MINUTES OF THE REGULAR BOARD MEETING

DATE: Tuesday, September 22, 2026

TIME: 1700 hours

PLACE: Hybrid (HDH Boardroom/Virtual)

PRESENT: ***Voting Directors:*** Pamela Matheson (Chair), Corwin Leifso (Vice Chair), Chris Prues (Treasurer), Don Butland, Leigh Butler, Réjane Dunn, Lorna Eadie Hocking, Terry Leis, Catherine McKay, Tina Shier
Non-Voting Directors: Dana Howes (President and CEO)
Invited Staff: Kim Mighton (Vice President of Finance & Operations), Victoria Cumming (Recording Secretary)

REGRETS: ***Voting Directors:***
Non-Voting Directors & Invited Staff: Dr. Nick Abell (President of Medical Staff), Saskia MacMillan (VP of Patient Care/CNE), Dr. Randy Montag (Chief of Staff)

1. CALL TO ORDER

P. Matheson called the meeting to order at 1700 hours.

2. LAND ACKNOWLEDGMENT

The Land Acknowledgement was spoken, honouring the Indigenous peoples and their ancestral connection to the land on which we gather.

3. APPROVAL OF AGENDA

Moved and Seconded
THAT the agenda be approved as presented.
MOTION CARRIED

4. DECLARATION OF ANY CONFLICT OF INTEREST

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

5. MISSION, VISION, VALUES

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

6. PRESENTATION: ETHICS

Sally Bean, Consultant Ethicist with Sunnybrook Health Sciences Centre, provided an overview of the role of ethics in hospital governance. The presentation highlighted the relevance of ethics at the Board level, the distinction between ethics, compliance and governance, the IDEA Ethical Framework, and examples of ethical issues that may arise in Board decision-making.

The Board discussed the hospital's existing Ethics Committee and available resources for addressing ethical concerns. It was noted that ethical issues related to patient care can be brought forward to the Ethics Committee as required. An on-call ethics consultation resource is also available when support is required with an ethical dilemma.

The role of the ethicist was clarified, and interest was expressed in providing the Board with an opportunity to work through an ethical scenario at a future meeting to further support practical

application of the ethical decision-making framework.

S. Bean left the meeting.

7. STRATEGIC MATTERS

7.1 Health Information System (HIS) Renewal Update

K. Mighton provided a report on the agenda that provided an update on the HIS renewal project. Ontario Health has endorsed HDH's transition to Transform Shared Services Organization (TSSO), and an interim Bridge Agreement is in place to support project planning while final agreements and costs are developed. HDH's share of the Bridge Agreement is approximately $116,000, with a tentative project launch planned for October 21, 2026. Final agreements and the project budget will be returned to the Board for approval.

Discussion:

- Clarification was provided that the Bridge Agreement costs are not additional costs, but represent work that would form part of the overall project budget and allow planning to proceed while remaining details are finalized.
- The Board requested further information regarding the benefits and functionality the new HIS will provide. A future Board presentation is planned to provide a more comprehensive overview, with participation from TSSO. The upgraded system is expected to provide enhanced functionality and greater automation.
- It was discussed that Ontario Health requires hospitals to align with provincial HIS expectations; however, dedicated funding does not accompany these requirements. The final project cost is not yet known. The preliminary TSSO estimate previously presented to the Board did not include transitional or data archiving costs or potential savings associated with implementing the system alongside other hospitals. The TSSO model is expected to provide ongoing operational savings following the initial capital investment.
- TSSO currently supports approximately 15 partner organizations and has significant experience implementing its system across hospitals of varying sizes. Confidence was expressed in TSSO's project management, implementation and training expertise.
- Discussion also included the accessibility of archived patient records and the anticipated costs associated with the wind-down of Georgian Bay Information Network (GBIN). Further information regarding both items will be provided as project planning progresses.
- The Board discussed the potential learning curve associated with implementation. TSSO has a comprehensive training and onboarding program that includes workshops and the development of local subject matter experts who will assist with staff training. It was also noted that the TSSO system template can be adapted to support the needs of smaller hospitals.

7.2 Hospitalist Recruitment Update

D. Howes provided a report on the agenda with an update on ongoing efforts to recruit a full-time Hospitalist. Discussions continue with potential candidates, including opportunities for locum coverage. As an interim measure, five local physicians have committed to continue providing Hospitalist coverage past December 31, 2026. Recruitment of dedicated Hospitalist coverage remains a priority to support physician sustainability and consistent inpatient care.

Discussion:

- Since preparation of the report, an additional physician resume has been received and will be followed up as a potential recruitment opportunity.
- Clarification was provided that any appropriately credentialed physician may provide Hospitalist care to inpatients who do not have a family physician and would not be required to participate in the Hanover Medical Associates.

- The current Hospitalist model commenced in July 2026, with local family physicians presently rotating through coverage. Should dedicated Hospitalist recruitment not be achieved by year-end, a small group of these physicians have committed to continuing coverage temporarily to maintain continuity of inpatient services.

