

**SUN COUNTRY REGIONAL HEALTH AUTHORITY**

**MINUTES  
February 24, 2016**

The Regular RHA meeting was held in Conference Room I, Tatagwa View, Weyburn, Saskatchewan.

**PRESENT**

Marilyn Charlton	RHA Chairperson
Marilynn Garnier	Vice Chair
Karen Stephenson	RHA Member
Derrell Rodine	RHA Member
Leigh Rosengren	RHA Member

**STAFF**

Marga Cugnet	President and CEO
John Knoch	VP – Corporate and Finance
Murray Goeres	VP – Health Facilities
Joanne Helmer	Communications Coordinator
Lesley Chapman	Recording Secretary

**REGRETS**

Janice Giroux	VP – Community Health
Dr. Dimitri Louvish	VP - Medical
Murray Setrum	RHA Member
Gary St. Onge	RHA Member
Robert Brickley	RHA Member
Brian Romaniuk	RHA Member

**1.0 CALL TO ORDER AND ADOPTION OF AGENDA**

M. Charlton called the meeting to order at approximately 13:30 hours.

**Moved by: K. Stephenson/G. St. Onge**

**Carried.**

That the Sun Country Regional Health Authority adopts the Regional Health Authority agenda for February 24, 2016.

Following the adoption of the agenda, Faye Hoium, Business Advisor,

PHC, was presented with her LEAN Leader certificate by the CEO and Board Chair. Congratulations followed from the Board.

## **2.0 CONFLICT OF INTEREST**

No conflict was reported.

## **3.0 SCHR WALL WALK – STRATEGY DEPLOYMENT**

### **Highlights included:**

Stop Staff Injuries – As of March 31, 2015, there were 146 time loss claims through WCB. It was mentioned that we have exceeded that target of 73. As of February 1, 2016, we are at 103 claims. In terms of Safety for Supervisors Training, there are only 40 people remaining to complete training.

In terms of TLR training, which aims to reduce neck and back injuries, it was mentioned that every three years, staff will be required to attend training to be re-certified.

Stop the Line – In terms of Root Cause Analysis, it was mentioned that we are in the Green. Regarding Good Catches/Near Misses, we are attempting to achieve 12 % of all incidents reported as Good Catch.

Antimicrobial Stewardship – We are on target, and have achieved all of the milestones. In terms of IV antibiotic to an Oral antibiotic, Weyburn General Hospital is reporting that this is occurring 100% of the time.

Stop Infections/Hand Hygiene – All of the SCHR sites are now reporting. It was emphasized that we need to ensure we are following proper hand-washing techniques at all times. High touch audits are not at target, and this work is essential to prevent the spread of infections.

## **4.0 ADOPTION OF MINUTES**

### **4.1 Regular RHA Meeting**

A copy of the January 27, 2016 Regular RHA minutes was circulated to all members.

2/16

**Moved by K. Stephenson/D. Rodine****Carried**

That the Sun Country Regional Health Authority adopts the Regular Regional Health Authority Minutes of January 27, 2016 as presented.

## **5.0 BUSINESS ARISING FROM THE MINUTES**

### **5.1 Response to questions posed at the January 6, 2016 Community Network Meeting at Kenosee Lake**

The CEO brought to the attention of the SCRHA Board, the document sent containing our response to questions posed by individuals who attended the Community Network meeting at Kenosee Lake.

## **6.0 REPORT OF THE CHAIRPERSON**

On February 8, 2016, the Board Chair, CEO, and some Board members, attended a Board-to-Board meeting with the Radville Marian Health Centre Board. It was a positive meeting with plenty of discussion on a range of topics. It was a good opportunity to build on the SCRHA/RMHC relationship. Following this meeting, a meeting was held with Radville EMS.

## **7.0 PRESIDENT AND CEO REPORT**

### **Highlights included:**

- On February 10, 2016, the CEO attended the Provincial Leadership Team Meeting in Moose Jaw. At the meeting, they went through a provincial Wall Walk and had discussions on corrective action for areas not on target. SCHR is on target for many of the goals.
- On February 11, 2016, the CEO attended the Finance and Audit Committee Meeting, and on February 22, attended the unveiling of the CT Scanner at St. Joseph's Hospital in Estevan. Monday, February 29<sup>th</sup> will be the date for the last Board Orientation session for members who were appointed to the SCRHA Board in October 2015.
- Re: Long Term Care, it was mentioned that Leila McClarty would be doing a presentation later in the meeting. Also pertaining to Long

Term Care, as a result of the Ombudsman Report on Special Care Home guidelines, it was mentioned that other Health Regions in Saskatchewan are using many of SCHR's policies as a basis for provincial policies. In terms of antipsychotics prescribed to residents in Long Term Care, it was emphasized that we need to ensure that only residents who require them, are being prescribed antipsychotics. It was mentioned that every three months, an indepth review is conducted, to ensure that this protocol is being followed.

