



**WDMH Board of Directors**  
 Tuesday, February 23<sup>rd</sup>, 2021 at 5:00 p.m.

**Minutes**

Chair: James Pitruniak

Present:	James Pitruniak, David Wattie, Michelle Perry, Mike Villeneuve, Bruce Millar, Marieke van Noppen, Peter Krajcovic, Holly Brown, John Trickett, Renée Belhumeur, Cholly Boland, Nathalie Boudreau, Michelle Blouin, Dr. Brian Devin
Regrets:	Shawn Sutton, Elise Guest
Guests:	Mikyla Lennard
Resource:	Amy Lafleche

No.	Item
1.0	<b>Call to Order</b> J. Pitruniak called the meeting to order at 5:02 p.m.
2.0	<b>Declaration of Conflict of Interest</b> None declared.
3.0	<b>Agenda Check-In</b> Approved with the addition of: <ul style="list-style-type: none"> <li>• 15.3 Patient/Family Member Feedback</li> </ul>
4.0	<b>Review of Minutes</b> <b>Moved by Bruce Millar, seconded by Mike Villeneuve, that the minutes from the 2020-11-24 Board of Directors meeting be approved as presented. All in favour. <u>Carried.</u></b>
5.0	<b>Business Arising</b> None.
6.0	<b>A Patient Story</b> Mikyla Lennard, Clinical Manager, recounted a patient’s journey through recovery after surgery at WDMH. In summary the patient’s surgery went well and they were successfully moved to the recovery room. During recovery the patient was cared for by a nurse on their first day of recovery room orientation when a medication error occurred.  M. Lennard and the OR Team Lead reviewed the incident and debriefed with the nurse that performed the error. The incident illuminated the fact that the orientation and training process for new perioperative nurses had not been reviewed in many years. M. Lennard has coordinated a team that includes nurses from the unit, the OR Team Lead and the nurse who performed the error to review the Perioperative Orientation Plan.

	<p>M. Lennard noted the Team Lead followed up with the patient the day after discharge, and the following week. The patient had no concerns and was happy with the care received at WDMH.</p> <p>The Board of Directors commends the way the incident was handled. Looking after the nurse that performed the error and engaging them for improvements going forward is a commendable approach.</p>
<p><b>7.0</b></p>	<p><b>Board Education – Vaccines</b></p> <p>Dr. B. Devin provided an overview on vaccines, and basic information on viruses and Covid-19. Discussed was the definition of viruses, how vaccines work, and future virus variants.</p> <p>The WDMH Board of Directors learned:</p> <ul style="list-style-type: none"> <li>• Coronaviruses make up 20% of common colds, SARS, MERS-CoV, and Covid-19</li> <li>• There are four different types of vaccines. Similar infectious agents (Cowpox / Smallpox), weakened infection agents (measles), killed/fragmented infection agents (influenza), and engineered vectors (HepB, mRNA Covid-19).</li> <li>• Six Covid-19 vaccines were submitted for approval in Canada. Pfizer and Moderna have been approved, AstraZeneca is close to approval.</li> <li>• There is still caution around children receiving vaccines as there has not been a lot of studies around the effectiveness in children. Ontario Health has recently published adolescents between twelve and eighteen should be considered good candidates for the Covid-19 vaccine.</li> <li>• The risk of anaphylaxis from the Covid-19 vaccine is 1/1,000,000. The risk of anaphylaxis from the flu shot is 1/100,000.</li> <li>• The concept of mRNA vaccines has been accumulating for the past twenty to twenty-five years. Technology has made vaccine creation and development much faster.</li> <li>• All Canadian organizations associated with pregnant and breastfeeding women have all come out strongly in favour of these women getting the Covid-19 vaccine. RNA does not pass through the placenta.</li> </ul> <p>WDMH received its first shipment of the Pfizer vaccine, and the hospital is full of excitement, joy, and gratitude. Witnessing staff receive their vaccine has been remarkable. WDMH is now expecting weekly Covid-19 vaccine shipments.</p>
<p><b>8.0</b></p>	<p><b>New Business</b></p>
	<p><b>8.1 Clinical Information System</b></p> <p><i>QuadraMed to Epic</i></p> <p>C. Boland presented the proposal to switch from the Electronic Health Record created by QuadraMed to EPIC. It was noted that a special meeting of the Board will be called in March to seek a final decision.</p> <ul style="list-style-type: none"> <li>• A lot of implementation planning will be required. WDMH considers its experience in implementing QuadraMed a benefit.</li> </ul>

