# MINUTES OF THE REGULAR BOARD MEETING

**DATE:** Tuesday, September 23, 2025

**TIME:** 1700 hours

**PLACE:** Hybrid (HDH Boardroom/Virtual)

**PRESENT:** ***Voting Directors:*** Tina Shier (Chair), Pamela Matheson (Vice Chair), Chris Prues (Treasurer), Leigh Butler, Don Butland, Réjane Dunn, Lorna Eadie Hocking, Corwin Leifso, Cathy Lansink, Terry Leis,
***Non-Voting Directors:*** Dana Howes (President and CEO), Saskia MacMillan (VP of Patient Care/CNE), Dr. Randy Montag (Chief of Staff), Dr. Nick Abell (President of Medical Staff)
***Invited Staff:*** Kim Mighton (Vice President of Finance & Operations), Victoria Cumming (Recording Secretary)
***Guests:*** M. Soers (Risk Manager/OHS)

**REGRETS:** ***Voting Directors:*** Keith Hopkins
***Non-Voting Directors & Invited Staff:***

## 1. CALL TO ORDER

T. Shire called the meeting to order at 1700 hours and provided opening remarks.

## 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: ACCREDITATION INFORMATION

M. Soers, Risk Manager/OHS provided an overview of the upcoming Accreditation Canada survey scheduled for November 16-20, 2025. The presentation highlighted the importance of accreditation in ensuring patient safety, care quality, and organizational accountability. Key updates included new standards in Emergency and Disaster Management and Service Excellence, as well as revised governance expectations. Board members were reminded of their role in supporting accreditation and the scheduled Governance Accreditation Meeting on November 17, 2025, from 10:00-11:00 AM. Multiple members offered to attend the Accreditation Meeting (L. Eadie Hocking, C. Leifso, P. Matheson and T. Shier).

## 7. STRATEGIC MATTERS

### 7.1 Humidity and Surgical Services/MDRD

D. Howes provided a briefing note providing an update regarding a cooling malfunction on June 22, 2025. This malfunction led to elevated humidity levels and subsequent damage to supplies in the Operating Room (OR) and Medical Device Reprocessing Department (MDRD). A claim has been submitted to HIROC, and mitigation measures have been implemented and were outlined.

Further upgrades are being explored, with funding opportunities actively pursued. The efforts of MDRD, OR, Environmental Services and Facilities staff were acknowledged for their role in managing the incident and ensuring patient safety.

Clarification was provided on the briefness of the malfunction incident, which lasted less than an hour. It was noted that the incident occurred on a particularly humid day, creating a perfect storm that rendered most supplies unusable.

A member inquired about the chiller system's ability to connect to the monitoring system. IT was explained that while the cooling tower is the newest equipment, the chiller is older. However, the capability for a remove alert has been added. Questions were raised about other environmental factors that could cause similar incidents. It was confirmed that the other equipment like the HVAC system already has alarms in place. This incident was considered an outlier in the overall system.

There was a discussion on whether the insurance claim would cover the cost of alarm installation to prevent future occurrences. The root cause of the equipment failure was also addressed. Trane, the maintenance provider, conducted an inspection but could not pinpoint the exact cause. It was believed that debris may have blocked a sensor, causing the system to shut down. Unlike power outages where the fan stops, in this case, the fan continued running, bringing in hot air. The OR requires outside air intake to meet standards, and the equipment failure was not due to lack of maintenance.

### 7.2 Georgian Bay Information Network (GBIN) Update

D. Howes reported on a recent GBIN CEO meeting that occurred that discussed the ongoing efforts to explore options for needed upgrades for Oracle Cerner. It is hoped that a decision on direction can be decided by the end of the year.

## 8. OFFICER REPORTS

### 8.1 Board Chair Report

T. Shier reported on the events/meeting she attended throughout the months of July to September. She informed the group that the hospital Board Chair from South Bruce Grey Health Centre and herself will be starting to meet on a monthly basis.

### 8.2 President & CEO Report

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

- HDH successfully completed a timed evacuation drill in 12 minutes, well under the 30-minute requirement. The Hanover Fire Department commended staff for their preparedness and teamwork.
- Physician recruitment efforts continue, with emphasis on securing physicians who can support a dual role of Family Medicine and another specialty of Emergency Medicine or Obstetrics.
- Board-to-Board Collaboration Meeting occurred on September 8, 2025, with leadership from Brightshores Health System, South Bruce Grey Health Centre and HDH to discuss priorities and financial pressures. The importance of trust and informal relationship-

building among Boards was emphasized.

## 9. BUSINESS/COMMITTEE MATTERS

### 9.1 Finance/Audit & Property Committee Report

C. Prues reported that the Finance/Audit & Property Committee met September 18, 2025. The Finance report for the 5 months ending August 31, 2025, was included in the agenda. There was a deficit of $147,298 before building amortization and a deficit of $266,505 after building amortization. There was a favourable variance of $81,870 to budget for the month.

He highlighted the background on the original budget, expenses over revenue, current forecast position, and cash position, working capital and the investment account. He also noted that the management team is now focused on the Hospital Sector Sustainability Plan (HSSP) that was submitted and the next steps that will arise from this report.

### 9.2 Fiscal Advisory Committee 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.

### (a) 2nd Vice Chair Nomination – K. Hopkins

Deferred until K. Hopkins can be present.

## 10. CONSENT AGENDA

Moved and Seconded

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

**10.1 Open Board Session Minutes – June 24, 2025**

**10.2 Board Committee Reports**

(a) Finance/Audit & Property Committee Minutes – May 26, 2025
(b) Quality Governance & Risk Management Committee Minutes – May 27, 2025
(c) Medical Advisory Committee Minutes – June 5, 2025

**10.3 Reports**

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

**10.4 Operational Plan Updates**

(a) Engagement and Communications Plan
(b) Equity, Diversity and Inclusion Strategic Plan

MOTION CARRIED

## 11. ROUND TABLE

***Dr. Abell***

Mentioned that HDH has been successful in recruiting new nurses. The Nurse Extern Program has been a success for the hospital, aiding in the orientation of these new hires. He hopes this funding can continue.

***T. Shier***

Thanked the group for their confidence in letting her be the Board Chair for another year.

**12. NEXT MEETING**

Tuesday, October 28, 2025, at 5:00pm

**13. COMPLETION OF BOARD MEETING EVALUATION**

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

**14. ADJOURNMENT**

The meeting adjourned at 1800 hours.

Tina Shier, Chair

Victoria Cumming, Recorder

Dana Howes, Secretary