

WDMH Board of Directors



Tuesday, February 22nd, 2022 at 5:00 p.m.

Hospital https://WDMH.zoom.us/j/98744238875?pwd=WTBSSk8wQUh5azUzN1pNbnNuTDVIZz09

Meeting ID: 987 4423 8875 Passcode: 212269 855 703 8985 Canada Toll-free

Chair: James Pitruniak

Present:	James Pitruniak, John Trickett, Annik Blanchard, Dr. Brian Devin, Bruce Millar, David Wattie,		
	Eric Stevens, Holly Brown, Jennifer Milburn, Michael Villeneuve, Cholly Boland, Michelle		
	Blouin, Michelle Perry, Renee Belhumeur, Steve Densham		
Regrets:	Peter Krajcovic		
Guests:	Claire Ludwig, Kimberly Paterson		
Resource:	Amy Lafleche		

No.	Item
1.0	Call to Order
	J. Pitruniak called the meeting to order at 5:02 p.m.
2.0	Declaration of Conflict of Interest
	None.
3.0	Agenda Check-In
	The 2022-02-22 Board of Directors Agenda was approved by consensus.
4.0	Review of Minutes:
	Moved by B. Millar, seconded by J. Trickett, that the 2021-11-23 Board of Directors minutes be approved as presented. All in favour.
	<u>Carried</u>
5.0	Business Arising
	C. Boland shared with the Board of Directors that WDMH is mourning the loss of an employee, Annette Kavanagh. Annette passed away after a long battle with cancer. Annette was fun, loving, and compassionate. A moment of silence was held.
6.0	Board Education
	Claire Ludwig, Vice President of Home and Community Care Support Services, provided an educational presentation on Home and Community Care Support Services in the Champlain region. The slides were distributed in advance of the meeting for review. In summary the Board learned:
	WDMH does an amazing job working with Home and Community Care Support Services to help patients return home and receive appropriate and timely home care services. WDMH's ALC (Alternate Level of Care) patient numbers are a testament to that.
	• There continues to be wage parity concerns across the health care sector. HealthForceOntario is looking at educational models to help close the gap. Currently PSWs are benefiting from a wage adjustment; this wage enhancement is due to expire March 31, 2022.
	Anyone can refer to Home and Community Care Support Services. Patients must have a valid Ontario Health Card, and if referring someone else consent must be received by the client.



7.0 A Patient Story

Kimberly Paterson, WDMH Social Worker, shared a story of a patient that, despite working very hard, did not meet their goals to be discharged home.

- When a patient is admitted to WDMH discharge planning works with them to set goals and expectations for their stay, including discharge goals. In some cases, patients do not meet their goals, and discharge planning needs to revisit where the patient could safely be discharged to (i.e., long-term care, retirement home).
- Patients do not always recognize that they are not making strides, or that there are barriers to safely being discharged home (i.e., stairs, partner with health issues).
- Suggestions to patients regarding discharge to long-term care or retirement homes are sometimes dismissed, and family meetings are coordinated to discuss possible discharge options.
- Clear communications need to be sent to family members and patients around who will be in attendance during family meetings.
- Students can gain valuable experience by attending family meetings, however having students present can make families or patients feel outnumbered.

8.0 | Board Reports

8.1 Quality Committee Report

The Quality Committee Report was received for information. H. Brown presented the highlights:

- WDMH to keep patient satisfaction as an indicator on the Patient Care Improvement Plan regardless of how high the satisfaction is.
- Physician notification of suspected sepsis at ED triage had a decrease in November. The Emergency Department continues to work on this indicator closely. In the fall the team tried a new approach to reporting suspected sepsis, this new process didn't work as well as planned, they are now back to their previous process.
- Workplace Violence Incidents: There was an increase in workplace violence incidents in November. This increase is being seen across the region. Visitation restrictions, vaccination policies, and masking requirements are adding to the frustration of visitors.
- It was recommended that WDMH begin to track how staff feel about how workplace violence incidents are handled a staff satisfaction with reconciliation metric.

8.1.1 | 2022-2023 PCIP

The 2022-2023 Patient Care Improvement Plan was recommended to the Board of Directors for approval by the Quality Committee.

Moved by B. Millar, seconded by S. Densham, that the 2022-2023 Patient Care Improvement Plan be approved as presented. All in favour.

Carried

8.2 Medical Advisory Committee Report

The Medical Advisory Committee Report was received for information.

