

**WDMH Board of Directors**  
Tuesday, September 28, 2021 at 5:00 p.m.

**Chair: James Pitruniak**

<b>Present:</b>	James Pitruniak, Cholly Boland, Michelle Blouin, Nathalie Boudreau, Steven Densham, David Wattie, Peter Krajcovic, Bruce Millar, James Pitruniak, Mike Villeneuve, John Trickett, Eric Stevens, Annik Blanchard, Jennifer Milburn
<b>Regrets:</b>	Michelle Perry, Renée Belhumeur, Holly Brown
<b>Guests:</b>	Sara Leblond
<b>Resource:</b>	Amy Lafleche

No.	Item
<b>1.0</b>	<b>Call to Order</b> J. Pitruniak called the Board of Directors meeting to order at 5:02 p.m.
<b>2.0</b>	<b>Declaration of Conflict of Interest</b> None.
<b>3.0</b>	<b>Agenda Check-In</b> The Board welcomed Steve Densham, Annik Blanchard, Jennifer Millburn and Eric Stevens. The 2021-09-28 Board of Directors agenda was approved by consensus.
<b>4.0</b>	<b>Review of Minutes</b> <b>Moved by D. Wattie, seconded by B. Millar that the May 25, 2021 Board Committee minutes be approved as presented. All in favour.</b> <p align="right"><u>Carried</u></p>
<b>5.0</b>	<b>Business Arising</b> None.
<b>6.0</b>	<b>A Patient Story</b> Sara Leblond, Clinical Manager, presented a story of a patient with an IV drug addiction. The patient's journey presented an ethical dilemma. In summary WDMH learned: <ul style="list-style-type: none"> <li>• Ethical Dilemma: A situation in which a difficult choice has to be made between two courses of action, either of which entails transgressing a moral principle.</li> <li>• Inflammation of the heart can be caused by contracting a bacteria from dirty IV needles. This type of infection requires six weeks of strong antibiotic treatment, and if not treated promptly can be fatal.</li> <li>• Patients do not always trust the health care system</li> <li>• Partners sometimes enable patients</li> <li>• Families often want to be involved in the care of their loved ones however due to patient confidentiality patient information cannot be divulged to parents, siblings, etc.</li> <li>• PICC line insertion in IV drug users creates an ethical dilemma. Usually, patients with PICC lines can return home with a PICC line and receive home care for antibiotic treatment and line maintenance. Using a PICC line for IV drug use can increase the risk of harm and infection.</li> <li>• Health care teams need to let patients make the right decision for themselves, and their decisions need to be respected even if they are not agreed with.</li> <li>• This case has been forwarded to the WDMH Ethics Committee for further review.</li> </ul>

- WDMH is not highly experienced in handling patients with IV drug addictions; this has been identified as an opportunity for learning.
- WDMH has a social worker with knowledge of resources available within the community to assist patients with addictions.
- The closest safe injection site to WDMH would be in Ottawa. It is a constitutional right to have a safe injection site, WDMH should keep this in mind for the future.
- Best practice guidelines surrounding PICC line harm reduction is in development.

**7.0 Board Education: Board Policy Review**

The fifteen Board related policies were reviewed for education purposes. It was summarized that:

- AE0120 Ethical Decision-Making Framework: WDMH has an ethical decision-making framework. Two important structures to be aware of are the WDMH Ethics Committee, and the Champlain Regional Ethics Network; through this network WDMH has access to a professional ethicist at anytime.
- AB0701 Open Board Meetings: Visitors are welcome at Board meetings; this policy outlines the rules for an orderly meeting. Board minutes are public, with exception of any in-camera portions.
- AF0100 Signing Authority Limits: Outlines financial accountability.
- BO0001 Strategic Planning: Every five years the Board completes a major strategic plan review. A minor review is completed each year.
- BO0002 Nomination and Selection of Board of Directors: Outlines the general approach to the nomination and selection of Board members. The WDMH Administrative By-laws indicated the Board is to be comprised of 10-12 members. When recruiting the Board reviews its skills matrix and seeks individuals to fill gaps. All applicants are interviewed.
- BO0007 Appointment of Board Officers: The Board of Directors has three officers; the Chair, Vice-Chair, and Treasurer. Discussions are had amongst Board members as to who is interested in the position; those interested are recommended for election to the Board of Directors.
- BO0008 Board, Board Committee and Board Director Self Evaluations: The Board of Directors and Quality Committee meetings are subject to evaluation after every scheduled meeting. These evaluations are sent out via email for all attendees to complete. Board Director Self Evaluations are completed every year through a hybrid approach. Board members complete the self evaluation and then have a follow-up meeting with the Board Chair and CEO to discuss.
- BO0009 Code of Conduct: Outlines the five main standards that must be followed by all directors of the Board.
- BO0015 Chief of Staff Selection/Appointment: The Board of Directors is responsible for the recruitment and selection of the Chief of Staff. This policy lays out the make up of the selection committee, and the selection process.
- BO0016 Chief of Staff Performance Evaluation: The CEO leads the coordination of the Chief of Staff performance evaluation through a 360 approach. All input is collated and shared with the Board chair. The Chair and CEO then sit with the Chief of Staff to review. A summary is then shared with the Board of Directors.
- BO0020 Chief Executive Officer Annual Performance Evaluation: The CEO evaluation is lead by the Board Chair. Input is gathered using a 360 approach, the information is collated and shared with the Board. The Chair then meets with the CEO to review.
- BO0030 Board Committees: There are three Committees of the Board; the Executive Committee, the Quality Committee, and the Medical Advisory Committee. The policy also references the Joint Governance Committee, which can be struck at any time.
- BO0035 Board Director Education: Outlines the mandatory education of all Board members.
- BO0040 Board Decision Making: Contains the Board Decision Making Guide. This guide is added as an appendix to each Board package.

