

**MINUTES OF THE REGULAR BOARD MEETING**

DATE: Tuesday, April 25, 2023

TIME: 1700 hours

PLACE: Hybrid (HDH Boardroom/Virtual)

PRESENT: **Voting Governors:** Pamela Matheson (Vice Chair), Lorna Eadie Hocking (Immediate Past Chair), Don Butland, Leigh Butler, Rejane Dunn, Corwin Leifso, Cathy Lansink, Terry Leis, Chris Prues
Non-Voting Governors: Dana Howes (President and CEO), Mary Rae (VP of Patient Care Services/CNE), Dr. Randy Montag (Chief of Staff)

Invited Staff: Victoria Cumming (Recording Secretary), Dr. Tim Heerema (Vice President of Medical Staff), Kim Mighton (Vice President of Finance & Operations), Megan Soers (OHS/Risk Manager) Cheryl Speer (OHS/Risk Manager)

REGRETS: **Voting Governors:** Tina Shier (Chair),
Non-Voting Governors & Invited Staff: Dr. Nick Abell (President of Medical Staff)

1. CALL TO ORDER

P. Matheson called the meeting to order at 1700 hours.

2. APPROVAL OF AGENDA

Moved and Seconded

THAT the agenda be approved as presented.

MOTION CARRIED

3. DECLARATION OF ANY CONFLICT OF INTEREST

No conflicts were declared and the group was reminded to declare a conflict of interest should one arise.

4. MISSION, VISION, VALUES

The Board reviewed the Mission, Vision, and Values and were asked to keep them in mind throughout the meeting.

5. PRESENTATION: ROLE OF THE PHYSIOTHERAPY DEPARTMENT

M. Soers provided a presentation on the Work-life Pulse Survey Results for 2023. The presentation included;

- What is the Work-life Pulse Survey;
- How results are calculated;
- 2023 Staff Results (no red flags, improvement on 6 rankings)
- Overall, how would you rate your organization as a place to work rankings;
- Physician results;
- How HDH creates a positive work environment; and
- Conclusion.

Clarification was provided on the number of yellow flags being 8, with no red flags and the remaining being green.

It was noted that the survey is completed through Accreditation Canada but it was asked if there

are benchmarks to compare with other hospitals as an external gauge in how HDH is doing. It was explained that not all hospitals complete the survey annually like HDH does but complete the survey during their Accreditation cycle. With local hospitals currently going through their Accreditation process, HDH will reach out to see if they will share these results. It was clarified that not many hospital have such a positive rate.

The board acknowledged a job well done with a lot of external factors against the hospital. HDH was commended for completing the survey annually and not just when required by Accreditation.

While comments are not a part of the Accreditation designed survey, consideration for a supplementary section to go along with the survey could provide more rationale.

It was explained that HDH has improved results over previous surveys. HDH continues to invest in leadership training and support. As an organization, HDH has also demonstrated stability and consistency, even throughout a pandemic.

At the end of the discussion, C. Speer longstanding OHS/Risk Manager was acknowledged for her years of service and wished all the best in her Retirement.

M. Soers and C. Speer left the meeting.

6. STRATEGIC MATTERS

6.1 South West Hospital Support Investment in Home and Community Support Services

D. Howes provided a letter in the agenda supported by all South West Hospital supporting an Investment in Home and Community Support Services. It was explained that this is an essential piece of the healthcare system. The more successful home and community services are the more successful hospitals are.

6.2 Emergency Department (ED) & Stabilization Funding and the Health Service Accountability Agreement (HSAA)

D. Howes provided a briefing note and highlighted funding that was confirmed through this year's HSAA. This included a 2% increase to HDH's base funding and renewed one time funding for the ED and Orphan Patient Stabilization. HDH is happy to receive the funding as requested but has not signed back the HSAA at this time due to some of the clinical metrics included deemed to be quite aggressive, and difficult to attain. Alternative Level of Care (ALC) Throughput is one of these metrics and it was explained that this metric is not reflective of hospital performance as the hospital has no control on when a patient is admitted as an ALC patient. It was also highlighted that uncertainty remains around Bill 124 being struck down and Hospitals are not able to assess the impact as arbitrated settlement has not yet been reached with the unions. HDH has an extension until June 30, 2023 to sign back the HSAA at this time. OHA is requesting that all hospitals receive an extension until September.

The Board discussed the ALC metric and agreed that with 147 LTC beds being closed in Grey Bruce during the pandemic and high occupancy of existing beds that there is nowhere for the ALC patient to go. This is a system issue and not a hospital issue.

It was questioned on whether hospitals have considered opening LTC beds within a hospital that could be fully funded. It was explained that various options have been explored to address the ALC issue. Some hospitals outside of Grey-Bruce have rented space within LTC homes and implemented joint staffing arrangements. Recently, HDH has hired personal support workers (PSWs) to assist with ALC patients at this time. While opening funded LTC beds within a hospital

could help alleviate the ALC problems, finding and retaining qualified staff remains a crucial factor to consider.

An update on Revera building a LTC home in Hanover has not been received recently. The last information provided was hopefully the build will commence in the spring.

It was clarified that when HDH is overcapacity and increases beds that no extra funding is provided for these circumstances. It was also explained that Chesley Hospital uses their LTC beds internally for their patients only.

