



**Timeline (guide):**

5:15 pm	Call to Order
5:20 pm	HSNS Newborn Hearing Screening Program
5:40 pm	Cochlear Implant Program and collaboration with Atlantic Special Education Authority (ASPEA)
6:00pm	Regular Board Meeting

**Board of Directors**

Frost, Jon	V	Kujath, Magdalena	V	Noronha, Adline	R
Grant, John	V	Landy, Mark (Chair)	V	Rizzetto, Maria (Vice Chair)	V
Haley, Matthew (Sec-Treasurer)	V	Marchand, Josette	V	Sullivan, Vickie	V
Kaur, Anuroop	V	Mason-Browne, Anne (CEO)	V	Vossen, Emma	V
Kieft, Michael	v	Moore, Gordon	V		

**Guests:**

Dr. Greg Noel, Director of Adult and Mi'kmaq Hearing and Speech Services  
 Dr. Sharon Walker, Director of Pediatric and Autism Hearing and Speech Services  
 Mr. Bob Kolanko, Director of Finance and Operations  
 Ms. Danielle Doucet, Clinical Manager  
 Ms. Robyn McLissac, Communication Specialist and VP Crestview Strategies

**Present: (P)      Videoconference: (V)      Regrets: (R)      Absent: (A)**

5:15 pm	<p><b>1. Call to Order &amp; Introductions</b></p> <p>The meeting was called to order at 5:15 pm by Mr. Landy Ms. Danielle Doucet introduced by CEO.</p> <p>Ms. Doucet, HSNS Clinical Manager was introduced as invited presenter for today's meeting. The presentation topics were identified by the board as educational topics of interest. Danielle is involved in the daily operations of the two HSNS programs (Newborn Hearing Screening and Cochlear Implant) and works collaboratively with APSEA.</p>	
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5:20 pm	<p><b>2. Presentation – HSNS Newborn Hearing Screening Program (NHS)</b></p> <p>A copy of the presentations is included in the Board meeting materials. A video was presented to illustrate how the NHS program works featuring a mother and her baby (staff member). The screening service, including how families access the service was described and a demonstration on the screening procedure. Early hearing screening is important as early identification of hearing loss followed by early intervention can impact speech, language, and cognitive-social development. Data shows 3/1000 babes are born with hearing loss. In the absence of infant hearing screening, hearing loss can go unnoticed until 24-36 months of age, resulting in significant impacts on childhood development. The NHS program provides screening in first month following birth, followed by validation of the</p>	
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	<p>screening, and then retesting within three months. If hearing loss is confirmed an intervention plan is identified and implemented in collaboration with the child’s family by 6 months of age. The hearing testing result is best when the baby is asleep and only takes minutes. HSNS Communication Disorder Technicians (CDTs) provide this service across the province.</p> <p>The HSNS goal is to provide hearing screening to 95% of babies born in the province. In 2022-23 HSNS screened 7746 babies (97%) of births, with implementation of an intervention plan provided to 86% of children who were identified with lower hearing levels by 6 months of age. Plans are individualized for each child and parents and directed by the child’s family/caregiver. Families may opt out of the program and select communication intervention options (e.g. oralverbal, total communication, sign language). The Canadian Pediatric Society assesses infant hearing programs nationally and awards either a grade of “Sufficient” or “Insufficient”. HSNS was just awarded a “Sufficient” grade, demonstrating we have met all the parameters required for a successful program.</p>	
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5:40 pm

**3. Presentation – HSNS Cochlear Implant Program and collaboration with Atlantic Special Education Authority (APSEA)**

Ms Doucet continued with Cochlear implants, which is a device surgically implanted for people with severe hearing loss. It by-passes the damaged hair cells to stimulate the hearing nerve which travels to the brain. Candidacy criteria include high motivation, commitment to rehabilitation process, severe to profound hearing loss (this is changing with more research); or for clients who have limited benefit from hearing aids. Clients can be recommended to have either one or two devices (for one ear or both ears). An overview of a client's journey was reviewed. Clients can come from different paths: infants, or children/adults who have hearing loss related to medical treatment, aging, etc. Once implanted activation of the device occurs about 4 weeks later. The audiologist will program the device and follow the client for life. In 2022-23 60 devices were fitted; of these 20% were for pediatric clients. The cumulative total of devices implanted is 912 at the beginning this year at an average cost of \$30,000 per device. The NS Dept. of Health and Wellness funds the initial implanted devices and replaces devices which are deemed to be obsolescent. Other replacements are the responsibility of the client/family.

