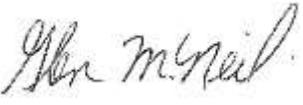
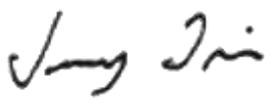


Committee:	HHS Common Board		
Date:	March 20, 2025	Time:	4:00pm-7:51pm
Chair:	Glen McNeil, Board Chair	Recorder:	Alana Ross
Present:	David Atkinson, Nonie Brennan, Brian Heagle, Heather Hern, Lynn Higgs, Steve Ireland, Christie MacGregor, Glen McNeil, Dr. Natuik, Tara Oke, Jared Petteplace, Dr. Ryan, Jane Sager, Dr. Steinmann, Jimmy Trieu		
Regrets:	Susan Reis, Dr. Patel		
Guests:	Robert Lovecky (CFO), Shari Sherwood (Quality)		
1	Call to Order / Welcome		
	<ul style="list-style-type: none"> • Mr. McNeil welcomed everyone and called the meeting to order at 4:00pm <ul style="list-style-type: none"> ○ Notifications: <ul style="list-style-type: none"> ▪ Video/Audio recordings and transcriptions of the open session meeting are retained for the purpose of creating accurate minutes and will be expunged on final approval of the minutes by the Board; in-camera sessions are not recorded or transcribed 		
1.1	<u>Land Acknowledgement:</u>		
	<ul style="list-style-type: none"> • Land acknowledgement reviewed 		
1.2	<u>Patient Relations:</u>		
	<ul style="list-style-type: none"> • 2025-03-Monthly Report-Patient Relations, circulated and reviewed 		
2	Education / Guests		
3	Approvals and Updates		
3.1	<u>Declaration of Conflict of Interest</u>		
	<ul style="list-style-type: none"> • Mr. McNeil asked if anyone had a conflict of interest to declare based on information contained in the package <ul style="list-style-type: none"> ○ Mr. Trieu, Ms. Higgs, Mr. Lovecky, Dr. Natuik and Dr. Ryan declared Conflicts of Interest with the Pay for Performance discussion 		
3.2	<u>Agenda</u>		
	<ul style="list-style-type: none"> • Approval / Changes <ul style="list-style-type: none"> ○ None <p><u>MOVED AND DULY SECONDED</u></p> <p><u>MOTION: To approve the March 20, 2025 HHS Common Board agenda. CARRIED.</u></p>		
3.3	<u>Previous Minutes</u>		
	<ul style="list-style-type: none"> • Approval / Changes <ul style="list-style-type: none"> ○ None <p><u>MOVED AND DULY SECONDED</u></p> <p><u>MOTION: To approve the February 13, 2025 HHS Common Board minutes. CARRIED.</u></p>		
4	Business Arising from Minutes		
5	Consent Agenda Part 1 – Standing Reports		
5.1	<u>President & CEO:</u>		
	<ul style="list-style-type: none"> • 2025-03-Monthly Report-CEO, circulated and reviewed 		
5.2	<u>CNE:</u>		
	<ul style="list-style-type: none"> • 2025-03-Monthly Report-CNE, circulated and reviewed 		
5.3	<u>CFO:</u>		
	<ul style="list-style-type: none"> • 2025-03-Monthly Report-CFO, circulated and reviewed <ul style="list-style-type: none"> ○ Resource challenges, specifically in the CFO portfolio <ul style="list-style-type: none"> ▪ Searching for new managers for DI and Finance, and a Financial Analyst ○ Ready for year-end inventory process 		

<p>5.4</p>	<p><u>AMGH Chief of Staff:</u></p> <ul style="list-style-type: none"> • 2025-02-19-MAC Minutes, circulated <ul style="list-style-type: none"> ○ Hospitalist Program work well, good feedback received ○ Discussed ED summer schedule; concern that the TLP funding will be discontinued after Mar 31 based on information received this morning; physicians are providing feedback about the importance of the funding in keeping ED doors open consistently <ul style="list-style-type: none"> ▪ Discontinuation of the funding will mean a 30% pay cut to all ED physicians, and will lead to multiple ED closures in multiple hospitals over the summer, severely impacting rural hospitals ○ There has been discussion that the Ministry is attempting to turn the temporary TLP funding into a permanent program; however, AFA agreements have been under refinement for 3 years and no progress has been made ○ Relationship with new Southbridge Long Term Care home has changed with the implementation of Toronto administration and staffing, despite area physicians having developed a plan of care for the 160 patients <ul style="list-style-type: none"> ▪ Communication has been poor ▪ Concern for the on-call schedule and call back timing with physicians located in Toronto; anticipating increase in transfers to hospitals without physicians in the local area, as phone call assessments are not as effective