	<ul style="list-style-type: none"> <li>• <u>BO0045 Succession Planning for the CEO and Chief of Staff:</u> In the case of an interim situation a Department Chief would step in and act as Chief of Staff, and a VP would act as the CEO. Both situations currently occur when the Chief of Staff or CEO take vacation.</li> <li>• <u>BO0050 Meeting Without Management:</u> Outlines the procedures for the Board of Directors to follow to meet without WDMH management.</li> </ul>
<b>8.0</b>	<b>New Business</b>
	<p><b>8.1 Staff Survey Results</b></p> <p>The 2021 Staff Survey Results were received for information. This information will be presented to WDMH Leadership and action plans will be created. Sixty-four comments were provided to the final open-ended question, these will all be reviewed by Senior Management.</p> <p><u>To note:</u></p> <ul style="list-style-type: none"> <li>• The survey response rate was 63.6%, up from the previous survey.</li> <li>• Currently the age demographic of staff at WDMH is ideal 38:30:31 for the age groups 35 and under, 35-50, and over 50.</li> <li>• There have been many retirements over the past 3-4 years, and WDMH has recruited a high number of staff under the age of 35.</li> <li>• Overall Employee Satisfaction is 70.7%, up from 62.2%</li> <li>• Training and Development satisfaction is down since the last survey. WDMH has been working hard on improving their staff education programs in the recent months and expect to see these numbers improve.</li> <li>• Health and safety satisfaction indicators are down since the last survey. There has been an increase in workplace violence which is related to our current population and environment.</li> <li>• People from diverse backgrounds feel more welcome.</li> <li>• The WDMH LGBTQ+ Committee is working on changing the wording on all policies to reflect more inclusive language.</li> <li>• Tenure of employee could be a helpful demographic to collect on future surveys. The information could be helpful to understand retention and strategically plan education (i.e., introduction vs. refresher).</li> </ul> <p><u>In summary the top three areas to maintain:</u></p> <ol style="list-style-type: none"> <li>1. Employee recognition</li> <li>2. Superior patient care</li> <li>3. Communication</li> </ol> <p><u>The top three areas we want to address:</u></p> <ol style="list-style-type: none"> <li>1. Team and atmosphere</li> <li>2. Education</li> <li>3. Workload</li> </ol>
	<p><b>8.2 Physician Survey Results</b></p> <p>Dr. Devin presented the Physician Satisfaction Survey Results. The presentation will be circulated to the Board for information.</p> <p>There was an increased response rate compared to the 2017 survey.</p> <p><u>Indicator Improvements:</u></p> <ul style="list-style-type: none"> <li>• I have access to the facilities, equipment and other resources I require to meet patient needs</li> <li>• The organization values physician contributions</li> <li>• Senior leaders seek physician input when setting the organization’s goals</li> </ul>