- Acute Care – We continue to work to have services in place for Cataract surgery. We hope to start the program at the end of March or into April 2016.
- EMS – The Midale Trust has approved funding to install liquid springs in Weyburn EMS vehicles. Liquid springs are conducive for a smoother, less bumpy, ambulance ride.
- VP Medical Report – One of the physicians in the Weyburn PHC is now on maternity leave and we are continuing to obtain a group of locums to help with coverage.
- We are doing significant work in Attendance via tracking overtime and call-back, and attendance support for staff. Absentee rates are beginning to increase again. We are experiencing challenges recruiting RNs, especially in Lampman and Kipling.
- Employment Health and Safety – We are recruiting a full time Occupational Health and Safety Nurse.
- For Falls Prevention, we are in the green. Our Falls Co-ordinator is continuing to assess our residents and discern what measures need to be put into place. (e.g.) hip protectors, beds lowered to 18 inches. We are no longer utilizing side rails to keep residents in bed.
- In Primary Health Care, significant work is being done on chronic disease management.
- Mental Health – Patients requiring urgent attention are being seen in a timely manner. Our third Psychiatrist has arrived.
- Communicable Disease and Public Health – It was mentioned that no secondary cases of Pertussis were reported.

- Environmental Services High Touch Audit – We need to continue working on this to improve results.
- LEAN – Staff are being assisted on 5s tools and Kanban – ensuring that we aren't under or over-stocked on supplies.

## **8.0 FINANCIAL CONDITIONS**

### **8.1 SCRHA Board Financial Income Statement (7111030) to January 31, 2016**

It was mentioned that this is a statement of the SCRHA Board's budget, which details year to date actual expenses. At the end of January, we are trending favourably with a surplus. This is due to the fact that the SCRHA Board has been operating with fewer Board members, and that some training of new Board members has been delayed. The Board has also been diligent in reducing travel and meetings only as needed.

### **8.2 SCRHA Statement of Operations to January 31, 2016**

#### **Highlights included:**

- The Statement of Operations reflects that we received an unplanned adjustment to revenues.
- Regarding Expenses, the salary area is showing favorable due to vacancy of some positions, and the fact that we've held back filling certain management positions. It was mentioned that areas such as Continuing Care Assistant positions and nurses are filled as soon as possible.
- There is a shortfall when it comes to grants to third parties, or transfers to affiliates.
- Repairs and Maintenance – It was mentioned that we may have some discretion regarding decisions to proceed with repairs.
- Utilities – We underestimated costs for our new facilities and the consumption exceeds our estimates, thus showing budget deficit.
- We are showing an overall surplus equivalent to five days of operating cost in the SCHR.

### **8.3 Sun Country Regional Health Authority Board Report Template to December 31, 2015**

#### **Highlights included:**

- It was mentioned that much of this information has, in the past, been shared with the Board at the Audit meeting.
- In terms of Cash Flow, the Region is in a green position. We've gone on to use more accounting terms to look at how we operate from a cash flow, and a surplus and deficit.
- One of our three affiliates is also operating in a surplus position.

### **8.4 2015-2016 Audit Involvement – Virtus & Provincial Auditor**

#### **8.4 a) Virtus Group Terms of Engagement Letter**

It was mentioned that at the last Finance and Audit Meeting on February 11, a representative from the Provincial Auditor's office, Mark King, and a representative from Virtus Group, Sheila Filion, were in attendance. They each provided the Board and Leadership with an overview of the type of processes they would be examining in the upcoming Audit. They shared their procedures with us, as well as their expectations. They also identified the concept of 'materiality' for Sun Country which is \$1 million dollars. The 'materiality value for last year was \$800,000.00.

#### **8.4 b) Virtus Group Audit Involvement Memorandum**

**3/16 Moved by: K. Stephenson/M. Garnier Carried**

**That the Sun Country Regional Health Authority approves the Virtus Group Chartered Accountants and Business Advisors LLP terms of engagement to audit the financial statements of the Sun Country Regional Health Authority for the year ending March 31, 2016, and authorizes Marilyn Charlton, Chairperson, Finance and Audit Committee, to sign the engagement letter.**

**4/16 Moved by: L. Rosengren/K. Stephenson Carried**

**That the Sun Country Regional Health Authority confirms that they have read and understand the Audit Involvement Memorandum**

**proposed by the Provincial Auditor Saskatchewan for the year ending March 31, 2016, and authorizes Marilyn Charlton, Chairperson Finance and Audit Committee, to sign the letter of January 20, 2016.**

## **9.0 BOARD BUSINESS**

### **9.1 Practitioner Staff Annual Appointments/Reappointments and Privileges**

It was announced that there have been a couple of changes on the list. We are recommending Dr. Joan Odiagah, a SIPPA candidate from Five Hills Health Region, to come to SCHR to complete her practicum. She will be working in the Region until April 29<sup>th</sup>. Dr. Dustin Satre, a dentist from Weyburn, is requesting additional privileges to do dental implants, and complex lacerations repairs.