as in-person assessments ▪ Tracking of transfers suggested 		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p><u>Action:</u></p> <ul style="list-style-type: none"> • Board to prepare a Letter of Support to the Ministry for the continuance of TLP funding • Develop relationship with Administrator and discuss concerns, i.e., influenza outbreaks, increase in transfers, capacity challenges within the hospital, support of Goderich physicians over the years, remote care leading to patient concerns, etc., followed by a letter; Board prepared to support with follow up to Minister Thompson </td> <td style="width: 50%; padding: 5px;"> <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • Board; Mar/Apr • Trieu; Apr </td> </tr> </table>	<p><u>Action:</u></p> <ul style="list-style-type: none"> • Board to prepare a Letter of Support to the Ministry for the continuance of TLP funding • Develop relationship with Administrator and discuss concerns, i.e., influenza outbreaks, increase in transfers, capacity challenges within the hospital, support of Goderich physicians over the years, remote care leading to patient concerns, etc., followed by a letter; Board prepared to support with follow up to Minister Thompson 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> • Board; Mar/Apr • Trieu; Apr
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<p>5.5</p>	<p><u>SHH Chief of Staff:</u></p> <ul style="list-style-type: none"> • 2025-03-Monthly Report-COS and 2025-02-13-MAC Minutes, circulated 		
<p>5.6</p>	<p><u>AMGH President of Medical Staff:</u></p> <ul style="list-style-type: none"> • 2025-03-Monthly Report-Pres. MS, circulated 		
<p>5.7</p>	<p><u>SHH President of Medical Staff:</u></p> <ul style="list-style-type: none"> • No report 		
<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the Staff Reports and MAC Minutes, as presented. CARRIED.</u></p>			
<p>6 Consent Agenda Part 2 – Committee Reports & Previous Minutes</p>			
<p>6.1</p>	<p><u>Governance & Nominating:</u></p> <ul style="list-style-type: none"> • Next G&N meeting scheduled for Mar 21, 2025, documents circulated <ul style="list-style-type: none"> ○ 2025-03-Report to Board-G&N and 2024-12-20-G&N Minutes • Appreciative of the fiscal yearend reports, i.e., work that has been put into the reports, initiatives, culture, collaboration between the hospitals, etc. • HPA-OHT Board-to-Board meeting scheduled for Mar 26, 2025 		
<p>6.2</p>	<p><u>Resources:</u></p> <ul style="list-style-type: none"> • Resources meeting held on Mar 6, 2025, documents circulated <ul style="list-style-type: none"> ○ 2025-02-06-Resources Minutes ○ Notice & Extension of AMGH HSAA ○ Notice & Extension of AMGH MSAA ○ Notice & Extension of SHH HSAA 		

6.3	<p><u>Audit:</u></p> <ul style="list-style-type: none"> • Audit meeting held on Mar 6, 2025, documents circulated <ul style="list-style-type: none"> ○ 2025-03-Report to Board-Audit ○ 2024-12-05-Audit Minutes • Discussion held in-camera 					
6.4	<p><u>Quality Assurance:</u></p> <ul style="list-style-type: none"> • QA meeting held on Mar 19, 2025, documents circulated <ul style="list-style-type: none"> ○ 2025-03-Report to Board-QA ○ 2025-01-15-QA Minutes ○ F2526-QIP Planning-REVISED • Reviewed F2425 QIP; staff have done an exceptional job in meeting the established targets <ul style="list-style-type: none"> ○ Five indicators; same at both sites <ul style="list-style-type: none"> ▪ DEI and Sickle Cell Training; actually had patient with sickle cell disease, which was successfully managed ▪ New standardized patient experience surveys implemented, with provincially recognized, validated questions; looking for data improvement ▪ Delirium assessments for patients over 65 on inpatient units; SHH did very well • Reviewed F2425 QIP <ul style="list-style-type: none"> ○ Seven indicators chosen, three are province mandated, same categories, and same for both sites; no focus on infection control (internal controls still in place and maintained as a priority at both sites, and is reported to the Ministry on a monthly basis) <ul style="list-style-type: none"> ▪ ED flow / ambulance offload times ▪ Physician initial assessment time; both organizations are well below the provincial average ▪ Percentage of patient Left Without Being Seen by a provider; collecting baseline data this year; goal is to achieve a 5% reduction in rate; will be researching the ‘why’ ▪ EID-AR, standardized OHT education modules for committee members and leadership ▪ Distribution of ED (5%) and Inpatient (8%) experience surveys ▪ BPMH Best Possible Medication History or Medication Reconciliation at discharge <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the F2526 Quality Improvement Plan, as presented. CARRIED.