6.3 Change to Current Masking Policy

D. Howes provide a briefing report in the agenda explaining the recent change to HDH's masking policy based on newly released Interim Guidance on Infection Prevention and Control Measures by Public Health Ontario. The details of this change were highlighted explaining when masks are required and when masks are optional, but recommended.

7. OFFICER REPORTS

7.1 President/CEO Report

D. Howes provided a written report in the agenda and highlighted;

- Accreditation Canada completed review of the Inter-Hospital Laboratory Partnership (IHLP) in March. It was a positive review overall with HDH receiving a high score of 94% for its overall rating;
- Members of the Health Equity Committee participated in an *Exploring Bias* workshop in April. The staff reported the workshop to be informative, providing a renewed frame of reference when discussing bias;
- Leadership and management accessed a Healthcare Administration Conference in April that offered a wide range of professional development sessions;
- The Ontario Health Association (OHA) has received notice from the Ministry of Health (MOH) that they are considering "sun-setting" the COVID-19 Temporary Summer Locum Program Expansion Funding (CTSLPE). This funding is highly utilized by HDH and was integral in ensuring that rural ED's remained operational. Small and rural hospitals are working with the OHA to advocate for this funding to continue or adopt a new program to support funding to incentivize rural EDs;
- A positive meeting occurred with the new President and CEO, Nancy Shaw of South Bruce Grey Health Centre (SBGHC). They discussed a path forward in creating a collaborative relationship between the two organizations; and
- D. Howes highlighted a professional development course she will be participating in over a 6-week period. Clarification of the time allotment for the course was given.

It was asked if a letter of support is needed from the Board to support the OHA's advocacy for the CTSLPE funding. D. Howes will reach out to see if that would be helpful.

8. BUSINESS/COMMITTEE MATTERS

8.1 Finance/Audit & Property Committee Report

C. Prues reported that the Finance/Audit & Property Committee met April 20, 2023. Although, the committee did not have quorum a presentation from M. Ellis from Scotiabank was received in regards to the hospitals investments. The investment balance and allocation was shared along with the current landscape of investments in general. Overall, the Finance/Audit and Property Committee supported the current direction of the investments after review.

8.2 Fiscal Advisory Committee Report

Nothing to report at this time.

8.3 Public Relations Committee Report

Nothing to report at this time.

8.4 By-Law Committee Report

Nothing to report at this time.

8.5 Nominating Committee Report

(a) New Board Member Nominating (D. Butland, L. Butler)

P. Matheson reported that the committee met on April 6, 2023 and recommends D. Butland and L. Butler as new members of the Board until June 2023 where they will both be reelected for a three-year term.

Moved and Seconded

THAT the Board of Governors acclaim Don Butland and Leigh Butler as a Board Governor until the June Annual General Meeting where they will stand for election to a three-year term.

MOTION CARRIED

(b) Board Chair Evaluation

P. Matheson explained that the Board Chair Evaluation will be conducted as per policy. Please look for the questionnaire in your email and return for consolidation by May 8, 2023.

9. CONSENT AGENDA

Item 9.2 (a) Finance/Audit & Property Committee Minutes – March 23, 2023 were removed from the consent agenda;

The Finance/Audit & Property Committee will approve these minutes at their next meeting and bring forward to the next Board meeting as quorum was not present.

Item 9.2 (c) Medical Advisory Committee Minutes – March 2, 2023 were removed from the consent agenda for discussion;

The group discussed the upcoming renewal of the Voyago contract. It was explained that they won the contract through the Request for Proposal as no other company could provide the fleet or staff. They have a monopoly on the industry and continue to expand. The negotiation of the contract is still underway and the hope is for penalties to be included in the contract. It is unknown if they will be receptive to these requests. There are a few smaller services that can be utilized locally from time to time for patients with more mobility. Some concerns were expressed in regards to whether monopoly laws could come into place.

Item 9.4 (a) Media Release – Rick Byers, MPP was removed from the consent agenda for more information;

It was explained that HDH completed the application process for the additional funding and this letter confirmed receipt and approval of that application.

Moved and Seconded

THAT the items on the consent agenda are approved as follows;

9.1 Open Board Session Minutes – March 28, 2023

9.2 Board Committee Reports

(b) Quality Governance & Risk Management Committee Minutes – March 28, 2023

(c)(i) Monthly Credentialing Report – Approved March

9.3 Reports

- (a) VP of Clinical Services/CNE Report
- (b) Chief of Staff Report
- (c) HDH Foundation Report

MOTION CARRIED

10. ROUND TABLE

No further discussion.

11. NEXT MEETING

Tuesday, May 23, 2023 at 5:00pm

12. COMPLETION OF BOARD MEETING EVALUATION

P. Matheson reminded the group to complete the Board Meeting Evaluation.

13. ADJOURNMENT

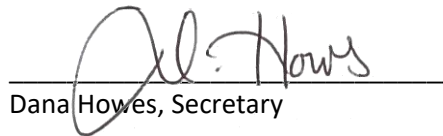
The meeting adjourned at 1805 hours.



Pamela Matheson, Acting Chair



Victoria Cumming, Recorder



Dana Howes, Secretary