7.3 HDH Inpatient Capacity and Patient Flow Challenges

D. Howes provided a report on the agenda with an update on ongoing inpatient capacity pressures, with average occupancy at approximately 97%. HDH continues to manage demand through active patient flow strategies, transfers and timely discharges; however, sustained pressures are impacting staffing, overtime costs and Emergency Department flow. HDH continues to engage Ontario Health regarding the alignment of funding and resources with patient demand and is strengthening surge capacity measures, including the use of ED diversion when required.

Discussion:

- The Board discussed the impact of Alternative Level of Care (ALC) patients on inpatient capacity. While the exact average length of stay for ALC patients will be brought back to a future meeting, it was noted that these stays can extend for several months. In many cases, patients requiring ALC placement have already exhausted community-based options, highlighting broader system capacity challenges.
- Clarification was also provided regarding Emergency Department (ED) diversion, which applies to ambulance arrivals rather than patients who independently present to the ED. HDH uses social media to advise the public when longer than normal wait times are anticipated. It was noted that HDH continues to have a responsibility to triage individuals who present to the ED, and communication should be carefully managed to avoid discouraging patients from seeking necessary emergency care.

8. OFFICER REPORTS

8.1 Board Chair Report

P. Matheson provided a written report and welcomed Board members back following the summer break. Appreciation was extended to the Administrative Team for the comprehensive summer report. P. Matheson expressed enthusiasm for another productive and patient-focused year and highlighted recent engagements and activities undertaken in the Board Chair role. There was no further discussion.

8.2 President & CEO Report

D. Howes provided a report on the agenda that highlighted;

- ***Resident Lunch – September 8, 2026:*** HDH hosted a welcome lunch for new and returning residents, providing an opportunity to connect with management, physicians and staff to reinforce HDH's commitment to supporting learners.
- ***Hanover Joint Physician Recruitment Committee (HJPRC) Education:*** The HJPRC is participating in professional development with physician recruiter David Gravelle to strengthen its physician recruitment knowledge and strategies. One session has been completed, with a final session scheduled later this month.
- ***2026-27 Project SEARCH Students:*** Seven Project SEARCH students have joined HDH for the 2026/27 school year through partnerships with the Bruce-Grey Catholic and Bluewater District School Boards. Students are currently completing hospital orientation before beginning their placements.
- ***HDH Foundation (HDHF) and HDH Evening of Appreciation and Connection:*** The HDHF and HDH Board Evening of Appreciation and Connection has been rescheduled to October 8, 2026, at the Hanover Curling Club.

9. BUSINESS/COMMITTEE MATTERS

9.1 Finance/Audit & Property Committee Report

C. Prues provided an overview of the hospital's financial position and reflected on the previous year's budget. He reported on the financial results for the five-month period ending August 31, 2026. HDH reported a YTD surplus of $255,674 before building amortization and $129,082 after amortization, with both financial indicators remaining onside. While a year-end deficit is still forecast, the projected deficit has improved from the original budget projection.

Key highlights included higher-than-budgeted Ministry funding of 4% compared to the 2% originally budgeted. The hospital's cash position has declined from previous levels; however, HDH maintains a strong investment portfolio and access to a line of credit to support operational cash requirements if needed. Investment returns have also offset the withdrawal made to support the recent land purchase.

The Committee also discussed recently introduced Ministry efficiency metrics, noting that HDH has been identified as a highly efficient hospital based on these measures.

9.2 Fiscal Advisory Committee (FAC) Report

There was nothing to report at this time.

9.3 By-Law Committee Report

There was nothing to report at this time.

9.4 Nominating Committee Report

There was nothing to report at this time.

10. CONSENT AGENDA

Moved and Seconded

THAT the items on the consent agenda be approved as follows:

10.1 Open Board Session Minutes – June 23, 2026

10.2 Board Committee Reports

(a) Finance/Audit and Property Committee Minutes – May 25, 2026
(b) Quality Governance & Risk Management Committee Minutes – May 26, 2026
(c) Medical Advisory Committee – June 4, 2026

10.3 Reports

(a) VP of Patient Care Services/CNE Report
(b) Finance and Property Report
(c) HDH Foundation Report

10.4 Correspondence

(a) Thank you – Past Board Director C. Lansink

MOTION CARRIED

11. ROUND TABLE

R. Dunn provided an update following attendance at an information session regarding the Saugeen Hospice. Discussion included whether the development of the hospice could have an impact on the local healthcare recruitment market.

C. McKay provided an update from the recent Hanover Council meeting, noting that HDHF recently delivered a well-received presentation to Council. Discussion included physician recruitment. Clarification of the Foundation's role, primarily in supporting Return of Service agreements, was provided to the Board. It was also noted that the Joint Physician Recruitment Committee has introduced new processes to support recruitment efforts.

P. Matheson informed members of an upcoming Board-to-Board-to-Board Collaboration Meeting, scheduled for October 5 at HDH.

12. NEXT MEETING

The next meeting is scheduled for October 27, 2026 at 5:00 pm.

13. COMPLETION OF BOARD MEETING EVALUATION

P. Matheson reminded the group to complete the Board Meeting Evaluation.

14. ADJOURNMENT

The meeting adjourned at 1826 hours.

Pamela Matheson, Board Chair

Victoria Cumming, Recorder

Dana Howes, Secretary