

Winter Engagement Session February 28: 1:00pm-4:00pm March 5: 5:00pm-8:00pm

Compassion – Accountability – Integrity – Respect



Welcome!

Veronica Nelson, President & CEO



Compassion – Accountability – Integrity – Respect



Housekeeping

- 1. Session is being recorded for future sharing.
- 2. The slide deck will be available on <u>www.hhhs.ca</u> website after the last session.
- 3. Please mute yourselves during the presentation to minimize background noise.
- 4. Please feel free to use the chat function to share your thoughts and questions.
- 5. Questions from the chat will be answered during the Q&A session. At that time, you are welcome to raise your hand and unmute yourself once called upon.
- 6. Both sessions have the same content.

Thank you for attending, sharing your thoughts and being respectful!



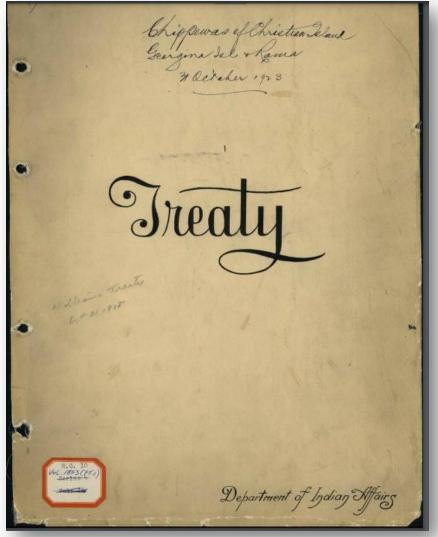
Agenda

- 1. Introduction
- 2. Our Land Acknowledgement
- 3. Physician Recruitment Wendy Welch
- 4. Primary Care Kim Robinson
- 5. Urgent Care Clinic Marina Hodson
- 6. Patient Navigation Stephanie MacLaren & Christine Keenan
- 7. HHHS Strategic Plan Irene Odell & Veronica Nelson
- 8. HHHS Master Program/Master Plan Veronica Nelson
- 9. Care Closer to Home Veronica Nelson
- 10. Your Turn! With Lauren Ernst
- 11. Final remarks Veronica Nelson

Our Land Acknowledgement



"We gather on ancestral lands, the traditional territory of the Mississauga Anishinaabe and the traditional unceded territory of the Algonquin Anishnaabeg people and in the territory covered by the Williams Treaties which have been inhabited for thousands of years – as territories for hunting, fishing, gathering and growing food. The intent and spirit of the treaties that form the legal basis of Canada bind us to share the land "for as long as the sun shines, the grass grows and the rivers flow."





Physician Recruitment Wendy Welch, Physician Recruiter



Compassion – Accountability – Integrity – Respect

Update on Physician **Recruitment in Haliburton** County

Wendy Welch

CALL 1-833-HALIDOC

June.

HALIBURTON COUNTY NOW ACCEPTING

NEW PHYSICIANS

STAFF PARKING

What Haliburton has to offer

- 2.5 hours to Toronto airport and GTA
- Collegial and supportive staff
- Friendly patients
- Comfortable and attractive housing for physicians
- Financial incentives to help with medical school debt
- Very flexible scheduling/structure of their practice
- Natural environment, family friendly, access to waterfront
- Connected community, more relaxed pace of life
- CT Scanner coming summer '24
- Housing more affordable than other regions of ON (GTA or Muskoka)
- Good reputation amongst medical learners and locums

National and International shortage of Physicians

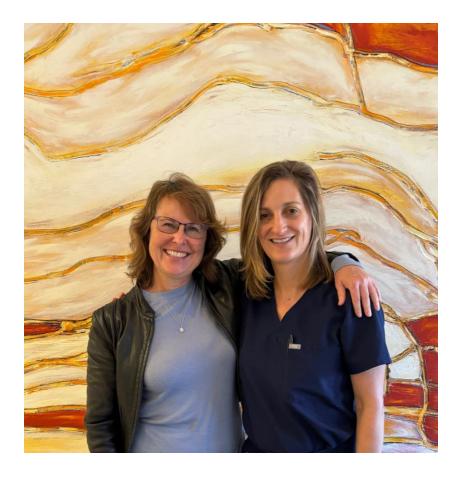
- New Trend: the majority of new graduates do not want to commit to full-time practice in their first years as a physician
- Highly competitive environment, many choices for physicians of where to practice
- Increasing Trend: Not go into family practice but specialize instead, related to workload
- Drastic drop in the number of physicians practicing during the COVID years.
- One of our full-time physicians retired in 2023
- Challenge for recruitment to Haliburton; proximity to family



Dr. Jennifer Reason successfully recruited

- OBGYN
- Will be treating women's health issues
- Modified hours in 2024
- Will be increasing hours after she relocates here in 2025
- At this time will only be seeing patients who are rostered to the Haliburton Highlands Family Health Team

*Numerous other temporary/short-term physicians (working 1-4 weeks) have also been recruited. These provide relief to our current medical team and fill vacancies in our schedule.



Forward Thinking for Recruitment

Social media - check out HaliDoc pages on Instagram, Facebook, LinkedIn; like and share to help spread the word

- highlighting what makes us unique

- address main objections

Road-side signs – to take advantage of tourist traffic – have generated multiple leads

Dedicated website and Physician Recruitment Coordinator

Attention to medical learners and locum physicians who come into our community – this exposure has been proven to help with recruitment

Beginning to advertise in the UK market

Exhibiting at recruitment events at Ontario medical universities -helps to promote Haliburton County and opportunities for physicians and builds relationships

Providing access to physician housing – two county owned rental properties available

The International Market

• College of Physicians and Surgeons has loosened the requirements for physicians in the UK, Ireland, Australia and USA.

100

- There are many physicians leaving the UK; Canada being their 2nd choice.
- Four physicians interested and currently in the process one travelling here for an initial visit early 2024
- Physician Recruitment Coordinator working to help streamline this process for prospective physicians to aid in recruitment efforts
- Takes many months-year to move through the multiple steps
 - Validate their documents and licenses
 - Complete Labour Assessment (Gov't of Canada) process to prove they are needed
 - Immigration and work visa
 - Obtain billing number

2024 looks bright

- Will continue work on Retention; supporting the physicians we already have
- Have multiple physician candidates leads who are considering relocating to Haliburton County
- We are a popular spot for locum physicians; providing relief for our hard-working team



Wendy Welch, Physician Recruiter Thank you!

https://www.haliburtoncounty.ca/en/county-office/physician-recruitment.aspx





Primary Care Kim Robinson, Executive Director



Compassion – Accountability – Integrity – Respect



About Us: Primary Care Providers

- **1. Haliburton Family Medical Centre** (HFMC) / Haliburton Highlands Family Health Organization (FHO)
- 2. Haliburton Highlands Family Health Team (HHFHT)

Our Website:

https://www.hhfht.com/

1. Haliburton Family Medical Centre: About Us



- The <u>Haliburton Family Medical Centre</u>, is also known as the Haliburton Highlands Family Health Organization ("FHO").
- Established over 30 years ago
- Consists of primary care physicians, nurses, and administrative staff
- Their goal: Provide primary care services to their patients
- Private entity, formed as a Medicine Professional Corporation
- Currently have 8 physicians, including the Minden site
- Total patient population: Over 10,000

Haliburton Family Medical Centre: Our Team



Physicians

Dr. Michael Armstrong Dr. Norm Bottum Dr. Muriel Charles Dr. Scott Coles Dr. Darren Gilmour Dr. Haley Hatch Dr. Nell Thomas (Minden) Dr. Devon Tilbrook

<u>Nurses</u>

Crystal, RPN Brenda, RPN Karena, RPN Michelle, RPN (Minden)

Administration

Kim, Team Support Ashley, Team Support Kellee, Team Support Rhonda, Team Support (Minden) Laura, Check-in/Registration Carole, Scheduling/Incoming Fax Mgt. Karen, Scanning Coordinator Kathy, Billing Coordinator Cathy, Referrals Coordinator Kim R, Office Manager Tammy, Finance Manager

Patient Enrolment Model (Blended Capitation)



- Family Health Organization (FHO) models, which have three or more physicians, are compensated primarily through capitation payments, but also receive Fee For Service payments. The physicians are also eligible for specific bonuses and premiums based on patient enrolment.
- This model offers comprehensive care during a combination of regular physician office hours and after-hours services. Information technology and preventive health care services, chronic disease management and health promotion are also integral parts of these models.

© King's Printer for Ontario, 2009-2022 "Last Modified: 2023-10-25", Primary Care Payment Models in Ontario. <u>https://www.health.gov.on.ca/en/pro/programs/pcpm/</u>

<u>Note</u>: It is the responsibility of Physicians in this model to recruit and pay locums to provide care to their patients, or patients of the team, during absences (training, maternity leave, vacation, sabbatical, or in sickness)

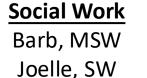
2. Haliburton Highlands Family Health Team: About Us



- The Haliburton Highlands Family Health Team was established in 2006
- Consists of Allied Health Professionals and Administrators who work in collaboration with the primary care providers of the Haliburton Family Medical Centre
- This is a public entity, formed as a non-profit organization funded by the province
- The Allied Health Professionals, including Chronic Disease Management Registered Nurses, Social Work, Chiropodist, and Nurse Practitioners provide primary care services and deliver special programs (at both sites)



Haliburton Highlands Family Health Team: Our Team



Marilyn, MSW

Nurse Practitioners Kathy

Vanessa

<u>Registered Nurses</u> Minna Sabrina Janet Susan

Chiropodist

Natasha (rostered and non-rostered patient care)

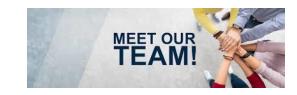
Administration

Kim R, Executive Director Tammy, Finance Manager Vicky, Administrative Assistant Cynthia, Team Support Kim B, Team Support

Board of Directors

Dr. Karl Hartwick, Chair/Community Veronica Nelson, CEO HHHS Dr. Darren Gilmour Dr. Haley Hatch Dr. Michael Armstrong Dr. Tina Stephenson, Community





Who May Receive Care from our Providers?



