

program. To reduce traffic, first floor exam rooms will be reserved for primary care visits.

- The second floor will include 8 exam rooms, 3 offices, an accessible washroom, and a procedure room; this floor will house Allied Health Professionals and Interdisciplinary Healthcare Providers.
- A Class C construction estimate of \$8.6M has been received, which reflects the engineers' best educated draft financials. LWHA is seeking cost saving opportunities, including utilizing alternate external materials, reducing windows, and evaluating needs versus wants; thus far, approximately \$500,000 in savings have been found. The LMH Foundation has committed \$4M, and LMH has \$1.4M in investments for the project; the balance will be financed through a bank loan.
- There were inquiries about demolishing the Karges house to support the expansion; the house was being used as a last resort to house residents and locums, but has been vacant for some time. Although it is not a designated historical site, there may be value in selling some of the intricate woodwork within the home.

5. OPEN SESSION

Business Arising from the Previous Meeting

5.1 Briefing Note: Primary Care Shortages – K. Ellis

- Documents from six organizations were reviewed and their common themes and proposed solutions are outlined in the briefing note, all of which are policy and government initiatives.
- One notable mention was the significant time that primary care spends caring for patients suffering with poor mental health; these patients could be easily redirected if mental health services were more robust. A national licensing model was also proposed, which would greatly reduce the challenges physicians experience when moving provinces.
- Ontario has several nurse practitioner lead pilot clinics, however, Dr. Vander Klippe noted that nurse practitioners are not easy to retain; J. Leslie confirmed that, while temporary funding is abundant for these programs, the funding models do not support retention.
- Communication was previously sent to MPP Matthew Rae regarding international licensing, and he indicated an openness to accepting ideas and proposed solutions. The Board will identify 2 or 3 action items that would have the greatest impact locally, and S. Ash and K. Ellis will draft correspondence to be sent to local MPPs.

New Business / Decisions and Reports

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

- Nursing orientation and training is a point of focus, particularly as LWHA is hiring many nursing staff right out of school. One additional training day for on-site skills education will be added to Corporate Orientation for new nursing staff moving forward.
- Staffing has stabilized, but remains a challenge; Christmas schedules have been finalized, with no expected vacancies over the holidays.
- Information sessions recently took place with 5 nursing agencies. Presentations were extremely helpful and provided information on contracts, pricing and different models; next steps will be discussed.
- LMH OB is the organization's most at risk department, as 50% of OB staff will be on maternity leave by January. A midwifery model has been developed with OB nursing staff, physicians, and midwives to support the department. Midwives will assume the daily duties of an OB nurse, and contracts will be put in place to specify expectations. The midwives are comfortable stepping into nursing roles, and expressed excitement at the opportunity to strengthen their relationship with the OB team. A benefit to this model is that participating midwives are credentialed with the hospital and already familiar with the OB team. The target is for January

orientation, with midwife shifts to begin in February; while a temporary solution, the potential permanency of this model cannot be ruled out.

- Although Dr. Rana’s departure will not impact the midwifery model, it will have an impact on the OB program; however, LMH physicians are very cautious, and should an unexpected birthing complication occur, the patient would be sent to Stratford.

5.3 President and CEO Report – K. Ellis

- The Emergency Department Services Spectrum Committee and Ontario Hospital Association Small, Rural and Northern Emergency Department Strategy Advisory Group continue to meet to seek improvements to the current provincial emergency department structure; both groups have realized that removing even small aspects of the healthcare system will cause other services to collapse.
- LWHA has signed extensions to the original Hospital Services Accountability Agreements annually since 2019; however, with the unknown impacts of Bill 124 in March, 2023, LWHA refused to sign the extension given that the financial implications of the arbitration awards were a factor beyond the hospital’s control. Now, Ontario Health is looking to bring all hospitals onto a new agreement template by March 31st, 2024, which requires resubmissions of the 2023-2024 budget plans; no budget is being requested for fiscal 2024-2025.
- The Ontario Hospital Association has advised hospitals to hold tight, and not undertake significant service cuts or reductions until the magnitude of the issue is understood. With local funding allocations not expected until the spring, hospitals are months away from clarity.
- S. Ash inquired about LWHA being at risk of missing payroll or paying suppliers; B. Bloemberg advised that it will be early spring before the organization may need to investigate other means of cashflow.
- K. Ellis recognized the Lucknow Kinsmen for being insightful and informed about healthcare issues, and for their strong support for WDH in recent years.
- The Huron Perth Healthcare Alliance is amalgamating their 20-year partnership. The amalgamation does not change their current operating platform, but if there are any concerns they can be passed on to K. Ellis.

5.4 Auditor Briefing Note and Proposal – K. Ellis

- D. Miller noted that Seebach and Company’s proposal is very reasonable, and found nothing to be critical of regarding their performance in past years.

5.5 Closed In-Camera Session

6. CLOSED IN-CAMERA SESSION

The in-camera minutes are under separate cover.

Moved by: Sheena Haines

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. Haines noted the general surgeon recruitment update sounds promising, as does the suggested midwifery model.
- J. Weber noted the clinic expansion is positive.

