

**WDMH Board of Directors**  
February 21, 2023 @ 5:00 p.m.  
Microsoft Teams

**Chair: Bruce Millar**

<b>Present:</b>	Bruce Millar, Michelle Blouin, Nathalie Boudreau, Jennifer Milburn, Cholly Boland, Annik Blanchard, David Wattie, Steve Densham, Bill Woods, Louise Arseneault, Tyson Roffey, James Pitruniak, Dr. Brian Devin, Renee Belhumeur, Dr. Mary Naciuk, Michelle Perry, Eric Stevens
<b>Regrets:</b>	
<b>Guests:</b>	Shannon Horsburgh, Mohamed Gazarin
<b>Resource:</b>	Amy Lafleche

No.	Item
<b>1.0</b>	<p><b>Call to Order</b> B. Millar called the meeting to order at 5:00 p.m.</p> <p>B. Millar expressed thanks to Nathalie Boudreau on behalf of the Board of Directors for all the contributions made during her tenure at WDMH. N. Boudreau served as Vice President of Clinical Services and Chief Nursing officer from 2020-2023.</p>
<b>2.0</b>	<p><b>Declaration of Conflict of Interest</b> None.</p>
<b>3.0</b>	<p><b>Agenda Check-In</b> <b>Moved by B. Woods, seconded by J. Milburn, that the February 21, 2023, Board of Directors agenda be approved as presented. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried</u></b></p>
<b>4.0</b>	<p><b>Review of Minutes:</b> <b>Moved by S. Densham, seconded by A. Blanchard, that the November 22, 2022, Board of Directors minutes be approved as presented. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried</u></b></p>
<b>5.0</b>	<p><b>Business Arising</b> None.</p>
<b>6.0</b>	<p><b>A Patient Story</b> Shannon Horsburgh, Clinical Manager, shared a story of a patient who delivered a healthy baby at WDMH while the Obstetrical Unit was closed. In summary the Board learned:</p> <ul style="list-style-type: none"> <li>• Days leading up to delivery the patient was advised of the potential closure of the unit due to staffing shortages.</li> <li>• The notification left the patient feeling anxious. WDMH provided her with resources and the contact information of the nearest hospitals, should the unit be closed.</li> <li>• When the patient called WDMH to notify them that she was in labour the Obstetrical unit was closed due to a nursing shortage; WDMH did not have enough Registered Nurses available to keep the unit open. The current policy states that two Registered Nurses are required to provided safe, competent care.</li> </ul>