From Allied Health Professionals of the HHFHT

- Any patient of an HFMC physician
- Some programs and services such as Chiropody, Cardiac/Pulmonary Rehab are available to the community

From Physicians and Allied Health Professionals of the HFMC

- Enrolled patients
- Seasonal residents and those residents with a care provider out of the area, only when there is capacity through the hiring of physician locums to provide walk-in services

Our Partners





Kawartha Lakes Haliburton Con Ontario Health Team

Connecting local care.











https://www.hhfht.com/



Kim Robinson, Executive Director Thank you! https://www.hhfht.com/





Urgent Care Clinic Marina Hodson, Executive Director



Compassion – Accountability – Integrity – Respect

Urgent Care Clinic

- Located at 6 McPherson St. in Minden (entrance off Deep Bay Road)
- Open 7 days/week, 10:00am to 5:00pm
- We are able to refer to most services
- Laboratory and X-Ray services are offered onsite by Lifelabs and HHHS
- https://knfht.ca/home/mucc/



Kawartha North

Family Health Team



When should you see us?

- If you have a <u>non</u>-life-threatening emergency
- You require general primary care <u>and do</u> not have a healthcare provider





When should you avoid seeing us?

- Any life-threatening emergency (call 9-1-1)
- Other emergencies (go to hospital)
- Your health concern could be addressed via an appointment with your family doctor or Nurse Practitioner
- Specific prescription renewals
- Form completion



Frequently Asked Questions, Answered.



- "Can I make an appointment?"
- "How many patients can you see?"
- "When and why do you close your clinic, outside of regular hours?"

https://knfht.ca/home/mucc/





Marina Hodson, Executive Director Thank you! https://knfht.ca/home/mucc/





Patient Navigation

Stephanie MacLaren, Executive Director Christine Keenan, Project Coordinator



Compassion – Accountability – Integrity – Respect

The OHT Plan

Various working groups have been formed to address the following areas:

2023-2024

Advancing Integrated Care through the creation of integrated clinical pathways and standardized chronic care for CHF, COPD, Palliative Care and MHA.

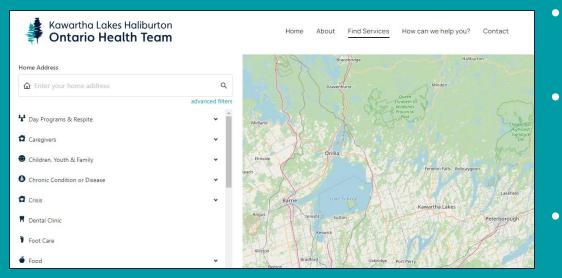
Advancing Digital Health Maturity and the ability to share information across multiple settings. (both for providers and public) Engagement: Increasing Primary Care engagement activities. Increasing engagement with equity deserving populations.

 $\langle | | \rangle$

Health Equity

KLH-OHT Navigation Platform www.klhoht.ca/find-services

705-934-1439



- Supports public awareness and access to community supports and services
 - Many programs utilizing self-referral platform
- Allows organizations to forward referrals to other agencies through PHIPA compliant platform
- OCEAN integration for ease of referrals directly from primary care electronic medical record



Service Navigation Platform current scope

62 organizations from across Kawartha Lakes and Haliburton County listed on the service network

- 64 categories of service
- 328 services listed
- **13** receiving organizations, able to accept e-referrals
 - 140 referrable services currently available

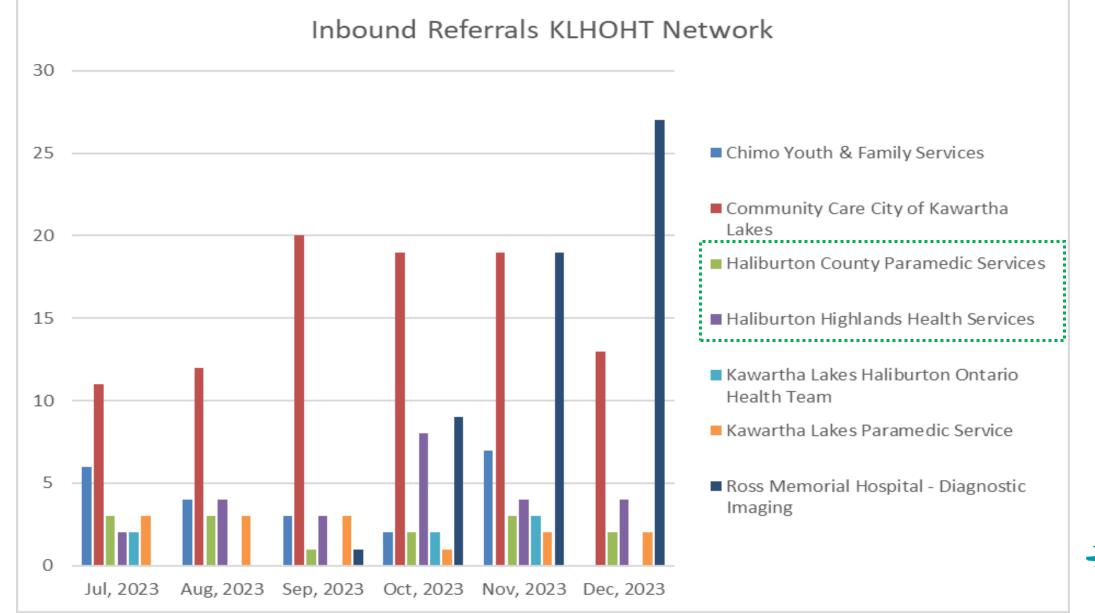
47 receiving organizations, able to accept phone calls or email referrals

3 organizations currently accepting referrals directly from primary care through a digital medical record integration

o Community Care City of Kawartha Lakes, Haliburton Highlands Health Services, CMHA-HKPR



Organizations Receiving Referrals



Health811 Tiles

- Health811 is a free, secure and confidential service people in Ontario can call or access online 24 hours a day, seven days a week, to receive health advice, find local health services and get trusted health information.
- For people who want to find local health services, Health811 provides information that has been created by local OHTs
- We created 8 tiles (categories) that link back to our navigation platform





Q Search

Care services ~

Help & resources

I'm looking for...



Older adult services

Find information on resources available for seniors



Chronic disease management

Find supports for diabetes, heart disease, respiratory disease and/or other chronic diseases

Explore now



Mental health and addictions Advocacy, resources and supports for mental health and addictions

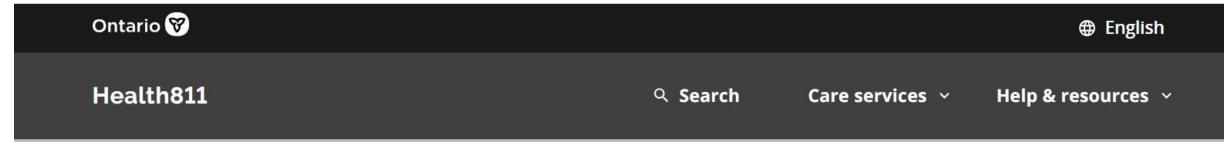
Explore now



Children and youth Children and youth services and supports

Explore now

Explore now



I'm looking for...



Hospital and urgent care services

<

Find hospital and urgent care services in your community

Explore now



Social supports

Find information on financial, employment or social supports

Explore now



More information on local services

Find additional local services

Explore now



Speak to a community resource specialist

Connect with a community resource specialist in your area

>

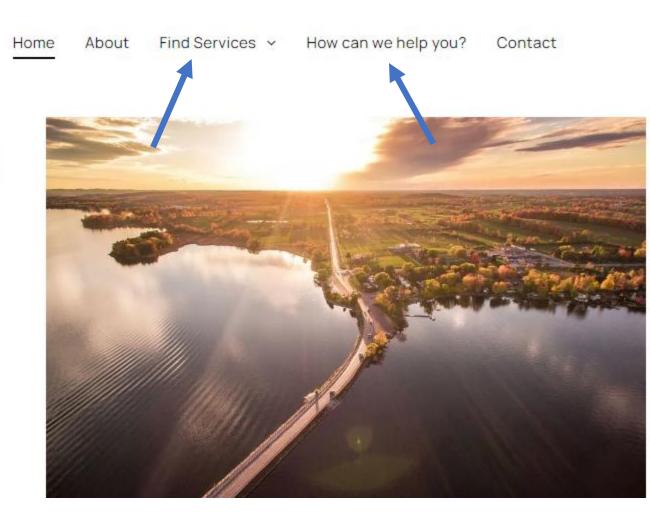
Explore now



Your local Ontario Health Team

Connecting local care for our community.

Find services near you





Find health services near you

Find help if you don't have a Family Doctor or Nurse Practitioner

There are ways to access the care you need if you don't have a Family Doctor or Nurse Practitioner.

Learn more

Find Emergency Services

Ross Memorial Hospital

Ross Memorial

Haliburton Highlands Health Services

Haliburton Highlands

Unattached Patient Urgent Care Clinic

The <u>CKL Family Health Team</u> is offering an urgent care clinic for the residents of Kawartha Lakes who do not currently have a family doctor or nurse practitioner.

Learn more

Minden Urgent Care Clinic

A new urgent care clinic in Minden is provided by <u>Kawartha North Family</u> <u>Health Team</u>. The clinic is open on weekends and planning is underway to operate the clinic up to seven days a week.

Learn more

Chronic Disease Support

Using our service finder, enter your home address and then select "Condition or Disease."

Find chronic disease support

Community Paramedics

Paramedics providing in-home services to help vulnerable adults remain healthy at home.

Learn more



Ê

Find Preventative Cancer Screening

Home About Find Services - H

How can we help you?

Colorectal Cancer Screening

The fecal immunochemical test (FIT) is a screening test for people at average risk of getting colorectal cancer. Visit the Central East Regional Cancer Program's website to find out more about how to get screened for colon cancer.

Learn more

Breast Cancer Screening

Contact

If you are between 50 to 74 years of age, the Ontario Breast Screening Program (OBSP) recommends you have a mammogram every 2 years. Click the link below to book your mammogram with Ross Memorial Hospital's Diagnostic Imaging Department.

Learn more

Accessibility

Diagnostic Imaging

Diagnostic Imaging

The Diagnostic Imaging Department is located on the 1st floor of the Hospital. For general inquires, the department can be reached at 705-324-6111 ext. 4322 or by fax at 705-328-7315.

