



Winchester District Memorial Hospital
Board of Directors
Tuesday, September 22, 2020 – 5:00 p.m.

Minutes

Present	James Pitruniak, Bruce Millar, Renée Belhumeur, Michael Villeneuve, Marieke Van Noppen, Shawn Sutton, David Wattie, John Trickett, Michelle Perry, Holly Brown, Dr. Brian Devin, Dr. Mary Naciuk, Cholly Boland, Nathalie Boudreau
Regrets	Elise Guest, Elinor Jordan, Lynn Dillabough, Peter Krajcovic
Staff	Michelle Blouin
Guests	Kyle Jones, Jason Fetch
Resource	Amy Lafleche

No. Item

1. Call to Order

Chair, James Pitruniak, called the meeting to order at 5:02 p.m.

Kyle Jones, Master of Health Administration resident, and Jason Fetch, community member, were welcomed to the meeting.

2. Declaration of Conflict of Interest

None declared.

3. Agenda Check-In

The agenda was approved by consensus.

4. A Patient Story

Mikyla Lennard, Clinical Manager, recounted a patient story involving the chemotherapy unit. The chemo program is run by The Ottawa Hospital, uses The Ottawa Hospital's policies for patient care, and uses The Ottawa Hospital's electronic health record software EPIC.

In summary, the patient story involved an error in syringe inventory in the Chemotherapy Automatic Dispensing Unit (ADU). Three-millimeter syringes were mixed in with five-millimeter syringes resulting in some Peripherally Inserted Central Catheter (PICC) lines only being cleaned with 3ml, as opposed to 5ml. In conclusion there were no reported incidents. The event will be reviewed by the Chemotherapy team lead, clinical manager, and a pharmacy representative.

As a result of the incident it was determined that:

- Six patients received a 3ml Heparin PICC line cleanse instead of 5ml.
- The ADU was accidentally filled by pharmacy with the incorrect syringes
- It is nursing practice to double check medications and amounts when dispensing from an ADU.
- WDMH reached out to The Ottawa Hospital to explain the incident. The Ottawa Hospital stated that they are moving towards removing Heparin completely and using only normal saline to clean PICC lines. The Ottawa Hospital asked WDMH take note of any patients that have clotting issues with their line.

5. Board Education

5.1 Accreditation Presentation

In preparation for the upcoming accreditation Cholly Boland presented the *Introduction to the Governance Standards Planning the Road to Excellence* from Accreditation Canada. Beginning in January 2020 Cholly will help prepare the board for accreditation by asking questions that surveyors may pose.

6. Review of Minutes

6.1 Moved by Bruce Millar, seconded by Shawn Sutton, that the minutes of the May 26, 2020 Board of Directors meeting be approved.

Carried.

6.2 Moved by Bruce Millar, seconded by David Wattie, that the minutes of the June 25, 2020 Board of Directors meeting be approved.

Carried.

7. Business Arising

7.1 Dundas Manor Land

The Board discussed in detail the potential sale price of the land required for the redevelopment of Dundas Manor Long Term Care Home.

Cholly Boland and Michelle Blouin announced they have a conflict of interest, as they work for both organizations, and will not be expressing their opinions.

It was concluded that there is no easy formula, as it is very difficult to come up with a land comparator. Fifteen percent of the original plot of land has been used for the Community Care Centre; eighty-five percent is available for sale. The Board concluded the price needs to be practical, neutral, and fair for the community. The Board requested Cholly and Michelle do further research related to the appraisal of the portion of the land that is for sale and bring it back to the Board for review. A special meeting may need to be arranged to approve the final sale price prior to the next scheduled Board of Directors meeting.

8. Board Reports

8.1 Quality Committee

The minutes from the Quality Committee meeting on September 17th were distributed in advance for information. Holly Brown presented highlights from the Quality Committee meeting.

WDMH will not be meeting some of the quality indicator targets as a result of Covid-19, higher occupancy rates, and the presence of sicker patients.

The community needs to continue to be encouraged to access healthcare when they need it.

