

***Enriching life's journey together.***



***Board Education***

Jan McKague-Weishar provided the Board with an update on the physician recruitment initiatives in North Huron and North Perth. Some highlights:

- The 21 physicians in our two service areas provide care for over 30,000 people.
- Expected retirements will require the recruitment of 15 to 20 new physicians in the next 5 years. We have had 12 new physicians join us in the last 7 years.
- Physicians practicing in ER, OB and obstetrics are required.
- Fewer medical school students are interested in family medicine

Our local plan includes:

- Growing our medical learner program including establishing a residency program
- Ensuring a positive learner and locum experience
- Cultivating stakeholder partnerships

The following data outlining the diversity of the students in medical schools resulted in a Board discussion on our broader community's approach to welcoming newcomers.

- 44% first language other than English
- 38% racialized persons
- 18% LGBTQ2S+
- 35% first-generation Canadians

The presentation and discussion highlighted the importance of the hospital and broader community being open and welcoming to everyone.

***Cultivating quality care that is patient centred, timely, efficient, effective, equitable and safe.***

**Emergency Department Staffing and Closures**

One of the most difficult decisions to ever make in our hospitals is the closure of an emergency department. We have consistently told our communities that this is a last resort and that all efforts have been undertaken to keep the service open. None of us want to see this happen. We have to acknowledge the numerous staff and physicians who have stepped forward repeatedly to fill shifts, change schedules or cover peers in order to keep our ERs open. We strongly believe that the closures are a temporary situation and we continue to take actions to improve the situation including:

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- A fundamental change to our laboratory staffing and operating model has reduced the risk of closures related to laboratory vacancies.
  - Temporary Summer Locum Program funding has been extended by the province which should reduce the risk of physician shift vacancies.
  - Wingham is coping with 23% of Registered Nursing staff on leave. This is partially good news as the majority of the leaves are maternity which means we have a young staff, living and raising a family in our community. We also have staff on leave with an anticipated return date later this summer.
  - We have recently hired 5 full-time RNs and 2 part-time RNs who are starting with us in Wingham in May and June. This is excellent news and it will take some time to fully orientate and schedule these new staff into our organization.

Senior leadership met recently with leaders from Ontario Health to discuss our Emergency Department staffing pressures. We are certainly not alone in this HHR crisis and were applauded for the number of changes and initiatives put in place to support staffing over the last year. We also recognize that we cannot continue to have regular ER closures. We have resisted engaging agency nurses as we feel it is a short term solution that has longer term impacts on staff morale and the ability to hire and retain permanent staff. We will continue to work on plans to stabilize staffing and reassess our situation in the fall. If by that time, staffing has not stabilized, we will have no choice but to look at alternatives including agency nursing.


The Board discussed communication strategies to share this information with our community.

### **Alternate Level of Care (ALC) Self Assessment**

Ontario Health has requested all hospitals complete an ALC self-assessment. The purpose of the assessment was to evaluate our current processes against ALC best practice standards. Overall LWHA met most of the standards with some opportunities for improvement in the areas of education and discharge planning.

### **Mandatory Masking - Update**

Masking requirements were discussed at LWHA's Infection Prevention and Control (IPAC) meeting in June and after further consultation we decided to move forward June 19th with changes. These changes are consistent with public health direction and inline with our regional partners. While we will strongly encourage masking, it will only be mandatory in select areas such as Oncology and the Emergency Departments including their respective waiting rooms. Moving forward, we are now required to modify masking requirements based on community transmission. When transmission is high we will be expected to increase mandatory masking in



hospital. We anticipate having to make these changes during the fall and winter months. Masks will continue to be available for patients, visitors, staff and physicians in all areas of the hospital.

## *Cultivating a workplace that nurtures individual and collective potential.*

### **Health Information**

Medical Records in LMH is going through a transition due to maternity leaves and resignation. We are very thankful for the support from WDH Health Information Management (HIM) talent who are supporting us after hours.

### **Cyber Security**

Some major improvements to our cyber security and disaster recovery plan have been accomplished with the installation of Dark Trace software and Zertos disaster software.

### **Supportive Colleagues**


Our leadership team has experienced a number of recent vacancies due to resignation and leaves of absence. We have been fortunate enough to backfill these positions on a temporary basis, however, it is clear that the combined workload of normal duties, extraordinary staffing pressures and backfilling colleagues is taking a toll on our leadership team. We are hopeful that the summer provides us with some opportunity for some well-deserved time off. As we consider the objectives outlined in our new strategic plan, it will also be necessary to evaluate what we can realistically accomplish in the year ahead with the resources available.