A physician referral is required for all Diagnostic Imaging examinations, with the exception of qualifying patients with OBSP. Patients must bring both Health Card and requisition.

Eligible clients can self-refer for a mammogram in the Ontario Breast Screening Program (OBSP). An appointment can be self-booked online through Caredove. Click here to book.

https://rmh.org/programs-and-services/diagnostic-imaging



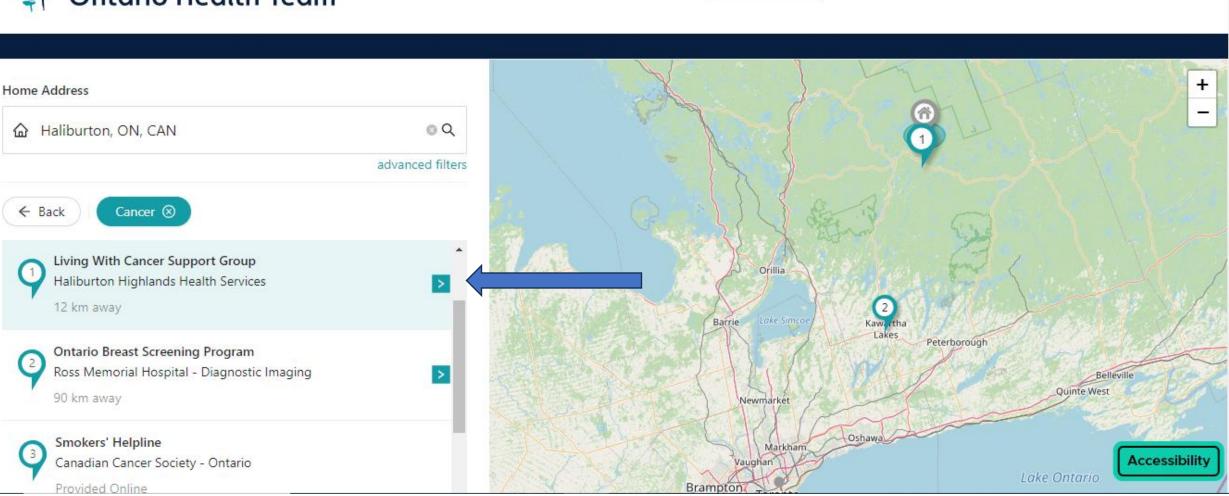
Search Ross Memorial Hospital > Ontario Breast Screening Program > Request

· ·	tario Breas	st Screening Pro	ogram	
Book App	pointment			
Location On-site V	Duration /isit 10 mins			
Select App	pointment Time			
Ħ мол, е	DEC 4	In 2 weeks		A COCC
10:30 a		m 02:30 pm		

Public and Provider Service Search



Kawartha Lakes Haliburton Ontario Health Team



Home

About

Find Services ~

How can we help you?

Contact

E-Referral



Home Address

← Back

Haliburton, ON, CAN

Kawartha Lakes Haliburton Ontario Health Team

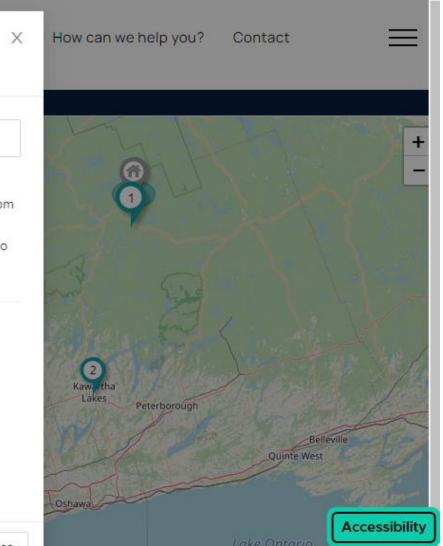


Open to anyone who has been diagnosed with or has survived cancer. Monthly meetings are held the third Tuesday of every month from 1 - 3 pm at the Ruth Parkes room in Haliburton. This is an opportunity to share questions and concerns with individuals who share your experience and to gain information, encouragement and hope.

Phone: 1 (705) 457-2941

S Costs: Free

Languages Available:
 English



Provided Online

Smokers' Helpline

Living With Cancer Support Group Haliburton Highlands Health Services

Ontario Breast Screening Program

Canadian Cancer Society - Ontario

Ross Memorial Hospital - Diagnostic Imaging

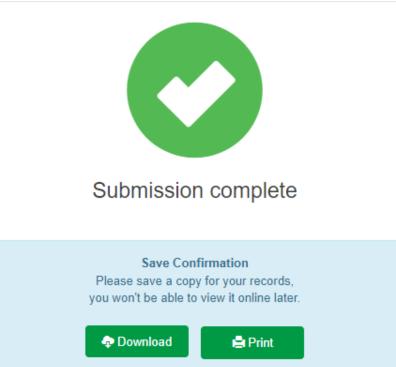
Close

E-Referral Continued



1. Service Information	•	2. Form	3. Finish	
Registrant Information				
Registrant Name:	First name*	Family/Last Name*		
Email Address:	Email (Confirmation and reminder e	mails will be sent here)		
Phone:	1 (###) ### #### Primary Phone*	1 (###) ###-#### Secondary Phone		
Address:	Unit/Suite #	Street # & Street Name		
	City*	Ontario Province/State Po	stal/Zip Code*	

E-referral Cont'd



A confirmation message will be sent to ckeenan@rmh.org -

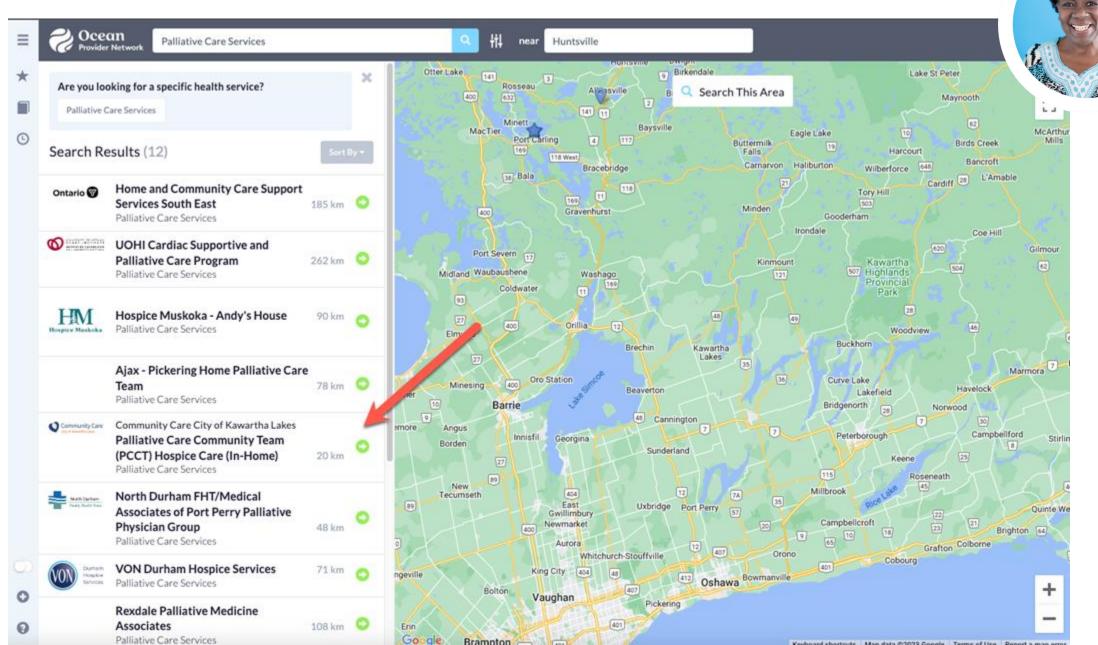
	Summary Reference #: 4418258233
Registrant:	Christine Keenan
Organization: Service:	Haliburton Highlands Health Services Living With Cancer Support Group