	<ul style="list-style-type: none"> <li>• The organization supports physicians’ continuing professional education</li> </ul> <p><u>Indicator Opportunities/Challenges:</u></p> <ul style="list-style-type: none"> <li>• Senior leaders’ decision making is transparent to physicians</li> <li>• Senior leaders communicate the organization’s plans to physicians in a clear, timely way</li> <li>• The organization takes effective action to prevent violence in the workplace</li> <li>• The organization takes effective action to prevent bullying, harassment and other forms of abuse in the workplace</li> <li>• I have meaningful input into changes affecting my practice environment</li> <li>• I receive useful feedback about how well I am providing patient care</li> </ul> <p><u>Indicators We Do Well:</u></p> <ul style="list-style-type: none"> <li>• Overall physician satisfaction has improved</li> <li>• In this organization, I am able to fully apply my medical competencies and skills</li> <li>• The people in my team/unit treat each other with respect</li> <li>• Senior leaders are committed to providing patients with high quality care</li> <li>• Satisfaction with relationships between physicians within the organization has improved</li> <li>• Satisfaction with the organization as a place to practice medicine has improved</li> <li>• Satisfaction with the quality of patient care provided by your team/unit has improved</li> </ul> <p>An important takeaway: health and safety related to workplace violence requires improvement as reflected on both the staff and physician satisfaction surveys. WDMH has been working hard to encourage staff to report workplace violence incidents, which may be related to an increase in awareness.</p>
8.3	<p><b>Broader Public Sector Accountabilities Agreement (BPSAA) Directives</b>  The Board of Directors reviewed the Broader Public Sector Accountabilities Agreement and Attestation for Compliance.</p> <p><b>Moved by B. Millar, seconded by S. Densham, that the BPSAA Attestation for Compliance be approved and publicly posted on the hospital’s website. All in favour.</b>  <u>Carried</u></p>
9.0	<b>Board Reports</b>
9.1	<p><b>Quality Committee Report</b>  D. Wattie presented the highlights from the 2021-09-23 Quality Committee meeting. The Quality Committee received two informative education presentations surrounding Transfusion Medicine and Clinical Nutrition.</p> <p>The Hospital Quality Indicator Report had three red flags. The 50<sup>th</sup> percentile time from decision to admit to inpatient bed, the 90<sup>th</sup> percentile time from decision to admit to inpatient bed, and workplace violence incidents. Details and action plans can be found in the provided package.</p> <p>The number of critical incidents increased in 2020. During the pandemic WDMH accepted many Alternate Level of Care (ALC) patients. Some of these patients suffered from significant confusion, dementia, and were high fall risks. Critical incidents reported during this time were related to this population of patients. The WDMH Falls policy has been reviewed and updated, and some equipment to help with the mobilization of ALC patients has been purchased.</p>

	<p>The Senior Friendly Hospital Plan was received for review. The Quality Committee of the Board recommends approval of the Senior Friendly Hospital Plan.</p> <p><b>Moved by D. Wattie, seconded by B. Millar, that the 2021-2022 Senior Friendly Hospital Plan be approved as presented. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried</u></b></p> <p>The Quality Committee of the Board recommends the approval of the following five quality policies, which were received for review:</p> <ol style="list-style-type: none"> <li>1) Reporting an Incident or Near Miss and Reporting Obligations</li> <li>2) Quality and Safety</li> <li>3) Disclosure of Adverse Events/Critical Incidents</li> <li>4) Critical Incidents Protocol</li> <li>5) Critical Incident Reporting to the Medical Advisory Committee and Board of Directors</li> </ol> <p><b>Moved by B. Millar, seconded by P. Krajcovic, that the above policies be approved as presented. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried</u></b></p>
<p><b>9.2</b></p>	<p><b>Medical Advisory Committee Report</b></p> <p>The Medical Advisory Committee Report was received for information.</p> <p>WDMH continues to pay close attention to risks around physician burnout and fatigue. To date WDMH has experienced no significant physician losses due to Covid-19, or it's secondary impacts.</p> <p>Dr. Kate Darbyshire retired from hospital work after 36 years at WDMH. Dr. Darbyshire was the second ever female physician hired at WDMH.</p> <p>Dr. Adam Jones-Delcorde has been selected as the WDMH Chief Medical Information Officer.</p> <p>Dr. Patricia Moussette has agreed to continue as the Chief of Anesthesia for an additional year.</p>
<p><b>9.3</b></p>	<p><b>Professional Staff Reappointments</b></p> <p><u>New physician recruitment, for WDMH Board of Directors Approval:</u></p> <ul style="list-style-type: none"> <li>• Dr. Nicolas Lacroix: Locum without Admitting Privileges, Department of Anesthesia with Temporary Cross Appointment in Emergency Medicine for ED Mentorship Program</li> <li>• Dr. Luke Hartford: Locum with Admitting Privileges, Department of Surgery – General</li> <li>• Dr. Hoang Tano'Pham: Term with Admitting Privileges, Department of Internal Medicine – General</li> <li>• Dr. Jitin Sekhri: Temporary with Admitting Privileges, Department of Emergency Medicine for completion of the ED Mentorship Program, with Cross Appointment in Family Medicine</li> <li>• Dr. Jacob Sussman: Term with Admitting Privileges, Department of Family Medicine</li> <li>• Dr. Mary Beth Bissell: Temporary without Admitting Privileges, Medical Imaging</li> </ul> <p><b>Moved by B. Millar, seconded by M. Villeneuve, that the above new physician recruitment privileges be approved. All in favour.</b></p> <p style="text-align: right;"><b><u>Carried</u></b></p>

