



Heartland Regional Health Authority Meeting – Minutes Rosetown - # 301 Centennial Drive – Boardroom #2 January 19, 2016

Authority Members Present:

- | | |
|---------------------|-------------------|
| Mark Stockford | Lorreen Ilott |
| Gary Groves (Skype) | 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
- Greg Cummings, President/CEO
- Dr. Lyle Williams, SMO
- Jeannie Munro, VP of Primary Health & Quality Services
- Tammy Blackwell, Director of Staff Development
- Ruth Miller, Director of Continuing Care
- Sheila Pajunen, VP of Human Resources
- Gayle Riendeau, VP of Health Services

Regrets:

- Lyle Rankin

1. CALL TO ORDER

- The meeting was called to order at **9:06am** 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 December 15, 2015 Authority meeting.

1.4 PATIENT VOICE

- Ted Murfitt from the community of Davidson spoke to the Board regarding his wife’s care while at the Davidson Health Centre.

2. ADOPTION OF AGENDA

- The agenda for January 19, 2016 was circulated and reviewed.

MOTION 2016/001 Lorreen Ilott Norm McIntyre	THAT the Agenda for the January 19, 2016 meeting be adopted as presented.
	CARRIED

3. APPROVAL OF MINUTES

3.1 APPROVAL OF MINUTES

- The Board reviewed the minutes from December 15, 2015.

MOTION 2016/002	THAT the Minutes for the December 15, 2015 meeting be adopted as presented with the following change: <i>Remove Norm McIntyre as adjourning meeting</i>
	CARRIED

4. BUSINESS ARISING FROM THE MINUTES

5. IN CAMERA

In Camera at 9:36am

MOTION 2016/003	THAT the Authority go in camera.
	CARRIED

Out of Camera at 12:07pm

6. FINANCIAL STATEMENTS/BUDGET

6.1 AUDITOR AND ANNUAL AUDIT PLAN

- Scott Verity, KPMG provided an update on the Heartland Regional Health Authority Audit Planning Report for the year ended March 31, 2016. Audit Materiality – Materiality for planning has been determined based on the total budgeted revenues for the year. They have reviewed the annual budget and have determined materiality to be \$2.18 million for the year ending March 31, 2016 (2015 - \$2.34 million). Effective Communication – KPMG is committed to transparent and thorough reporting of issues to management and the Board. They have planned their work to closely coordinate and communicate with the Office of the Provincial Auditor. KPMG has an integrated audit approach. They have planned the HRHA audit to coordinate their financial audit with their internal control and legislative compliance audit work and maximize efficiency in the audit process.
- Melanie Heeber, The Provincial Auditor is responsible to audit all of the agencies under the government of Saskatchewan and their work is reported to the Legislative Assembly. The audit involvement memorandum describes the planned involvement in the audit of the RHA for the year ending March 31, 2016.

6.2 UPDATE – STACEY BOSCH

MOTION 2016/004 Laura Goring Geoff Legge	THAT the Authority approves the financial statements for November 30, 2015 as presented.
	CARRIED

MOTION 2016/005 Norm McIntyre Gary Groves	THAT the Authority approves the Board of Directors statement ending November 30, 2015.
	CARRIED

7. REPORTS

7.1 SMO REPORT – DR. LYLE WILLIAMS

MOTION 2016/006 Geoff Legge Lorreen Ilott	THAT the Authority approves the SMO as presented.
	CARRIED

7.2 BOARD CHAIR – RICHARD ANDERSON

MOTION 2016/008 Bernadette Heintz Geoff Legge	THAT the Authority approves the Finance and Audit Committee with members Mark Stockford (Chair), Carey Baker, Norm McIntyre and Gary Groves. Ad Hoc members Stacey Bosch, VP of Corporate Services and Sheila Pajunen, VP of Human Resources.
	CARRIED

7.3 CEO REPORT – GREG CUMMINGS

MOTION 2016/009 Laura Goring Norm McIntyre	THAT the Authority approves the CEO Report as presented.
	CARRIED

8. NEW BUSINESS

8.1 WALL WALK – JEANNIE MUNRO/ GREG CUMMINGS

- CEO, Greg Cummings and VP of Primary Health & Quality Services, Jeannie Munro walked the Board through a regional wall walk so they could see what the process looked like.