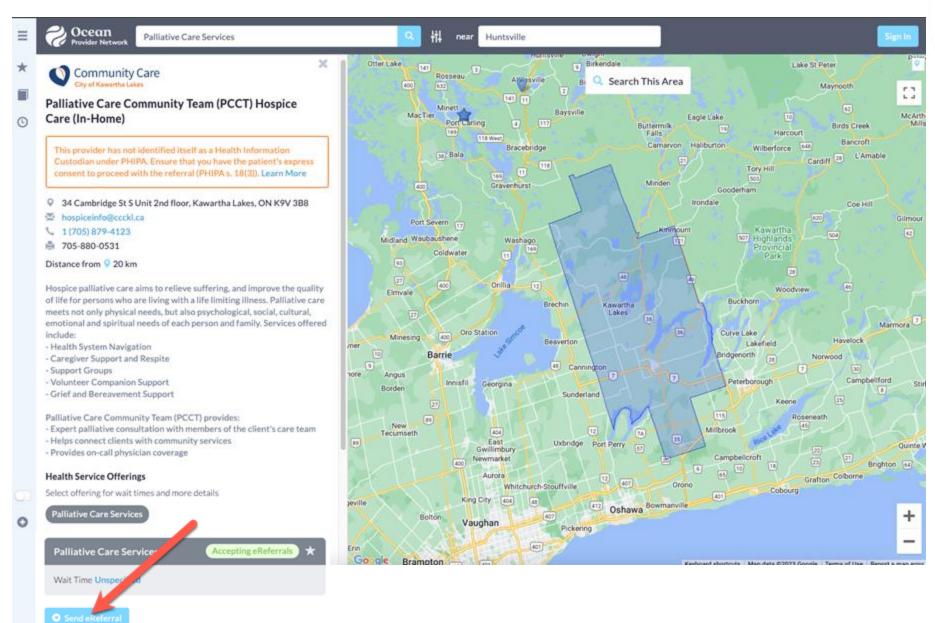


Dr. Jones refers Gloria to Community Care City of Lindsay Hospice Services

Search for Services in Ocean



View Service Details & Send eReferral





View Service Details & Send eReferral

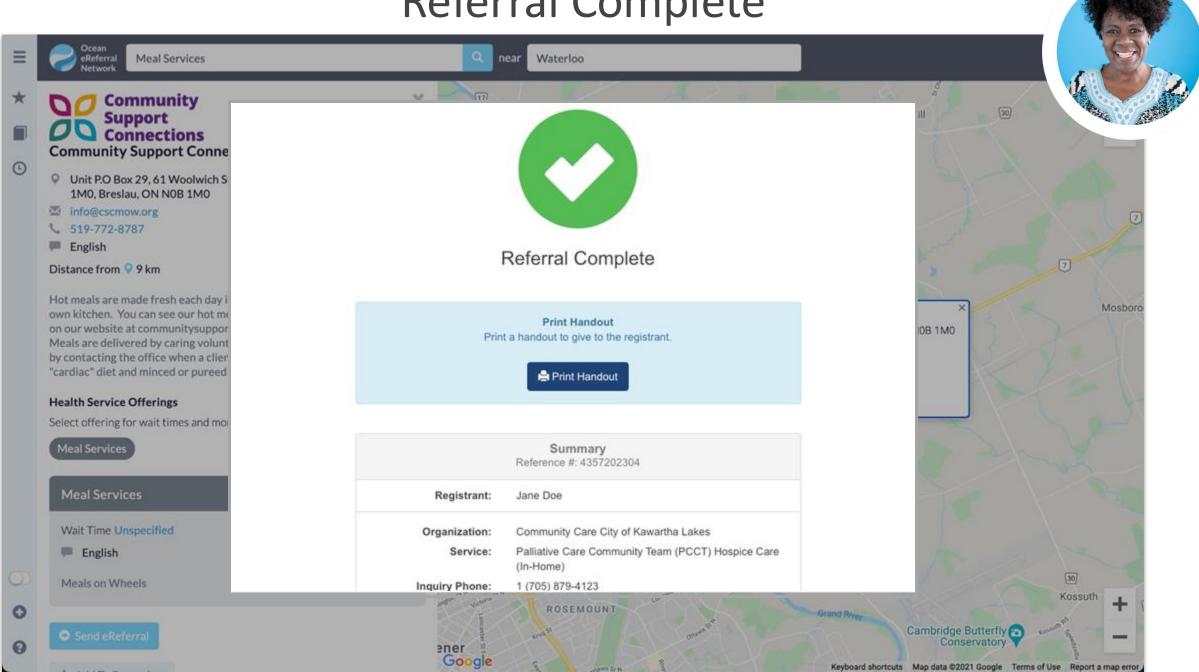
This provider has not identified itself as a F	Patient Information	n						
Custodian under PHIPA. Ensure that you h consent to proceed with the referral (PHIP	Surname:		Mol	bile#:			Maynooth	13
 34 Cambridge St S Unit 2nd floor, Kawar hospiceinfo@ccckl.ca 1 (705) 879-4123 	First: DOB: Gender: HN:	yyyy/mm/dd O Male O Female O Other province health number VC	Busin	eme#: less#: Email:			Birds Creek	McArti
705-880-0531 Distance from Q 24 km	Address:	street	line 2	ity	prov postal	503 sderham		
Hospice palliative care aims to relieve sufferi of life for persons who are living with a life lir meets not only physical needs, but also psych emotional and spiritual needs of each person include: - Health System Navigation - Caregiver Support and Respite	express consent to	not identified itself as a Health Informa a proceed with the referral (PHIPA s. 18 o a listing managed by Caredove. We v edove.com.	B(3)). Learn More			Ser Highland Provincis Park		Gilmour
- Support Groups - Volunteer Companion Support - Grief and Bereavement Support Palliative Care Community Team (PCCT) pro-	Service: Palliative C	are Services 💙 - Caredove Referral Fo	orm ¥			Buckhorn rve Lake Lakefield		nora
- Expert palliative consultation with member Helps connect clients with community servi	Emergency Contact:					Igenorth 20	Norwood	
- Provides on-call physician coverage	Personal Health I	nformation that is medically relevant has	not been disclosed a	at the request of the	patient.	Peterborough	Campbellford	Stir
Health Service Offerings Select offering for wait times and more details	Referrer's Inform	ation			1	Ci Kee	Roseneath	
Palliative Care Services	Ocean does not h	ave your clinical contact information or	n file. If γou enter it	t now, it will be ava	ilable next time:	ok Rice Line		Quinte
Palliative Care Services 🦪	Address:	DEMO OHW Ontario eServices Pro 59 Springhome rd	Phone: Fax:	705-717-6359		ipbellcroft	23 [2] Brighton Grafton Colborne	•
Wait Time Unspecified		line 2 Oro-Medonte	Billing #: Professional ID:			Cobo		
		Onta	Signed:	T'im Berezny				+
Send eReferral	Postal Code:		Clinician Type:	Other	~			-

Confirm Gloria's Eligibility

=	Palliat	live Care Services		Q ∰ near	Huntsville	- CH 495	Sign In
*	Community Care Cay of Kowardia Lakes Palliative Care Commu Care (In-Home) This provider has not identif	Communi City of Kawartha	ty Care	2. Form		3. Finish	Lake St Peter Maynooth EC Harcourt Force 640 Limphie
	Custodian under PHIPA. Ens consent to proceed with the 34 Cambridge St S Unit 2n hospiceinfo@ccckl.ca 1 (705) 879-4123 705-880-0531 Distance from © 20 km Hospice palliative care aims to	Service Information Service:	Organization: Commu Description: Hospice p meets not only physical - Health System Naviga - Caregiver Support and - Support Groups - Volunteer Companion - Grief and Bereavemen Palliative Care Commu	I needs, but also psychological, social, cultura tion 5 Respite Support nt Support nity Team (PCCT) provides:	I, emotional and spiritual ne	persons who are living with a life limiting illness. Palliative care reds of each person and family. Services offered include:	artha ands ncial Irk Woodvew
	of life for persons who are livin meets not only physical needs, emotional and spiritual needs (include: - Health System Navigation - Caregiver Support and Respit - Support Groups - Volunteer Companion Suppo - Grief and Bereavement Supp	Referral Options:	Helps connect clients Provides on-call physi	Vithin a week	•		d Havelock Norwood Campbellford State Keene 25
	Palliative Care Community Tea - Expert palliative consultation - Helps connect clients with co - Provides on-call physician con Health Service Offerings	Eligibility-*	Are these eligibility required individuals and famili	uirements met?	Yes No/Unsure		Roseneath 4 2 2 2 3 2 3 Brighton 64 Cobourg
0	Select offering for wait times an Palliative Care Services Palliative Care Services	Next Cancel		Enn Goude Branaton	an Pi	ckening	+ -



Referral Complete



Ocean Referral Arrives in Referral Inbox

Referrals - Cor	Outbox	of Kawartha Lakes					
	Any Calendar ferrals to this organiza	-		Search		Q	< 1//312
To: Any Provid	der 🔹 Submitted 🕶 🛛 Booke	d ▼ Closed ▼ Unread ▼	Archived			Action	•
Received •	Registrant	Service	From	A Status	Appointment upcoming only	Workflow	
3 mins ago new	Jane DOE	Palliative Care Community Team	Andrew Shure API Ocean eReferral	Submitted Requested	Book	•	
11 days ago	MA	Community Health Centre	Registrant Sign Up	Submitted Requested	Book with Abby Harper, Karl	•	
11 days ago	JW	Meals on Wheels - Hot	Registrant Sign Up	Submitted Requested	Book with Michelle Lamouri	•	
21 days ago	VM	Nursing Foot Care - Bobcaygeon	Registrant Sign Up	Submitted Requested	Book with Abby Harper, Karl	?	
21 days ago	VM	Nursing Foot Care - Fenelon Fall	Registrant Sign Up	Submitted Requested	Book with Abby Harper, Karl	•••	
21 days ago	⊥ × VM	Nursing Foot Care - Bobcaygeon	Registrant Sign Up	Submitted Requested	🗃 Book	*	

Complete Intake; Update Referral Status

Referrals - Con	nmunity Care Ci	ty of Kawartha Lakes					
Inbox	Outbox	Audit				View Referral	
						View Contact Info	
	Any Calendar	~		Search		Workflow Actions	
/iew incoming re	ferrals to this organ	nization				Mark as Read	
		-				Update Status	
To: Any Provid	er 👻	·				, Note	
_						F Message	
State: All S	ubmitted - Boo	oked ▼ Closed ▼ Unrea	ad - Archived			Arefer Again 🖈	n ·
						C+ Route	
Received 🔻	Registrant	Service	From	Status	Appointn	Archive	
3 mins ago			Andrew Shure		🗎 Book	Scheduling	
new	Jane DOE	Palliative Care Commun		Submitted Requested	No Provide	Reschedule	:
						Assign Provider	
11 days ago	MA	Community Health Cent	Te Registrant Sign Up	Submitted	🖬 Book	C Unbook	:
				Requested	with Abby	Save	
11 days ago	JW	Meals on Wheels - Hot	Registrant Sign Up	Submitted	🖬 Book	Download	
TT days ago	544	meals off wheels - Hot	Registrant Sign Up	Requested	with Mich	Copy to Clipboard	:
				Submitted	🖬 Book	🖶 Print Handout	
21 days ago	VM	Nursing Foot Care - Bob	Caygeon Registrant Sign Up	Requested	with Abby	Resend Confirmation	:
				C L U U U	H	Kend Reminder	
21 days ago	VM	Nursing Foot Care - Fen	nelon Fall Registrant Sign Up	Requested	Book with Abby	C Edit Referral	:
					_		
21 days ago	1 × VM	Nursing Foot Care - Bob	Caygeon Registrant Sign Up	Submitted Requested	🖬 Book	🗙 Revoke	:



Send a Message to Dr. Jones

Referral Information		
Return	Message	this referral, your activity is being tracked.
Update Status Note Me Copy Handout C Edit	Message: 0 messages, 0 attachments This message is sent to the service provider Jane Doe was seen by our Palliative Care Team and was registered for our grief and bereavement support groups.	n Provider Download
Status: Submitted -		
Inbox Flag: 🏠 Select	Submit Message Cancel Attach Files	
Outbox Flag: 🟠 Select		
Reference Information		
	mins ago (13 Nov 2023 at 7:06AM) line Submission	
Category: H	re Community Team (PCCT) Hospice Care (In-Home) lospice Care (In-Home) n: Community Care City of Kawartha Lakes	
Eligibility: Are the eligi	pility requirements met? Yes 😧	
Consent: Does the cli	ent grant consent to send this referral? YES	