	<ul style="list-style-type: none"> <li>• The patient proceeded to contact the hospitals on the list provided by WDMH to find out that they were all overcapacity and unable to help. The patient then contacted WDMH again and was asked to come into the Emergency Department for assessment.</li> <li>• Collaboratively the Emergency Department nurses and physicians worked with the on-call Obstetrician to provide full care for the patient, and the patient experienced a safe delivery.</li> <li>• As a result of this experience a regional committee was created to discuss Obstetrical resources and what can be done to support all hospitals during staffing challenges. A policy was created to outline how communications should be distributed to other hospitals to notify them of Obstetrical Unit closures. This communication allows hospitals with open units to prepare for a surge in patients coming from outside their catchment area for delivery.</li> <li>• Midwives are unique and do not require nursing support; midwifery patients can deliver at WDMH even during a closure.</li> </ul>
<p><b>7.0</b></p>	<p><b>Board Education - Research and Clinical Trials at WDMH</b>          Mohamed Gazarin provided an educational presentation on research and clinical trials at WDMH. In summary the Board learned:</p> <ul style="list-style-type: none"> <li>• Participants benefit from clinical trials by receiving new treatments before they are publicly available, playing an active role in their health, and receiving more frequent care and check-ups.</li> <li>• There are often barriers for patients in rural areas to participate in clinical trials (e.g., distance/travel).</li> <li>• The WDMH research department continues to proactively invite companies for clinical trials to WDMH.</li> <li>• WDMH’s research program has been recently recognized as thriving in local news outlets.</li> <li>• There are six clinical trials taking place at WDMH:             <ol style="list-style-type: none"> <li>1) <u>Embrace</u>: To assess the efficacy and safety of a vaccine for the prevention of urinary tract infections, and subsequent systemic infections.</li> <li>2) <u>Pfizer – Covid Immunocompromised</u>: To explore the efficacy and safety of various treatment lengths of Paxlovid, to determine the most effective protocol for use within immunocompromised populations.</li> <li>3) <u>Pfizer – Covid Relapse</u>: To assess the efficacy and safety of a second, 5-day course of Paxlovid; focusing on patients who have completed their initial treatment course but have had a reoccurrence of symptoms within 2 weeks.</li> <li>4) <u>Pfizer – ATTR-CM Heart Failure</u>: To assess how common Transthyretin Amyloid Cardiomyopathy (ATTR-CM) is among patients with heart failure, to estimate global prevalence.</li> <li>5) <u>Astrazeneca – COPD</u>: Evaluate the efficacy and safety of intravenous medication given every 8 weeks and every 4 weeks, in reducing COPD exacerbations.</li> <li>6) <u>Incarda Atrial Fibrillation (AFIB)</u>: To assess the efficacy and safety of flecainide acetate inhalation in converting atrial fibrillation to a normal heart rhythm in patients with recent onset, symptomatic, newly diagnosed, or paroxysmal Afib.</li> </ol> </li> <li>• The Board is interested in receiving a 6 – 8 month update on the clinical trials.</li> </ul>
<p><b>8.0</b></p>	<p><b>Board Reports</b></p>
<p><b>8.1</b></p>	<p><b>Quality Committee</b>          The February 2023 Quality Committee Reports were received for information.</p>

		<p>The Quality Committee forwarded a recommendation to the Board to approve the 2023-2024 Patient Care Improvement Plan. The Board reviewed the plan.</p> <p><b>Moved by B. Millar, seconded by B. Woods, that the 2023-2024 Patient Care Improvement Plan be approved as presented. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried</u></b></p>
<p><b>8.3</b></p>		<p><b>Risk Management Update</b>  The Risk Management presentation was received for information.</p> <p>The WDMH Risk Management Program is aimed to prevent injury or loss and promote a risk management culture that encourages everyone to be a risk manager.</p> <p>Risk is a reality for the hospital and can generally be reduced or avoided by an effective risk management program.</p> <p>M. Blouin presented the Risk Management Framework and explained that volunteers, including Board members, are covered as additional insured under HIROC’s Composite Healthcare Insurance Policy.</p>
<p><b>8.4</b></p>		<p><b>Medical Advisory Committee</b>  The Medical Advisory Committee Report was received for information.</p> <p>WDMH’s launch of Epic has been a great success.</p> <p>Dr. Adam Cohn, Nephrologist, will be starting the Chronic Kidney Disease (CKD) Clinic in March 2023.</p> <p>Under leadership from Dr. Alikhan, Pulmonary Function Testing is set to begin soon. WDMH now has Respiratory Therapists available to support this service.</p> <p>WDMH general surgeons are investigating the opportunity to offer magnetic seed implantation for breast cancer patients.</p> <p>WDMH is working on enhancing CT with contrast coverage on long weekends; the enhancement would include providing coverage one day per long weekend. This enhancement would assist with CT backlogs on Mondays and would help provide patients with care close to home without transport to Ottawa.</p> <p><u>Chart Deficiencies:</u>  During the transition to Epic chart deficiency reporting has been a challenge. WDMH is currently working on a process to retrieve appropriate information for accurate reporting of important deficiencies.</p>
	<p><b>8.5</b></p>	<p><b>Professional Staff Appointments</b></p> <p><b>Moved by B. Millar, seconded by J. Milburn, that the following new physician recruitments be approved as presented. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried</u></b></p>