**Motion: D. Rodine/M. Garnier**

**Carried**

**That the Sun Country Regional Health authority approves the Practitioner Staff Appointments and Privileges of February 24, 2016 as circulated and recommended.**

### **9.2 Radville Board to Board Meeting**

It was mentioned that each year, the SCRHA Board tries to meet with the three Affiliates, once or twice per year. Our goal was to meet with Affiliates early, before the Writ period. It was discussed that a Board to Board meeting had been held with Radville Marian Health Centre on February 8, 2016, and that another meeting had been held on an earlier date with the Board of St. Joseph's Hospital of Estevan. The consensus was that the meeting with Radville Marian Health Centre was very positive. The meeting included a good discussion about RMHC's current budget, and provided an indication to them of what they can expect in next year's budget. We will contact our Carnduff Affiliate to confirm a date that our Board can meet with their Board.

5/16

**Action:**

***Executive Assistant to liaise with Linda Audette to finalize a date for have a Board to Board meeting in Carnduff.***

### **9.2 a) Radville EMS Meeting**

The consensus was that this was a very good meeting. The Board Chair, some Board members, and Leadership were in attendance at this meeting. It was a very good discussion. The CEO mentioned that it's a good example of partnership. What Radville EMS has put into place has been successful.

### **9.3 Patient Safety and Risk Management Dashboard Q3 2015/16**

It was discussed that the dashboard provides the Board with information on some of the indicators of care provided in the SCHR.

#### **Highlights included:**

- Medication Reconciliation – The aim is to ensure all patients are receiving the correct medications at the correct time, which is critical for patient safety. The success rate of admitted patients having medication reconciliation completed, is 94%.
- Staff entrusted with the care of Long Term Care Residents with various forms of Dementia, are undergoing Gentle Persuasion Training
- We haven't had any Code Fours over the last quarter.
- We would like to see the Near Misses Indicator increase.
- We are at 94% with respect to the percentage of fire drills on schedule.

## **10.0 BOARD EDUCATION**

- 10.1 Long Term Care Screening and Placement Process presentation  
- Leila McClarty, Director of Rural Health Services , West.

Leila was welcomed to the meeting by the Board Chair. As of February 2016, a whole new system was developed and implemented with



respect to the Screening and placement of individuals entering into Long Term Care.

### **Highlights of the presentation included:**

#### **Under the Prior System**

- Prior to the new system, in April 2015, a system review was conducted. There are currently 642 beds in 18 SCHR facilities. We have, on average, 270 to 300 Long Term Care admissions per year. In the past, we didn't always know how many vacant beds there were. We had, on average, 108 people waiting for a bed in their preferred facility. There were five screening committees, and one screening event per week was conducted.
- We ended up with a batching process. The prior system allowed manipulation and bias in the system.
- In 2014/15 average costs per Long Term Care screening were \$460.

#### **The New System**

- A Home care assessor does the assessment and stores the information in a Procura data base. They then send an e-mail and the assessment is complete. We've hired a single point contact person for LTC placement.
- With the SharePoint database list, you can see exactly where the LTC beds are available. It also provides information on staffing, and you can look for respite beds. Acute beds are also listed, and are updated every 24 hours.
- There's a central e-mail for Long Term Care.
- MDS electronically houses the assessments. We do screening through Procura, which is paperless. You can see the initial assessment and at the bottom of the screen, it indicates what an individual's care needs are.
- Under Placement, there are different colours signifying different

categories. e.g. Preferred (as in preferred facility), Declined (refused a bed in a particular facility), Non-preferred, Newly Screened.

- The length of time from the screening process, to being offered a bed in a Long Term Care Facility, is 12 days.
- We are screening seven people per week. With the new system, the delay is gone, and there is increased communication between Acute, and Long Term Care.
- Any client, if they wish to do so, can challenge or appeal the assessment.
- SCHR will also be working on care in dementia units to match the South Saskatchewan model.

The Board Chair thanked Leila for her presentation.

## **11.0 CORRESPONDENCE**

There were no correspondence items.

## **12.0 NEXT BOARD MEETING**

It was decided that there won't be a Board meeting in March, due to the upcoming provincial election.

## **13.0 ADJOURNMENT**

The meeting was adjourned by D. Rodine at approximately 15:35 hours.

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Marilyn Charlton, Chairperson

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Marga Cugnet, President and CEO