

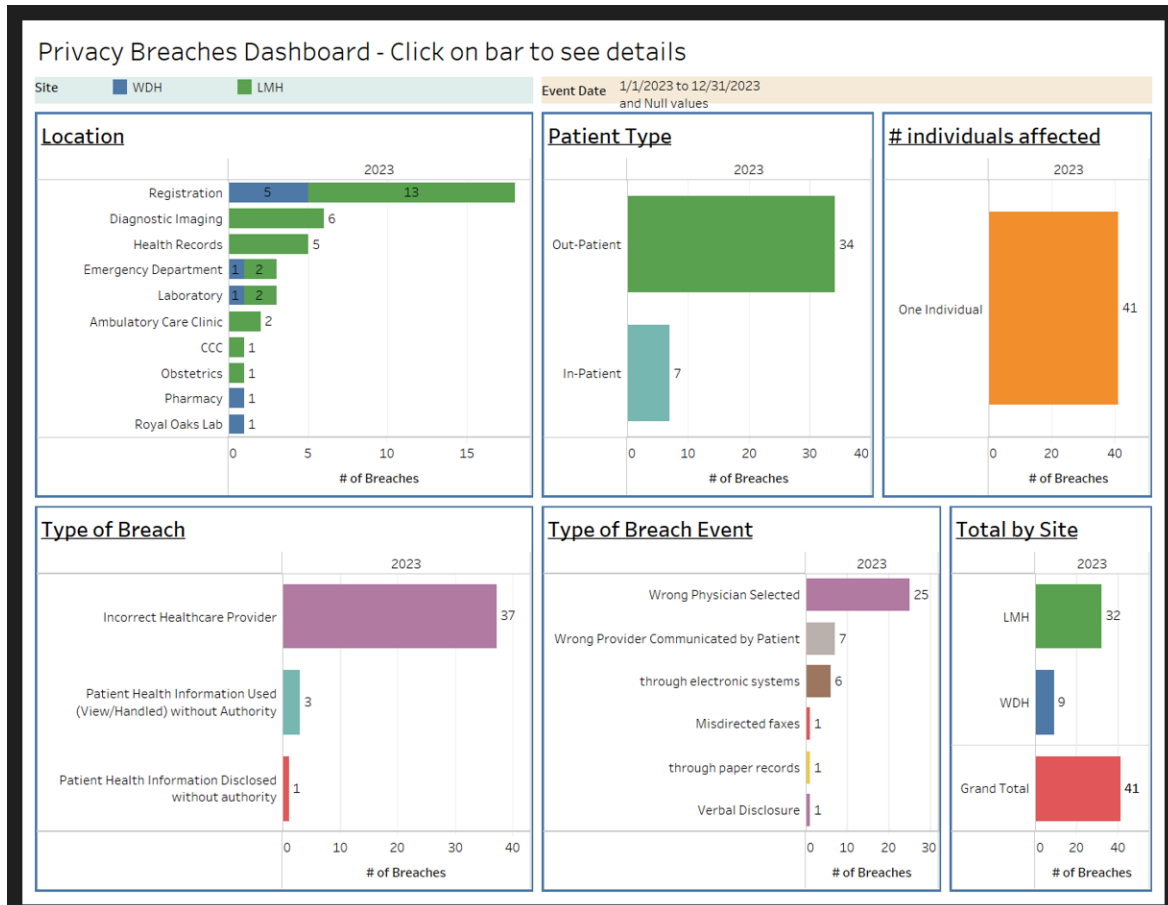


**Board of Directors
Highlights
February, 2024**

Enriching life's journey together.

Quality care that is patient centred, timely, efficient, effective, equitable and safe.

Privacy Jan 1-2023 to December 31 2023



During this period of time we had one investigation resulting in a breach of confidentiality. Ongoing privacy refresher was rolled out in November 2023. Scripts and best practice reminders are reviewed and updated regularly. This information has been reported to the Information and Privacy Commission.

Patient Partner Council (PPC)

The LWHA Patient Partner Council (PPC) continues to meet monthly and has recently reviewed our zero tolerance for abuse policies as well as started planning for their annual submission to the upcoming community newsletter. The council continues to spearhead the 23/24 Patient Survey Quality Improvement Plan project.



Pay For Results (P4R) Funding Letters

P4R is the funding that we are using to support the expansion of the nursing float model at both sites. This funding does come with some deliverables over the course of the next two years. The project officially kicks off in February with a mandatory project overview meeting on February 28.

Accreditation Planning

Our next Accreditation is scheduled for November 2025 and our teams have already started to prepare. Self-assessments of each area were completed at the end of January and will help to serve as a road map for the year ahead.

