
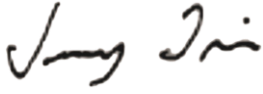


Committee:	HHS COMMON BOARD		
Date:	March 26, 2026	Time:	4:31pm-7:10pm
Chair:	Brian Heagle, Board Chair	Recorder:	Alana Ross
Present:	Elected: Brian Heagle, Heather Hern, Steve Ireland, Christie MacGregor, Glen McNeil, Tara Oke, Jared Petteplace, Susan Reis, Jane Sager Ex Officio: Jimmy Trieu, Lynn Higgs, Dr. Natuik, Dr. Ryan, Dr. Steinmann		
Regrets:	David Atkinson, Nonie Brennan, Dr. Patel		
Guest(s):	Robert Lovecky (CFO)		
Open Session - Call to Order / Welcome			
1	<ul style="list-style-type: none"> ○ Video / audio recordings and transcriptions of open session are retained for the purpose of creating accurate minutes and will be expunged on final approval of the minutes by the HHS Common Board. 		
1.1	<p><u>Land Acknowledgement:</u></p> <ul style="list-style-type: none"> ● L. Higgs reviewed the land acknowledgement and shared her personal reflection <ul style="list-style-type: none"> ○ Treaty 29, also known as the Huron Tract Treaty, was signed in 1827, which means in 2026 we are approaching the 200th year anniversary ○ The map along St. Marys, Stratford, Listowel, Goderich, Grand Bend, and Sarnia areas, was all wild rice; when the treaty was signed, it actually stopped the indigenous people from being able to harvest their wild rice ○ Acknowledging the land and water that sustains life on Earth is part of becoming a balanced and present human being. It's about honoring and protecting the land and water, honoring ourselves and our bodies ○ I encourage you to take a look and reflect on what you already know about this land, where you live and where the people you care about live, as we approach the 200th anniversary of the signing of the Treaty 29 ○ Reflect on how things have changed over the last 200 years. What did this land look like before? Have we been good to it? How can we move beyond acknowledgement and toward meaningful action for the land that we are on? 		
1.2	<p><u>Story:</u></p> <ul style="list-style-type: none"> ● Dr. T. Steinmann <ul style="list-style-type: none"> ○ This story outlines the importance and benefits emergency departments and strong collegial teams in rural communities, as the patients in this story would otherwise have had to travel at least 45min to a city hospital and may not have fared as well <ul style="list-style-type: none"> ▪ Graduated on 2014, 2nd ED shift (night shift), and was working in a standalone emergency room, with one nurse, 5 ED beds and minimal resources, i.e., 3 units of blood, one crash cart, no ventilator ▪ Phone call received in the middle of the night re boating accident involving several people; team received a severe closed head injury, an open femur fracture, a multi-system trauma with difficulty breathing, and several other traumatic injuries (approximately 10 patients) ▪ There was no formal backup system in place; readied supplies, and called colleagues who were credentialed the hospital; one physician arrived in pajamas, and another physician and nurse came from a nearby town ▪ Patients were stabilized and shipped to different hospitals for appropriate care ○ Grateful for AMGH's strong, collegial team and available resources, i.e., 24 hour lab, Medical Imaging, formal backup system for nursing and physicians, etc.; feels blessed to be part of this community 		

