

Committe	e: HHS Commor	HHS Common Board					
Date:	November 13	, 2024	Time:	4:00pm-5:19pm			
Chair:	Glen McNeil,		Recorder:	Alana Ross			
Present:	David Atkinso MacGregor, G	David Atkinson, Nonie Brennan, Brian Heagle, Heather Hern, Lynn Higgs, Steve Ireland, Christie MacGregor, Glen McNeil, Dr. Natuik, Tara Oke, Pat O'Rourke, Jared Petteplace, Susan Reis, Dr. Ryan, Jane Sager, Dr. Steinmann, Jimmy Trieu					
Regrets:	Dr. Patel						
Guests:	Robert Lovec	ky (CFO); Robert Tait (SHHF Boa	rd Chair): Krista	McCann (SHHF ED)			
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1 (Call to Order / Welcome Mr. McNeil welcomed everyone and called the meeting to order at 4:00pm Notifications: 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 Welcome to new HHS Board Directors David Atkinson, Nonie Brennan and Jared Petteplace 						
		me guests Rob Tait and Krista N		́			
1.1 •		dgement reviewed					
1.2 <u>F</u>	 <u>Patient Relations:</u> 2024-11-Monthly Report-Patient Relations circulated and reviewed Several patients have reached out this week and last to compliment the hospitals on the high quality care they have received, despite both AMGH & SHH being very busy and over capacity; there have also been a number of positive comments left on social media pages Appreciation extended to the Nursing staff, Physicians, and Admin On-Call across both hospitals 						
2 E	 Appreciation extended to the Nursing staff, Physicians, and Admin On-Call across both hospitals Education / Guests 						
2.1 <u>S</u>	 South Huron Medical Centre: MOU SHHF HHS Medical Centre DRAFT, circulated and reviewed Reviewed steps taken to date to move forward with construction of a new multifaceted South Huron Medical Clinic A number of meetings have been held and the project is moving forward with significant progress MS. McCann review the history of the current South Huron Medical Centre, owned and operated by the South Huron Hospital SHH currently pays for all SHMC operating expenses and staffing costs; difference is that other hospitals don't cover 100% of primary care related costs, as determined through discussions with peer hospitals This arrangement was made many years ago to attract physicians to the SHH ED An attempt was made to privatize the clinic to increase space, which did not succeed, leading to a request of the SHHF to fund renovations to resolve the space issues and accommodate more family physician; potential costs for a small renovation reached \$2N and did not ensure that the addition would meet community needs in 5 years' time The SHMC physician group is not yet recognized as a Family Health Team (FHT), and therefore does not receive government funding that would otherwise cover registration, nursing and NP staff Compared private vs municipal vs community models; municipally built, owned and operated, much like MVMC in Goderich, would be the first choice, but the municipality is unable to support this due to its small size Looked for ways that building and owning this facility would benefit the hospital Recruitment and retention is the #1 goal by providing lease free space to our physician group, who in turn provide services to our hospital 						

