

**Minutes of the Public Meeting of the Board of Directors  
of Vitalité Health Network, held on Wednesday, November 28, 2012, at 6:30 p.m.  
Convention Centre, Château Edmundston  
100 Rice Street, Edmundston, N.B.  
(Original version signed and archived.)**

**Present:** Paul F. Couturier (Chairman)  
Adélard Cormier  
Roger Doiron  
Phillipe Ferguson  
Rita Godbout  
Gabriel Godin  
Monique A. Leblanc  
Bonnie Mae Martin  
Christian Mercier  
Tracy Peters  
Sonia A. Roy  
Paulette Sonier Rioux  
Anne C. Soucie  
Sister Gaëtane Soucy  
Donald Thériault  
Joey Caissie (President and CEO, ex officio member)

**Absent:** Dr. France Desrosiers (Regional Chief of Staff, ex officio member)  
Linda Sunderland (Chair of the PAC – ex officio member)

**Executives present:** Suzanne Robichaud  
Claire Dennie  
Stephane Legacy  
Annette LeBouthillier  
Alain Bechard  
Pierre Verret  
Gisele Beaulieu  
Dr. Neil Branch  
Gilles Beaulieu

**Recording Secretary:** Cynthia LeBlanc

**1. Call to order**

The Chairman welcomed participants and called the meeting to order at 6:30 p.m.

**2. Constitution of quorum and notice of meeting**

The meeting was duly called and quorum achieved.

**3. Remarks by the Chairman of the Board of Directors**

This meeting was the current Board's second meeting. It was mentioned that members were collaborating effectively and that committee work was progressing well.

The Chairman wished everyone a very happy Holiday Season.

(Original version signed and archived.)

**4. Approval of the agenda**

**MOTION 2012/11/28-01P**

That the agenda be approved with the following additions:

12a Election 2016  
12b One visit, one illness

**Carried unanimously.**

**5. Declaration of potential conflict of interest**

Nothing to report.

**6. Approval of the minutes of the September 25, 2012 meeting**

**MOTION 2012/11/28-02P**

That the minutes of the September 25, 2012 meeting be approved as presented.

**Carried unanimously.**

**7. Questions arising from the minutes**

None

**8. Report by the President and CEO**

The CEO's report addressed the following topics:

- Financial projections for 2012-2013 year end:
  - Revenues of \$678,928,607;
  - Expenditures of \$682,788,325;
  - Operating deficit before amortization of \$3,859,718;
  - Recovery measures have been in place since the start of the fiscal year to achieve savings.
- Collaboration received from the new Minister and Deputy Minister;
- C. difficile bacteria present at the Dr. Georges-L.-Dumont UHC;
- Findings of the New Brunswick Health Council home care survey;
- Accreditation Canada visit from May 12-17, 2013;
- New agreement between the Université de Moncton and the Université de Sherbrooke to continue the collaboration undertaken in 2006;
- Internal job postings on Boulevard;
- Entry into service of the new magnetic resonance imaging (MRI) unit at Edmundston Regional Hospital;
- Creation of specialized care beds (level 3 care) over the next two years within the territory served by Vitalité Health Network.

The CEO closed by offering his best wishes for the Holiday Season to Board members, employees, volunteers, physicians, and all caregivers within Vitalité Health Network.

(Original version signed and archived.)

Pet CT at the Dr. Georges-L.-Dumont University Hospital Centre

A concern was raised around the fact that the annual number of tests allocated to the Pet CT at the Dr. Georges-L.-Dumont UHC would be reached on December 13. This limit is set by the Department of Health, and a similar process is followed in the other provinces due to the high cost of the procedure. We await follow-up from the Department as to whether the annual limit will be increased so the tests can continue prior to the start of the new fiscal year.

## **9. Committee reports**

### **9.1 Quality and Risk Management Committee**

The committee met on November 6. Members considered the committee's terms of reference and work plan and received follow-up on complaints in process.

The committee also examined the following reports:

- Findings of the recent Accreditation Canada survey and questionnaire on governance;
- Findings of the New Brunswick Health Council home care survey;
- Reports on Regional Quality and Safety Committee meetings;
- Network complaint report, and;
- Quality and patient safety dashboard.

#### **MOTION 2012/11/28-03P**

That the report by the Quality and Risk Management Committee be approved as presented.

#### **Carried unanimously.**

Concern was expressed about the delays involved in completing some priority projects, such as construction of the Surgical Suite at the Dr. Georges-L.-Dumont University Hospital Centre (recognized as a priority in 2009).

The CEO explained that work on major (capital) projects may extend over a number of years. The architects had been selected for this project last year. An announcement was expected shortly from the Department on its capital projects plan for the upcoming year.

### **9.2 Ethics Committee**

The committee met on November 6.

- On the committee's recommendation, a session on governance ethics had been given for the Board of Directors.
- The committee familiarized itself with its work plan and amended its terms of reference.
- An update on the Research Ethics Committee was received.
- At future meetings, the committee will also receive reports on the activities of the local clinical ethics committees.

#### **MOTION 2012/11/28-04P**

That the following be added to article 2 on responsibilities in the terms of reference of the Ethics Committee (Board-360): "...including the Research Ethics Committee and the local clinical ethics committees (4)."