2	Education / Guests
2.1	<p><u>Operations:</u></p> <ul style="list-style-type: none"> • 2026-03-HHS QIP QA Final Presentation, circulated and reviewed • 2026-03-HHS Patient Survey Feedback, circulated and reviewed • Presentation of proposed F2627 HHS Quality Improvement Plan as presented to the Quality Assurance committee on Mar 11; reviewed indicators and targets, and alignment with provincial priorities, as presented to QA Committee • Several of our indicators are focused on ED flow, which reflects both provincial direction and operational processes and pressures that we continue to see across the system <ul style="list-style-type: none"> ○ Indicators measure different points in the patient journey through the ED from arrival to initial assessment, to discharge or admission to hospital; even though they are ED based measures, they reflect a broader hospital flow, including inpatient capacity, discharge processes, and operational consistency across sites; looking at them together helps us determine where delays are occurring in the system and opportunities for improvement • Organized around 4 provincial dimensions of quality <ol style="list-style-type: none"> 1. Access and Flow (5 priority indicators) <ul style="list-style-type: none"> ▪ Ambulance offload time, ED length of stay for low acuity patients, physician initial assessment (PIA), ED wait time to inpatient bed, and left without being seen 2. Equity <ul style="list-style-type: none"> ▪ EIDAR Education completion; supports equitable care delivery 3. Experience <ul style="list-style-type: none"> ▪ Patient Experience surveys for ED and Inpatients; exploring a third-party tool - Qualtrics 4. Safety <ul style="list-style-type: none"> ▪ Medication Reconciliation; includes monthly data sharing, follow up, and review at Clinical Audit Committees • Will continue to focus on maintaining strong performance for best possible patient experience • Submission will be made to Ontario Health by Mar 31; new plan begins Apr 1 • Appreciation extended to T. Sangrar and S. Sherwood for leading, developing and maintaining this plan <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the F2627 Quality Improvement Plan, as presented. CARRIED.</u></p>
3	Approvals and Updates
3.1	<p><u>Declaration of Conflict of Interest</u></p> <ul style="list-style-type: none"> • B. Heagle asked if anyone had a conflict of interest to declare based on information contained in the package <ul style="list-style-type: none"> ○ No conflicts were declared
3.2	<p><u>Agenda</u></p> <ul style="list-style-type: none"> • Approval / Changes <ul style="list-style-type: none"> ○ Amend 2.1 to include Board acceptance <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the March 26, 2026 HHS Common Board agenda, as amended. CARRIED.</u></p>
3.3	<p><u>Previous Minutes</u></p> <ul style="list-style-type: none"> • Approval / Changes <ul style="list-style-type: none"> ○ None <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve the February 27, 2026 HHS Common Board minutes. CARRIED.</u></p>
4	Business Arising from Previous Minutes
5	Foundations Report
5.1	<p><u>AMGHF / SHHF Quarterly Rotation:</u></p> <ul style="list-style-type: none"> • Deferred to Apr <ul style="list-style-type: none"> ○ SHHF Gala scheduled for Jun ○ AMGHF Long Table Dinner scheduled for Aug
6	Consent Agenda (time allotted for any questions and/or updates)

6.1	<p><u>Patient Experience:</u></p> <ul style="list-style-type: none"> 2026-03-Monthly Report-Patient Experience, circulated
6.2	<p><u>Governance & Nominating:</u></p> <ul style="list-style-type: none"> No meeting or update since last report
6.3	<p><u>Resources:</u></p> <ul style="list-style-type: none"> 2026-03-Monthly Report-Resources, circulated 2026-02-19-Resources Minutes, circulated
6.4	<p><u>Audit:</u></p> <ul style="list-style-type: none"> Auditors began annual process in Feb
6.5	<p><u>Quality Assurance:</u></p> <ul style="list-style-type: none"> 2026-03-Monthly Report-QA, circulated
6.6	<p><u>Collaborative Leadership Roundtable:</u></p> <ul style="list-style-type: none"> No meeting or update since last report
6.7	<p><u>Recruitment and Retention:</u></p> <ul style="list-style-type: none"> 2026-03-Monthly Report-R&R, circulated 2026-01-06-R&R Minutes, circulated
6.8	<p><u>Joint Hospitals & Foundations:</u></p> <ul style="list-style-type: none"> 2026-03-Monthly Report-JH&F, circulated 2025-12-03-JH&F Minutes, circulated <ul style="list-style-type: none"> HHS reviewed it draft Strategic Plan 2026-2029; Foundations have submitted feedback
6.9	<p><u>Community Engagement Council:</u></p> <ul style="list-style-type: none"> No meeting or update since last
<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the Patient Experience report and all Committee reports with corresponding Minutes pursuant to items 6.1 , 6.3, 6.5, 6.7 and 6.8, as presented. CARRIED.</u></p>	
7	Standing Reports
7.1	<p><u>President & CEO:</u></p> <ul style="list-style-type: none"> 2026-03-Monthly Report-CEO, circulated <ul style="list-style-type: none"> Anticipating Government budget to be released today; OHA is advocating for a \$2.6B injection of cash into the healthcare sector to stabilize the system and manage growth Discussed pending CT Scanner for South Huron with MPP today Regional Clinical Planning discussions continue; advance meeting in planning for May
7.2	<p><u>CFO:</u></p> <ul style="list-style-type: none"> Financial Results and Risk Management <ul style="list-style-type: none"> 2026-03-Monthly Report-CFO, circulated and reviewed F2526-P11-Montly Report-YTD Financial Results, circulated and reviewed HHS deficit is at \$1.9M compared to budgeted deficit of \$4.3M, positive variance of approximately \$2.4M <ul style="list-style-type: none"> Base funding received: AMGH 3%, SHH4% One-time funding received for both sites, which supports HHR programs, i.e., externs, mentors and ED education Some savings realized in supplies and equipment Budget pressures include compensation, sick and overtime, cost of running SHMC, etc. Final decision in regards to the MRI is expected end of Apr; estimated cost is \$6.5M, but may land higher due to increased cost pressures Work continues on obtaining a Human Capital Management System for both sites, as current system is at end-of-life; RFP to be issued; will be meeting with OH for discussion AMGH transition to Oracle Health; considering bank loans, and have approached AMGHF for support <ul style="list-style-type: none"> Transition will further align the AMGH & SHH partnership Corporate side is working with LSCH and HPHA IT on transition process SHH continues to wait for approval of the CT Scanner by OH/Ministry; SHHF is committed to support this project, which will require a Capital Campaign Reviewed current ratio, which is better than anticipated for both sites, due to funding increases; results in a better cash flow position

