

Board Discussion

The Board met with Paul Seebach auditor from Seebach and Company and reviewed and approved the annual, audited financial statements. Listowel had a breakeven deficit of \$10,964 and Wingham ended the year with a deficit of \$115,810 which is less than 0.5% of total revenue.

A delegation from the Wingham and District Hospital Foundation presented their annual donation of \$509,812. The single largest item funded by the Foundation was a new chemistry analyzer for the laboratory. Significant new OR equipment was purchased including tools for a visiting ear, nose and throat specialist. Included in the donation was a contribution of \$19,048 from the Wingham and District Hospital Auxiliary used to purchase a blanket warmer and hi-lo bed.

The Listowel Memorial Hospital Foundation report noted that over \$500,000 has been raised as part of the "Run for the Roses" gala supporting the Foundation's \$4 million commitment to the Fisher Family Primary Care Centre addition.

The Board also reviewed and approved a number of routine reports and attestations that are annually required by Ontario Health including:

- Public Expense Reporting
- Consultant Use
- Broader Public Sector Accountability Act
- Fighting Against Forced Labour and Child Labour in Supply Chains Act
- Hospital Services Accountability Agreement compliance declaration

Amendments to the Corporate Bylaws and a new Professional Staff Bylaw were adopted and will be tabled at the annual meeting for final approval.

Sheena Haines, Rosalea Beyersbergen, Conor O'Keefe, Jessica Weber and Susan McLaughlin were re-appointed to a 3 year term. Monica Dey was nominated to fill a vacancy on the Board

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

CT Project WDH

The CT Project team welcomed Siemens representatives for a site visit in Wingham on May 22nd. We are still in negotiations on price and scope in hopes of alleviating as much of the

budget overage as possible.

The Let's Go Home (LEGHO) Program: Supporting Safe Discharges Home

The LEGHO program is a regional community program supporting safe discharge from hospital to home. For many patients this can be a difficult transition and in-home support can make returning home possible. This program includes weekly follow-up and intensive care planning to begin within 72 hours of discharge for a period of four to six weeks.

It could include:

Transportation and assistance with a ride home, including help from an attendant to settle at home on the day of your transition from hospital.

Up to two weeks of Meals on Wheels/frozen meals delivered to the patient's home.

Up to two free transportation rides to medical/follow-up appointments within six weeks of transition to the patient's home.

Up to three free hours of Home Help within four to six weeks of discharge.

LWHA utilizes this program, in consultation with the Physician, Nursing, and Health Discipline for patients that qualify.

Patient Partner Council

Our Patient Partner Council is a highly engaged and passionate group and recent additions to their membership have expanded the diversity of perspectives on the committee. As a Hospital, we owe Rosemary Rognvaldson a 'thank you' for her commitment to this group through their inception and development. Her dedication was further evident through Hospital Board participation as a patient representative.

The broader leadership team has been exploring and testing various options for including the patient perspective in projects and on quality teams.

A workplace that nurtures individual and collective potential.

Health and Safety / Emergency Response

Recent Mock code white (aggressive person) exercises were held at each site with Security staff in attendance to provide LWHA staff with an opportunity to experience how security will support in these types of scenarios. One of the exercises was recorded and will be shared with staff and new hires during orientation.

Occupational Health

Unfortunately, in the last 2 months, there has been an increase in staff call-ins/sick absences

related to enteric/gastrointestinal (GI) symptoms and absences related to respiratory symptoms which are consistent with illness within the communities. For staff to return to work following these types of illnesses they must experience symptom improvement for 24 or 48 hours depending on the symptoms. If staff do not meet the return-to-work criteria, they may be off for additional days. Although this has an impact on our staffing levels, it is important that LWHA and staff follow the return-to-work criteria to protect our vulnerable patient population and our staff.

LDSS High School Career Course

This is the second year that the Listowel site has engaged local students through a health care career course offered at Listowel District Secondary School. The class consists of grade 10 and 11 students who experience 6 separate site visits at the hospital. During the visits, students learn about many areas of the hospital through interactive presentations by frontline staff in combination with hospital tours. Students are learning and seeing firsthand what the patient journey looks like and exploring various career opportunities in a rural hospital.

Labour Relations

The central collective agreement for CUPE has been finalized for the period September 29, 2023, to September 28, 2025, with a 3% wage increase in effective for both years. Additional monetary amendments were awarded to extended health benefits and shift premiums.