**APSEA** – Ms. Doucet provided an overview of this external organization and key HSNS partner. APSEA was founded in 1871 (residential program) but due to low enrollment related to a move to mainstreaming children into the regular education system, consolidation occurred for visual and deaf and hard of hearing services into one organization/program. The oversight of the program rests with ministerial authorization (Ministers of Education in NB, PEI and NL and NS). HSNS works closely with APSEA for providing integrated services for children with hearing loss. Through this service families can purchase hearing aids at a lower cost and access HSNS audiology service for diagnosis, fitting of the devices, and ongoing follow up. A task force was formed with both organizations and families accessing the services to monitor the program and address areas for collaboration and improvement. HSNS shares approximately 600 clients with APSEA for interdisciplinary and integrated treatment planning. Both partners are committed to principles of client and family centered care and close collaboration with families for decisions regarding care.

	<p>Board members raised several questions regarding the presentation topics.</p> <p>Q: What problems do individuals have with CI's? A: Most often issues arise with the processor (outside the head) related to processor parts (a cord can give out, a battery may die, etc)</p> <p>Q: The cost of a device is \$30,000 which is covered by the province. Who pays for the replacements? A: The government pays for the initial implants and replacement of obsolescent devices. The CI company deems if the device obsolete, (meaning they will no longer fix or repair the device) a year in advance so that HSNS can notify DHW via regular business plan to identify anticipated cost of replacing the cohort of obsolescent devices. Although not a standing commitment, to date DHW has paid for replacement of obsolete devices for Nova Scotians.</p> <p>Q: What are best practices across the country for NHS and how is HSNS responding to these? A: HSNS services are more extensive than just newborn screening and includes diagnosis, long term continuous intervention and support. HSNS HSC works hard to meet national benchmarks and best practices. HSNS is connected with the national program and meets regularly to address topics related to NHS.</p> <p>Q: What happens when a child hits 18 years? A: N.S. children "age out" of the APSEA program at 21 years of age while the child/youth is engaged in secondary education. Services from HSNS continue throughout adulthood (across the life span service).</p>	
6:00 pm	<p><b>4. Approval of Agenda</b></p> <p><b>MOTION:</b> THAT the Board of Directors approve the agenda. It was moved by Mr. Haley and seconded by Mr. Moore. Motion carried.</p>	<b>MOTION</b>
6:05 pm	<p><b>5. Announcements</b></p> <p>5.1 Regrets: Noronha, Adline 5.2 Declarations of potential conflict of interest: none</p>	
6:07 pm	<p><b>6. Approval of Minutes - January 18, 2024</b></p> <p>Minutes were amended to strike out the names of two guests who sent regrets.</p> <p><b>MOTION:</b> THAT the Board of Directors approve the minutes of January 18, 2024 as amended. Moved by Ms. Rizzo and seconded by Ms. Sullivan. Motion carried.</p>	<b>MOTION</b>
6:10 pm	<p><b>7. Board Executive Report – January 24, 2024</b></p> <p><b>Mr Landy presented the Board Executive Report for Jan 24<sup>th</sup>.</b></p> <p>The Executive considered the question raised by the Board regarding membership number for board committees and discussed the plans for the Board's annual evaluation Activities.</p> <p>HSNS Bylaws specifically states three board members for the Nominating Committee. Amendment of the bylaws in this area is therefore not recommended.</p>	<b>MOTION</b>

The Policy and Governance Committee will develop procedures to assist the Nominating Committee in implementing the provision to bring on a new board member 'mid-term'..

Mr. Landy highlighted the annual Board Evaluation Activities which are due to start in March.

Strategic Planning update: Mr. Haley and Dr. Kieft attended the Strategic planning Meeting in January and reported that the meeting was productive and positive.

Accreditation Canada update: The Survey for HSNS is scheduled for Oct. 2025. The preparation and review process is very involved and the advance notice of 18 months is appropriate. Ms. Marika Holmes has been appointed as HSNS Accreditation Lead and will be providing the Board with an overview of the process at the March Board meeting.

There were no questions.

**MOTION:** THAT the Board of Directors approve the report from the Board Executive as presented. Moved by Dr. Kujath; Seconded by Ms. Vossen. Motion carried.