		<ul style="list-style-type: none"> <li>• WDMH must decide if the entire system will switch to EPIC or if they should go with a hodgepodge of best of breed.</li> <li>• WDMH will review what will be lost when changing to EPIC.</li> <li>• A full cost-benefit analysis will be performed.</li> <li>• WDMH has hired the former CFO of Hawkesbury General Hospital as a consultant to create a costs plan outlining what WDMH can expect with regards to the costs of EPIC implementation. The consultant was the CFO of Hawkesbury when they implemented EPIC.</li> <li>• Potential revenue streams to fund the ongoing costs of EPIC are foundation fundraising, and the dedication of the Dundas Manor Management Fee.</li> <li>• The Board requested a spreadsheet outlining the project payback by dollar amount and the payback timeframe.</li> <li>• WDMH must continue to spend money on upgrading QuadraMed.</li> <li>• The Board requested information on how much QuadraMed will cost over the next five years to run and upgrade.</li> <li>• The Ontario government has determined that if a hospital makes a change in electronic health record systems it must be to EPIC, Cerner or MEDITECH, and must be done in groups.</li> <li>• Currently the only true integration QuadraMed has is with EORLA</li> </ul>
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<b>9.0</b>	<b>Board Reports</b>	
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	<b>9.1</b>	<p><b>Quality Committee Report</b> The Quality Committee Report was received for information. H. Brown provided a brief overview and noted the following:</p> <p><b>Patient Safety Report:</b> Interesting data was presented to the Quality Committee indicating there were zero cases of hospital acquired delirium in November 2020. N. Boudreau investigated and determined the decrease in numbers was directly related to Pharmacy reviewing all medications for patients at risk of hospital acquired delirium. This will continue to be best practice.</p> <p><b>PCIP 2020-2021 Progress Report:</b> Due to Covid-19 there are three targets WDMH will not meet. WDMH however continues to work towards improving these indicators. The indicators are as follows:</p> <ul style="list-style-type: none"> <li>– 50<sup>th</sup> percentile time from decision to admit to inpatient bed</li> <li>– 90<sup>th</sup> percentile time from decision to admit to inpatient bed</li> <li>– Workplace violence incidents</li> </ul> <p><b>Risk and Incident Management Update:</b> A minor increase in monthly reporting of formal complaints was indicated however the numbers continue to be relatively small compared to the number of hospital interactions that occur with patients and visitors.</p> <p><b>Corporate Performance Indicator Report:</b> There was a decrease in Physician Notification of Suspected Sepsis at ED Triage. The Emergency Department team has reviewed the process step by step and has initiated corrective action. The Workplace Violence Incidents indicator has increased. All incidents were related to patient and</p>
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<p><b>9.2</b></p>		<p><b>2021-2022 PCIP Plan</b></p> <p>Every year Health Quality Ontario (HQP) provides all hospitals with a list of Quality Indicators for hospitals to work on. This year, due to the pandemic, the HQO is allowing hospitals to review their own indicators; hospitals can choose new indicators or continue with the 2020-2021 indicators. WDMH has chosen to continue with the 2020-2021 indicators and is proposing new targets for the following:</p> <ul style="list-style-type: none"> <li>- 90<sup>th</sup> percentile time from decision to admit to inpatient bed changed to 180 minutes</li> <li>- 50<sup>th</sup> percentile time from decision to admit to inpatient bed changed to 60 minutes</li> </ul> <p>It was noted that the current pandemic has upset internal workflows. WDMH is continuously developing improvements on patient flow through the Emergency Department and up to Med/Surg.</p> <p>C. Boland reported that the WDMH Emergency Department performance is at 269 minutes, which is the lowest in all of the Champlain Region.</p> <p>The Board suggested that WDMH consider removing the Newborn Procedural Pain Management (Heel Prick) indicator from the PCIP in 2022-2023. WDMH has excelled at meeting the target for the past two years, Obstetrics should find another target to focus on improving.</p> <p><b>Moved by M. van Noppen, seconded by B. Millar, that the 2021-2022 PCIP Plan be approve as presented. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried.</u></b></p>
<p><b>9.3</b></p>		<p><b>Medical Advisory Committee</b></p> <p>MAC approved two policies:</p> <ul style="list-style-type: none"> <li>• Restraint policy</li> <li>• The implementation of a hospital wide falls policy</li> </ul> <p>The renewal of credentials will be presented at the next WDMH Board of Directors meeting.</p> <p>Dr. C. Mykytyshyn is the Interim Chief of Family Medicine, pending the board interview process.</p>

