



Listowel Wingham Hospitals Alliance

Board of Directors Meeting

Wednesday, October 25, 2023

WD Boardroom / WebEx

PRESENT	Doug Miller	Stacey Ash	STAFF PRESENT	Becky Bloemberg
	Derek Mendez	Rosalea Beyersbergen		Rhonda Scheeringa
	Jean Montgomery	Conor O'Keefe		Jade DeVries
	Susan McLaughlin	Rick Boisvert		
	Kailey Fallis	Sheena Haines		
	Dr. Vander Klippe	Dr. Suggitt		
	Karl Ellis	Justine Leslie		
			PATIENT REP	Rosemary Rognvaldson
ABSENT	Jes Weber		GUESTS	
REGRETS	Mark Foxtan		REGRETS	

1. CALL TO ORDER and WELCOME

Chair D. Miller called the meeting to order at 1836 hours.

2. APPROVAL OF AGENDA and CONSENT AGENDA

Moved by: Derek Mendez

Seconded by: Jean Montgomery

THAT the LWHA Board of Directors approves all motions formally passed in the Committee of the Whole meeting, the Agenda for Wednesday, October 25, 2023, and the following Consent Agenda reports be received as circulated.

- ♦ Board of Directors Meeting Minutes of September 27, 2023
- ♦ Executive, Governance and Nominations Committee Summary of September 20, 2023
- ♦ LMH Foundation Report
- ♦ WDH Foundation Report
- ♦ CEO Position Description
- ♦ CEO Management Policy
- ♦ Media Relations Policy

MOTION: CARRIED

3. DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest declared.

4. BOARD EDUCATION: WDH Foundation CT Campaign – N. Duquette-Jutzi & Dr. Vander Klippe

WDH Foundation CT Campaign – N. Duquette-Jutzi

- N. Duquette-Jutzi provided an overview of capital campaigns. A Feasibility Study is the preliminary stage of a capital campaign which involves interviewing key stakeholders to determine the likelihood of success. The Feasibility Study for the WDH Foundation CT campaign was completed in April, with identified gifts ranging from \$1,300,000 to \$2,200,000.
- In the Readiness Phase, materials such as brochures and pledge cards are prepared, and campaign

team volunteers are recruited. With volunteers being trained on Monday, and the website ready to launch, the Readiness Phase for the CT campaign will be completed next week.

- The Implementation Phase involves creating an organizational structure which frames the mindset of gift anticipation and allocation; also developed in this phase is a Gift Chart, which acts as a fundraising map for the campaign. The most time and cost effective strategy in obtaining the substantial gifts is one-on-one, face-to-face solicitation.
- The Quiet Phase provides context on the scope and urgency of the project to individuals who may not be aware. When the Quiet Phase is complete, at least 65% of the goal will be reached and the campaign is secure; the Public Phase can then begin where all any and all gifts are accepted.
- The Wrap-Up Phase is when a celebratory event would take place; N. Duquette-Jutzi suggested holding a community open house when the CT is acquired.

CT vs. MRI – Dr. Vander Klippe

- Dr. Vander Klippe provided an overview of the differences and similarities between CT and MRI. CT scanners are faster and quieter, and are more commonly used in emergency work; CT scanners provide great imaging of bone, lung, blood, and cancerous tumours.
- In comparison, MRI machines provide great detailed imaging of soft organs, spinal cord nerves, brain, and cartilage; although slower than CT, MRI machines do not use ionizing radiation, and therefore do not increase at patient's risk of cancer as CTs do.

5. NEW BUSINESS / DECISIONS AND REPORTS

5.1 CT Implementation Update – K. Ellis

- The RFP for the WDH CT has gone live, and a site visit is scheduled for November 9th; the RFP response deadline of December 14th will be followed by a negotiation period. Although not yet confirmed, WDH's budget for the project appears to be reasonable.
- There have been requests to investigate the potential for a Bariatric CT; this is being looked into.

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

- The presented report was submitted prior to the LMH COVID-19 outbreak announcement; one patient has died, and nine patients have tested positive, with no staff testing positive. An outbreak team in partnership with Public Health has been developed, and LMH is expected to be out of outbreak by Tuesday. COVID-19 and flu vaccines will be available to patients and staff this fall.
- New nursing staff require improvement in their documentation practices. Clinical Nurse Leaders (CNL) will be reviewing and providing feedback on nursing documentation to ensure communication with staff, patients, and families is well documented.
- J. Leslie recognized all nursing staff for picking up additional shifts, and for supporting new staff throughout their orientation.
- The Agency Nursing Request for Information (RFI) process has begun. Shelley Reinhardt, Manager of Supply Chain and Projects, will be booking information sessions with the agencies.
- An educator from the London Regional Cancer Program was on site at WDH to provide training for all departments responsible for responding to a Code Brown.