8.2 2016 PHYSICIAN ANNUAL CREDENTIALING REVIEW – DR. LYLE WILLIAMS

MOTION 2016/010 Norm McIntyre Mark Stockford	THAT the Authority approves privileges as recommended by the Practitioner Advisory Committee (PAC) for physicians under the Active staffing category.	
		CARRIED

MOTION 2016/011 Mark Stockford Laura Goring	THAT the Authority approves privileges as recommended by the Practitioner Advisory Committee (PAC) for physicians under the Visiting staffing category.	
		CARRIED

MOTION 2016/012 Geoff Legge Mark Stockford	THAT the Authority approves privileges as recommended by the Practitioner Advisory Committee (PAC) for physicians under the Chiropractor staffing category.	
		CARRIED

MOTION 2016/013 Lorreen Illott Mark Stockford	THAT the Authority approves the SMO Advisory letter to Dr. Ernst relating to ongoing CPSS review.	
		CARRIED

8.3 PHYSICIAN CREDENTIALING – DR. LYLE WILLIAMS

MOTION 2016/014 Mark Stockford Norm McIntyre	THAT the Authority approves privileges as recommended by the Practitioner Advisory Committee (PAC) for family physicians under the Acting Staffing category for Dr. Waheeb Alshaar	
		CARRIED

8.4 ST/OT QUARTERLY UPDATE – SHEILA PAJUNEN

- The SEIU overtime hours are 67.9% of the total regional overtime hours and **overtime hours increased by 41.3% in 14-15** over 13-14 overtime hours. The CCA classification is responsible for 33.4% of all Regional overtime hours. Lab/X-Ray departments are responsible for 14.6% of all overtime hours and the LPN classification is responsible for. Overtime restrictions remain in place for overtime that is not related to employees being involved in direct client care activities or necessary clinical services will be restricted. These restrictions apply to Activities, Clerical, Health Records, Housekeeping, Laundry, Maintenance and Community-Based services. Overtime in these departments is collectively responsible for 3.9% of all overtime hours.
- The SUN overtime hours are 17.7% of total regional overtime hours and **overtime hours increased by 30.3% in 14-15** over 13-14 overtime hours. In 2014-15 overtime experienced in acute care sites was responsible for 61% of SUN overtime hours. Overtime hours within LTC sites and health centres was responsible for 35% of SUN overtime hours. Surgical programs were responsible for 1.4% of SUN overtime, in the past this was 1.2% in 13-14, 4% in 12-13 and 11% in 11-12.
- The HSAS overtime hours are 13.7% of the total regional overtime hours and **there was an increase in overtime hours by 23.0% in 14-15** over 13-14 overtime hours. Within

HSAS 98.7% of the overtime hours are related to EMS and 1.3% to Pharmacy services.

- Heartland has also been monitoring callbacks as a proportion of our overtime hours. 23.7% of all overtime is related to callbacks (time definers of CZ, CY, CX). The Region is monitoring callbacks within lab/x-ray and maintenance departments to determine if callback guidelines have had an impact on reducing the number of callbacks. Lab and x-ray and maintenance callbacks have increased in 2014-15.
- Overtime reduction strategies include: Targets identified for all sites/programs for overtime reductions and Staffing Guidelines for Call-in established for all depts. 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), SUN Overtime TIL Quarterly Review Process, Analyze leave requests (paid and unpaid) before approving; encourage entitled paid LOA prior to unpaid, Master Rotations-reviewed to ensure effectiveness, employees' and letter of appointment, maximizing integration wherever possible.