Send Status Updates to Ocean via Caredove Inbox

Zcean	Menu 🔿 eRefe	errals			Settings Or Alerts	
Filter	Print Referrals					
All - YMCA (Organization Name) 🗸	Patient	Status	Service	Referral Date 🗸	Recipient	Clinician Messages
Enter Your Shared Encryption	Jane Fonda	Closed - Admitted: Sept 9, 2021	Meals on Wheels	Sep 2, 2021 10:24 am	Community Support Connections	Moira Brown
Key Needs Review 0	(encrypted)	Awaiting Initial Review	Supervised Rehabilitation Exercise	Sep 1, 2021 9:42 am	A.R. Kaufman Family YMCA	Tim Berezny
For Me 0	(encrypted)	Sent - Not yet reviewed by A.R. Kaufman Family YMCA (Do not modify)	Aquafit Programs	Aug 31, 2021 1:25 pm	A.R. Kaufman Family YMCA	Yaron Derman
Recently Viewed	incusted	Sent - Not yet reviewed by A.R. Kaufman Family YMCA (Do not mailfy)	Aqualit Programs	Aug 31, 2021 1:08 pm	A.R. Kaulman Family YMCA (Do not mailly)	Tim Benary
New 15 Pending Booking 11	(encrysted)	Assailting Initial Review	Supervised Rehabilitation Exercise	Aug 26, 2021 5:11 pm	VMCA Exercise	Yaron Derman
Booked Unconfirmed 0 Booked Confirmed 0	incuted	Assulting initial Review	Supervised Rehabilitation Exercise	Aug 24, 2021 12:34 pm	VMCA Exercise	Tim Berezry
Awaiting Reply 0 All Received	(encrypted)	Assailting Initial Review	Supervised Rehabilitation Exercise	Aug 24, 2025 12:28 pm	VMCA Exercise	Tan Bernary
Completed 0 Forwarded (All) 0	incuted	Assailing initial Review	Supervised Rehabilitation Exercise	Aug 24, 2021 10/22 am	VMCA Exercise	Tan Berezru
Declined 0 Cancelled 0	(encrypted)	Assailting Initial Review	Supervised Rehabilitation Exercise	Aug 24, 2025 30:54 am	VMGA Exercise	Tan Bernary

Service Navigation Platform future scope

What is Social Prescribing?

Social prescribing uses the familiar, trusted process of writing a prescription to refer patients to local, non-clinical services that empower them to improve their health and build invaluable connections within their community.

In doing so, social prescribing:



Gives a structured pathway for healthcare providers to address the **social determinants of health**.



Bridges the gap between clinical and social care



Empowers people to be **co-creators** in improving their own health and wellbeing



Why is Social Prescribing Needed?

The effect of social isolation on mortality is comparable to that of other risk factors such as smoking, obesity, and physical inactivity, according to research from the WHO.

Addressing the social determinants of health (political, socioeconomic, cultural factors) is crucial to an individual's well-being.

80% of an individual's health are related to the social determinants of health

47% of socially disconnected older adults rate themselves as being less healthy overall

The echo pandemic of COVID-19 restrictions means that experiences of social isolation are common. Throughout the pandemic, in Canada:



43% showed symptoms of moderate to high depression







Stephanie MacLaren, Executive Director Christine Keenan, Project Coordinator Thank you!

https://www.klhoht.ca/





HHHS Overview Veronica Nelson, President & CEO



Compassion – Accountability – Integrity – Respect

HHHS Overview





Hospital

Emergency Department

15-Bed Inpatient Unit

Diagnostic Imaging

Physiotherapy



Community Support Services

Adult Day Program

Diabetes Education Network

Emergency Response

Friendly Visiting, Security Checks

Geriatric Assessment and Intervention Network

Home at Last

Home Help/Maintenance

Meals on Wheels

Medical Transportation

Mental Health & Addictions Services

Palliative Care Community Team

Social Recreation

Supportive Housing



Long-Term Care

Highland Wood – Haliburton 30 beds Hyland Crest – Minden 62 beds



HHHS by the Numbers Q3



Hospital

Emergency Department Visits = 15,000+ Patient Days = 3,800+ Inpatient Occupancy = >90% Diagnostic Imaging Exams = 10,000+ Physiotherapy Visits = 760+ Point-of-Care Lab Tests = 23,000+ Lab Tests sent out = 8,700+



Community Support Services

Adult Day Program Care Hours = 480+ Assisted Living/Supportive Housing Hours = 3,500+ GAIN Visits = 500+ Meals on Wheels Delivered = 5,300+ Medical Transportation = 2,500+ Mental Health Visits = 1,000+ Palliative Care Visits = 900+



Strategic Plan Irene Odell, Vice Chair of Board Veronica Nelson, President & CEO



Compassion – Accountability – Integrity – Respect



5-year HHHS Strategic Plan



Optimizing health and wellbeing in Haliburton County.

Provide high- quality, compassionate care designed to exceed expectations

Nurture a supportive culture that allows our team to thrive

Be recognized as a great place to work, visit, and live

Foster partnerships to provide more seamless, integrated care Understand and secure our future resource needs

COMPASSION | ACCOUNTABILITY | INTEGRITY | RESPECT

STRATEGIC DIRECTIONS

Provide high- quality, compassionate care designed to exceed expectations Nurture a supportive culture that allows our team to thrive Be recognized as a great place to work, visit, and live

Foster partnerships to provide more seamless, integrated care Understand and secure our future resource needs

STRATEGIC PRIORITIES

- Continually investigate and leverage evidence-based best practices and processes to improve the quality of our services and maintain patient safety.
- Maintain a compassionate, warm, comforting, and person-centred care experience.
- Build a better patient experience through ongoing, two-way dialogue and engagement.

- Continue to embed our values and community-oriented culture in our systems and processes.
- Pursue opportunities and creative strategies to support our employees' and clinicians' mental health and wellbeing.
- Develop a comprehensive internal communication strategy to ensure timely and transparent two-way dialogue.
- Ensure our staff, clinicians, and volunteers feel respected and recognized for their valuable work.

Leverage and communicate our employee value proposition and the benefits of living in our beautiful community, for the purposes of recruitment and retention.

 Communicate and build upon our opportunities for leadership development, professional growth, and personal growth.

Pursue innovative systems to streamline our processes and create more efficient workflows.

 Engage with our municipal partners and other key housing stakeholders to explore sustainable housing solutions for our employees, clinicians, and their families. Build a strong partnership with our Ontario Health Team (OHT) to connect our community to a broader continuum of care.

- Work with our community health and provincial hospital partners to provide accessible and sustainable health services.
- Leverage the passion and expertise of our valued volunteers.
- Strengthen relationships and collaborative dialogue with our municipal and community partners to understand stakeholder needs.

- Continue with our long-range planning process to address:
- Community health needs
- Space and resource requirements
- Staffing requirements
- Environmental sustainability
- Work with our health and municipal partners to seek increased funding to support our service to our employees, clinicians, and those we serve.
- Work with our Foundation to pursue creative funding sources and secure important health technology and infrastructure.



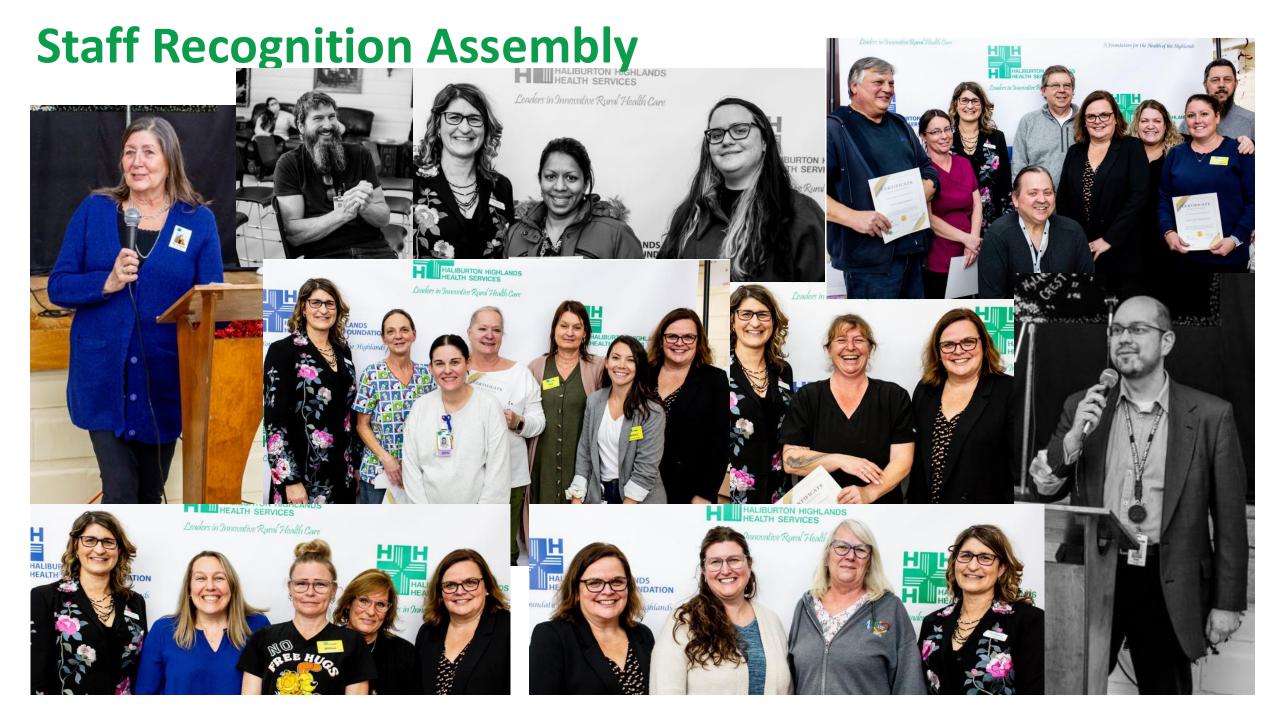
Annual Goals & Objectives

Priority Goal		Targets		Status Q3		
Priority #1: Provide	1.1 Continually investigate	1.	Complete Quality Improvement		Q3 results reported.	
high-quality,	and leverage evidence-		<u>Program</u> (QIP).	2.	Pulse check survey March 2024.	
compassionate care	based best practices and	2.	Improve response to ' <i>Give your</i>	3.	Platform implementation in	
designed to exceed	processes to improve the		organization an overall score of		progress, go-live March 2024.	
expectations.	quality of our services		patient safety' from 42% to 52%.	4.	Just Culture program has been	
	and maintain patient	3.	Implement electronic patient		rolled out to managers and to	
	safety.		incident platform.		union partners. Training for	
		4.	Implement Just Culture Program.		employees planned.	
Priority #2: Nurture	2.4 Ensure our staff,	1.	Improve response to 'HHHS is an	1.	Pulse check survey March 2024	
a supportive	clinicians, and volunteers		excellent or great place to	2.	Catch-up staff recognition	
culture that allows	feel respected and		<i>work'</i> from 28% to 38%.		<u>assembly;</u> current year	
our team to	recognized for their	2.	Develop draft Staff & Volunteer		ceremony Nov 2024; policy	
thrive.	valuable work.		Recognition Plan.		development in progress.	
		3.	Develop draft Physician Recognition Plan.	3.	Plan in development.	