### **Bill 124**

Arbitration awards that address re-opener clauses in collective agreements as a result of Bill 124 continue to be released. Our human resources and finance staff have a significant workload compiling data to support often complex retroactive payments for 5 collective agreements while ensuring correct wage rates are calculated for current payments. Later this summer, further adjustments will be required when the ONA arbitration award is issued. We are also committed to making adjustments to our non-union staff compensation that are reflective of the compensation rates within comparable Ontario hospitals.

### **Carrie Hurst - Resignation and Job Posting**

Carrie Hurst, our cross-site clinical manager, has resigned and is moving on to a new opportunity in Collingwood. I want to thank and recognize Carrie for her work over the last



several years. We have posted her position and are working to fill it as soon as possible.

## *Cultivating a sustainable and resilient environment that is here for future generations.*

### **Renovations and Upgrades**

The LMH Heating Ventilation Air Conditioning (HVAC) project has completed the demolition phase and now will move to the construction phase.

LWHA Sarah Ave Outpatient project has completed the demolition phase and has started the reconstruction phase – currently walls have been painted, ceiling is being replaced and flooring should begin during the week of June 19<sup>th</sup>. Furniture is expected June 28<sup>th</sup>.

Fisher Clinic Expansion initial planning meeting kicked off May 30<sup>th</sup>

### **One Chart**

The official start of the One Chart project will begin when we initiate the roll out of Imprivata – our one touch login software.

### **Budget Planning**

Our 2023-2024 operating budget will be Due December 1<sup>st</sup> and we will kick off the planning for that and the capital budget in September 2023.

### **Hospital Services Accountability Agreements**

Ontario Health has acknowledged that there continue to be significant unknowns that are impacting hospital finances resulting in challenges forecasting an accurate financial position. Ontario Health is prepared to extend the current accountability agreement through the end of September. They are also not expecting hospitals to have an immediate plan to balance and have committed to work with hospitals over the coming months as further information becomes available.

### **Documents and Bylaws**

As highly visible entities providing public services, it is sometimes possible to forget that the Listowel Memorial Hospital and Wingham and District Hospital are incorporated entities that must maintain our status as corporations. Annually this includes preparing and filing budgets, accountability agreements, Charity Returns and Quality Improvement Plans. More recently, our incorporation documents were modernized to comply with the Ontario Not for Profit Corporations Act. Our corporate bylaws were also updated based on the standard template offered by the Ontario Hospital Association.

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## *Cultivating partnerships to offer a seamless patient experience.*

### **Collaboration between London Hospitals**

There has been significant press recently regarding the ending of a formal collaboration agreement between London Health Sciences Centre and St. Joseph's Health Care, London. This long standing agreement covered a range of shared services including purchasing, warehouse and supplies, research, laboratory, information technology and joint credentialing of physicians. Healthcare Material Management Services (HMMS) will continue for at least one more year as LHSC evaluates their options and makes an intended switch to a new service. We will continue to work with St. Joes to understand the potential impacts of these changes and assess the options for Listowel and Wingham.

### **Foundations**

Hospitals tend to have a large number of partnerships and relationships with other organizations and entities. Arguably one of the most important relationships is between a hospital and its Foundation. Thankfully, both Listowel and Wingham are supported by Foundations that are committed to supporting the hospitals and health care in our communities. It is unlikely that the province will change the policy that requires local funding of most medical equipment purchases in hospitals. We will continue to foster positive relationships between the hospital and Foundation in order to ensure our hospitals remain well equipped. Both Foundations have had recent discussions about whether hospital Board representatives attending Foundation meetings are there as ex-officio guests or appointed as active Board members.

The Listowel Memorial Hospital Foundation had their annual meeting recently and was proud to report that they donated \$606,035 to the Hospital last year. A total donation of \$478,440 was received from the Wingham and District Hospital Foundation and this support was also celebrated at their recent annual meeting.

### **Huron and Perth Canadian Mental Health Association**

We were invited to participate in the Huron and Perth Canadian Mental Health Association Strategic Planning meeting on June 12, 2023. The intention of the meeting was a brainstorming exercise for community organizations to identify strengths of the organization but also opportunities for growth and collaboration. We look forward to hearing an update on the organization's strategic directions this fall.