</u></p> <ul style="list-style-type: none"> • Pay for Performance (IC) <table border="1" data-bbox="245 1276 1474 1346"> <tr> <td data-bbox="245 1276 857 1346"><u>Action:</u></td> <td data-bbox="862 1276 1474 1346"><u>By whom / when:</u></td> </tr> <tr> <td data-bbox="245 1310 857 1346"> <ul style="list-style-type: none"> • Submit QIP to Ministry </td> <td data-bbox="862 1310 1474 1346"> <ul style="list-style-type: none"> • Sherwood; by Midnight Mar 31 </td> </tr> </table>		<u>Action:</u>	<u>By whom / when:</u>	<ul style="list-style-type: none"> • Submit QIP to Ministry 	<ul style="list-style-type: none"> • Sherwood; by Midnight Mar 31
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<ul style="list-style-type: none"> • Submit QIP to Ministry 	<ul style="list-style-type: none"> • Sherwood; by Midnight Mar 31 					
6.5	<p><u>Recruitment & Retention:</u></p> <ul style="list-style-type: none"> • R&R meeting held on Mar 4, 2025, documents circulated <ul style="list-style-type: none"> ○ 2025-03-Report to Board-R&R ○ 2025-01-07-R&R Minutes 					
6.6	<p><u>Joint Hospitals & Foundations:</u></p> <ul style="list-style-type: none"> • Next JH/F meeting scheduled for May 14, 2025 					
<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the Committee Reports, Minutes and HSAs and MSAA, as presented. CARRIED.</u></p>						
<p>7 New and Other Business</p>						
7.1	<p><u>HHS Financial Update:</u></p> <ul style="list-style-type: none"> • HHS-F2425 P10 Financial Results, circulated and reviewed <ul style="list-style-type: none"> ○ Review of HHS Executive Summary ○ Current deficit position is just over \$1.4M, which is a \$1.7M positive variance from budget ○ Forecasting a deficit position for the year of \$2M, which is a \$2.4M positive variance from budget <ul style="list-style-type: none"> ▪ Variants include Bill 124, vacant positions, one-time funding, Nurse Training Programs, uninsured differential copayment variances, interest revenue, unbudgeted benefits, etc. ▪ Possibility of further one-time funding related to CT Wait Time program, prior to the end of the year 					

	<ul style="list-style-type: none"> ○ Investments being made in resources to support next year’s liquidity side ○ SHH Line of Credit has been approved; the divested investments have put the working capital in a good place for the start of this coming fiscal year ○ Strategic initiatives; MOU with LHSC ○ HSAA / MSAA; ratios above target ○ Discussed cash failure positions and what it means to hospitals <ul style="list-style-type: none"> ▪ Ministry understands the pressures hospitals are facing around HHR and inflationary costs ○ Concerns around TLP funding coming to an end and gaps in the ED schedules; hospital closures across the province are inevitable without this funding ● Recognition of everyone in both organizations, i.e., Staff, Physicians, Leadership, Board etc., for their dedication on a day-to-day basis throughout the challenges we have been facing, which has kept HHS going <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the HHS F2425 P10 Results, as presented. CARRIED.</u></p>		
