

# Listowel Wingham Hospitals Alliance

## Board of Directors Meeting

Wednesday, April 24, 2024

LMH Outpatient Building / Microsoft Teams

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

### 1. CALL TO ORDER and WELCOME

Chair D. Miller called the meeting to order at 1804 hours.

### 2. APPROVAL OF AGENDA and CONSENT AGENDA

**Moved by: Kailey Fallis**

**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, April 24, 2024, and the following Consent Agenda reports be received as circulated

- ♦ Board of Directors Meeting Minutes of March 27, 2024
- ♦ LMH Foundation Report
- ♦ WDH Foundation Report

**MOTION: CARRIED**

### 3. DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest declared.

### 4. BOARD EDUCATION: CULTURAL HISTORY: HOW DID WE GET HERE? – Nancy Antone, Telehealth Coordinator for the Southern Ontario Aboriginal Health Access Centre

- Nancy Antone, Telehealth Coordinator for the Southern Ontario Aboriginal Health Access Centre, educated the Board on the history of Indigenous peoples' and their experiences in healthcare.
- Indian hospitals were Indigenous peoples' introduction to healthcare and were a form of segregation and restriction; patients were arrested if attempting to leave before being discharged. Results of unethical medical experiments done on patients in Indian hospitals have been used to create guidelines such as the Canada Food Guide.
- Barriers to Indigenous people receiving healthcare include the Indian Act, and lack of recognition in the value of aboriginal healing practices. First Nations continue to be governed by the Indian Act, which outlines healthcare coverages and benefits. Smudging and traditional medicines are

not often allowed in hospital due to Smoke Free Ontario and medication interference concerns; Nancy asked healthcare providers to first confirm medication interferences before discussing with patients, as traditional medicines are often natural forms of modern day medications. Recognizing Indigenous peoples' sense of self as part of their community is also important in healthcare, as Indigenous peoples often surround themselves with family when seeking care.

- Assumptions and stereotyping often prevent Indigenous people from receiving appropriate healthcare. To ensure Indigenous peoples receive appropriate care it is important for healthcare providers to use gentle and respectful questioning, and recognize that a patient's background may not be fully understood.

## **5. NEW BUSINESS / DECISIONS AND REPORTS**

### **5.1 VP of Clinical Services and Quality / CNE Report – J. Leslie**

- Huron and Perth CNEs recently met with Metavie, a private company awarded funding to develop a mobile mental health team in the region. There was discussion of Metavie's detailed needs assessment, but it is unclear as to how this was completed; there was no consultation with local hospitals, staff, physicians, patients, or the regional mental health team. Metavie was advised to connect with the existing mental health team to determine what services are currently being provided; while they may not be offering anything new to the community, Dr. Suggitt noted this may help to reduce wait times for existing services.
- Planning for the temporary closure and reopening of the Obstetrics Department is underway. The OB team will be hosting outpatient clinics 2-days per week to provide pre and post natal care in the community. LMH's two remaining OB nurses have secured off-site placements in Grand River and Walkerton to maintain competencies; staff cross trained to support the OB department will be provided with education and refresher training to maintain skills.
- J. Montgomery inquired about post-partum education and support for families experiencing stillbirth or miscarriage; kits developed by the OB team are available at both sites, and include community resources for patients. R. Beyersbergen noted there to be nursing education available through the Pregnancy and Infant Loss Network, should staff be interested.
- The Clinical Nurse Extern Program has been made permanent; while funding amounts have not been confirmed, this is a positive step given the program's success at both sites.

### **5.2 President and CEO Report – K. Ellis**

- Although LWHA's financial challenges are significant, some small hospitals in the province are at risk of being unable to meet payroll.
- The long term care situation in Ontario is concerning, particularly with the upcoming deadline of January 1 to have sprinkler systems installed; homes with pending license renewals are struggling to financially justify the installments. Many of these homes are also not proceeding with redevelopment plans as the financial model does not justify the cost of building new. While Ontario Health has suggested offering funding, it will likely not cover all project costs.
- Closure of a 92-bed long term care home in Guelph was recently announced; there will be implications on the healthcare system if these homes cannot redevelop as hospitals do not have capacity to assume this volume of long term care patients.
- When the Huron Perth and Area Ontario Health Team (HPA-OHT) was created, participating organizations had a suggested contribution of 0.1% of global funding annually; this amounts to \$35,290 for LMH and WDH combined. However, it has been recently discovered that three years' worth of contributions have accumulated, rather than being invested or spent on system improvements. Until concrete plans to invest in healthcare system improvements are provided,

LWHA will be ceasing annual contributions to the HPA-OHT.

### 5.3 **Level Up: North Perth Update – S. Ash**

- Level Up: North Perth continues to meet monthly. Dr. Mike Saba joining as LWHA’s General Surgeon is positive news, however, the results of Practice Ready Ontario and the first round of residency matching are a reminder that more work is required.
- Accommodations are being secured to be used as temporary housing for physicians and residents. Level Up is seeking to hire an international recruiter to secure two physicians per year; this would allow LWHA’s Recruitment Officer to focus on domestic recruitment.
- A local business has expressed interest in donating to the group, however, Level Up’s aim is to be a connection within the community, rather than take on a fundraising role.

### 5.4 **Closed In-Camera Session**

## 6. **CLOSED IN-CAMERA SESSION**

The in-camera minutes are under separate cover.

**Moved by: Derek Mendez**

**Seconded by: Kailey Fallis**

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

**MOTION: CARRIED**

## 7. **BOARD RECOGNITION OF QUALITY IMPROVEMENT**

## 8. **ONTARIO HOSPITAL ASSOCIATION**

### 8.1 **OHA Membership Renewal Letter 2024-2025**

### 8.2 **OHA Leadership and Change in Ontario’s Healthcare System Presentation**

## 9. **COMMUNICATION REQUIRED FOLLOWING BOARD MEETING**

- A summary of this meeting will be emailed.

## 10. **DATE OF NEXT MEETING**

- ♦ Wednesday, May 29, 2024
- ♦ WDH Boardroom / Microsoft Teams
- ♦ 1700 Hours

## 11. **MEETING EFFECTIVENESS EVALUATION**

- J. Montgomery congratulated J. Leslie on the success of the expanded nursing float model.

## 12. **ADJOURNMENT**

**Moved by: Jessica Weber**

**Seconded by: Conor O’Keefe**

**THAT** there being no further business the LWHA Board of Directors meeting be adjourned at 1928 hours.

**MOTION: CARRIED**

## 13. **BOARD ONLY SESSION**