8.2 Senior Friendly Hospital Plan

The Senior Friendly Hospital Plan is a new pilot project that reflects regional priorities. After the age of sixty-five hospitalization can lead to an increased chance of hospital acquired delirium, and mobility issues. This plan is aiming towards the appropriate mobilization of patients on a scheduled basis; screening for delirium within twenty-four hours of intake; implementing a plan to address delirium; implementing strategies to reduce delirium such as adding clocks and calendars to every patient room; fall prevention; and increasing communication with patients.

Moved by Renée Belhumeur, seconded by Bruce Millar, that the Senior Friendly Hospital plan be approved as presented.

Carried.

8.3 Patient Safety Report

Cholly Boland presented the WDMH Patient Safety Report.

Hospital acquired delirium was measured at thirty-three percent in July. The raise in delirium was directly related to the repatriation of Alternate Level of Care (ALC) patients from the Ottawa area; the occupancy rate for July was over 100%.

WDMH experienced three critical incidents within the first eight months of the calendar year, which is high in comparison to previous years. Cholly Boland confirmed that all three cases were unrelated.

8.4 Medical Advisory Committee

Dr. Brian Devin presented the highlights from the Medical Advisory Committee meetings. These highlights were distributed with the agenda package and distributed prior to the meeting.

The overall trend at the Medical Advisory Committee meetings is Covid-19. WDMH is gradually winding things forward and moving towards regular resumption of activities. The surgical procedure schedule is almost back to normal. Screening of patients preoperatively was initiated early in the pandemic and continues. There was a brief lull in activity in the Emergency Department, but numbers are now rising and reaching a historic high. Recently, WDMH hit a new record and saw over ninety patients in one day. The concern moving forward is that Covid-19 has a broad range of symptoms, and assessment centres are overflowing.

Historically family physicians entered the hospital to take care of their patients. To reduce the number of people entering the hospital WDMH moved towards a two-hospitalist model. One hospitalist is assigned to patients with family physicians who have hospital privileges, and one hospitalist is assigned to unattached patients. This model is going well and is proving efficient from a scheduling and medical/surgical care standpoint.

WDMH welcomed Dr. Mark Bastianelli a new Ear Nose and Throat specialist to the Community Care Building. Dr. Bastianelli will have an operating room time at WDMH.

The Trillium Gift of Life program started on the path towards implementation in February 2020 but was put aside when Covid-19 hit. WDMH has put this back on the radar establishing a plan for launch.

The new physician scheduling package software has been installed. Dr. Brian Devin extends his thanks to the Information Technology team, Lori-Anne Van Moorsel, and Dr. Crabtree for their hard work and dedication towards completing this project.

8.5 Professional Staff Appointments

The list of Professional Staff Appointments was distributed with the agenda prior to the meeting.

Several new physician recruits were presented for approval.

Moved by Holly Brown, seconded by John Trickett, that the new physician recruitments be approved as presented.

Carried.

Moved by James Pitruniak, seconded by Renée Belhumeur, that the list of professional staff privileges to be modified be approved as presented.

Carried.

Moved by Bruce Millar, seconded by John Trickett, that the resumption of staff privileges to Dr. Eric Henry be approved as presented.

Carried.

8.6 Medical Staff Organization

Dr. Mary Naciuk presented an update from the Medical Staff Organization.

Covid-19 has occupied most physicians' time in the last few months. Most clinics have meetings in the mornings to review how to coordinate their patients' care. There has been a steep learning curve with relation to technology and delivery of care.

Dr. Naciuk indicated the WDMH has a great community of physicians who are working great together to help coordinate patient care. Unfortunately, there has been indication of fatigue and increased stress.

There has been an increase in the demand of Covid-19 testing which is aligned to folks coming to Winchester from outside the catchment area. The assessment centre is continuously making changes to its processes to try and deal with the number of patients requesting an assessment. The Emergency Department is also seeing an overflow of patients from outside the catchment area. WDMH is taking into consideration the creation of a Respiratory Clinic inside of the Assessment Centre to try to relieve volumes in the Emergency Department; patients would need a referral from a family physician.

