

Regular Meeting of the Board of Directors

Date: December 8, 2022	Location: Virtual	Chairperson: Brent Lundy	Admin Support: Lesley Hollis
Time Meeting Called to Order: 5:00 p.m.		Time Meeting Adjourned: 6:29 p.m.	
Present:			
Brent Lundy, LWDH Chair Charlene Chapman, LWDH Director Cheryl O'Flaherty, VP of Operations and CFO Fred Richardson, LWDH Vice Chair Jaki Diamond, LWDH Director Kaye Balajadia, VP of Patient Services and CNO Kaila Stepanik, LWDH Executive Assistant Dr. Mel Kowal, President of Medical Staff Dr. Sean Moore, Chief of Staff Dr. Jean-Marc Rizk, Vice President of Medical Staff		Logan Haney, LWDH Director Nancy Johanson, LWDH Director Nicole Brown, LWDH Director Ray Racette, President and CEO Rita Boutette, LWDH Director Robert Bulman, LWDH Director Wendy Peterson, LWDH Director Mira Trebilcock, LWDHF Director (guest) Kim Mejia, LWDHF Board Chairperson (guest)	

AGENDA ITEMS	DISCUSSION	ACTION
1. Call to Order	B. Lundy, Chair, called the meeting to order at 5:00 p.m.	Called to Order
1.1. Attendance and Welcome	B. Lundy welcomed everyone to the meeting.	Information
1.2. Acknowledgement of Traditional Lands	The traditional lands of the Anishinaabe of Treaty Three and the Métis Nation were acknowledged.	
1.3. Approval of Agenda	Moved by F. Richardson and seconded by W. Peterson that the regular meeting agenda be approved as circulated.	Motion # 22/12/1
1.4. Declaration of Conflict of Interest	None.	None Declared
2. Consent Agenda	Moved by N. Johanson and seconded by W. Peterson that the Consent Agenda be approved as circulated: 2.1 Board of Directors: November 10, 2022 (draft) 2.2 Governance and Nominating: November 10, 2022 2.3 Governance and Nominating: November 28, 2022 (draft) 2.4 Media Release: LWDH Surgical Services to Expand to Urology 2.5 Media Release: Public Feedback in Stage 1 of new hospital project results in blossoming Indigenous Patient Relations Department 2.6 President and CEO Report 2.7 Chief of Staff Report 2.8 VP Operations and CFO Report 2.9 VP Patient Services and CNO Report	Motion # 22/12/2
3. Education		
3.1. LWDH Foundation – Creating a Lasting Affinity with LWDH	<ul style="list-style-type: none"> • Mira Trebilcock and Kim Mejia from the Lake of the Woods District Hospital Foundation were introduced to present: <u>LWDH Foundation - Creating a Lasting Affinity with LWDH</u> • K. Mejia provided an update on the new LWDHF Board of Directors. • M. Trebilcock updated the table on the importance of cultural philanthropy in our community, and how it can benefit Foundation fundraising. • Projects and procurements that are supported by the Foundation were outlined. (prior and current) • Mira provided a brief overview of the Foundation financials. • Annual fundraising initiatives were outlined, and the hospital project was noted as the largest fundraising project in the history of LWDHF. • Discussion on the importance of internal stakeholders was emphasized, noted that approximately 20% of LWDH staff are regular contributors. • W. Peterson suggested that someone from LWDHF be a part of the Steering Committee. C. O'Flaherty will follow up. • Guests left at 5:29 p.m. 	Information

