, video surveillance) - Clinical Systems and all electronic data.
- There are about 550 computers within the region that IS services, 1200 users which make up about 80% of staff and 100 printers in all of Heartland’s regional sites.
- IT is responsible for Security of systems and data including DRP (Disaster Recovery Planning), Regional IT audit, Provincial IT audit, Computer support, Infrastructure stability and Anti-Virus, Helpdesk (computer support), wireless access (clinical, business and patient/client/ family), phone systems, financial systems and transcription systems.
- Information Systems department supports numerous clinical systems from equipment-application permissions – secure storage of data, Goal is to Improve patient care, decreased

amount of manual processes = Decrease the chance of errors, Provincial systems allow an up to date patient profile. It is the Right information + Right Place + Right Time.

8.3 PRIVACY – JEANETTE ABBOTT

- Jeanette Abbott, Manager of Quality Improvement & Privacy Access Officer provided a presentation on Privacy and Confidentiality. The presentation explained that Privacy is a legal right under HIPA and that Patients have the right to say who has access to their PHI. The presentation also clarified that confidentiality is a responsibility. PHI must only be shared with staff who “need to know” the information for care-related purposes, PHI should never be discussed in a public area and PHI must never be accessed without the need to know.
- HIPA and LAFOIP is Legislation (*Act & Regulations*) for RHA’s in Saskatchewan. HIPA deals with use, collection and disclosure of personal health information (*patient files*) under the trusteeship of RHA’s. LAFOIP deals with personal information (*staff*) and all other information collected, used and disclosed by RHA’s. Personal Health Information (PHI) may only be used for the purpose it was collected, used or disclosed – 23(1). The primary purpose of collecting PHI is for the purposes of service that can benefit the subject individual – 24(1). The presentation provided an in depth look at what PHI is and what information qualifies as PHI - the collection, use and disclosure.
- A privacy breach can take place when there is unauthorized access to, collection of, use of, disclosure of or disposal of personal or health information. Willful and deliberate misuse or abuse of health information may be the result of idle curiosity (snooping), but can also be with malicious intent. Snooping is grounds for prosecution under HIPA (*newly amended*), and can result in imprisonment up to one year and/or a fine up to \$50,000. Errors that Result in Privacy Breaches - Inappropriate access to health information: No one can collect, use, access or disclose health information other than to achieve an intended authorized purpose regarding patient care at the clinic. As an employee of HHR, health information systems may only be used for job-related purposes and not for any other reasons. Misdirected faxes or emails containing personal health information: HHR requires the successful transfer of patient health information between healthcare providers. Faxing and emailing can sometimes result in personal health information being sent to the wrong trustee or requestor in error. When this occurs, take steps to ensure test results are redirected to the correct physician and clinic (HHR Policy A01-02 - ALWAYS USE A PROPERLY COMPLETED FAX COVER SHEET).

8.4 PHYSICIAN CREDENTIALING – LYLE WILLIAMS

- Discussed in section 6.1

8.5 BOARD POLICY MONITORING – RICHARD ANDERSON

- Board Chair, Richard Anderson suggested creating a committee to thoroughly review monitoring policies annually. This would be to ensure that policies have been updated accurately as they are reviewed on an annual basis at meetings.

MOTION 2015/074 Carey Baker Lorreen Ilott	THAT the Authority approve the following policy monitoring documents as updated: <ul style="list-style-type: none"> • EE03-12: Records Management • EE03-13: Signing Authorities • EE03-14: Treatment of Staff
	CARRIED

9. SAFETY TALK

9.1 HAND WASHING – REDUCING THE RISK OF COMMON INFECTION – GREG CUMMINGS

- Is it important to wash your hands?
 - Hand washing is the single most effective way to prevent the spread of infections. You can spread certain "germs" casually by touching another person. You can also catch germs when you touch contaminated objects or surfaces and then you touch your face (mouth, eyes, and nose). "Good" hand washing techniques include using an adequate amount of soap, rubbing the hands together to create friction, and rinsing under running water. The use of gloves is not a substitute for hand washing.
- When should I wash my hands?
 - Different situations where people can pick up "germs" include:
 - when hands are visibly soiled
 - after using the washroom (includes changing diapers)
 - after blowing your nose or after sneezing in your hands
 - before and after eating, handling food, drinking or smoking
 - after touching raw meat, poultry, or fish
 - after handling garbage
 - visiting or caring for sick people
 - handling pets, animals or animal waste
 - Ensuring that you wash your hands properly after using the washroom is very important in reducing transmission of disease. Using soap and lathering up is very important (rinsing hands in water only is not as effective). Use comfortably warm, running water. Hands should be washed for a minimum of 15 seconds - longer if the hands are visibly soiled. To help people wash long enough, one option may be to sing a short song such as "Happy Birthday" or "A, B, C" twice.
- **How do I properly wash my hands?**
 - For effective hand washing, follow these steps:
 - remove any rings or other jewelry
 - use warm water and wet your hands thoroughly
 - use soap (1-3 mL) and lather very well
 - scrub your hands, between your fingers, wrists, and forearms with soap for 15 seconds
 - scrub under your nails
 - rinse thoroughly
 - turn off the taps/faucets with a paper towel
 - dry your hands with a single use towel or air dryer
 - protect your hands from touching dirty surfaces as you leave the bathroom
 - Other tips include: Cover cuts with bandages and wear gloves for added protection (cuts are very vulnerable to infections). Artificial nails and chipped nail polish have been associated with an increase in the number of bacteria on the fingernails. Be sure to clean the nails properly. Keep your hands away from your eyes, nose or mouth. Assume that

contact with any human body fluids is infectious. Liquid soap in disposable containers is best. If using reusable containers, they should be washed and dried before refilling. If using a bar of soap, be sure to set it on a rack that allows water to drain or use small bars

• **What about antibacterial soaps and waterless hand scrubs?**

- While it is true that regular soap and water does not actually kill microorganisms (they create a slippery surface that allows the organisms to "slide off"), antibacterial soaps are typically considered to be "overkill" for most purposes. The exception may be in a hospital where special situations are present (e.g., before invasive procedures, when caring for severely immuno-compromised patients, critical care areas, intensive care nurseries, etc.). Antibacterial agents should be chosen carefully based on their active ingredients and characteristics, and when persistent antimicrobial activity on the hands is desired.
- When there is no soap or water available, one alternative is to use waterless hand scrubs. Some of these products are made of ethyl alcohol mixed with emollients (skin softeners) and other agents. They are often available as a rinse, or on wipes or towelettes. They can be used by paramedics, home care attendants, or other mobile workers where hand washing facilities are not available. However, these agents are not effective when the hands are heavily contaminated with dirt, blood, or other organic materials. In addition, waterless hand scrubs may have a drying effect on the skin and may have odours which may be irritating to some users.

10. LONG TERM CARE

10.1 UPDATE – GREG CUMMINGS

- Updates will be provided quarterly. See CEO report – section 6.3.

11. AGENDA ITEMS FOR NEXT MEETING

12. MEETING EVALUATION

13. OTHER

- Laura Goring identified that they require another Board member representative on the Ethics Committee. The meetings are quarterly.

In Camera at 2:50pm

MOTION 2015/075 Norm McIntyre Geoff Legge	THAT the Authority go in camera.
	CARRIED

Out of Camera at 2:55pm

14. MEETING ADJOURNS

- Norm McIntyre moved to adjourned the meeting at **3:00pm**

Authority Chairperson,
 Richard Anderson

President/Chief Executive Officer,
 Gregory Cummings