	<ul style="list-style-type: none"> <li>• Dr. Fabian Schwarz., Term with Admitting Privileges, Department of Family Medicine</li> <li>• Dr. Rupi Johal, Locum without Admitting Privileges, Department of Emergency Medicine for completion of ED Mentorship program</li> <li>• Dr. Rinu Pazhekattu, Term without Admitting Privileges, Department of Internal Medicine – Nephrology</li> <li>• Dr. Noor Amily, Term without Admitting Privileges, Department of Obstetrics &amp; Gynecology for reading of Obstetrical Ultrasounds</li> <li>• Dr. Jelena Kacanski., Term without Admitting Privileges, Department of Surgery – Surgical Assist</li> <li>• Dr. Lundy Li, Term with Admitting Privileges, Department of Family Medicine</li> <li>• Dr. Jessica MacLean., Term with Admitting Privileges, Department of Family Medicine with Temporary Cross Appointment in Emergency Medicine for participation in ED Mentorship program</li> <li>• Dr. Omar Ramadan., Term without Admitting Privileges, Department of Surgery – Surgical Assist</li> </ul> <p>Dr. Will Leung has concluded staff privileges at WDMH effective January 1, 2023.</p>
<p><b>8.6</b></p>	<p><b>Medical Staff Organization</b>          Dr. Mary Naciuk reported on behalf of the Medical Staff Organization.</p> <p>The availability of CT with contrast after hours and on weekends is a consistent topic of concern amongst WDMH physicians.</p> <p>Epic comes with a lot of administrative burden. The Epic team is working with physicians to try and streamline processes.</p>
<p><b>9.0</b></p>	<p><b>Finance Report</b></p>
	<p><b>9.1 Financial Statements</b>          The hospital’s financial results for the period ending December 31, 2022, show a deficit from hospital operations of \$0.9 million, which is unfavourable by \$0.5 million from the approved budget.</p> <p>The 2022-2023 approved budgeted projected a deficit of \$817,132 due to a 10% increase in supplies and drugs.</p> <p>Unbudgeted pressures that are contributing to the net variance are:</p> <ul style="list-style-type: none"> <li>• Labour costs due to staffing shortages and Covid-19 isolations (overtime).</li> <li>• Interest costs relating to cash flow issues attributed to the hospital’s deficit and delayed reimbursements from the Ministry of Health and Long-Term Care.</li> <li>• Covid-19 related personal protective equipment.</li> </ul> <p>WDMH began to engage the Ministry and Ontario Health in June 2022; as of last week, the Ministry and Ontario Health have shown no concerns regarding WDMH’s deficit. B. Millar and C. Boland to continue engagements.</p> <p>WDMH received two installments of one-time funding of \$600,000 in 2022-2023.</p>

<p><b>9.2</b></p>	<p><b>2023-24 Operating Budget</b>          The preliminary budget for the year ending March 31, 2024, is projected to result in a deficit from hospital operations of \$2.4 million, and a total deficit from all fund types of \$2.6 million.</p> <p>Revenue Assumptions:</p> <ul style="list-style-type: none"> <li>• Small hospital funding allocation of 2%.</li> <li>• Patient revenue (OHIP) will remain consistent.</li> <li>• \$170,000 DM Management Fee not included.</li> </ul> <p>Expenditure Assumptions:</p> <ul style="list-style-type: none"> <li>• Salary and benefits increase of 3%, or \$1.3 million.</li> <li>• Medical and surgical costs increase of 10%.</li> <li>• Drug and medical gasses increase of 13%.</li> <li>• Utilities increase of 10%.</li> <li>• 2% increase all other expenses.</li> <li>• Covid-19 expenses assumed not funded by the Ministry.</li> </ul> <p>The Board has been well educated with respect to the current financial circumstances of the hospital. Efforts have been made to be fully transparent with all parties, including the Ministry of Health and Long-Term Care and Ontario Health.</p> <p><b>Moved by T. Roffey, seconded by E. Stevens, that the 2023-2024 Annual Budget be approved as presented. The Board acknowledges the projected deficit and will continue to look for options to reduce it. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried</u></b></p>
<p><b>9.3</b></p>	<p><b>2023-24 Capital Plan</b>          Every year the hospital compiles a capital list, which prioritizes the expected annual capital purchases. These purchases are externally funded through the Foundation, and Auxiliary. Clinical teams and managers determine their unit specific needs for the upcoming fiscal year, all submissions are compiled and reviewed by a working group that includes managers, team leaders, senior managers, and chief physicians.</p> <p>The Board of Directors reviewed the 2023-2024 Capital Budget.</p> <p><b>Moved by A. Blanchard, seconded by J. Milburn, that the 2023-2024 Capital Budget be approved as presented. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried</u></b></p>
<p><b>10.0 Report of the CEO</b></p>	
<p><b>10.1</b></p>	<p><b>Strategic Priorities Update</b></p> <p><u>Senior Friendly Plan Targets:</u>          An environmental scan of the hospital has been completed by two seniors from the community to help identify areas for improvement with wayfinding.</p> <p><u>Staffing:</u>          WDMH is currently recruiting ultrasound technicians, and temporary and casual nurses.</p>