5.3 President and CEO Report – K. Ellis

- LMH ED physician coverage currently presents the greatest risk to the organization; most vacant ED shifts in the recent months have been covered by Dr. Matthews and Dr. Warren, which is not sustainable. LMH is discussing how best to employ Temporary Summer Locum Program (TSLP) funding to incentivize these shifts to locums outside the organization.
- Matthew Rae, MPP followed up with the Ministry of Health regarding LMH's capital proposal; the Ministry have confirmed the proposal is complete and in the queue, but it is unlikely they will be making capital announcements this year beyond what has already been committed to due to the financial impacts of Bill 124. Matthew stressed to the Ministry the urgency to determine if the current LMH site will serve the long-term needs of the community.
- LMH physicians have been using AI to scribe, a tool that produces a clinical note from conversation between a patient and physician. Discussion are being had with London as plans for the OneChart project include a similar technology, but one that may not be as advanced.
- The Ministry of Health has identified twelve Ontario Health Teams (OHT) to advance; Huron Perth Area Ontario Health Team (HPA OHT) was not selected. Of the identified OHTs advancing, most have major funding sources or are already incorporated; HPA OHT is exploring incorporation.
- Representatives from Schulich School of Medicine & Dentistry at Western University recently met at LMH to discuss the residency program and physician recruitment. A successful residency program is a great strategy to attract physicians to practice in the community.

5.4 Physician Shortages in North Perth – S. Ash

- There have been growing concerns in North Perth regarding access to primary care, particularly in light of Dr. Hayward's departure. Dr. Conners will be joining the Family Health Team (FHT) in November, and taking on Dr. Westen's patients, along with a small number of Dr. Haywards; this will leave approximately 1000 patients without a family physician, which will impact ED volumes.
- Physicians at the clinic have traditionally absorbed the patients of a retiring or departing physician, however, there is no longer capacity for this. Fewer medical students are choosing family medicine due to the administrative burden of practice; most family physicians would like to take on more patients, but administrative work occupies a significant amount of their time.
- S. Ash inquired about utilizing the family physician crisis as a catalyst for change, and suggested calling for action to improve the local situation.
- Although primary care is not the domain of the hospital, the hospital is the anchor for primary care within the community; broader community engagement would be impactful, and is necessary. The Board's recognition of the issue was appreciated, but it was noted that pressure from the communities themselves is needed.
- Several groups, including the Ontario Union of Family Physicians, have identified key action items, from petitioning the government to the repatriation of internationally trained Canadian physicians. It was suggested to develop a document with action items from an array of organizations; the Board can then prioritize and determine what actions are within their scope.
- The reasonings for recent physician departures were noted; the LMH Medical Advisory Committee (MAC) has discussed reallocating resources, and hiring of additional physicians to reduce burdens.

5.5 Closed In-Camera Session

6. CLOSED IN-CAMERA SESSION

The in-camera minutes are under separate cover.

Moved by: Kailey Fallis

Seconded by: Stacey Ash

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

MOTION: CARRIED

7. BOARD RECOGNITION OF QUALITY IMPROVEMENT

- S. Ash found the WDH CT Campaign presentation to be interesting and informative.
- S. Ash and J. Montgomery thanked J. DeVries for assistance in registering for the Ontario Hospital Association Governance Essentials sessions.
- K. Ellis noted the importance of the Patient Partner Council wayfinding project recommendations.

8. COMMUNICATION REQUIRED FOLLOWING BOARD MEETING

- A summary of this meeting will be emailed.

9. DATE OF NEXT MEETING

- ♦ Wednesday, November 29, 2023
- ♦ LMH Outpatient Building / WebEx
- ♦ 1700 Hours

10. MEETING EFFECTIVENESS EVALUATION

11. ADJOURNMENT

Moved by: Rosalea Beyersbergen

Seconded by: Derek Mendez

THAT there being no further business the LWHA Board of Directors meeting be adjourned at 2028 hours.

MOTION: CARRIED

12. BOARD ONLY

Doug Miller , Chair

Karl Ellis, Secretary