

Item	Summary
Attendees	<p>Barry Jeske Cherise Griffin David Oakley Doreen Fey Dr. Mike Loudon Ian Palsson Jim Dola (for Bert Campbell) Lauralou Cicierski Margaret Medwid Michael Ledarney Nancy Dumas Pamela McCallum Shaleen Loudon Shannon Montgomery</p> <p>Absent: Bert Campbell, Lyle Willis, Dr. Myron Thiessen</p>
Review of Agenda	<ol style="list-style-type: none"> 1. Call to Order & Introductions 2. Review of Agenda / Minutes 3. Updates 4. Review Draft Plan 5. Questions We're Facing 6. What Do We Want Our Hospital To Look Like? 7. Action Items 8. Adjourn
Record	<ol style="list-style-type: none"> 1. Call to order & Introductions <p>Meeting called to order at 5:02pm.</p> <ol style="list-style-type: none"> 2. Review of Agenda / Minutes <p>Agenda and minutes approved by committee.</p>



3. Updates

Nursing Protocols

College of Registered Nurses is involved with the process and is not in agreement with our plan. Heavy focus on Ebola right now.

Walk-in Clinic

Have had five so far with a range from 6-21 patients. 10-15% recruitment rate. Most patients are repeat visitors who don't have doctors. Recruited over 100 patients to the clinic since Kaitlyn came on board. Community members really like her.

4. Review Draft Plan

Phase 1 (COMPLETE)

Based on primary health care.

We had a look at numbers, and 80% of what goes through emerg could utilize a nurse practitioner.

Open a walk-in clinic, two afternoons a week.

Phase 2 (3 to 6 months)

Next recruitment would be for a nurse practitioner.

With three healthcare providers, can we offer more flexible hours?

Need a year+ to recruit a physician.

Agreed we need another physician, have to have a saleable attractive model first.

More life balanced environments make it easier for recruiting (ex: no on call).

Phase 3 (6-12 months)

Addition of a third practitioner or a physician (based on demand).

Need to be ready for either hire.

Phase 4 (Spring 2016)

Second physician in place.

Phase 5 (2017)

Bring all services together under one roof in one facility.

Continuum of healthcare will always exist. We will always use the staff we have in the most appropriate ways. There will always be a need for treatment space and procedure space.

5. Question We're Facing...

- Change ER hours to 8am-8pm or 10pm (flexible to community needs).



- Community needs to know which services we have in Teulon– they need to know what do after hours.
- Public needs more info on nurse practitioners.
- Same triage but different areas for ER and minor treatment areas?
- Do we keep nurse managed care for the other hours?

6. What Do We Want Our Hospital To Look Like?

- A facility that works in unison, collaborative team model.
- Utilize the combined skill set in a collaborative fashion to best serve the patients.
- Another physician that could alternate call and be available for patients.
- Define health services we need (doctor, NP, rehab services etc.)
- Enhanced hours.
- Break down barriers – extend through hospital and emerg - define areas.
- Extended services (define it).
- Do we then have continued NP care?

7. Action Items

Doreen to get the leakage numbers of emerg patients leaving Teulon for services by next meeting.

Dr. Loudon to send Pam examples of treatments and conditions that will be treated at the clinic (during primary care hours).

Doreen, Shannon, Margaret, and Pam to meet and create a suggested model for the health care plan to present to the committee by next meeting.

8. Adjourn