WDMH Professional Staff Modification for WDMH Board of Directors Approval:

- Dr. Mark Bastianelli: From Term with Admitting Privileges restricted to own patients with unanticipated requirements for admission, Department of Surgery – ENT; To Associate with Admitting Privileges restricted to own patients with unanticipated requirements for admission, Department of Surgery – ENT
- Dr. Adam Jones-Delcorde: From Term with Admitting Privileges, Department of Family Medicine with Cross Appointment in Emergency Medicine; To Associate with Admitting Privileges, Department of Family Medicine with Cross Appointment in Emergency Medicine
- Dr. Pierre de Moissac: From Associate with Admitting Privileges, Department of Family Medicine with Cross Appointment in Obstetrics and Emergency Medicine; To Active with Admitting Privileges, Department of Family Medicine with Cross Appointment in Obstetrics and Emergency Medicine
- Dr. Ziad Ourahma: From Associate with Admitting Privileges, Department of Family Medicine; To Active with Admitting Privileges, Department of Family Medicine
- Dr. Amit Thatte: From Associate with Admitting Privileges, Department of Anesthesia with Cross Appointment in Family Medicine; To Active with Admitting Privileges, Department of Anesthesia with Cross Appointment in Family Medicine
- Dr. Patricia Toomey: From Associate with Admitting Privileges, Department of Obstetrics & Gynecology with Cross Appointment in Surgery; To Active with Admitting Privileges, Department of Obstetrics & Gynecology with Cross Appointment in Surgery
- Dr. Leah Jones: From Temporary without Admitting Privileges, Department of Emergency Medicine until August 31, 2021; To Temporary without Admitting Privileges, Department of Emergency Medicine until October 31, 2021
- Dr. Akshat Gotra: From Temporary without Admitting Privileges, Department of Medical Imaging; To Term without Admitting Privileges, Department of Medical Imaging
- Dr. Robert Lim: From Temporary without Admitting Privileges, Department of Medical Imaging; To Term without Admitting Privileges, Department of Medical Imaging
- Dr. Vered Tsehmaister-Abitbul: From Temporary without Admitting Privileges, Department of Medical Imaging; To Term without Admitting Privileges, Department of Medical Imaging

**Moved by M. Villeneuve, seconded by B. Millar, that the above professional staff modifications be approved. All in favour.**

**Carried**

Chief of Internal Medicine

**Moved by B. Millar, seconded by D. Wattie, that Dr. Ghattas' term as Chief of Internal Medicine be extended until February 28, 2023. All in favour.**

**Carried**

Re-Appointment

The Medical Advisory Committee recommends the reappointment of Dr. Ross Campbell, term without admitting privileges, department of surgery – surgical assist.

**Moved by B. Millar, seconded by S. Densham, that Dr. Ross Campbell be reappointed. All in favour.**

**Carried**

		<p>WDMH is reviewing the option to have an in-house allergist clinic. This would be another way to provide patients with care close to home.</p> <p>WDMH has not been affected by Ontario Optometrists withdrawing from OHIP-covered services. This will most likely impact primary care; referrals to Ophthalmology will shift and come from primary care.</p>
	<b>9.4</b>	<p><b>Medical Staff Organization Report</b> None.</p>
<b>10.0</b>	<b>Finance Report</b>	
	<b>10.1</b>	<p><b>First Quarter Financial Statements</b> The hospital's financial results for the period ending July 31<sup>st</sup>, 2021 shows a deficit from hospital operations of \$562,608; unfavourable by \$1,009,117 from the approved budget.</p> <p>A breakdown of the deficit follows:</p> <ul style="list-style-type: none"> <li>• \$547,848 in salaries attributed to additional staff required due to high acuity, occupancy, after hours surgeries, Assessment Centre, Vaccination Clinic and overtime costs related to granting summer vacations. WDMH ensured all staff received their vacation requests this year, regardless of if it incurred overtime costs, to assist with potential burn-out.</li> <li>• \$375,090 lost patient revenue: OHIP funded procedures</li> <li>• \$80,698 in pandemic related expenses (gowns and masks)</li> </ul>
<b>11.0</b>	<b>Report of the CEO</b>	
	<b>11.1</b>	<p><b>Strategic Priorities Quarterly Report</b> The WDMH Strategic Planning Quarterly Report was received for information.</p> <p><u>Covid-19 Update:</u> Ontario is doing better than all other provinces when it comes to the number of Covid-19 cases. Unfortunately, Cornwall is now a hotspot, with the worst community transmission in the province. This is related to the comparatively lower vaccination rates.</p> <p>The WDMH Assessment Centre volumes are bouncing up and down between 50 and 200 tests a day. This variation is occurring in most places.</p> <p>WDMH had fewer than ten staff reject the Covid-19 vaccination. Currently all staff working are 100% vaccinated. A third booster shot for health care workers will soon be offered, but a date has not officially been announced.</p> <p>The WDMH Visitor Vaccination policy is being drafted. This policy will reference those visitors coming in to visit an inpatient. Some exceptions to the policy will be support persons, care givers, and parents of young children. The policy will be finalized in the coming weeks.</p> <p>WDMH is experiencing sustained high occupancy rates. The provincial staffing shortage is affecting WDMH, but not to the extent that services need to be closed. WDMH is working diligently to retain and recruit staff. WDMH should consider adding a message around great schools, housing and amenities in Stormont and Dundas; a great place to live and work.</p> <p>The Upper Canada, Cornwall and Area Ontario Health Team has been approved by the ministry.</p>