The central collective agreement for SEIU has been finalized for the period of January 1, 2024, to December 31, 2025, with a 3% increase in effect for both years. Increases were also awarded to extended health benefits and various premiums.

Practice Ready Ontario

We have renewed hope that our communities will benefit from the Practice Ready Ontario Program, which has been established to place qualified international medical graduates in rural and northern communities. Positive interviews occurred with physicians in the program still looking to match with communities after the completion of the first round. These candidates must still successfully complete a 12 week clinical evaluation prior to being approved to practice. We should learn very quickly after the completion of the program requirements whether these candidates are able to join our community.

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

Fisher Clinic Expansion

The Fisher project continues to move forward. The building permit was approved on Tuesday May 14th. Negotiating financing is in process with RBC.

HVAC LMH

The HVAC project at LMH continues in Phase 2. We are currently scoping and quoting Phase 3 which will include the OB department. The current quote for this phase is \$3.4M. As we have not received confirmation of the funding from HIRF (Health Infrastructure Renewal Fund) we cannot formally begin this phase of the project.

Electronic Scheduling System

The implementation of the new scheduling system, UKG, is under way with various project teams being established with efforts currently focusing on the back-end structure of the new system. Human Resources, Finance and Information Technology will be heavily relied upon for the next two to three months to ensure the set-ups match our current scheduling system. Following the system build, testing and all staff training will follow. The go live date for UKG will be November 2024.


Diversity, Equity, Inclusion and Anit-Racism (DEIAR)

We have 10 individuals who are interested in joining the LWHA DEIAR committee. Our first meeting is scheduled for June 7th at which time the committee will work towards establishing a Terms of Reference.

As part of the 2024/2025 Service Accountability Agreement, Ontario Health has outlined expectations regarding DEIAR and Indigenous Culture Awareness training for executives, leaders, and staff. There is also a requirement that Hospital Service Providers are required to develop a workplan that aligns with Ontario Health equity, inclusion, diversity and anti-racism framework, and existing provincial priorities where applicable.

Listowel Emergency Department

The growth within the community of North Perth is stressing various community supports and infrastructure including our ER department in Listowel. We have started the process to identify architects to engage to provide advice on options available to address the long term space needs in this department. Options to expand the department were explored a number of years



ago and resulted in the creation of the Rapid Assessment Zone but no material changes to the space. There are limitations to expanding the space due to the location of things like elevators, DI equipment, structural supports, the river and ambulance access.

Meaningful partnerships to offer a seamless patient experience.

Ontario Health Surgical Wait Time Information System

On May 9th our sites went live with the Ontario Health Surgical Wait Time Information System. Our team at LWHA in partnership with Novari successfully implemented this system and began transmitting surgical wait time information to Ontario Health. We were 2 of the last 4 hospitals in the South West to implement this system.

Regional Planning – Surgical Services

The provincial healthcare system remains focused on surgical recovery post pandemic. Ontario Health West will be formalizing a Southwest Surgical Recovery Working Group that will explore opportunities to increase surgical volumes, improving wait time performance, and potential partnerships among hospitals in Southwest. LWHA's Surgical Services Manager, Tori Ducharme, will be joining this committee and we look forward to hearing how LWHA can further support regional surgical programs.

Regional Oncology Services – Optimizing Partnerships to Support Patient Safety

The Board was briefed on concerns related to potential changes in how our physicians can bill for oncology care. The proposed changes will impact all South West Regional Cancer Program satellite sites and disadvantage local physicians who provide this care. London is working with their oncologists to understand what options can be undertaken to ensure that local physicians are treated fairly, and patients continue to receive high quality cancer care.

North Perth Health Professionals Recruitment

The funding and organization of physician recruitment activities in Listowel has evolved over the course of close to 15 years. There is Hospital, Foundation, Family Health Team, Community and Municipal involvement. The Level Up community group has been actively exploring how to support physician recruitment efforts including international recruitment, community incentive packages and housing. It is clear that we need to better align the recruitment committee structure with the sources of funding and community stakeholders. We will be pulling together various stakeholders to work through these changes.



Huron Perth and Area Ontario Health Team

The Huron Perth and Area Ontario Health Team (HPA OHT) has recently completed an Accreditation Canada survey and expect to be awarded the highest level, Accreditation with Exemplary standing. This accreditation survey was a first of its kind in Canada and included assessments across hospitals, clinics, long-term care, home care, disability, and community support services. LWHA declined to participate due to the original survey timing being shortly after our last survey in 2021. We will need to consider the benefits of participating in a wider system survey for the next iteration in 2028.