		WDMH occupancy rates are running higher than the historic average; however, occupancy pressures are not from Covid-19 patients. The region is not significantly over-bedded, and there is a regional management system in place to try and manage hospital capacity issues.
	<b>9.4</b>	<p><b>Professional Staff Appointments</b></p> <p>New Physician Recruitment for WDMH Board of Directors Approval:</p> <ul style="list-style-type: none"> <li>• Dr. Ciara MacRory, Term with Admitting Privileges, Department of Family Medicine</li> <li>• Dr. Leah Jones, Locum without Admitting Privileges, Department of Emergency Medicine (4 months) for Mentorship Program</li> <li>• Dr. Eduardo Portela de Oliveira, Term without Admitting Privileges, Medical Imaging</li> </ul> <p><b>Moved by B. Millar, seconded by H. Brown, that the previously mentioned physician privileges be approved. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried.</u></b></p> <p>WDMH Professional Staff Governance for WDMH Board of Directors approval:</p> <ul style="list-style-type: none"> <li>• <b>Chief of Surgery:</b> The first term for Chief of Surgery, Dr. Malika Oberoi concludes on February 20, 2021. The Medical Advisory Committee recommends that the Board approve the renewal of Dr. Malika Oberoi for a second term of three years as Chief of Surgery, February 21, 2021 to February 20, 2024.</li> </ul> <p><b>Moved by M. Villeneuve, seconded by M. Perry, that renewal of Dr. Oberoi for a second term of three years as Chief of Surgery be approved. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried.</u></b></p>
	<b>9.5</b>	<p><b>Medical Staff Organization</b></p> <p>No update.</p>
<b>10.0</b>	<b>Finance Report</b>	
	<b>10.1</b>	<p><b>Third Quarter Financial Results</b></p> <p>The third quarter financial results were received for information. Two questions all Ontario Hospitals are waiting on are:</p> <ul style="list-style-type: none"> <li>• To what degree will hospitals be reimbursed for lost revenue?</li> <li>• Will hospitals be required to have a balanced budget?</li> </ul>
	<b>10.2</b>	<b>Operating Budget</b>

	<p>M. Blouin presented the 2021-2022 Operating Budget and indicated the year ending March 2022 is projected to result in a surplus from hospital operations of \$187,522, and a surplus from all fund types of \$12,628.</p> <p>All assumptions were presented.</p> <p>The WDMH monthly Covid-19 claims average approximately \$300,000 - \$400,000. Costs include screeners, and assessment centre costs.</p> <p><b>Moved by B. Millar, seconded by M. van Noppen, that the 2021-2022 Operating Budget be approved as presented. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried.</u></b></p>
<b>10.3</b>	<p><b>Capital Plan</b></p> <p>M. Blouin presented the 2021-2022 Capital Budget and the prioritized expected capital purchases for the year.</p> <p>M. Blouin indicated that the donated funds towards the purchase of a new CT Scanner will be used in 2022-2023. WDMH is trying to use the current CT until its end of life.</p> <p><b>Moved by M. Villeneuve, seconded by B. Millar, that the 2021-2022 Capital Budget be approved as presented. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried.</u></b></p>
<b>11.0</b>	<b>Report of the CEO</b>
<b>11.1</b>	<p><b>Strategic Priorities Quarterly Report</b></p> <p>The February 2021 Strategic Priorities Quarterly report was received for information.</p>
<b>11.2</b>	<p><b>Covid-19</b></p> <p>Provincially Covid-19 numbers are remaining stable, as well as the number of Covid-19 hospitalizations, and patients on ventilators.</p> <p>Hospital occupancy pressures are independent of Covid-19.</p> <p>There continues to be uncertainty surrounding Covid-19 variants, and as a result Public Health is predicting a third wave. New self-isolation measures have been put in place by the Eastern Ontario Health Unit.</p> <ul style="list-style-type: none"> <li>• All household members of a high-risk contact will be asked to stay home for the duration of the high-risk contact’s quarantine except for essential reasons. High-risk contacts must isolate for 14 days from last exposure, even if their test result comes back negative.</li> <li>• If an individual is experiencing symptoms and a test is required to rule out COVID-19, all household members must stay at home until the individual receives a negative test result or an alternative diagnosis from a health care provider confirming the symptoms are not related to COVID-19.</li> </ul>