Cholly Boland indicated that Kemptville announced they will be opening an assessment centre the week of September 21, 2020. In the near future the province will be announcing that pharmacies can swab asymptomatic patients.

9. Finance Report

9.1 First Quarter Financial Statements

Michelle Blouin was happy to report that WDMH received a funding letter noting we would receive 100% reimbursement for Covid spending for March and April 2020. WDMH is still waiting to hear what they will receive for June and July. WDMH would be in a balanced budget position if Covid did not happen. All current deficit is directly related to Covid-19. In May, the ministry recommended hospitals reduce Covid spending. WDMH has been conservative, and has reduced spending, and is looking at cost reduction everywhere, and monitoring expenses.

Cholly Boland announced that the province plans on announcing detailed rules for assessment centre spending beginning October 1, 2020.

Michelle Blouin indicated it is a daily struggle with staffing, and there has been a significant pressure since the reopening of schools. WDMH is currently experiencing twelve to sixteen sick calls per day.

9.2 Broader Public Sector Accountability Act (BPSAA) – Attestations for Compliance

WDMH has had no issues following the BPSAA guidelines. There have been no exceptions made.

Moved by Michael Villeneuve, seconded by Michelle Perry, that the Attestation for Compliance be approved and publicly posted on the hospital's website.

Carried.

The Board expressed her thanks to Michelle Blouin for doing a great job managing finances during this difficult time.

10 Report of the CEO

10.1 2020/2021 Strategic Priorities

An update on Strategic Priorities was distributed in advance of the meeting with the agenda. In addition to the written report, Cholly Boland highlighted the following:

- WDMH was focusing on a communication plan to the community to explain that wait times were amongst the shortest in the province. Eight months later things have considerably changed due to Covid-19.
- During the beginning of the pandemic, WDMH was hosting weekly town hall meetings to specifically address Covid-19. This has now been reduced to monthly meetings which discuss Covid-19 and other hospital activities.
- WDMH continues to work on staff and leadership development
- The ministry proposed the Upper Canada Health Team partner with another local, adjacent team. Kemptville and Cornwall are the possibilities; no final decisions have been made.
- The WDMH Chief Information Officer retired at the end of 2019. An external agency conducted a review of WDMH's Clinical Informatics and is working on a draft report. Once the report is discussed internally it will be brought to the Board.
- The ministry announced that WDMH will be receiving \$700,000 from the Health Infrastructure Renewal Fund. This money is allocated to two major projects related to WDMH infrastructure.
- Covid cases are rising province-wide. Rural areas are not seeing much of an impact. WDMH's largest concern is staffing; it was recommended to prepare for a thirty to forty percent reduction in staff. WDMH infection control and occupational health is working hard to make categories and decision trees for staff and managers to follow when deciding whether to report to work. WDMH continues to reinforce with staff to be cautious.
- With the huge increase in volumes at the assessment centre there have been challenges related to social distancing and parking. The managing of telephone calls is what is currently the most challenging. The assessment centre is not equipped to handle thousands of telephone calls a day. Complaints are being received and heard. WDMH is continuously making improvements but it is difficult to meet demand.
- WDMH has implemented universal masking precautions, and eye protection for anyone dealing directly with patients and visitors. WDMH is keeping a close eye on its reserve of Personal Protective Equipment.

10.2 Senior Management Work Profile

Cholly Boland presented the Senior Management Work Profile, which briefly outlined the roles and responsibilities of the CEO; Vice President of Clinical Services and Chief Nursing Executive; and the Vice President of Corporate Services and CFO. This workplan also provided information on comparable peer hospitals.

11. WDMH Foundation Report

The Foundation Report was distributed in advance of the meeting along with the agenda. Donations continue to be received from the community throughout the pandemic.

12. WDMH Auxiliary Report

No report.

Cholly Boland noted about ten percent of volunteers have returned.