6:15 pm

**8. CEO Report**

Guest: Ms. Robyn Mclsaac, communications/PR consultant for HSNS (VP Crestview Strategies/PR Hive) joined the meeting. Ms. Mclsaac has been involved with HSNS for over 20 years and is very familiar with HSNS mission and strategic priorities. She has been working with HSNS on its Communications Plan.

8.1 Integrated Quality Scorecard Q3 Analysis (Dr. Sharon Walker): The Q3 Report was provided to the Board last month. Dr. Walker provide high level overview of the metrics including client visits, number of clients seen, and number of requests for services (referrals). The requests for service are trending up with the other parameters remaining stable. Staffing resources for core services have remained stable and staff are working “at or over” capacity; wait time are increasing and not meeting targeted benchmarks for DHW. This Information has been provided to DHW and business cases to mitigate the increase in wait times have been submitted to DHW. Risk Incident data was also provided. The increase in risk incident reports represent increased staff awareness of potential hazards and related risks and is indicative of the philosophy of “just culture” for fostering incident reporting and quality improvement. The number of incidents is comparable to past results, representing a very small percentage of overall patient visits.

Q: What is the follow-up to clients when an incident is reported?

A: Clients are contacted during the investigation and at completion of the follow up. During the final touch point with the client, they are asked to comment on the quality of the follow up and provide any additional suggestions for improvement. During this conversation, there is sometimes the opportunity to explore the client’s interest in volunteering to serve on Partners in Care or the Board.

8.2 Stakeholder Engagement Plan (Dr. Greg Noel): Dr Noel brought the Board's attention to the Stakeholder Engagement Plan, accessible on the Board Portal (Aprio). Board members are encouraged to submit suggestions of potential HSNS stakeholders directly to him for assessment. The Stakeholder Engagement is essential for strategic planning and the Communications Plan. It also will be a valuable resource for the accreditation review.

Q: How is our engagement level with our partners assessed?

A: Each stakeholder is evaluated on two parameters: level of interest in HSNS activity and level of impact that the stakeholder would have on HSNS ability to fulfill its mission and/or strategic priorities. The specific communication/engagement strategy for each stakeholder is identified on the Communications Plan.

8.3 HSNS Communications Plan (Dr. Greg Noel): The Q3 Report on the HSNS Communications Plan was provided to the Board (via Aprio). The effectiveness (outcomes) of the communications plan will be presented to the board following analysis of the Omnibus Survey results.

No questions. Board Chair commented that they look forward to receiving the information from the omnibus survey.

8.4 CEO report update and highlights (Ms. Mason-Browne): The 5 yr review of the Service Agreement with DHW is underway. The executive is Interested in updating our KPI measures and increasing clarity on several topics including the role of DHW in facilitating collaboration with key partners, role of government in supporting cybersecurity, and updating timelines and other operational aspects. The initial discussions with DHW have been very positive and productive; there is eagerness on both sides to move this project forward.

Risk – as reported previously there has been continued concern regarding the insufficient funding levels to address inflationary pressures. A projected deficit was tabled and a mitigation plan involving delayed hiring, ending term contracts, and holding on discretionary spending. Ms. Mason-Browne and Mr. Kolanko received confirmed commitment from DHW to provide an additional \$260K in one time funding to address cost pressures for current fiscal year. In addition DHW confirmed its commitment to provide \$1,108,000.00 funding for Capital Equipment, software for appointment reminders and data analytics, and cost pressures for 2024-25.

Q: To clarify the government was 'pre-announcing' funding for fiscal year 2425.

A: Yes

Comment: Great effort and congratulations to Mr. Kolanko and the Executive.

Comment: Great news.

Q: Any indication on hearing on the business cases?

A: No timeline was given, but it is possible that another update on this issue may be forthcoming.

