



Listowel Wingham Hospitals Alliance Board of Directors Meeting

Wednesday, March 29, 2023

WebEx / WD Boardroom / LM Outpatient Building

PRESENT:	Jes Weber, Chair	Doug Miller	STAFF	Barb Major-Mcewan
	Dale Gilchrist	Susan McLaughlin		Becky Bloemberg
	Rosalea Beyersbergen	Sheena Haines		Rhonda Scheeringa
	Rick Boisvert	Penny Mulvey		Ainsley Morrison
	Janny Pape	Karl Ellis		Jade DeVries
	Justine Leslie	Dr. T. Suggitt		
	Dr. S. Vander Klippe		PATIENT REP	Rosemary Rognvaldson
ABSENT:	Dr. D. Gateman	Claude Leroux	GUESTS:	Erin Donald
REGRETS:	Conor O'Keefe	Stacey Ash	REGRETS:	

1. CALL TO ORDER and WELCOME

Chair J. Weber called the meeting to order at 1755 hours.

2. APPROVAL OF AGENDA AND CONSENT AGENDA

Moved by: Doug Miller

Seconded by: Dale Gilchrist

THAT the LWHA Board of Directors approves all motions formally passed in the Committee of the Whole meeting, the Agenda for Wednesday, March 29, 2023, and the following Consent Agenda reports be received as circulated.

- Board of Directors Meeting Minutes of February 22, 2023
- Executive Committee Meeting Summary of March 8, 2023
- LMH Foundation Report
- WDH Foundation Report
- Delegation of Authority Policy

MOTION: CARRIED

3. DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest declared.

4. BOARD EDUCATION: HOSPICE/PALLIATIVE CARE – ERIN DONALD

- The Board previously stated interest in learning about hospice and palliative care. Huron Hospice recommended their Clinical Team Lead, Erin Donald to provide the Board education.
- Palliative care is comfort care with or without cure, and can begin at any time during the disease process, although it usually begins at diagnosis. Palliative care can be provided in any setting, and can be specialist or generalist in nature.
- Hospice care is comfort care with no intention to cure, and is usually for individuals whose prognosis is no greater than 3-months. Hospice care is provided in residential settings with minimal medicalization and is provided as specialist care only.

- E. Donald noted that the 3-month prognosis for hospice care is a system indicator rather than a clinical indicator, and therefore does not speak to individual patient need.
- Hospices are standalone independent facilities with broad criteria and little funding given by the Ministry of Health. As a result, hospices are required to set their own admittance criteria for and are mostly donation funded.
- Hospices are managed by experienced, specialist nurses; physicians visit but do not stay. Hospice staff can act as great resources to educate hospital staff in expert symptom management and serious illness conversations.
- Early referral is always beneficial; if left too late, patients may become too ill to transfer.
- D. Gilchrist asked if hospice patients show any interest in MAiD. E. Donald advised that Huron Hospice does not currently allow MAiD on site, however, this is expected to change soon.
- Some palliative care patients show improvement, and when this happens, supports are put in place so patients can return home. Patients who improve still have a life limiting illness.
- E. Donald noted that greater communication between hospice and hospitals is needed; hospice nursing staff do not have access to patient charts so strengthening the network between hospice and hospital staff is crucial.

5. NEW BUSINESS / DECISIONS AND REPORTS

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

- J. Leslie advised Clinical and Pharmacy teams have reviewed and updated the High Alert Medications Policy. When a high alert medication is scanned, it now triggers a high alert notice requiring a team member to double check the medication and dosage.
- Nursing staff will have a modified skills day this spring which will include both virtual and paper-based learning; it is expected that skills days will return to an in-person in format later this year.
- Dr. S. Vander Klippe questioned skills days being reduced to one per year.
- J. Leslie advised that feedback from nursing staff showed a desire for fewer skills days; as a result, it was discussed to reduce skills days to one per year and the remaining education funding could be used for the Practice Nurse Lead program. The PNL program has not been successful to date so one guaranteed skills day will take place per year, however it is uncertain at this time as to whether funding will be available for two.
- LWHA's Patient Visiting Policy has changed based on feedback from staff and patients. Patients with pending COVID-19 results will now be allowed visitors.

5.2 President and CEO Report – K. Ellis

- The Emergency Services Spectrum Sub-Committee was launched in light of staffing challenges and ED closures that hospitals in the South West face. This is not a decision making group, rather, they provide advice and guidance. They will be reviewing volumes and resources of all twenty-seven emergency departments in the region.
- Physician recruitment is a challenge for both LMH and WDH. LWHA provides housing to locum physicians and there may be the need for additional housing if a residency program is brought to the community.
- A Manager of Support Services position has been created and posted. The position will oversee Nutrition and Food Services, Environmental Services and Registration departments.
- Inflation has resulted in an occasional credibility gap with Foundations and donors as the cost of equipment purchases is often exceeding the budgeted amounts.
- There was a recent consultation with LHSC regarding expansion of the Oncology department at WDH. K. Ellis noted that the Oncology department is not at risk; the request was for LHSC to

consider referring Oncology patients to WDH where there is extra capacity. [REDACTED]

- P. Mulvey asked if LWHA had discussed Oncology expansion with hospitals in Kitchener. J. Leslie confirmed that discussions have been had, and this will be examined further at the end of the year once Grand River has updated their computer system.
- Registration staff have been moved to manage the greater volumes in the ED and Amb Care areas. K. Ellis will ensure there is a sign at each hospital entrance to direct visitors.

5.3 LWHA Physician Recruitment Strategic Plan – K. Ellis

- Provided to inform the Board on the strategic direction of Recruitment Officer, Jan McKague.
- Physician groups were consulted and helped shape the recruitment strategic plan.
- Dr. Vander Klippe noted that recruitment is at a critical level and it would be beneficial for the Board to hear from Jan.

5.4 Leadership Organizational Chart with Span of Control – K. Ellis

- In follow up to a discussion at the March meeting, the organizational chart outlines the span of control and reporting structure for LWHA.

5.5 Move to Closed In-Camera Session

6. CLOSED IN CAMERA SESSION

The in-camera minutes are under separate cover.

Moved by: Susan McLaughlin

Seconded by: Rick Boisvert

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

MOTION: CARRIED

7. BOARD RECOGNITION OF QUALITY IMPROVEMENT

- The Board enjoyed the education by Erin Donald on hospice and palliative care.
- S. McLaughlin recognized R. Scheeringa and the Human Resources team in the work they are doing for both recruitment and current staff.
- The Board Retreat will take place on Wednesday, April 12 at 1700 in the WDH Boardroom. It will be an informal chance to discuss timely topics such as the strategic plan and Board structure. Virtual attendance is possible.

8. CORRESPONDENCE

8.1 Changes to LMHF Board Letter

- The provided letter notifies of a switch in the Listowel Memorial Hospital Foundation leadership; Krishna Beharry will be stepping up at Chair.

8.2 HOOPP 2022 Plan Performance

- The memo outlines HOOPP's 2022 year-end results and shows a plan.

8.3 Hospital Board Chairs – Ministry of Health Memo

- It was noted that the Ministry of Health acknowledged hospitals as being key to the pandemic response in the province of Ontario.