13. Governance

13.1 Executive Committee Minutes

The minutes from the September 14, 2020 Executive Committee meeting were distributed in advance for information.

13.2 Annual Board Assessment Results

The following topics were brought to the attention of James Pitruniak upon review of the results:

- Breaking up question seven on the assessment tool
- Encouraging board members to participate in education for professional development. It was suggested members attend education sessions in groups, share thoughts, and report back to the board.
- New board members noted they sometimes felt dismissed. James Pitruniak encouraged new members to speak up if they feel a topic should be further discussed, or if they require more context.
- Meeting at a different time of day. James Pitruniak to coordinate a poll to see if members are interested in commencing Board meetings earlier in the day.
- More frequent updates between meetings. James Pitruniak indicated that Executive Committee meetings are a great opportunity to receive updates. All Board members are welcome to attend, and they are held monthly.

13.3 Revised Board Policies for Approval

The below Board policies were reviewed by David Wattie; three changes were recommended.

Policy	Recommended Change
AB 0701: Open Board Meetings	
AF 0100: Signing Authority Limits	
BO 0001: Strategic Planning	
BO 0002: Nomination & Selection of Board of Directors	Section 3: Change the spelling of FaceBook to Facebook
BO 0007: Appointment of Board Officers	
BO 0008: Board, Board Committee and Board Director Self Evaluations	
BO 0009: Code of Conduct	
BO 0015: Chief of Staff Selection/Appointment	
BO 0016: Chief of Staff Performance Evaluation	
BO 0020: Chief Executive Officer Annual Performance Evaluation	
BO 0030: Board Committees	Section C: Remove Vice Chair of the Board from the Quality Committee membership
BO 0035: Board Director Education	
BO 0040: Board Decision Making	

After final review by the Board it was moved by **Marieke Van Noppen, and seconded by Michael Villeneuve, that the below polices be approved with the recommended changed.**
Carried.

13.4 CEO Evaluation Process

James Pitruniak noted the CEO Evaluation Process will be commencing in the coming months; keep an eye open for emails regarding this.

13.5 Meeting Evaluation Results May 26

James Pitruniak reviewed the evaluation results and noted there were growing pains related to Zoom but these issues, with practice, will continue to improve.

13.6 Meeting Evaluation September 22

Amy Lafleche has distributed the meeting evaluation for today’s meeting.

14. Conference/Workshop Reports

No report.

15. Report of RHI Board

Cholly Boland reported that the RHI Board of Directors meets on September 24, 2020. In summary Dundas Manor has two main topics to report on.

- 1) In late August Dundas Manor had its first Covid-19 positive case. The individual was a very casual worker, was asymptomatic, and was at work at Dundas Manor in full personal protective equipment for only twenty minutes before finding out they tested positive. In an abundance of caution Dundas Manor was placed on outbreak status at the order of the Eastern Ontario Health Unit. Within two days of receiving notification of the positive test all staff and residents were tested, all results came back negative. Provincially long-term care homes are actively planning for a second wave.
- 2) Dundas Manor redevelopment has slowed slightly, considering the pandemic the Manor wants to ensure their new design aligns with social distancing guidelines so they can be better prepared for another pandemic; example larger common areas. The Ministry announced additional funding to long term care home reconstruction, and the Foundation is actively putting things in place for the Dundas Manor fundraising campaign.

16. In-Camera Session

Board members moved to an in-camera session at 7:34 p.m. All other participants were excused for the remainder of the meeting.

Board members reconvened from the in-camera session at 8:29 p.m.

The Board reported matters discussed were:

- Executive Compensation

17. Communication & Public Relations Considerations

Key Themes from Meeting

- WDMH and the Assessment Centre are working well with the community to coordinate Covid-19 swabbing and patient care.
- WDMH is managing Covid expenses well and is prepared financially for the future.
- WDMH is being proactive and is prepared for the second wave.

18. Next Meeting

The next regular meeting of the Board is scheduled for November 26, 2020.

19. Adjournment

James Pitruniak called the meeting to a close at 8:36 p.m.

James Pitruniak, Chair