



REGIONAL HEALTH AUTHORITY
CHURCHILL, MANITOBA R0B 0E0 CANADA

BOARD OF DIRECTORS

Monday November 23, 2006
Telehealth Room @ 4:00 p.m.

PRESENT:

D. Macri, Vice Chair
J. Massan, Board Member
V. Flett, Treasurer
S. Kernaghan, Board Member

ALSO PRESENT:

M. Lessing-Turner, Chief Executive Officer
D. Martens, Director of Clinical Services & CNO
K. Grant, Director of Social Services & CPO
B. Sigurdson, Chief Financial Officer

TELECONFERENCE:

R. Penwarden, Chair
J. Brown, MB Health Liaison

REGRETS:

B. Tattuinee, Board Member
P. Kabloona, Board Member

RECORDER:

K. McGregor, Executive Assistant

GUEST:

Mark Verway, BDO Dunwoody

1.0 CALL TO ORDER

D. Macri called the meeting to order at 4:07 p.m.

2.0 ADDITIONS TO AGENDA

There were no additions to the agenda

D. Macri noted that the meeting would begin with item # 13.1 Auditor General Standards presentation by Mark Verway.

3.0 ACCEPTANCE OF AGENDA

Resolution 62/06

Moved by S. Kernaghan, seconded by V. Flett to accept the agenda of November 23, 2006 as presented.

CARRIED

4.0 MINUTES OF THE PREVIOUS MEETING

Resolution 63/06

Moved by V. Flett, seconded by R. Penwarden to accept the October 30, 2006 Board of Directors minutes as presented.

CARRIED

5.0 BUSINESS ARISING FROM PREVIOUS MEETING

5.1 Criminal Record Check

TABLED

M. Lessing-Turner reported that we have not received any further information on "Backcheck".

5.2 Medicine Wheel Donation

M. Lessing-Turner reported that as discussed at the last board meeting, Louise Lawrie requested a donation in the amount of \$3,500.00 for the Medicine Wheel Project. M. Lessing-Turner will request an invoice.

5.3 Probations

J. Massan asked for an update on the Probations program as previous discussion had indicated that we may be discontinuing this program. M. Lessing-Turner replied that the Probations program is still operating and K. Grant is currently acting as the Probations Officer. As it stands the CRHA is under funded for this program. M. Lessing-Turner and K. Grant will be discussing options with the Justice Department. M. Lessing-Turner noted that if a Judge mandates an anger management course as part of probation, we do not receive any additional funding to put these courses on.

D. Macri asked if this would be a telehealth issue. M. Lessing-Turner replied that she would need to look into that.

6.0 COMMITTEE SUBMISSIONS

There were no committee submissions for review.

7.0 CEO MONITORING REPORTS

7.1 Treatment of Staff, BP-B-100

M. Lessing-Turner reviewed her written report and offered to answer any questions the board may have.

J. Massan asked for clarification on item #7 which states "CEO treated patients and worked side by side with front line staff". M. Lessing-Turner replied that she has treated a number of patients which has given her the opportunity to work along side the Nursing staff making herself accessible to them to talk about work in the region and to be more visible on the inpatient unit. This is one example of how she is interacting with the staff.

D. Macri asked for more information on the pending changes to the Quality Improvement program. M. Lessing-Turner responded that the program hasn't changed yet. Quality Improvement is part of the EMS/Quality and Risk Supervisor's responsibilities. They will be meeting with all the chairs of the QI teams to discuss the changes. She would like to see more informative reports developed in regards to our quality improvement initiatives.

The Board reviewed the 05 / 06 exit interview results and staff satisfaction survey results included in the report.

Resolution 64/06

Moved by S. Kernaghan, seconded by R. Penwarden to accept CEO monitoring report BP-B-100 Treatment of Staff as presented.

CARRIED

8.0 POLICY VIOLATIONS

There were no policy violations to discuss.

9.0 BOARD SELF EVALUATION

9.1 Board Planning & Policy Review / Monitoring, BP-C-50

M. Lessing-Turner noted that the ENDS statements were reviewed and revised within this fiscal year. It was noted that a number of Board policies need to be reviewed and possibly revised.

The board was in agreement that they were in compliance with this policy.

D. Macri noted that the Vision statement needs to be updated in the CRHA UPDATE. K. McGregor will make these changes.

10.0 POLICY CHANGES

There were no policy changes to discuss.

11.0 EDUCATION

J. Massan requested that information on educational sessions for RHA for staff members be forwarded to board members, as they may also want to attend (ie. Conflict resolution)

She added that she met with the Aboriginal Advisory Committee and they are talking about educational opportunities for new and existing board members.

M. Lessing-Turner noted that she had asked for suggestions for board education, but didn't receive a response back. D. Macri will show J. Massan the various educational topics available over telehealth through EAP.

12.0 COMMUNICATION

12.1 Chairman's Report

R. Penwarden asked for an update on the Nursing Station renovations. M. Lessing-Turner responded that they are looking at starting sometime after Christmas, but there hasn't been an official date set. Once they get started on the renovations the project is expected to move quickly.

12.2 Nunavut Members' Update

There was no report for this meeting.

12.3 Chief Executive Officer's Report*

M. Lessing-Turner reviewed her written report. She highlighted a couple of initiatives between the CRHA and the Office of Rural and Northern Health including the "What's in your future" campaign and the new recruitment / promotional banner.

J. Massan asked for an update on the whistle blower protection act. M. Lessing-Turner explained the whistle blower protection act. Someone from our Senior Management will be trained and act as the go to person for our facility.