7.2	<p><u>Community Engagement Council:</u></p> <ul style="list-style-type: none"> ● Documents circulated <ul style="list-style-type: none"> ○ 2025-03-Report to Board-CEC ○ Community Engagement Framework for Master Planning <ul style="list-style-type: none"> ▪ Co-facilitators have meet to develop plans for the inaugural engagement with the community ▪ Bayfield Community Hall has been booked; anticipating a guest speaker ▪ Board members and Leadership will be asked to participate in the on-floor part ▪ Developing talking points involving the master planning process, renovating our hospitals, regional healthcare planning and potential for new hospital(s) for engagement with the public ▪ Inviting the public to engage with and learn about HHS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Action:</u></p> <ul style="list-style-type: none"> ● Community Engagement Council ● Move June JH&F ● Communication regarding meeting </td> <td style="width: 50%; vertical-align: top;"> <p><u>By whom / when:</u></p> <ul style="list-style-type: none"> ● All; Jun 4, Bayfield Community Centre ● EA/McNeil; May ● EA/Trieu; Apr / May </td> </tr> </table>	<p><u>Action:</u></p> <ul style="list-style-type: none"> ● Community Engagement Council ● Move June JH&F ● Communication regarding meeting 	<p><u>By whom / when:</u></p> <ul style="list-style-type: none"> ● All; Jun 4, Bayfield Community Centre ● EA/McNeil; May ● EA/Trieu; Apr / May
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7.3	<p><u>Board Work Plan:</u></p> <ul style="list-style-type: none"> ● F2425 Board Work plan discussed <ul style="list-style-type: none"> ○ Board committees are to develop sub-work plans based on the Board work plan; tasks numbers are being kept to correlate with the main plan ○ G&N work plan has been developed and approved at Feb meeting ○ OHA spring Board Self-Assessment plan has been cancelled ○ HHS Skills Matrix was distributed and completed Feb/Mar; results to be reviewed at G&N tomorrow; provides an opportunity to determine skills recruitment needs for future Board candidates 		
8	<p><u>In-Camera Session</u></p> <ul style="list-style-type: none"> ○ Notifications: <ul style="list-style-type: none"> ▪ All Board and Ex Officio Members are invited to remain for in-camera sessions, and guests will be invited by the Board Chair, as required; any members with conflicts of interest during in-camera discussion, can be recused as needed ▪ All participants of the in-camera session are expected to ensure that their surroundings are secured from unauthorized participants 		
8.1	<p><u>Move into In-Camera:</u></p> <ul style="list-style-type: none"> ● Human Resources <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To move into the in-camera session at 5:06pm. CARRIED.</u></p> <p style="text-align: right;"><i>Mr. Trieu, Ms. Higgs, Mr. Lovecky, Dr. Natuik and Dr. Ryan were recused at 6:06pm.</i></p>		
8.2	<p><u>Move Out of In-Camera:</u></p> <p><u>MOVED AND DULY SECONDED</u> <u>Recommendation made to move back into open session at 7:50pm. CARRIED.</u></p>		
8.3	<p><u>Motions made based on In-Camera discussion:</u></p>		

<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the operating and capital budgets, as presented. CARRIED.</u></p> <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: Board of Directors direct Leadership to look at scenarios to achieve a balanced budget. CARRIED.</u></p> <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: The HHS Common Board authorizes the Treasurer and Chief Financial Officer to consult or alter the asset mix of the SHH investment account to ease the potential withdrawal of funding in the short term. CARRIED.</u></p> <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the SHH Credentials list as presented, and to move the decision out of in-camera. CARRIED.</u></p> <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the recommendation of the Quality Assurance Committee that the HHS Common Board make payment of full compensation (100%) of the Quality Improvement Plan-linked payments to Senior Leadership based on F2425 QIP achievements we saw from planned results. CARRIED.</u></p>		
9	Round Table	
10	Board Evaluations	
11	Next Meeting & Adjournment Regrets to alana.ross@amgh.ca	
	Date	Time
	April 10, 2025	4:00pm-6:00pm
	Location	
	SHH Boardroom / MS Teams available	
	Motion to Adjourn Meeting:	
	<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To adjourn the March 20, 2025 HHS Common Board meeting at 7:51pm. CARRIED.</u></p>	
Signature		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  <hr style="width: 30%; margin: 0 auto;"/> <p>Mr. Glen McNeil, Board Chair</p> </div> <div style="text-align: center;">  <hr style="width: 30%; margin: 0 auto;"/> <p>Mr. Jimmy Trieu, President & CEO</p> </div> </div>		