

HDH HANOVER &
DISTRICT
HOSPITAL
MINUTES OF THE REGULAR BOARD MEETING

DATE: Tuesday, October 25, 2022

TIME: 1700 hours

PLACE: Hybrid (HDH Boardroom/Virtual)

PRESENT: **Voting Governors:** Tina Shier (Chair), Pamela Matheson (Vice Chair), Tim Kraemer (Treasurer), Lorna Eadie Hocking (Immediate Past Chair), Rejane Dunn, Corwin Leifso, Cathy Lansink, Terry Leis, Chris Prues

Non-Voting Governors: Dana Howes (President and CEO), Mary Rae (Interim CNO), Dr. Randy Montag (Chief of Staff), Dr. Tim Heerema (Vice President of Medical Staff)

Invited Staff: Kim Mighton (Vice President of Finance & Operations), Victoria Cumming (Recording Secretary),

REGRETS: **Voting Governors:**

Non-Voting Governors: Dr. Nick Abell (President of Medical Staff),

1. CALL TO ORDER

T. Shier called the meeting to order at 1700 hours.

2. APPROVAL OF AGENDA

Moved and Seconded

THAT the agenda be approved as presented.

MOTION CARRIED

3. DECLARATION OF ANY CONFLICT OF INTEREST

No conflicts were declared and the group was reminded to declare a conflict of interest should one arise.

4. MISSION, VISION, VALUES

The Board reviewed the Mission, Vision, and Values and were asked to keep them in mind throughout the meeting.

5. PRESENTATION: FAMILY CENTRED BIRTHING UNIT

M. Rae, Interim CNE provided a presentation about the Family Centred Birthing Unit. The presentation included;

- Members of the Physician and Grey Bruce Midwives;
- HDH's Operating Model;
- Birthing Volume Statistics;
- Partnerships and Regional Coverage;
- Various delivery statistics;
- Program Challenges;
- Program Growth; and
- Equipment and Recent Upgrades.

C. Leifso entered the meeting

Questions & Answers;

- Q: How many obstetrical nurses does HDH currently employ?

A: Four new RN's are being trained with approximately eight nurses in total that are specifically scheduled for obstetrics. With HDH's model, if there is no OB patient, the nurse works on the Acute Care unit.

- Q: When other OB programs are closed temporarily, are mothers left to find another place to deliver on their own?

A: Patients are redirected to specific hospitals that have been notified of the closure. This works for most but for the Mennonite population this can prove difficult if the site is too far from their home and an alternative is sometimes sought out.

- Q: Are there current arrangements between local hospitals when supplies are short?

A: Yes, this does already happen and there is a more formal sharing group that is much larger through the Maternal, Newborn, Child & Youth Network (MNCYN).

- Q: How does non-invasive bilirubin testing work?

A: The machine calibrates itself and tests as per the colour of the baby's skin.

- Q: Are there regional discussions in regards to OB around growth and how this will be handled?

A: HDH is a unique operating model and is not large enough to staff 24/7 at this time. The only way to take on more growth is to receive more funding for additional staff.

6. **STRATEGIC MATTERS**

6.1 Emergency Department (ED) Update

D. Howes provided a briefing note to the Board and highlighted the following;

- A Nurse Practitioner (NP) has been introduced to the ED in response to the increase in volumes and acuity and to help with patient flow. NP visit volumes were shared and feedback from staff has been positive to this addition to the department.
- HDH has began a future planning process for a renovation to expand the ED. A multi-disciplinary committee has met to begin the process and brainstorm an ideal future state for the department. It was noted that this type of project needs Ministry of Health approval and financial support and can take many years to complete.
- Rick Byers, MPP visiting HDH to discuss the state of the ED. Statistics and challenges were discussed along with funding, physician funding and *Bill 124*.

It was clarified that HDH will continue to ask for the one time ED funding received to be sustained in the next fiscal year. The statistics will demonstrate that the NP model works and there has been a lot of discussion at the Ministry level of expanding the role of the NP. At HDH, this position is a full time temporary position. Should funding not be sustained by the Ministry it will be difficult to find additional funds within the global budget for this position.

More information in regards to the initial brainstorming meeting for ED renovation were asked for. The meeting has been positive and the group is open to many possibilities. Architects will let HDH know what is realistically possible out of key points identified at the meeting. The group has started by thinking big and will downsize to fit the scope of the project as approved and funded. The group is keeping the future in mind and considering the growth that HDH's ED has seen and may see in the future. Site visits to newly renovated ED's have been completed in the past and the architect may point us in the direction of future site visits that should be completed as well.

