



# Listowel Wingham Hospitals Alliance Board of Directors Meeting

Wednesday, September 28, 2022

WebEx / WD Boardroom / LM Outpatient Building

<b>PRESENT:</b>	Jes Weber, Chair	Justine Leslie	<b>STAFF</b>	Rhonda Scheeringa
	Karl Ellis	Dr. T. Suggitt		Barb Major-McEwan
	Dale Gilchrist	Rick Boisvert		Meghan Martin
	Sheena Haines	Penny Mulvey		
	Susan McLaughlin	Doug Miller		
	Stacey Ash	Claude Leroux		
	Conor O'Keefe	Janny Pape		
	Dr. S. Vander Klippe			
			<b>PATIENT REP</b>	Rosemary Rognvaldson
<b>ABSENT:</b>	Dr. D. Gateman		<b>GUESTS:</b>	
<b>REGRETS:</b>	Claude Leroux		<b>REGRETS:</b>	

## 1. CALL TO ORDER and WELCOME

Chair J. Weber called the meeting to order at 1743 hours.

## 2. APPROVAL OF AGENDA AND CONSENT AGENDA

Moved by: R. Boisvert

Seconded by: S. Ash

THAT the LWHA Board of Directors approves the Agenda for Wednesday, September 28, 2022 and the following Consent Agenda reports be received as circulated

- Board of Directors Meeting Minutes of June 22, 2022
- WDH Foundation

**MOTION: Carried**

### 3. DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest declared.

### 4. BOARD EDUCATION: ONTARIO HEALTH WEST PARTNER MEETING – K. ELLIS

- K. Ellis provided an overview of a recent presentation from Ontario Health West.
- According to OHW, the health system is under pressure but not in crisis. [REDACTED]
- If nothing changes, Ontario could see a 2,400 hospital bed shortage by the peak of a potential COVID and flu fall wave.
- R. Boisvert asked about what progress was made in critical areas as defined by OH. K. Ellis stated that the surgical wait lists (not locally) have improved.
- Preserving hospital capacity includes ongoing COVID vaccine rollout, continued provision of anti virals for COVID patients, and extended temporary physician funding. K. Ellis stated that it is unlikely that these efforts will affect the short term experiences in hospital.
- Providing the right care in the right place initiatives include right-sizing LTC capacity, Bill 7, using vacant LTC beds as hospital-operated transitional care beds, maximize LTC home capacity to facilitate flow, expanding 911 models of care, and fund 20 more hospice spaces.
- Further reducing surgical waitlists will leverage recovery funding to drive volumes, and improve efficiency.
- Will aim to ease pressure on ED's by increasing access to Family Health Organization models of primary care, modifying the Community Commitment Program for Nurses, supporting Health Human Resources (HHR) in ED's,
- Actions include bringing internationally educated workers into the system, increasing health care worker retention, supporting recruitment and retention in LTC, and the continuation of HHR programs.
- Dr. Suggitt questioned whether the presentation for each OH region was the same. K. Ellis has seen some variability but no new ideas or anything that will make a difference in the short term.
- R. Boisvert asked whether there is value in formal feedback from the Board with regards to their presentation. S. McLaughlin suggested that other Boards may wish to provide input, as well. D. Gilchrist acknowledged that there were no Board members at this presentation.
- R. Boisvert asked whether the Board was an intended audience for this presentation. K. Ellis explained that this presentation was not restricted and was able to be shared. [REDACTED]
- K. Ellis will reach out to peers to understand other Board's feelings.
- Dr. Vander Klippe encouraged a letter to OH to communicate the need for leadership.

### 5. NEW BUSINESS / DECISIONS AND REPORTS

#### 5.1 VP of Clinical Services and Quality Report – J. Leslie

- Summer was extremely challenging for staffing. There were 9 ED closures between LMH and WDH. The closures represent a small number of vacancies that existed over the summer. We are fortunate that we have dedicated staff.
- No staffing risks for potential closure at this time but one sick call could result in a last minute closure.
- CCC beds that were closed to stabilize staffing will be opened again in October.
- LWHA has a new Occupational Health Coordinator named Deirdre Woodward.