		<p>The new self-isolation measures have caused a spike in demand for Covid-19 testing in Ottawa, and Winchester is expecting the same. The Winchester Assessment Centre is a site that may implement rapid testing for school aged children using Panbio, a rapid antigen testing device.</p> <p>WDMH's formal request to postpone Accreditation was approved; the Accreditation Survey has been deferred to November 2021.</p>
<b>12.0</b>	<b>WDMH Foundation Report</b>	<p>The 2020-2021 fundraising year continues to be very successful. As of February 2021, the foundation has received over four million dollars in donations. The WDMH community has been very supportive and the Foundation is looking forward to hosting in-person events, hopefully in November 2021. The Foundation has determined the next gala will be held in 2022.</p>
<b>13.0</b>	<b>WDMH Auxiliary Report</b>	None.
<b>14.0</b>	<b>Report of the RHI Board</b>	<p>All residents, workers, and essential caregivers at Dundas Manor have received both doses of the Covid-19 vaccine. There is already evidence in Ontario that the vaccines are working as outbreaks are greatly reducing.</p> <p>Dundas Manor has implemented rapid testing, a screening tool used to detect Covid-19. All staff must be screened three times a week; visitors must be screened upon every entry. If the result from the screening comes back positive the individual will be sent for lab testing. To perform the rapid testing Dundas Manor purchased a portable building that can house one or two staff members. Individuals are screened and must wait fifteen minutes outside or in their vehicle for the results.</p> <p>Rural Healthcare Innovations Board meets Thursday to discuss the updated building design. Covid related inflation and design improvements related to infection control will impact fundraising. To date the campaign has received approximately eight million dollars from municipal commitments and donations.</p>
<b>15.0</b>	<b>Governance</b>	
	<b>15.1</b>	<p><b>Results of Governance Accreditation Survey</b></p> <p>The Board recommends reinstating individual check-ins by the Chair after Board members complete their annual self-evaluations.</p> <p>It was also recommended more frequent check-ins occur with new board members.</p>
	<b>15.2</b>	<p><b>Meeting Without Management Policy</b></p> <p>The Meeting Without Management Policy was received from the Executive Committee. Suggested changes are as follows:</p> <ul style="list-style-type: none"> <li>• Change point 2 under Procedure to state: "Minutes will not be kept"</li> </ul>

	<ul style="list-style-type: none"> <li>• Change “elected directors” to “elected and appointed Directors”</li> </ul> <p><b>Moved by D. Wattie, seconded by B. Millar, that the Meeting Without Management Policy be approved with the above suggested changes. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried.</u></b></p>
15.3	<p><b>Patient/Family Member Feedback</b></p> <p>WDMH received a formal complaint regarding the care received by a former patient. Senior Management has had meetings with the complainant, and it has been requested that the complaint be forwarded to the WDMH Board of Directors for considerable review. It was noted that complaints related to patient care are not customarily reviewed by the Board but adjudicated to Senior Management. J. Pitruniak noted he will meet with Senior Management to review the complaint and inform the Board of the results.</p>
<b>16.0</b>	<b>Communications &amp; Public Relations Considerations</b>
	<ol style="list-style-type: none"> <li>1) The Board approved the 2021-2022 Patient Care Improvement Plan. WDMH continues to be deeply committed to quality improvement.</li> <li>2) WDMH has forecasted a balanced budget for next fiscal year and is in great financial condition.</li> <li>3) It has been a record year for the WDMH Foundation.</li> </ol>
<b>17.0</b>	<p><b>In-Camera Session</b></p> <p>None.</p>
<b>18.0</b>	<p><b>Next Meeting</b></p> <p>Tuesday, May 25, 2021 at 5:00 p.m. via Zoom</p>
<b>19.0</b>	<p><b>Adjournment</b></p> <p>J. Pitruniak called the meeting to a close at 7:45 p.m.</p>

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James Pitruniak