6.2 COVID-19 Update

D. Howes provided a briefing note to the Board and highlighted that the COVID-19 Assessment Centre at HDH will no longer be operating as of October 21, 2022. There was a significant decline in the number of tests completed in the last several months. Community testing remains available at Pharmasave every weekday by appointment. HDH also moved to a passive screening model at the entrances for all patients and visitors entering the building. All individuals entering the hospital will still be required to wear a mask for the duration of their time at HDH.

7. OFFICER REPORTS

7.1 Board Chair Report

T. Shier provided a written report in the agenda highlighted the previous months events/meetings attended. It was added that there is an upcoming board to board meeting for the GB OHT's. There was no further discussion.

7.2 President/CEO Report

D. Howes provided a written report in the agenda and highlighted;

- Ontario Hospital Association (OHA) provided a Health Care Leadership Series for Board Chair's and CEO's. Common themes from the sessions were shared with the group;
- Recommendations submitted by the OHA to the Government of Canada for pre-budget recommendations were shared;
- A Hospital Board to Board Collaborative meeting was held in October with the three hospital corporations in Grey-Bruce. The main focus of the meeting was around health human resource challenges and emergency department challenges; and
- HDH is holding a leadership development workshop on stress management for the management team. This same session will be offered to frontline staff as well at a future date.

8. BUSINESS/COMMITTEE MATTERS

8.1 Finance/Audit & Property Committee Report

T. Kraemer reported that the Finance/Audit & Property Committee met on October 24, 2022 and reviewed the financial statements for the 6th period ending September 30, 2022. At the end of September YTD there was a surplus of \$15,573 before amortization and a YTD deficit of \$138,409 after building amortization. The financial investment advisor provided an update to the group at the meeting and the committee made no changes to the current investment policy.

8.2 Fiscal Advisory Committee Report

Nothing to report at this time.

8.3 Public Relations Committee Report

Nothing to report at this time.

8.4 By-Law Committee Report

Nothing to report at this time.

8.5 Nominating Committee Report

Nothing to report at this time.

9. CONSENT AGENDA

Item 9.2 (c) Medical Advisory Committee Minutes – September 8, 2022 was removed from the consent agenda for discussion;

Clarification was sought on future anesthesia needs for HDH due to an upcoming leave. It was explained that there have been some recent meetings to discuss filling the leave including the HDH Foundation Physician Recruitment lead. The group will be meeting again soon to report on action items from the last meeting.

Item 9.1 Open Board Session Minutes – September 27, 2022 was removed from the consent agenda for a revision;

R. Dunn asked for round table comments she made to be revised to "over the last year" instead of "over the summer".

Moved and Seconded

THAT the Board of Governors approve Item 9.1 Open Board Session Minutes –September 27, 2022 as revised.

MOTION CARRIED

Moved and Seconded

THAT the items on the consent agenda are approved as follows;

9.2 Board Committee Reports

(a) Finance/Audit & Property Committee Minutes – September 22, 2022

(b) Quality Governance & Risk Management Committee Minutes – September 27, 2022

(c)(i) Monthly Credentialing Report

9.3 Reports

(a) Finance & Property Report

(b) Chief of Staff Report

MOTION CARRIED

10. ROUND TABLE

L. Eadie Hocking

Happy to hear that the ED Renovation project has been restarted.

Multiple members provided feedback around the hybrid meeting model.

Dr. Heerema

Informed the group the physician shift coverage continues to be a struggle with multiple physicians dividing open shifts for this upcoming weekend to ensure the ED stays open.

11. NEXT MEETING

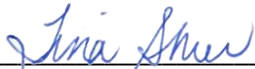
Tuesday, November 22, 2022 at 5:00pm

12. COMPLETION OF BOARD MEETING EVALUATION

T. Shier reminded the group to complete the Board Meeting Evaluation.

13. ADJOURNMENT

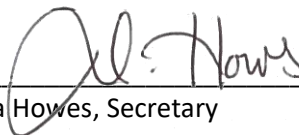
The meeting adjourned at 1804 hours.



Tina Shier, Chair



Victoria Cumming, Recorder



Dana Howes, Secretary