	<p><u>Epic:</u> WDMH is currently identifying more complex issues with Epic that will be changed over time.</p> <p><u>Covid-19:</u> WDMH continues to have restricted visiting hours and bed configurations; these have been kept in place since the beginning of covid to help manage the respiratory season. A meeting will be held in March to determine if bed configuration should return to pre-covid design, and if visiting restrictions can be lifted.</p> <p>On February 22<sup>nd</sup> the hospital will celebrate Pink Shirt Day.</p> <p>The Ontario Government has passed legislation to facilitate some surgeries outside of hospitals. To be successful clinics must present and demonstrate how their staffing models are neutral, and pass quality and safety inspections.</p>
<b>10.2</b>	<p><b>Cybersecurity</b> C. Boland and M. Blouin meet with Ontario Health and Deloitte Touche to receive information on the independent review of the July 2022 cybersecurity incident.</p> <p>On January 14, 2023, WDMH passed another penetration test with iSecurity.</p>
<b>11.0</b>	<p><b>WDMH Foundation Report</b> The February Report of the Foundation was received for information.</p> <p>The Foundation continues to have a healthy cash balance. Operating activities revenue is down slightly from this time last year.</p> <p>Current expense ratio is 41%; the Foundation is aiming to lower this.</p>
<b>12.0</b>	<p><b>WDMH Auxiliary Report</b> The February Report of the WDMH Auxiliary was received for information.</p> <p>C. Boland expressed his appreciation for all the efforts the Auxiliary makes on behalf of the hospital.</p>
<b>13.0</b>	<p><b>Report of the RHI Board</b> Dundas Manor continues to struggle with staffing, particularly Registered Nurses and Registered Practical Nurses.</p> <p>Plans with the new building are moving ahead, and Dundas Manor plans to break ground this summer. Fundraising is going well.</p> <p>Dundas Manor will go through accreditation in early April, preparations are underway.</p>
<b>14.0</b>	<p><b>Governance</b></p>
<b>14.1</b>	<p><b>Executive Committee Minutes</b> The February 14, 2023, Executive Committee minutes were received for information.</p>
<b>14.2</b>	<p><b>Nov Board meeting eval</b> B. Millar noted the results from last meeting’s evaluation were positive.</p>

	<b>14.3</b>	<b>Director Self-Evaluation</b> It is best practice for individual directors to be evaluated. A. Lafleche to distribute self-evaluation forms to all directors and set up virtual individual member meetings with the Board Chair and CEO in the coming months.
<b>15.0</b>	<b>Communications &amp; PR Considerations</b>	<ul style="list-style-type: none"><li>• The ongoing financial position of the hospital, and the hospital's efforts to be responsible and transparent.</li><li>• Clinical trials at WDMH.</li><li>• Dundas Manor is moving ahead with its new development.</li><li>• Thank you to Nathalie Boudreau for her service to WDMH.</li></ul>
<b>16.0</b>	<b>Next Meeting:</b>	Tuesday, May 30, 2023.
<b>17.0</b>	<b>Adjournment</b>	B. Millar called the meeting to a close at 6:58 p.m.