Working Together to Prevent Hospital Acquired Pneumonia

The Inpatient Quality Team is leading a refresher on ways we can prevent hospital acquired pneumonia. Team members will be providing education and reminders at our interdisciplinary rounds with a focus on at risk patients. At risk patients would include any recent post-op patients, immobilized /bed bound patients, post-stroke, frail and significantly confused patients to name a few. Preventative measures included:

- The use of incentive spirometry (especially in post-op patients)
- Early mobilization
- Referral to physiotherapy for chest physio (if appropriate)
- Referral to speech language pathology for at risk patients (i.e. aspiration risk)
- Hand Hygiene

Police (OPP) Hospital Transition

Following years of limited progress on this initiative, it appears that the latest conversations between Huron OPP, Perth OPP, EMS and Huron and Perth Hospitals will actually lead to an agreement. The agreement is intended to provide police services and hospitals the tools necessary to establish effective police-hospital transition protocols for individuals that have been apprehended by police officers under the Mental Health Act and subsequently accompanied to a hospital emergency department for assessment and care. While we have excellent working relationships with police and EMS, these transitions have occasionally been a point of tension between individuals and organizations. Having a written protocol should improve that.

A workplace that nurtures individual and collective potential.

Lab Supervisor

Brittney King has been appointed to the position of Lab Supervisor.



Nursing Education - Ontario Health

Over the summer months Ontario Health rolled out a new nursing education program specifically focused on emergency care. Staff can access the education for free, their time is paid through the hospital and then we are reimbursed the cost of the wages. So far, we have had several staff at each site take advantage of these professional development opportunities.

Spring Nursing Skills Days

Our Clinical Nurse Leaders are planning for a spring Nursing Skills day in May. Nursing skills days typically offer nursing staff four hours of onsite, in person, paid education. We haven't been able to offer skills days due to staffing constraints and are excited to be moving forward with this initiative. A survey went to our nurses in January to gather feedback on what education they would like to see scheduled. Professional Practice and the Clinical Nurse Leads are working now on getting everything organized. Managers and site schedulers are also working to ensure that staffing and coverage is in place to support attendance.

Practice Ready Ontario

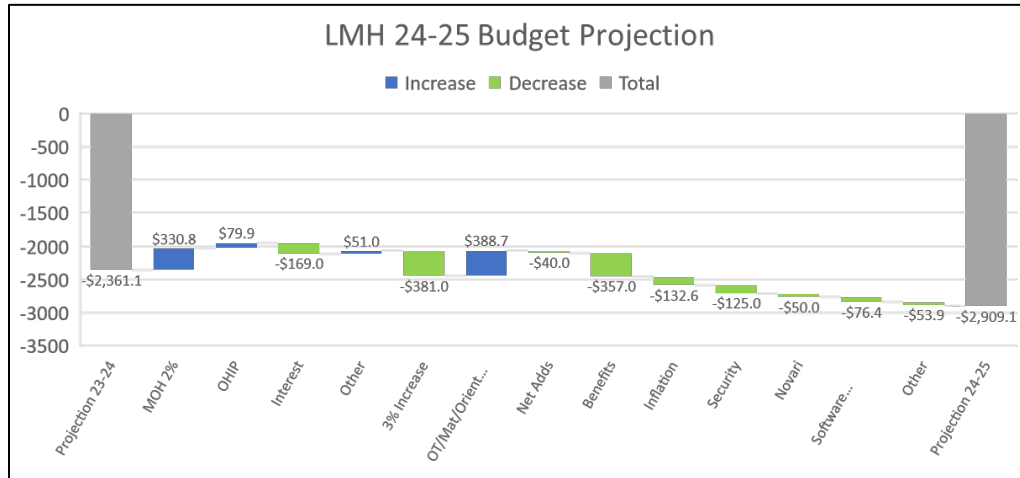
Practice Ready Ontario is a recent Ontario initiative that aims to streamline the process for internationally trained family physicians or general practitioners who have completed post-graduate training and have an established track record of work in another country to practice in Ontario. Listowel and Wingham each indicated that they could accept two of these physicians. A total of 50 positions are available in Ontario. Potential candidates have already worked under supervision and been assessed for clinical competence over a period of 12 weeks. While working here, they will have a restricted license and be required to complete a three-year Return of Service (ROS) agreement with the Ministry of Health (MOH). Candidate interviews are currently underway. This program has a strong potential to result in additional family physicians practicing in our communities.

A sustainable and resilient environment that is here for future generations.