12.4 Chief Financial Officer Report*

B. Sigurdson reviewed the financial report with the board noting that the negative and positive variances have remained fairly constant over the last few months.

J. Massan commented on the number of vacant positions in the Receiving Home. M. Lessing-Turner stated that the negative variance in that area is not related to staffing issues, it is related to CFS call-backs and on-call and having to fly in Social Workers from Thompson to cover the vacant position.

D. Macri noted that Hospital Services is a broad category and asked if the Audit Committee would be getting a more detailed breakdown of this grouping. M. Lessing-Turner provided an overview of how she has seen this area reported on in other organizations and said that the Audit Committee will have to decide which reporting format they would prefer to see.

Action:

M. Lessing-Turner will meet with B. Sigurdson and V. Flett to discuss the financial reporting format they would like to see at Audit Committee meetings.

B. Sigurdson noted that Hospital Services includes everything except what is listed on the financial sheet, it is basically our acute care program. M. Lessing-Turner said that Hospital Services is broken down in the Health Plan. Manitoba Health combines it this way as hospital services, which is why we report it in this format.

12.5 Chief of Staff's Report*

There was no Chief of Staff report to discuss.

12.6 Director of Clinical Services & CNO Report*

D. Martens reviewed her report. She added that we are currently advertising for a combined X-ray / Lab Tech which will be more versatile and make our services more efficient and effective.

She distributed an article from "In the Know" which is a publication of the Canadian Diabetes Association as the Churchill Diabetes program made front page of this publication.

12.7 Director of Social Services & Chief Planning Officer Report*

K. Grant reviewed his report and noted that on November 30, 2006 there was a town hall meeting on Chronic Disease.

M. Lessing-Turner pointed out that under the heading "Training" it is noted that Steve Malone and Mike Swanston have received a Transfer of Function from the physicians. She said that this is a tremendous benefit to our patients, as these EMS staff can now administer medication in the field.

R. Penwarden asked what training was needed for these staff to obtain the transfer of function. M. Lessing-Turner replied that they had to do full assessments with the physician. Dr. O'Flaherty has assessed their skills and signed off on their transfer of function.

There was a discussion regarding the changes to the CPR course. The first course will be held in December 2006.

12.8 Director Human Resources Report*

M. Lessing-Turner reported that we have completed the Director of Human Resources interviews and have short listed three candidates. She noted that front line staff, middle and senior management were all represented on the interview panel.

12.9 Audit Committee Report

V. Flett noted that the Audit Committee met with the internal auditors.

M. Lessing-Turner provided an overview of what the internal auditors discussed with her in their meetings.

V. Flett excused herself from the meeting at 5:42 p.m.

13.0 NEW BUSINESS

13.1 Auditor General Standards

Mark Verway of BDO Dunwoody reviewed and explained his presentation to disclose the changes that are happening in the world of auditing.

He noted that in the past the audit responded to the needs of management. Now the audit will be focusing on responding to the needs of the public, which means the organization will undergo a more intense audit. Everyone has to adhere to these same standards. He added that the desire is to look beyond the numbers of the audit and also look at the effectiveness of the audit.

The audit process has shifted. The shift is towards spending time looking at the decision making processes, the business strategy, culture, environment and control at the top. A lot more time is spent discussing issues with Senior Management. They will now look more at the internal controls of the facility. Previously auditors had trust that managers had blind faith, now they will approach the audit with professional scepticism.

He explained the process of risk of material misstatement, the examination of IT processes and computer programs to mitigate risk, enquiry and analytical review. He described the interaction between the client and auditor, inherent risk and controlling risk.

J. Massan asked if this type of audit would require additional visits to Churchill. M. Verway responded that there should be two site visits, one in December / January to do the systems audit and the other in March.

M. Verway explained the three steps to the audit process, and the implications to our audit. He said that more work will be done, risk assessment will be more thorough and there will be more questions beyond the financial staff, questioning will be deeper and more intensive, looking at management override of controls. There will be more communication with a longer management letter. The fees will be higher, but there will be more benefit and assurance to the organization.

D. Macri asked for examples of fraud in a health care organization. M. Verway said mismanagement of cash (money coming in but not being deposited), safe guarding of assets, segregation of duties (is the person handling the cash also recording the cash).

13.2 Regionalization Review

M. Lessing-Turner explained the review of regionalization.

13.3 MB Health Request for Contract Review

M. Lessing-Turner reviewed the letter to the board and CEO from Arlene Wilgosh. It states that in the future, Boards are to provide a copy of the CEO contracts to Manitoba Health.

13.4 In Camera Session

The board moved in camera at 6:00 p.m. The board adjourned the in camera meeting at 6:40 p.m. and returned to the regular meeting. There was no report from the in camera session.

14.0 CORRESPONDENCE/INFORMATION

There was no correspondence to review.

15.0 CONSENT AGENDA

There was no consent agenda to review.

16.0 ADVISORY COUNCIL INFORMATION

There was no Advisory Council Information to review.

17.0 PUBLIC PARTICIPATION

There was no public participation.

18.0 DATE OF NEXT MEETING

Resolution 65/06

Moved by J. Massan, seconded by R. Penwarden to cancel the December 2006 board meeting.

CARRIED.

The next meeting will be held on January 25th at 4:00 p.m.

D. Macri suggested that a letter of appreciation be written to the UPDATE committee members as the UPDATE continues to get better and better. The board was in agreement.

19.0 ADJOURNMENT

The meeting was adjourned at 6:45 p.m.