Q: regarding DHW and the service agreement, there is a fine balance between funding and amount of services that can be provided. While addressing KPI's

	<p>did government suggest anything about helping the organization meet its targets?</p> <p>A: No although discussion on the KPIs provides a way to illustrate that HSNS is working to capacity but with the steady increase in the number of referrals, wait times is increasing. The discussion supports the rationale behind the submitted business cases.</p> <p>Q: interested in more information on SLP services and engagement with NSH.</p> <p>A: HSNS has not received any increased FTE funding for acute care in decades. NSH has been working hard to respond to government pressures on improving “access and flow”, but coordination with HSNS in submitting business cases for specific services has been uneven across zones and programs. Business cases have gone forward and some teams have enhanced capacity but not all the resources have been increased across all zones, raising staff stress. HSNS has communicated these challenges with NSH senior leadership and we continue to work on developing collaboration for increasing HSNS resources across all zones.</p>	
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6:30 pm	<p><b>9. Committee Reports</b></p> <p>9.1 Finance and Investment Committee Report: Mr. Haley reported that the committee has not met since the last Board meeting. The next meeting is scheduled for early March to accommodate presentation on the investment portfolios.</p> <p>9.2 Policy &amp; Governance Review Committee Report: Mr. Landy reported that there were no meeting evaluation forms submitted after the January Board meeting. This contrasted with November Meeting with 8 reports. Virtual meetings may be a barrier, but Mr. Landy encouraged Board members to take a minute after each meeting to complete the feedback report.</p> <p>Board Quality Improvement QI activities: The Accreditation Canada Board Governance Functioning Tool is being updated and HSNS will be administering the new tool this year.</p> <p>Annual Board Evaluation Activities: Planning is underway. The Board member selfevaluation and Board ‘check in interviews’ will start in March, followed by the Chair and CEO performance reviews in May and June.</p> <p>Policy Review: Review of the Policy Roster identified 10 policies requiring review before June. The Committee will be reviewing these policies and bringing forward any suggested amendments.</p> <p>Board Governance: The Board Executive requested a review of two issues raised by board members: a) recommendation to increase the number of board members that are permitted to sit on Board Committees and b) consider the question of whether a new Board member can be brought onto the Board ‘mid-term’ before the Board Annual Meeting. Both issues were investigated; the committee is recommending that the terms of reference for the Board’s Finance and Investment Committee to read a ‘minimum’ number in the description of committee membership. Further, the Bylaws provide for a new board member to join the Board mid-term when a director ceases to be a director for any reason the vacancy may be filled for the unexpired portion of the term...” (article 6d). The Bylaws also provide for the Board to appoint one or two retiring directors under specific</p>	<b>MOTION</b>
	<p>circumstances “at any AGM of the members of the Society, if the incoming elected Board of Directors is of the view that it would be in the best interests of the Society to do so, the incoming elected Board of Directors may appoint one or two of the retiring Directors who are ineligible for re-election to be additional Directors, each for a term ending not more than 12 months after their appointment” (article 5b).</p> <p>9.3 Nominating Committee Report: Ms. Rizzetto reported that the committee has not met since the last Board meeting; the next meeting is scheduled for March 4. Ms. Rizzetto reminded the board members of the board policy for Board members to encourage any interested parties to complete and submit an expression of interest. Information is available on the website.</p> <p><b>MOTION:</b> That the Board of Directors accept reports as presented; Moved by Ms. Rizzetto; motion carried.</p>	

6:45 pm	<p><b>10. Business Arising</b></p> <p>10.1 Policy &amp; Governance – potential policy revision regarding Board membership (deferred from January 18<sup>th</sup> meeting)</p> <p><b>MOTION:</b> That the Board of Directors amend the Terms of Reference for the Finance and Investment Committee to read ‘minimum number of three directors’ in the description of committee membership. Moved by Mr. Moore; Seconded by Ms. Sullivan. Carried.</p> <p>10.2 Board Meeting Evaluation</p> <p>As previously noted, the Board Chair reminded directors to take time after the meeting to complete the evaluation form.</p>	<b>MOTION</b>
7:00 pm	<p><b>11. Old Business</b></p> <p>None</p>	
7:10 pm	<p><b>12. New Business</b></p> <p>None</p>	
7:15 pm	<p><b>13. Members’ Comments</b></p> <p>No comments</p>	
7:20 pm	<p><b>14. In-camera session</b></p> <p><b>MOTION:</b> THAT the Board of Directors move to in-camera session. Moved by Mr. Haley; Seconded by Mr. Moore.</p>	<b>MOTION</b>
7:25 pm	<p><b>15. Date of next meeting:</b> March 28, 2024 (Virtual)</p>	
7:30 pm	<p><b>16. Adjournment</b></p> <p><b>MOTION:</b> THAT the Board of Directors move to adjourn the meeting.</p>	<b>MOTION</b>