 Physicians who work in the SHMC, but do not provide hospital services, will have 				
different arrangements				
 A purchase agreement, with conditions, is in place to buy the land immediately adjacent east of hospital; this step is time-sensitive 				
 Deposit made; 60-day closing period 				
 Property is physically capable of holding and servicing the proposed building 				
 Next steps include design, dimensions and capacity development based on what will be housed in 				
this building				
 Continuing to wait for government approval of an SHH CT Scanner, but it is the intention 				
 of the SHHF to include this space as part of the design Determining if there is a way to join the buildings in order to transfer patients easily in 				
the event that a CT Scanner is housed in the new SHMC, and/or to have a staff only				
connection				
 Considering conjoining the parking lots at the rear of the hospital, as parking has been 				
identified as a challenge				
 In terms of capacity, SHHF will own and be the landlords of the building and the medical 				
practice will be operated by the physician group; transfer of building ownership to SHH to be discussed in the future				
 The building is expected to be three stories and already has the commitment for two 				
large long-term tenants, i.e., physiotherapy / chiropractics, and a pharmacy				
 Anticipating to be built and operational by 2027 				
 A new not-for-profit will be established and will hold the debt for the new building, with 				
annual proceeds from operations paying down the debt				
 Campaign expected to last 3-5 years; discussed anticipated costs, mortgage timeframe and succession planning 				
 High level donations have already been offered in exchange for community 				
organization meeting space				
 SHHF continues to grow in capacity year after year, allowing it to support this 				
undertaking; discussed legal liability, risk and protection of SHHF's assets; Miller Thomson				
has been engaged				
 Discussed lessons learned from discussions with other organizations who have been through this project already 				
 Functional planning exercise suggested to determine the future of the 				
organization, strategic investments, types of services to be offered to the				
community, clarification of types of space required, etc.				
• Key component of this project is the Memorandum of Understanding (MOU), which provides the				
 framework of the project between SHHF and HHS Mr. Trieu and Ms. McCann developed the MOU together; SHHF Board has reviewed and 				
approved the MOU				
 MOU is non-binding 				
 Campaign and Clinical Advisory Committees are looking for members 				
<u>MOVED AND DULY SECONDED</u> <u>MOTION: To authorize HHS as signatory to the MOU with the South Huron Hospital Foundation, citing a 90-</u>				
day termination note. CARRIED.				
Action: By whom / when:				
Full execution of SHHF & HHS MOU Tait / McCann / McNeil / Trieu; Nov 2024				
 Meeting with physicians; discuss hospital support, McCann / Trieu; Dec 5 				
what costs physicians will take over, i.e., staffing costs				
Approvals and Updates				
1 Declaration of Conflict of Interest				
• Mr. McNeil asked if anyone had a conflict of interest to declare based on information contained in the				
package				
No conflicts were declared				

3.2					
	Approval / Changes				
	o None				
	MOVED AND DULY SECONDED				
	MOTION: To approve the November 13, 2024 HHS Common Board agenda. CARRIED.				
3.3	Previous Minutes				
5.5	Approval / Changes				
	o None				
	MOVED AND DULY SECONDED				
	MOTION: To approve the October 10, 2024 HHS Common Board minutes. CARRIED.				
4	Business Arising from Minutes				
5	Consent Agenda Part 1 – Standing Reports				
5.1	President & CEO:				
	2024-11-Monthly Report-CEO circulated				
5.2	CNE:				
5.2					
	2024-11-Monthly Report-CNE circulated				
	○ SHH				
	 Electronic Documentation: all staff, physicians and locum staff have been provided with 				
	Cerner OneChart accounts with Dynamic and Dragon (voice recognition software); uptake				
	of notes completed electronically is over 90%, reducing faxing requirements, increasing				
	legibility, decreasing transmission time to external providers				
	 Nursing staff are using Camera Capture (secure upload of photos to Cerner OneChart) for 				
	wound care monitoring – SHH is the leader in this initiative				
	 Allied Health staff (physio, dietitian, social work, speech language) have embraced 				
	electronic documentation, allowing their information to flow consistently within the				
	hospital and to other OneChart receiving hospitals				
	 Document scanning and inbound eFax initiatives are underway with implementation 				
	scheduled for early 2025				
	 Pocket Health DI (patient DI portal) and external provider access to images will be made 				
	available in Jan 2025; removes the need for DI staff to burn CDs and send to providers				
	 SHH is entering the automated Provincial Hospital Resource System (PHRS) over the next 				
	few months, which will remove the need for manual daily reporting				
	 EDP4R (Emergency Department Pay for Results) – successfully implemented ED wait time data 				
	capture for both HHS emergency departments				
	 Benchmarking against provincial counterparts and quality improvement will now be 				
	possible; ED wait time data for small volume hospitals has not been made public yet				
5.3	CFO:				
5.5					
	2024-11-Monthly Report-CFO circulated				
5.4	AMGH Chief of Staff:				
	Documents circulated:				
	 2024-11-Monthly Report-COS 				
	 2024-09-18-MAC Minutes 				
5.5	SHH Chief of Staff:				
	Documents circulated:				
	 2024-11-Monthly Report-COS 				
5.6	AMGH President of Medical Staff:				
	2024-11-Monthly Report-Pres MS circulated				
5.7	SHH President of Medical Staff:				
	No discussion				
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	<u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the Staff Reports and MAC Minutes, as presented. CARRIED.</u>				
Consent Agenda Part 2 – Committee Reports & Previous Minutes					
6.1	 <u>Governance & Nominating:</u> G&N meeting held on Oct 18, 2024, documents circulated: 2024-11-Report to Board-G&N 2024-09-20-G&N Minutes Welcome to the new HHS Common Board Directors, and thank you to all for completing the committee survey Next meeting scheduled for Nov 15, 2024 				
5.2	 <u>Resources:</u> Resources meeting held on Nov 7, 2024, documents circulated: 2024-10-03-Resources Minutes 				
5.3	Audit: Next meeting scheduled for Dec 5, 2024 				
6.4	Quality Assurance: • QA meeting held on Oct 16, 2024, documents circulated: • 2024-11-Report to Board-QA • 2024-06-19-QA Minutes				
6.5	Recruitment & Retention: • R&R meeting held on Nov 5, 2024, documents circulated: • 2024-11-Report to Board-R&R • 2024-09-03-R&R Minutes				
6.6	Joint Hospitals & Foundations: • Next meeting scheduled for Dec 4, 2024 MOVED AND DULY SECONDED				
	MOVED AND DOLT SECONDED MOTION: To accept the Committee Reports and Minutes, as presented. CARRIED.				
7	New and Other Business				
7.1	 HHS Financial Update: Financial Report to Sep Month End circulated and reviewed Objective of the executive summary/report is to provide a high-level overview of our financial result In terms of the projected deficit position for HHS, no significant changes have happened over the last month; the number remains at about \$2.4M compared to \$4.4M Supporting the positive variance are one-time funding, vacant positions, patient revenues, and technical fees, etc. HHS deficit is about 7% of operating costs; lower than most hospitals in Ontario Ministry of Health has been provided with quarterly updates and is aware of our position; the finance team will be meeting with the Ministry within the next few weeks to review the Q2 reporting, and is expected to come through with the appropriate funding as they have in most past years Operating variances at AMGH were attributed to a bad debt not written off, repairs and unexpected increases in software costs Quarterly capital status update, i.e., what we've spent / committed to, and our total budget and where it is coming from AMGH is in Phase II of the Mental Health renovations; contractor selection anticipated for end of Dec 2024, with construction happening Apr-Sep 2025 SHH outstanding purchases related to patient care equipment expected to happen over 				
	Q3/Q4				