	<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept the President & CEO and Financial Results and Risk Management reports pursuant to items 7.1 and 7.2, as presented.</u></p>
7.3	<p><u>CNE:</u></p> <ul style="list-style-type: none"> • 2026-03-Monthly Report-CNE, circulated <ul style="list-style-type: none"> ○ Working with unions to build complements of RNs and RPNs to address ongoing HHR issues and fiscal responsibilities; requires renegotiations with unions
7.4	<p><u>AMGH Chief of Staff:</u></p> <ul style="list-style-type: none"> • 2026-03-Monthly Report-COS, circulated • 2026-02-18-MAC Minutes, circulated <ul style="list-style-type: none"> ○ Working on a plan for more robust surgical services by Sep; attempting to avoid further closures
7.5	<p><u>SHH Chief of Staff:</u></p> <ul style="list-style-type: none"> • No report • 2026-02-26-MAC Minutes, circulated
7.6	<p><u>AMGH President of Medical Staff:</u></p> <ul style="list-style-type: none"> • 2026-03-Monthly Report-Pres MS, circulated <ul style="list-style-type: none"> ○ In process of recruiting physicians <ul style="list-style-type: none"> ▪ Hospitalist program-2 ▪ OB/GYNE-1 ▪ OB group-1 • Board extended appreciation for all of the recruitment efforts going on throughout the hospital
7.7	<p><u>SHH President of Medical Staff:</u></p> <ul style="list-style-type: none"> • 2026-03-Monthly Report-Pres MS, circulated
	<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To accept all Standing Reports and MAC Minutes pursuant to items 7.3 to 7.7, as presented. CARRIED.</u></p>
8	New and Other Business
9	HHS Common Board Work Plan
9.1	<p><u>Work Plan:</u></p> <ul style="list-style-type: none"> • Plan has been reviewed this week; Strategic Plan was targeted to be completed by Mar 31, however, this process has been extended in order to coordinate with Foundations
10	<p><u>In-Camera Session</u></p> <ul style="list-style-type: none"> ○ In-camera session is not recorded or transcribed, and no minutes will be created. ○ All Directors remain for any in-camera session, and guests will be invited by the Chair, as required. ○ Any Director and/or guest with a conflict or other concern may be recused, as needed. ○ All participants must ensure their surroundings are secure from unauthorized participants.
10.1	<p><u>Move into In-Camera:</u></p> <ul style="list-style-type: none"> • AWG • Strategic Plan • HR • Budget • HSAA / MSAA • QIP <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To move into an in-camera session at 5:51pm. CARRIED.</u></p>
10.2	<p><u>Move Out of In-Camera:</u></p> <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To move back into the open session at 7:10pm. CARRIED.</u></p>
10.3	<p><u>Motion(s) from In-Camera Session:</u></p> <p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To approve, in accordance with HHS policy, the non-union non-executive wage increase of 2.25% for AMGH & SHH as of April 1st, 2026. CARRIED.</u></p>

<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: The Board directs the CEO and CFO to submit the F2627 HSAs for AMGH & SHH extensions, and the MSAA for AMGH to OH on March 26, 2026, with added direction to the CEO and management team to continue to pursue balanced budgets for each hospital. CARRIED.</u></p> <p><i>Conflict of Interest declared related executive compensation for Jimmy Trieu, Lynn Higgs and Robert Lovecky Recused at 7:01pm; returned at 7:08pm</i></p> <p><u>MOTION: To accept the partial Quality Improvement Plan payment as reviewed and directed in-camera. CARRIED.</u></p>		
11	Common Board Evaluations	
12	Next Meeting & Adjournment	Regrets to alana.ross@amgh.ca
	Date	Time
	April 30, 2026	4:30pm-6:30pm
		Location
		SHH Boardroom / MS Teams available
<p><u>MOVED AND DULY SECONDED</u> <u>MOTION: To adjourn the March 26, 2026 HHS Common Board meeting at 7:10pm. CARRIED.</u></p>		
Signature		
 		
<p>_____</p> <p>Brian Heagle, Committee Chair</p>		
<p>_____</p> <p>Jimmy Trieu, President & CEO</p>		