Quality Improvement Plan (QIP)

	Indicator/Measure	Baseline	Target	Q1	Q2	Q3	Status
ovider	Percentage of respondents (Inpatients) who responded positively (Yes) to the following question: "During this hospital stay, did you get information in writing about what symptoms or health problems to lookout for after you left the hospital?"		75%	100% n=1 (paper)	100% n=1 (paper)	No response s	On track, training in progress
/ Client / Provider Experience	Percentage of residents who responded positively (Agree) to the statement: "I feel listened to."	HW 87.5% HC 75%	HW 85% HC 85%				Annual LTC survey in Q4
ent / Cli Expe	Percentage of clients who respond positively to the question, "I was told about other programs and services at CSS that might meet my needs."	72%	85%	77%	77%	81%	Progressing well
Patient ,	% of staff responding good, very good, excellent to the question, "Overall, how would you rate the organization as a place to work?"	74.40%	74.40%	28%	-	-	Action Plan in process, pulse check survey Mar
ľe	Proportion of patients discharged from hospital for whom medication reconciliation is provided.	74%	75%	85%	96%	100%	
tive Ca	Percentage of residents with a worsened stage 2 to 4 pressure ulcer.	HW 3.2% HC 6.3%		HW 3.8% HC 4.8%			Q3 data available in Q4
l Effect	% of LTC staff completed mandatory IPAC education. (HW & HC LTC Homes)	53%	75%	-	51%	81%	
Safe and Effective Care	First Visit for a MHA condition in the Emergency Department as a percentage of all MHA presentations in ED. (Unable to collect this data.) * <u>Planned initiative:</u> Increase prevalence of depression screening as part of frailty screening in the ED.	N/A	25	3	5	8	New function in Epic - January
	Status Legend:						
	Improved performance and met target						
	Room for improvement – performance has improved but did not meet target						68

Room for improvement – did not meet target and performance has declined





Annual Goals & Objectives

Priority	Goal	Targets	Status Q3
Priority #3: Be recognized as a great place to work, visit, and live.	3.2 Communicate and build upon our opportunities for leadership development, professional growth, and personal growth.	 100% FNIMUI & EIDA-R Education completed by Board and Leadership. Draft FNIMUI & EIDA-R Workplan completed. Develop new Health Human Resource Plan. Hyland Crest modified Butterfly Model wall paint and Mural. 	 Education provided to Board and senior leaders in Jan 2024. Engaged Consultant in plan development. Foundational HR policies being refreshed. HR Metrics being tracked for 2023/24. <u>Butterfly Model painting underway</u> as prep for mural.
Priority #5: Understand and secure our future resource needs.	 5.1 Continue with our long- range planning process to address: Community health needs Space and resource requirements Staffing requirements Environmental sustainability 	 100% quarterly variance and forecasting reports completed by management. Develop balanced budget for 2024-25 Overall Agency Staff reduction Stage 1.1 Pre-Capital Master Plan Submission Execute KLH-OHT Member Documents. Replace automatic doors at Minden to improve accessibility. 	 On track. Budget planning in process. Agency peaked in May at 278 shifts to 80 shifts in Dec (71% ↓) Key Stakeholder input gathered for inclusion. Completed. In progress, completion by Mar 31, 2024.



Modified Butterfly Model at Hyland Crest

- When paint colours shift between rooms and hallways, a senior with cognitive decline can perceive the spatial changes.
- Dementia clients see colours differently.
- Red can cause confusion while Blue/Green are calming.
- The journey to adopting butterfly colours has been generously donated by the Minden Health Care Auxiliary.





Journey to the Butterfly Model

Creating environments supporting people with dement

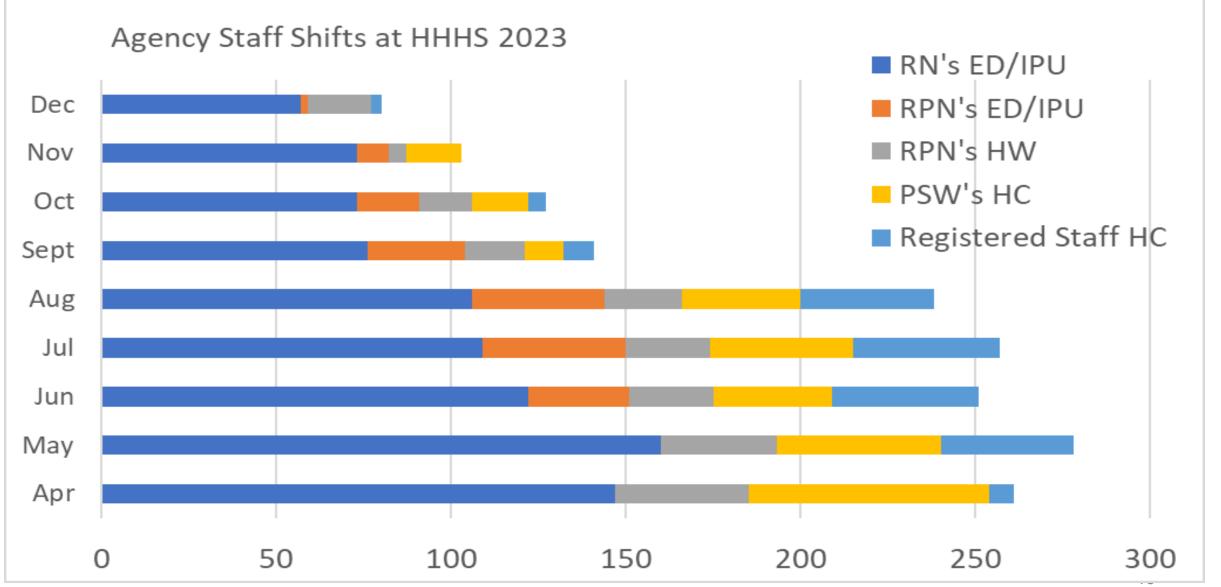
- ✓ Uses a "person-centered" approach
- ✓ Creates a home environment
- ✓ Uses neighborhoods
- ✓ Removes barriers





Agency Staff Reductions







Master Program/Master Plan Veronica Nelson, President & CEO



Compassion – Accountability – Integrity – Respect

Advancing HHHS' Strategic Plan



Haliburton Highlands Health Services

Corporate Goals 2023-2024 **Priority #5:** Understand and secure our future resource needs.



Continue with our long-range planning process to address:

Community health needs Space and staffin resource requirements

Staffing En requirements su

Environmental sustainability



HHHS Corporation



<u>Haliburton</u>: Original 1960's construction Acute Care wing, which was expanded in 1999 to include a new 1-storey LTC wing, and later expanded in 2017 to include a Palliative Care addition.

<u>Minden</u>: Original 1-storey with basement 1960's construction building, which was expanded and redeveloped in 1999 to include a new addition.

HHHS Corporation







Hospital Sector

• MOH Capital Planning Process

LTC Sector

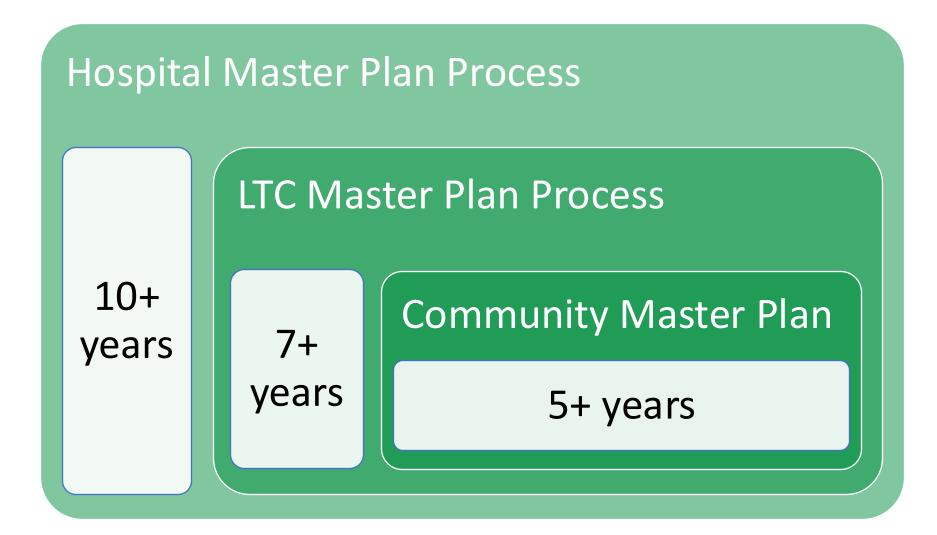
• MLTC Capital Planning Process

Community Sector

• MOH Community Health Planning

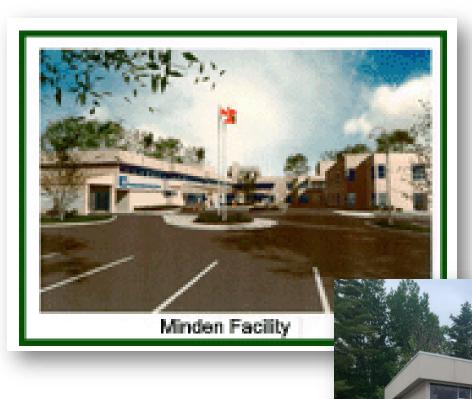


High-Level Overview



Hospital Master Program





Challenge current methods & services.