	 Reviewed the Community Engagement Council for the new directors; three co-facilitators are David Greer, Brian Heagle and Jimmy Trieu The group last met as the Community Engagement Committee Opportunity to engage and collaborate with the community on topical issues Anticipating to determine issues in which to involve the community, and schedule a meeting in Jan 2025 						
7.3		 <u>Dietitian Coverage:</u> A new dietitian has been hired at AMGH 					
8	 A new distitian has been hired at AMGH In-Camera Session Notifications: 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	Move into In-Camera: • Hospital Credentials; 2024-10-Report to Board-Credentials SHH circulated MOVED AND DULY SECONDED MOTION: To move into the in-camera session at 5:13pm. CARRIED.						
8.2	Move Out of In-Camera: <u>MOVED AND DULY SECONDED</u> Recommendation made to move back into open session at 5:16pm. CARRIED.						
8.3	Motions made based on In-Camera discussion: MOVED AND DULY SECONDED MOTION: To approve the SHH Credentials Report of October 2024, as presented, and to move out of in- camera. CARRIED.						
9	Round Table						
10	Board Evaluations		Descrite to allow store Osmali as				
11	Next Meeting & Adjournr Date	Time	Regrets to <u>alana.ross@amgh.ca</u>				
	December 12, 2024	4:00pm-6:00pm	SHH Boardroom / MS Teams available				
	Motion to Adjourn Meetir						
	<u>MOVED AND DULY SECONDED</u> MOTION: To adjourn the November 13, 2024 HHS Common Board meeting at 5:19pm. CARRIED.						
Signatu	re						
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Mr. Glen McNeil, Board Chair

Mr. Jimmy Trieu, President & CEO