	<p>The Eastern Ontario Regional Lab Association (EORLA) is celebrating its 10-year anniversary at WDMH. Next year WDMH will seek support from the Board to renew its agreement with EORLA.</p> <p>The Ontario Hospital Association is leading an initiative to have a single benefits plan for all Ontario hospitals.</p> <p>WDMH received \$311,000 in Health Infrastructure Renewal Funding (HIRF); these funds are to be used to maintain the building.</p> <p>The WDMH Annual Service Awards will take place this October. The Board agreed to donate funds to support the service awards. A. Lafleche to set up a GoFundMe page.</p> <p>Most WDMH staff are now sporting a smile button, to show patients, visitors, and colleagues the smiles behind the masks.</p>
<b>12.0</b>	<p><b>WDMH Foundation Report</b>  To date the Foundation has \$1,153,871.69 in total revenue.  The Foundation was the benefactor of the Catch the Ace event held by the Kin Club of Russell. Live events are back, recently held was the Sip Savour and Support event at Stonecrop Acres; the event was sold out. The team is working very hard, and this is reflective in the numbers. Everything is on track for the 2021 Christmas Wish Tree activities.</p>
<b>13.0</b>	<p><b>WDMH Auxiliary Report</b>  Volunteers have been back in hospital the last several weeks.  All those returning are double vaccinated.</p>
<b>14.0</b>	<p><b>Report of the RHI Board</b>  All Dundas Manor residents have recently received their Covid-19 booster (third vaccination). Staff continue to work hard to keep cases out. Rapid testing continues randomly, as staffing shortages will not allow daily testing.</p> <p>Plans for the new development continue. The RHI Board has had several meetings to review costs and is currently in the process of seeking financing from Infrastructure Ontario.</p>
<b>15.0</b>	<p><b>Governance</b></p>
	<p><b>15.1 Executive Committee Minutes</b>  Received for information.</p>
	<p><b>15.2 Board Meeting Evaluation Distribution</b>  A. Lafleche to distribute at the end of the meeting.</p>
	<p><b>15.3 Annual Board Evaluation Results</b>  The Board reviewed the results of the Annual Board Evaluation. Only five members responded. J. Pitruniak encouraged all members to provide their feedback to make the results more valuable. The Board agreed to have the Annual Board Evaluation survey be a mandatory requirement; to be filled out when members complete their annual Director Declaration.</p>
	<p><b>15.4 Annual Board Education</b>  The Board agreed to put the annual Board Retreat on hold until the spring of 2022. This will be added to the February 2022 Board agenda for review.</p>



<b>16.0</b>	<b>Communications &amp; PR Considerations</b> <ul style="list-style-type: none"><li>• Overall staff and physician satisfaction at WDMH is good. Areas that require improvement are being reviewed by WDMH Leadership and action plans are being created to make WDMH an even better place to work.</li><li>• WDMH continues to be vigilant surrounding Covid-19.</li><li>• The Foundation continues to do amazing work.</li><li>• Patient satisfaction results are outstanding.</li></ul>
<b>17.0</b>	<b>Next Meeting</b> Tuesday, November 23, 2021 at 5:00 p.m. Zoom
<b>18.0</b>	<b>Adjournment</b> J. Pitruniak called the meeting to a close at 7:40 p.m.