- Assess adequacy and functionality of facilities – how the space works for today and tomorrow
- Project planning for mid-term (5-10 yrs) and long-term (15, 20 & 30-years).

Addresses projected services, staffing & departmental space requirements.



Future Service Distribution



Programs & Services	Acute & Complementary Care	Long-Term Care & Senior Supports
Emergency Services	\checkmark	
Inpatient Medicine, Reactivation, Palliative Care	V	
Diagnostic Imaging (X-ray, Fluoro, BMD, echo, ultrasound, CT, Mammography, MRI) Laboratory, Pharmacy	V	
Endoscopy	V	
Acute Ambulatory Care Physiotherapy	V	
Community Mental Health & Addictions	\checkmark	
Community Palliative Care	V	V
Community Support Services Seniors Specialty Outpatient Care		V
Long-Term Care		V
Dialysis to be reviewed at next Stage		
By others: Urgent Care Clinic, Primary Care, Daycare		



Volume Projections

Program area	Unit	2019/20	2029/30	2039/40	2049/50
Inpatient	Admissions	535	738	976	1,163
Inpatient	Days	6,019	8,172	11,111	13,560
Inpatient	Beds	15	24	34	41
Emergency	Visits	26,283	27,544	28,810	29,948
Endoscopy	Cases	-	1,183	1,289	1,362
Diagnostic Imaging*	Exams	13,350	24,699	27,754	31,556
Ambulatory & Community Care**	Visits	16,037	19,508	23,867	29,675
LTC	Beds	92	121	176	256

*Includes CT & Mammo; Excludes MRI

**Includes physio, MHA, DEN, PCCT, GAIN, CSS services



Hospital Master Plan

- Aligns to Strategic Vision & used in tandem with Master Program.
- Process that evaluates the condition and potential use of existing buildings and systems.
- Considers both current needs and long-term 'whole-life' perspective of facilities.
- Facility locations, characteristics and building conditions are assessed and addressed in the plan.



HHHS Current Space Availability



	Haliburton	Minden	Total (Current)
Acute Care / CSS	29,147	40,953	70,100
Long Term Care	17,195	38,889	56,084
Combined	46,342	79,842	126,184
Lot Size	7.4 acres	9.4 acres	

• All areas in this table are in Component Gross Square Feet (CGSF)



	Current	2029-30	2039-40	2049-50
Acute Care & CSS	70,100	106,220	116,545	123,915
Long-Term Care*	56,084	76,230	110,880	161,280
Combined (All Care Groups)	126,184	182,450	227,425	285,195
* Future Long-Term Care Space Projections include all relative support services				

• All areas in this table are in Component Gross Square Feet (CGSF)

Early Options Reviewed



	Minden Site Brownfield	Haliburton Site Brownfield	Greenfield*
Option 1	Acute + Complementary	CSS/Seniors + LTC	
Option 2	CSS/Seniors + LTC	Acute + Complementary	
Option 3*			All Services
Option 4	All Services		
Option 5		All Services	

*Greenfield option also requires selecting a Brownfield option.

<u>Greenfield</u> = a vacant property attained for the purpose of a new build.

<u>Brownfield</u> = existing building(s) and property(s) already owned and in use by the organization.

<u>CSS</u> = Community Support Services

<u>LTC</u> = Long-Term Care

Option 1



OPTION 1:	Sq. Ft.
Minden: Acute Services	
Haliburton: Community Services & LTC	
Current Building Gross Area (Haliburton and Minden Combined)	83,505
Area to demolish	64,681
Additional Area to be purchased	0
Additional Area to be leased	0
New Area to be constructed (addition to/partial or full replacement	154,118
of current structure)	
Area to be renovated (excludes new addition or new construction)	18,824
Final Proposed Building Gross Area:	172,942

• All areas in this table are in **Building Gross Square Feet (BGSF)**

Option 1:

Minden: Acute Services

Haliburton: Community Services & LTC

Pros

- Aging and undersized buildings /infrastructure will be replaced with new entirely new acute space
- Opportunity for new acute care site with improved programmatic/clinical adjacency
- Allows for a phased construction approach that reduces interruption to existing operations.
- All new acute site can consider future expansion beyond 30-year horizon

Cons

- Temporary relocation of Minden LTC
- Limited remaining unbuilt site area in Haliburton (for future expansion/parking structure, if required)



Option 2



OPTION 2:	Sq. Ft.
Minden: Community Services & LTC	
Haliburton: Acute Services	
Current Building Gross Area (Haliburton and Minden Combined)	83,505
Area to demolish	38,318
Additional Area to be purchased	0
Additional Area to be leased	0
New Area to be constructed (addition to/partial or full replacement of	132,610
current structure)	
Area to be renovated (excludes new addition or new construction)	45,187
Final Proposed Building Gross Area:	177,797

• All areas in this table are in **Building Gross Square Feet (BGSF)**

Option 2:

Minden: Community Services & LTC Haliburton: Acute Services



Pros

- Greatest floor area preserved for renovation (reuse of existing space)
- Most consistent with HHHS's current alignment of care
- Demolition and replacement of combustible acute care building in Haliburton

Cons

- Multiple, complex construction phases over lengthy period, including multiple relocations of services (such as ED)
- Complexities associated with renovating older, undersized spaces
- Both sites are mostly built out within 30-year horizon

Option 3



OPTION 3:	Sq. Ft.
Greenfield (must also include Brownfield option)	
Current Building Gross Area (Haliburton and Minden Combined)	83,505
Area to demolish	83,505
Additional Area to be purchased	25.3 acres
(Excluded from MOH cost-sharing)	(minimum)
Additional Area to be leased	0
New Area to be constructed (addition to/partial or full replacement of	173,483
current structure)	
Area to be renovated (excludes new addition or new construction)	0
Final Proposed Building Gross Area:	173,483

• All areas in this table are in **Building Gross Square Feet (BGSF)**

Option 3:





Pros

- New construction allows opportunity for optimal programmatic adjacency and accounting for future expansion beyond 30-year horizon
- Co-location of all HHHS services on single site

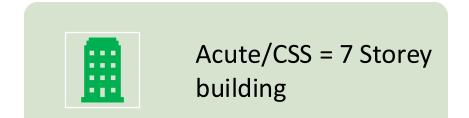
Cons

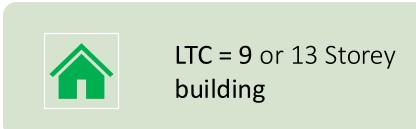
- Costs associated with land acquisition & services (hydro, etc)
- Costs associated with "all at once" approach

Option 4 or 5 Single Site Consolidation

• All at Minden or all at Haliburton





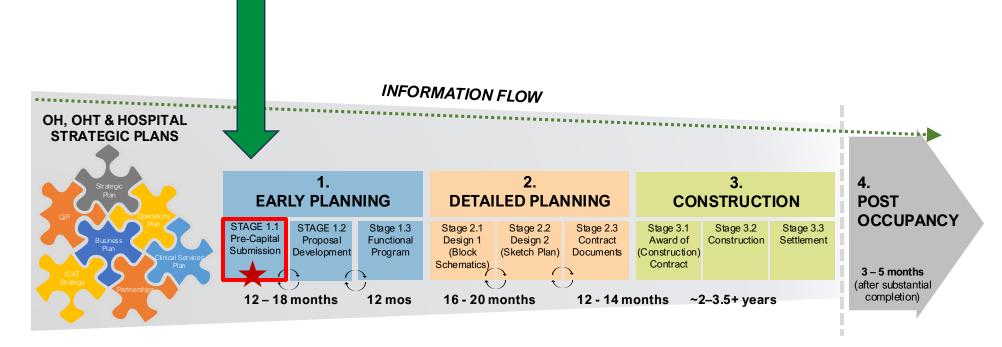




Parking = 9 Storey (approx. 600 spaces)

Capital Planning Process







10+ year span



Care Closer to Home Veronica Nelson, President & CEO



Compassion – Accountability – Integrity – Respect



Accessible Health Services

Haliburton Highlands Health Services

Corporate Goals 2023-2024 <u>Priority #4:</u> Foster partnerships to provide more seamless, integrated care.



Work with our community health and provincial hospital partners to provide accessible and sustainable health services.



Community Nursing Clinic

Partnered with SE Health and Paramed through HCCSS to open the referral-based **Community Nursing Clinic**

Patient Benefits

- 1. Timely access
- 2. Expertise in specialized nursing services (wound care, IV therapy, catheter care, etc.)
- 3. Accessible & local location within Haliburton County
- 4. Convenient patient scheduling decisions
- 5. Improved health to speed up recovery proactively

HOME AND COMMUNITY CARESERVICES DE SOUTIEN À DOMICILESUPPORT SERVICESET EN MILIEU COMMUNAUTAIRE

Community Nursing Clinic



<u>**Home First</u>** philosophy that promotes safe and timely care to meet healthcare needs of patients and families in the most appropriate setting.</u>

<u>**Clinic First</u>** philosophy to optimize patient experience and system capacity for all HCCSS-eligible patients. Patients who are unable to attend a clinic will receive in-home nursing services or other care services.</u>

New Services: CT & Mammography



CT Scan – helps physicians diagnose and treat medical conditions, by using advanced x-ray technology to take pictures of the body.

Mammography – designed to detect breast cancer at its earliest stage thereby facilitating prompt treatment and improving outcomes for patients.