- J. Leslie noted that there has been great success recruiting former nursing students over the summer.
- K. Ellis recognized LWHA's decisions to not engage Agency nurses and to grant staff vacations despite staffing challenges. P. Mulvey asked whether the nurses themselves or the Agencies received those premium payments from hospitals that did utilize them. K. Ellis explained that both would be in receipt of those dollars.
- K. Ellis noted that the new nursing initiative is a strategy that will serve us well in the long term. J. Leslie agreed, stating that it's already working the way that it was intended. R. Beyersbergen asked whether this new model was permanent. J. Leslie confirmed that it was, and that project evaluations will take place.
- K. Ellis acknowledged J. Leslie, R. Scheeringa, and B. Major-McEwan for their efforts throughout the summer.

## **5.2 President and CEO Report – K. Ellis**

- ED pressures are manifesting as closures, wait times, and ambulance off-loading across the South West. Collectively, the hospitals have agreed to work together to generate solutions. Ideas include virtual ED's, increasing the crisis response, looking at how hospital beds are utilized, patient transportation, and an Urgent Care model in place of the ED.
- K. Ellis doesn't believe LWHA ED's are at risk of closure due to volumes and location.
- Bill 7 allows hospitals to move patients to a LTC bed within 70 km of their homes. It's not likely to be a high volume of patients across the province that will be impacted by this legislation, however, hospitals must be prepared for this possibility.
- One third of LWHA's current patients are waiting to go elsewhere (i.e. LTC). Dr. Suggitt asked how this compared to historical data. K. Ellis stated that this number was significantly lower years ago. J. Leslie added that home care services are not as available and therefore patients can't go home.
- S. Ash asked how this impacts other patients. K. Ellis explained that while there isn't a back log of patients yet, this could create occupancy issues in the fall and winter.
- D. Gilchrist questioned how Bill 7 will be implemented. K. Ellis acknowledged that patients will get a bill regardless of whether they have ability to pay, noting that disadvantaged people are likely to be further disadvantaged as a result of this bill.
- Bill 124's 3 year wage restraint is coming to an end for some groups but just beginning for others.
- K. Ellis has discussed day care options with both North Perth and North Huron municipalities. They're also struggling with staffing. K. Ellis explained that there is a concern that staff returning from maternity leaves will not be able to secure childcare, and will therefore be unable to work.
- Inflation remains a financial risk.

## **5.3 Annual Meeting and Board Social June 21<sup>st</sup> Instead of June 14<sup>th</sup> – K. Ellis**

- Ontario Not for Profit Corporations Act identifies a timeline for presenting financial statements that will not align with the current date for the LWHA Annual Meeting (June 14<sup>th</sup>).
- The Board was supportive of moving the Annual meeting to June 21<sup>st</sup>.

## **6. CLOSED IN CAMERA SESSION**

The in-camera minutes are under separate cover.

**Moved by: J. Pape                      Seconded by: S. McLaughlin**

**THAT the LWHA Board of Directors meeting move to 'In-Camera' session and that staff**

remain.

**MOTION: Carried**

**7. HURON PERTH ONTARIO HEALTH TEAM**

**HPA OHT Overview**

- Deputy Minister stated that they'll be leaning more on the OHT's in the years ahead.

**8. BOARD RECOGNITION OF QUALITY IMPROVEMENT**

- D. Miller appreciated the conversation around the ED situation.
- R. Boisvert was supportive of LWHA's approach to recognize staff and the pressure they've been under. At the same time, it's unacceptable that the healthcare sector is in this state. Locally, the work being done is excellent.
- C. O'Keefe asked whether the community had provided feedback on the closures. K. Ellis confirmed that while none was received directly, there were comments made on social media that staff were advised to ignore. Dr. Vander Klippe noted that patients are occasionally calling to ask whether the ED is open, demonstrating a breach in trust.
- C. O'Keefe asked whether volumes have decreased as a result of the closures. K. Ellis explained that volumes have not decreased. Dr. Suggitt agreed, noting that Mondays have higher volumes now.

**9. CORRESPONDENCE**

**Population Health – The Concept of Health Equity**

**10. COMMUNICATION REQUIRED FOLLOWING BOARD MEETING**

- A summary of this meeting will be emailed.
- Karl to draft a letter to Ontario Health and reach out to peers to determine interest in a formal communication.

**11. DATE OF NEXT MEETING**

- Wednesday, October 26, 2022
- WebEx / WDH Board Room / LM Outpatient Building
- 1700 Hours

**12. MEETING EFFECTIVENESS EVALUATION**

- Not discussed.

**13. BOARD ONLY**

**14. ADJOURNMENT**

**Moved by: J. Pape                      Seconded by: D. Gilchrist**

**THAT there being no further business the LWHA Board of Directors meeting be adjourned at 1927 hours.**

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J. Weber, Chair

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Karl Ellis, Secretary