(Original version signed and archived.)

**Carried unanimously.**

**MOTION 2012/11/28-05P**

That the term of Linda Lepage Leclair (nurse) be modified from that of an alternate member to a regular member and the term of Michael Kemp (quantitative analysis) be modified from that of an alternate member to a regular member (replacing Anne Paulin and Carole Pontbriand). The length of these two terms is two years.

**Carried unanimously.**

**MOTION 2012/11/28-06P**

That the Ethics Committee report be approved as presented.

**Carried unanimously.**

**9.3 Finance and Audit Committee**

The committee met on November 7. It examined:

- Its terms of reference;
- Its work plan;
- The financial results to September 30, 2012;
- The 2013-2014 priorities in terms of equipment, major renovation projects, and long-term capital plans, and;
- The 2013-2014 priorities for the list of equipment valued at \$100,000 and over, for the list of major renovation projects, and for the long-term capital plan.

The financial results to September 30, 2012 were presented as follows;  
At the end of the second quarter, the Health Authority had recorded revenues of \$337,276,875 and expenditures of \$341,951,134. This translated into a deficit of \$4,674,258 before amortization and before an adjustment to be received for cost by weighted case.

Since the start of the fiscal year, efforts had been under way to institute recovery measures that would help slow the growth of our expenditures and make the system more efficient. Although we are entering the busiest period of the year, we expect to be able to contain the deficit at its current level for the year ending March 31, 2013.

**MOTION 2012/11/28-07P**

That the Finance and Audit Committee report be approved as presented.

**Carried unanimously.**

**9.4 Human Resources Committee**

The Human Resources Committee held its first meeting on November 20, 2012 at the Restigouche Hospital Centre.

The committee's work over the past year was briefly summarized and the group's terms of reference were reviewed without changes.

The committee's work plan was carried over to the next year.

(Original version signed and archived.)

The findings of the Pulse survey were communicated to the members. This survey was administered to staff in preparation for the accreditation survey taking place in May 2013.

The human resources dashboard was received and discussed.

**MOTION 2012/11/28-08P**

That the report of the Human Resources Committee be approved as presented.

**Carried unanimously.**

**9.5 Medical Advisory Committee**

The report will be delivered at a future meeting.

**9.6 Professional Advisory Committee**

With the Chair of the Professional Advisory Committee, Linda Sunderland, not present, Annette LeBouthillier presented a recommendation made by the Professional Advisory Committee.

**MOTION 2012/11/28-09P**

That Julie Belliveau be appointed to the Professional Advisory Committee to replace Helene Levesque, for Zone 4, from December 2012 until the annual general meeting in June 2013.

**Motion carried unanimously.**

**11. Report by the FacilicorpNB representative**

A meeting took place on November 15 in Saint John.

- The transfer of the financial sectors to FacilicorpNB management had been completed.
- The introduction of a provincial messaging system was expected to be completed shortly.
- A new call centre in Edmundston had recently started processing calls originating from Saint John and should expand to the other regions shortly.
- Some 75 contracts had been given to Medbuy, thereby replacing 4000 former suppliers.
- A study was under way examining the impact of establishing a single central laundry for the northern part of the province.
- An orientation session for new members of FacilicorpNB would take place in Moncton on November 30.

For any questions concerning the mandate, number of employees, financial situation, etc. of FacilicorpNB, the annual report, which is publicly available, could be consulted.

**MOTION 2012/11/28-10P**

That the report by the FacilicorpNB representative be approved as presented.

**Carried unanimously.**

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## 12. Presentation on Clostridium difficile

The objective for Clostridium difficile is to have no outbreak.

The bacteria is present in the environment in the form of spores. It is difficult to identify and destroy. The usual symptoms of infection are diarrhea, fever, and abdominal pain and cramps. The severity of the infection may vary.

The risk increases as follows:

- For anyone taking antibiotics (it is suggested that patients follow their physicians' advice concerning their medications);
- For anyone receiving chemotherapy, and;
- With age, a weakened immune system, the length of hospital stay, and surgeries involving the gastrointestinal system.

Infection prevention employees are assigned to each zone. Staff are being trained in terms of monitoring, screening, hand hygiene, patient isolation, wearing of protective equipment, environmental cleaning (with special products), etc.

Each of us is responsible for the prevention and control of Clostridium difficile.

## 13. Other

### 13 a. Election 2016

There is a desire to ensure that all members sitting on the Board of Directors are able to function in the Network's language.

**FOLLOW-UP:** The elections office (provincial elections) will be consulted to obtain the selection criteria for interested candidates.

### 13b One visit, one illness

There was mention of some complaints received from patients who had been obliged to make more than one appointment to discuss various health issues with their physician. Members were reminded that it is preferable to examine each case individually and that the College of Physicians is responsible for receiving and examining physician complaints.

**FOLLOW-UP:** The Quality and Risk Management Committee will study this issue at an upcoming meeting.

## 14. Adjournment

With the agenda having been completed, it was moved to adjourn at 8:01 p.m.

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Paul Couturier  
Chairman of the Board of Directors

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Rino Volpé  
Board Secretary