Patient Benefits:

- 1. Frees up EMS time
- 2. Access to care locally
- 3. Reduction in wait times
- 4. Enables quicker access to specialists

Staff / Physician Benefits:

- 1. Improved recruitment/retention
- 2. CT scan is gold standard of care for ED
- 3. CT Mammo is gold standard for breast imaging
- 4. MRT advancement opportunities
- 5. Primary care providers can refer locally

CT Scan



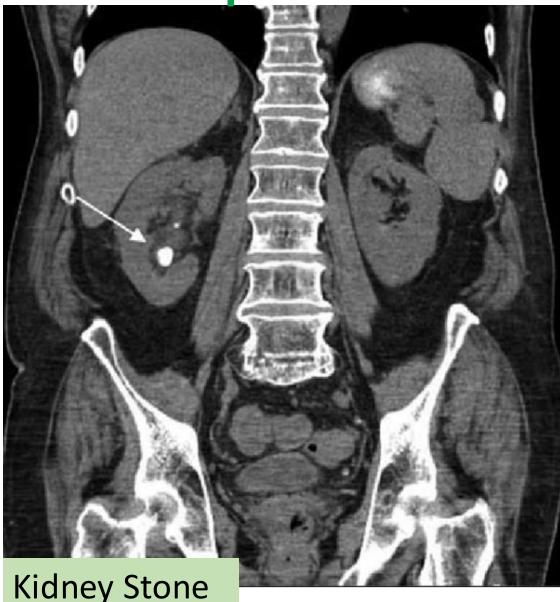


CT scan of brain with acute subdural hematoma

Indications:

- Trauma assessment
- Cancer screening/diagnosis
- Assessment of cancer treatment
- Brain bleeds/stroke
- Appendicitis/bowel obstruction
- Pulmonary embolism (blood clots)
- Extremities for non-healing fractures
- Kidney stones

CT Scan Operations





- Elective cases booked 8 hrs/dy, 5 dys/wk
- On-call after hours for emergencies
- Operated by Medical Radiation Technologists (MRT)
- Radiologists report offsite & 24/7 for ED
- Contrast & non-contrast cases
- 4 Priorities (1=24 hrs, 2=48 hrs, 3=10 dys, 4=28 dys)
- Images sent to provincial image repository (OCINet)
- Results available on MyChart & PocketHealth 5 days after reporting

CT Scan Operations



- 1. CT Equipment & Renovations
 - Capital/one-time costs
 - $\circ~$ Funded by generous donations through the HHHS Foundation
- 2. CT Operations
 - Ongoing operating costs are thru HHHS annual budget (MOH)
 - Radiologists bill through OHIP Schedule of Benefits
 - Costs include MRT staffing, CT contrast, CT equipment maintenance/service agreement, medical supplies, HARP testing

Mammography





<u>Screening mammogram</u> = no signs or symptoms of disease, routine

<u>Diagnostic mammogram</u> = signs/symptoms such as lumps, pain, nipple discharge

Most cases are found in people >50¹

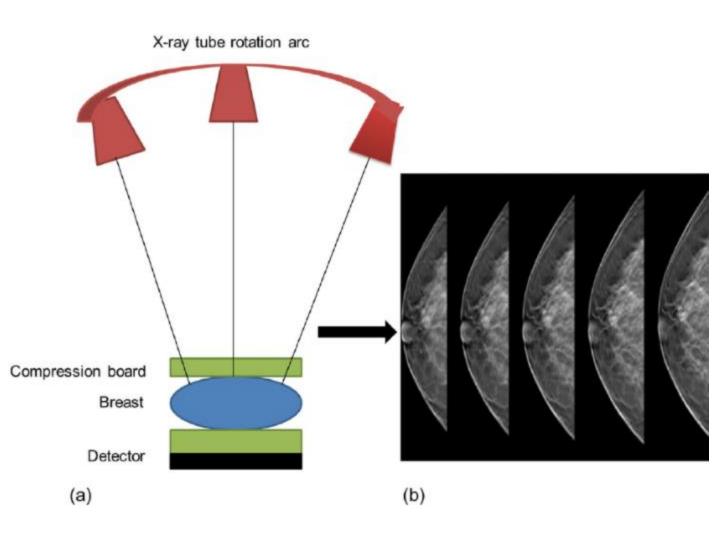
It is estimated that ~1 in 8 Canadian women will develop breast cancer during their lifetime and 1 in 36 will die from it.²

<u>https://www.ontario.ca/page/breast-cancer-testing-and-prevention?gad_source=1&gclid=EAIalQobChMI0ZX71a2VhAMVCACtBh1Kvwl1EAAYASAAEgKGVvD_BwE&gclsrc=aw.ds</u>
 <u>https://cancer.ca/en/cancer-information/cancer-types/breast/statistics</u>

CT Mammography

- Also known as tomosynthesis.
- X-ray tube moves across the breast while in compression, taking multiple images.
- Reconstructed into a cine loop to enable the radiologist to scroll through the images, looking underneath/behind dense tissue (3D).
- Better at detecting cancer.
- Reduces false positive results and patient callbacks.
- Takes a few seconds longer than a 2D image.



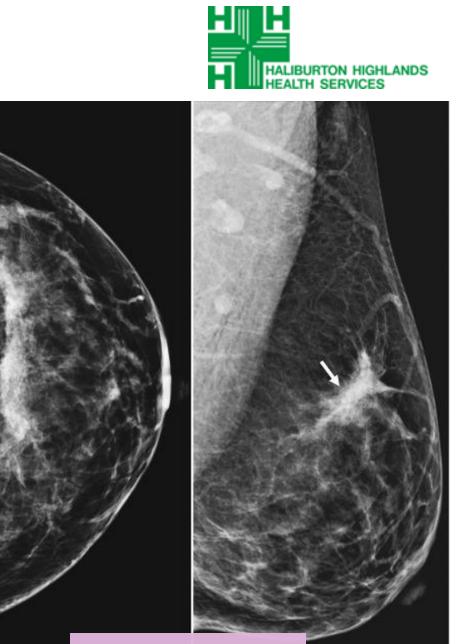


https://www.researchgate.net/figure/Principles-of-digital-breast-tomosynthesis-a-tube-rotations-relative-to-the-detector_fig1_265019671

Mammography Operations

- 1. Screening mammograms only
- 2. 5 days/week
- 3. Operated by MRTs
- 4. Reported by radiologists offsite @ PRHC/RMH
- 5. Referral from primary care provider or through Ontario Breast Screening Program (OBSP)
- 6. HHHS aims to be an OBSP site as soon as possible after opening
- 7. Ages 50-74, book through OBSP
- 8. Ages 40-49, beginning Fall 2024 book through OBSP





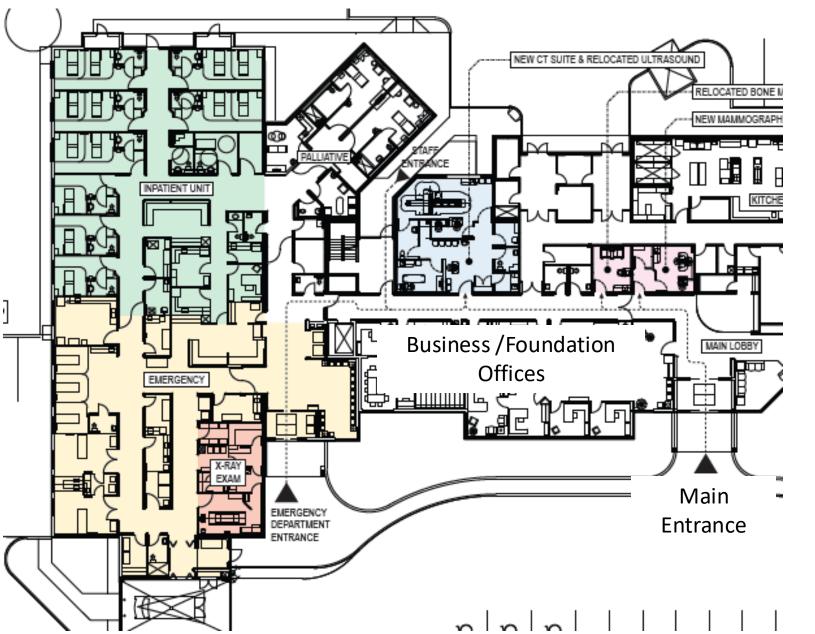
Breast cancer

Mammo Operations



- 1. Mammo Equipment & Renovations
 - Capital/one-time costs
 - $\circ~$ Funded by generous donations through the HHHS Foundation
- 2. Mammo Operations
 - Ongoing operating costs are through MOH Schedule of Benefits
 - Ontario Breast Screening Program (OBSP) funds their reporting requirements
 - Radiologists bill through OHIP Schedule of Benefits
 - Costs include MRT staffing, CT equipment maintenance/service agreement, medical supplies, HARP testing

CT Scan & Mammography





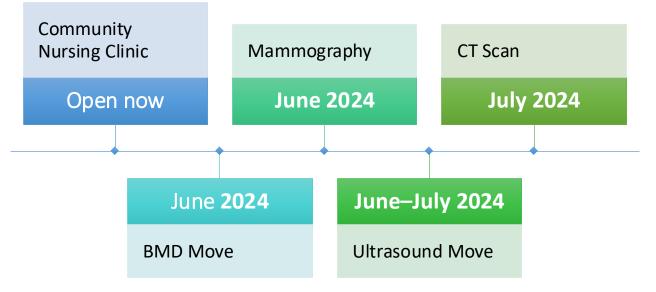
Green – Inpatient unit Yellow – Emergency Orange – X-ray Blue – CT & Ultrasound Pink – Mammo & BMD





Timelines







Irene Odell, Vice Chair of Board Veronica Nelson, President & CEO Thank you! https://hhhs.ca/



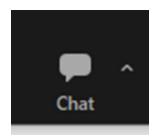


Thank you to our Presenters:

- 1. HC Physician Recruiter Wendy Welch
- 2. HFMC & HHFHT Kim Robinson
- 3. KNFHT UCC Marina Hodson
- 4. KLH-OHT Stephanie MacLaren & Christine Keenan
- 5. HHHS Board Vice Chair Irene Odell

Q & A Session

Or use the CHAT function in the toolbar at the bottom of your screen





Compassion – Accountability – Integrity – Respect



Thank you! Veronica Nelson, President & CEO



Compassion – Accountability – Integrity – Respect