8.5 HEALTH SERVICES REPORT – GAYLE RIENDEAU

- Ruth Miller, Director of Continuing Care provided an update on Long Term Care. Her update included information on CIHI public release of information, Quality Indicators (QIs), LTC Medication Management, Special Care Home Guidelines, CEO Tours, Purposeful Interactions and the Behaviour Management Coordinator position.
- CIHI public release of information: Public release of Quality Indicator and other data/information - Dec 16' 2015, New commitment from Ministry of Health on public reporting of long term care, Use Minimum Data Set (MDS) information [clinical assessment tool used in LTC] and MoH – sends us regional quarterly data for review & for submission of improvement plans.
- LTC Medication Management: Potentially inappropriate medications, Q1 – 6 facilities triggered this QI and Q2 – 2 facilities triggered this QI. Improvement strategies include all facilities required to complete improvement plan even if don't trigger QI, Quarterly medication reviews and LTC tours done by Senior Medical Officer and Director.
- Medication management Recommendations: As of January 1, 2016, 8 of 17 recommendations have been completed. Of remaining 9, all are in process. By March 31, 2016, majority of work will be completed for these recommendations. On-going work will consist of implementation of new processes i.e. quarterly multi-disciplinary medication reviews, facility improvement work and on-going audits.
- Purposeful Interactions: Monies received from MoH this fiscal year to support purposeful interactions (intentional rounding, purposeful rounding) in all LTC facilities. Target of 1/3 LTC facilities in region will have purposeful interactions implemented by March 31, 2016. HHR has as expectation for all care staff since Sept 2011 – included in the mandatory education sessions of that fall. It is part of regional clinical orientation for all new care staff and included as a refresher in fall 2015 mandatory education for all care staff. Working on pilot in Kyle to explore options of increasing all staff's awareness of purposeful interactions and work standards for support staff i.e. parameters of what can/can't do.

8.6 ANNUAL DECLARATION OF CONFLICT OF INTEREST – RICHARD ANDERSON

- **ACTION:** Reminder to complete Annual Declaration of Conflict of Interest form and forward to Christa – The documents will then be sent forward to the Ministry of Health.

9. SAFETY TALK

9.1 SAFE WORK PRACTICES – GREG CUMMINGS

- Safe Work Practices - Employers are responsible for ensuring workers know the safest way to do their work. This includes knowing the hazards of their jobs and workplace, and knowing how to control these hazards. Having written safe work practices and procedures is an essential component of an occupational health and safety program.
- What are safe work practices - Safe work practices are written documents used to train and guide workers in the safest way to perform their jobs. A safe work practice is a set of guidelines established to help workers perform a task which may not require a step by step procedure. *An example of a safe housekeeping practice: when liquid is spilled on the floor, a "wet floor" sign is placed in the area until such time as the spill is cleaned up and the floor is dry.*
- Important things to keep in mind regarding safe work practices - Safe work practices should be easily understood and cover all the activities that occur in the workplace. Safe work practices need to be completely and clearly communicated to all staff. Safe work practices should be strictly and consistently enforced. Safe work practices can become unsafe if they are not regularly reviewed and updated as needed.
- Developing safe work practices - Safe work practices should be prepared with input from all staff who will be required to follow them. The safe work practices are reviewed regularly and revised as needed (by the originating group or the occupational health committee). It may be the responsibility of all workers of the department to recommend changes to the safe work practices based on the needs of employees for a safe and healthy work environment.
- Safety is everyone's responsibility - Managers are responsible to ensure that safe work practices are current, available at all work sites and followed by employees. Managers must provide their workers with training on all applicable safe work practices. Management must also provide training for specific job tasks. Workers are responsible to follow safe work practices for all job tasks. They must assist with the preparation of the safe work practices. Workers are responsible for reporting to their supervisors any hazardous work environment encountered that should have a safe work practice or the revision of a safe work practice already in place.
- Occupational Health Committees will assist with the preparation of safe work practices by identifying hazardous work through inspections, investigations, and concerns and complaints brought to the OHC.
- Training and Education - Each worker should know, understand and follow all of the safe work practices that pertain to his/her specific work tasks. All workers must be oriented and trained in safe work practices. Training must be provided prior to the worker being exposed to hazards in the workplace. Review of all safe work practices should be performed on an annual basis.

10. LONG TERM CARE

10.1 UPDATE – RUTH MILLER

- SEE SECTION 8.5

11. AGENDA ITEMS FOR NEXT MEETING

12. MEETING EVALUATION

13. OTHER

In Camera at 2:30pm

MOTION 2016/015 Lorreen Ilott Geoff Legge	THAT the Authority go in camera.
	CARRIED

Out of Camera at 2:41pm

14. MEETING ADJOURNS

- Norm McIntyre moved to adjourned the meeting at **2:43pm**

Authority Chairperson,
Richard Anderson

President/Chief Executive Officer,
Gregory Cummings

DRAFT