Budget 2024-2025 – LMH

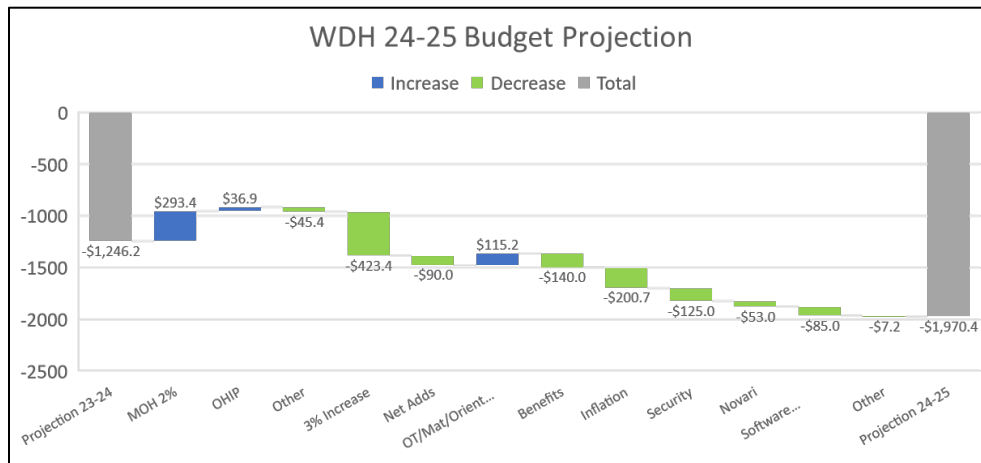
Draft budgets were presented to the Board. Funding letters for Bill 124 were received on February 21st, 2024 identifying \$2.267M of re-imbursement (83%) funding to be received in 2023-2024. With this funding this leaves us approximately \$100,000 in deficit for the year. If we receive this level of funding for 2024-2025 we are anticipating a \$600,000 deficit. Until formal confirmation of funding is received for 2024-25, the actual projected budget results remain uncertain. The direction from the Ministry of Health and Ontario Health is to avoid making organizational changes that would result in any reduction in clinical services until there is clarity

on this issue and following a full engagement with Ontario Health.



Budget 2024-2025 – WDH

Wingham funding letters for Bill 124 were received on February 21st, 2024 identifying \$1.297M (71%) of re-imburement funding to be received in 2023-2024. With this funding this leaves us at approximately breakeven for the year. With this level of funding for 2024-2025 we are showing approximately \$650,000 in deficit.



5 Year Capital Plan

A five year capital plan was also presented to the Board.



Meaningful partnerships to offer a seamless patient experience.

Wait Time Information System

We continue to work with our Ministry of Health and Novari Health partners to complete the Wait Time Information System project. We are very fortunate to have a strong team both internally and externally to support.

Surgical Services

Dr. Jennifer Ford is going to be joining us as a visiting general surgeon at both sites. Dr. Ford has recently started a practice out of Goderich Hospital. She has partnered with us to provide general surgery services on a visiting basis as a compliment to her Goderich schedule. Like what we have seen in the past, she will hold clinic days and have OR time at each site. We look forward to working with Dr. Ford.

Wingham and District Hospital Foundation

The Wingham and District Hospital Foundation is actively working on a capital campaign to support the installation of a CT in Wingham. Britespan Building Systems Inc. has lead the campaign with the single largest donation to the Wingham Hospital in its history. The \$1 million donation is a great start to the \$2.5 million campaign and provides the Foundation with continued confidence that they will reach the goal.


MPP Engagement

The topic garnering the most interest in discussions with our local MPPs was the financial impact of arbitration awards due to the consequences of Bill 124's demise. While there was a general understanding of the individual awards, the compounding effect of retroactive wage increases from the past 3.5 years was not fully understood. We also stressed the importance of treating non-unionized staff fairly.

Long Term Care

Following recent conversations with two local long term care operators and our local MPPs, we remain concerned about the potential loss of long term care beds in our communities. The current funding model for new long term care construction is not felt to be financially viable. As an example, the anticipated cost to build a 128 bed home in Durham, Ontario to replace Rockwood Terrace, is \$96.7 million or over \$755,000 per bed.

Many local homes were built in compliance with the 1972 Nursing Homes Act Regulation, which



allowed three and four beds per room and did not require washrooms in all resident bedrooms. Most 3 and 4 bed wards were reduced to 2 beds during COVID. Licenses for these beds expire on June 30, 2025.

Primary Care Funding Announcement

A recent provincial funding announcement in support of primary care generated a lot of recent press. It was announced by our two local MPPs that the Listowel Wingham and Area Family Health Team will be receiving \$822,604. The money will go towards a Mobile Primary Care Clinic Team which combines eight family health teams and a community health centre in the Perth-Huron area. It is expected that upwards of 3,300 net new unattached patients will be served by this funding. The Huron Perth Family Health Teams have a great deal of work to complete in a short time period in order to have this new service in place early next fiscal year.