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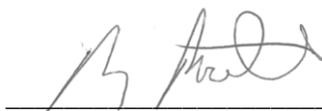
<p>4. Strategy Items</p> <p>4.1. <u>Quality and Patient Safety:</u></p> <p>4.1.1. LWDH Staffing Crisis</p>	<ul style="list-style-type: none"> • A briefing note was circulated. • R. Racette reported that our vacancy rate is slightly higher than last month. We continue to struggle in specialty areas (ED and ICU), so we continue to utilize agency nurses. • System wide, we are struggling with the usage of agency nurses, but they are helping us keep services open at this time. A recent improvement to ICU staffing has helped with avoiding closures in that department. • One challenge we face is being assured that the government knows how serious our situation is, and the personal challenges created in the effort to keep services open. • The Retention Project was able to provide us with a lot of information from our staff on changes needed to improve recruitment and retention. • We continue with recruitment efforts, and we will be encouraging healthy relationships with schools, and onboarding students effectively. • We are anticipating several more months of the staffing crisis. • We have not yet been able to provide daycare services to assist our staff. • We are working closely with KDSB on daycare options, however, KDSB is undergoing a staffing crisis as well. • We are also facing multi-generational challenges, therefore, working with Human Resources to promote student and mentorship opportunities. 	Information
<p>4.1.2. ED Closures</p>	<ul style="list-style-type: none"> • A briefing note was circulated. • The effort of LWDH and professional staff continues to be commended. • We are at the greatest risk of closure than ever seen before, as we only have a small pool of local physicians who are working the majority of the ED shifts. • This is including working ED back up shifts, where normally a physician is on call. As of late, the back up physician is called in nearly every shift. • We have requested NWO hospitals to be given first pick of locums when filling locum shifts. The locum program was initially developed to assist northern Ontario hospitals, and then shifted to include Southern Ontario as their needs grew. • J. Diamond noted that some locums prefer to work more than an 8 hour shift. Both Dr. Moore and Dr. Kowal don't recommend this as it is potentially a liability issue. • Dr. M. Kowal explained the process of ED scheduling, ED back up shifts, and the inability for locums to cover. • The drain on our local physician pool is unsustainable, and it is anticipated to be in this situation for the foreseeable future. • ED diversion strategies were discussed, and Dr. Moore confirmed the acuity of our patients seems to be higher than it has been previously. • R. Racette will be discussing this with the media next week. 	Information
<p>5. Discussion Items</p> <p>5.1. Strategic Planning: Finalizing the Request for Proposal</p>	<ul style="list-style-type: none"> • The proposal previously circulated has been updated with timelines. • Selection to take place mid-March. Work will happen through the summer and presented at the September BOD meeting. • Strategic planning oversight would be managed by a small team. • N. Brown noted that we should sync the strategic planning with the new hospital build. • R. Racette noted we are proposing a 3 yr. plan for the post pandemic period, followed by a 5 yr. plan, so that a stable plan can follow us through negotiations and design for the hospital. (3/5 rather than 5/3) 	In progress

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	<ul style="list-style-type: none"> The board will be strategic on planning, considering all the work that is in the future. Work in the OHT may change our strategic plan. 		
5.2. LWDH Ethics Committee Terms of Reference	<ul style="list-style-type: none"> Briefing note provided, current inactive committee has not met regularly over the years, focusing on research approvals, etc. R. Racette researched other hospital committees and discussed having an ethics forum that staff could utilize for ethical the lemmas. We are hopeful to have an active ethics committee, meeting quarterly unless ad-hoc meeting required. An Ethics Committee is required to meet as part of accreditation standards. W. Peterson suggested an Indigenous rep on the Committee. N. Brown noted that access to a bioethicist would be beneficial. Discussed research approvals vetted through NOSM. If NOSM has an IRB, then we should not recreate the wheel. Motion by N. Brown & seconded by W. Peterson to approve the TOR as presented. Carried Next Steps: work on membership, reach out to TBRHSC for a bioethicist, NOSM for research approvals, hold an inaugural meeting. 	Information	Motion: #22/12/3
6. Decision Items 6.1. Professional Staff Privileges	<ul style="list-style-type: none"> None brought forward. 		Defer
7. Next Meeting	<u>Board Meeting:</u> Tuesday, February 9, 2022, at 5:00 p.m. via Microsoft Teams.		Information
8. Adjournment	Moved by F. Richardson that the regular meeting be adjourned at 6:29 p.m.		Adjourned



Chair



President & CEO