WDMH has moved forward with some new initiatives to improve patient care:

1) Rapid Assessment Clinic: To improve service access for patients coming from the Emergency Department. This clinic is currently seeing 8-12 patients per week who require an internal medicine follow-up. This assessment clinic may expand to include post-discharge assessment for inpatients. This clinic will eventually be located in the WDMH



Ambulatory Care setting.

- 2) Expansion of Diagnostic Imaging Hours: WDMH is now providing diagnostic imaging services on statutory holidays.
- 3) Pulmonary Function Testing: To return to WDMH in the Spring/Summer of 2022. This service was discontinued at the beginning of the pandemic. WDMH has recently received a grant to purchase more equipment.

WDMH continues to seek a new Chief of Family Medicine. During the search for a replacement Dr. Devin is acting as the Interim Chief.

8.3 Professional Staff Reappointments

Moved by B. Millar, seconded by R. Belhumeur, that the following credentialed staff appointments be approved. All in favour.

Carried

- Dr. Reed Gillanders, Term with Admitting Privileges, Department of Family Medicine with Cross Appointment in Obstetrics
- Dr. Anne-Marie Pelletier, Term without Admitting Privileges, Department of Emergency Medicine
- Dr. Rebecca Chase, Term with Admitting Privileges, Department of Family Medicine
- Dr. Darrell Lewis, Term without Admitting Privileges, Department of Surgery –
 Ophthalmology

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

Carried

- Dr Mary Beth Bissell: FROM Temporary without Admitting Privileges, Department of Medical Imaging TO Term without Admitting Privileges, Department of Medical Imaging
- Dr Carlos Cunha: FROM Associate with Admitting Privileges, Department of Family Medicine TO Active with Admitting Privileges, Department of Family Medicine
- Dr Andre Jakubow: FROM Associate with Admitting Privileges limited to post-anesthetic care of patients requiring additional observation / management, Department of Anesthesia TO Active with Admitting Privileges limited to post-anesthetic care of patients requiring additional observation / management, Department of Anesthesia

WDMH has a large group of medical staff who maintain privileges, therefore all gaps in physician coverage have been filled. Physician staffing has remained net neutral. Dr. Devin has noticed his younger colleagues are great at recognizing their limits, and therefore do a good job at protecting themselves from burnout.

WDMH physicians are embracing multicultural and diversity training and understand, and expect more exposure to, diversity in the rural hospital setting.

8.4 | Medical Staff Organization Report

This standing item will be removed from the agenda and information from the Medical Staff Organization will be discussed under the Medical Advisory Report to the Board.

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9.0	Finar	nce Report		
	9.1	2.1 Third Quarter Financial Statements		
		The hospital's financial results for the period ending December 31 st , 2021 shows a deficit from hospital operations of \$1.3 million which is unfavourable by \$1.7 million from the approved		
		budget.		
		Factors contributing to the net variance are:		
		• \$1.2 million related directly to significant cost inflation		
		• \$0.5 million related to overtime costs which are attributed indirectly to Covid-19		
		WDMH uses HealthPro, a purchasing group, to help with supply management, and material substitutions.		
	9.2	Operating Budget The 2022-2023 operating budget briefing note was received for review.		
		The preliminary budget for the year ending March 31, 2023, is projected to result in a deficit from hospital operations of \$561,144 and total deficit from all fund types of \$732,482.		
		Moved by B. Millar, seconded by A. Blanchard, that the 2022-2023 Operating Budget be approved as presented. All in favour.		
		Carried Carried		
	9.3	Capital Plan		
	7.	The 2022-2023 capital budget briefing note was received for review.		
		Moved by B. Millar, seconded by J. Milburn, that the 2022-2023 Capital Budget be		
		approved as presented. All in favour. <u>Carried</u>		
10.0	Repo	port of the CEO		
		Strategic Priorities Quarterly Report		
		The February 2022 Strategic Priorities Quarterly Report was received for information.		
		Restrictions in Ontario are lifting, and Covid-19 numbers are trending down. Hospital admissions have declined, and WDMH staff positivity rates are also declining. Hospital restrictions remain in place.		
		The Upper Canada, Cornwall and Area Ontario Health Team is trying to recruit members for their Patient and Family Engagement group.		
11.0	0 WDMH Foundation Report			
		he Foundation remains in a sound financial position.		
		The Foundation has experienced a disruption in staffing, which created minor administrative ssues.		
	• T	The 2021 fiscal year expense ratio was 17%, which is great.		
12.0	WDN	IH Auxiliary Report		
	WDMH is looking forward to welcoming back volunteers in hospital.			
	• T	The Auxiliary is hoping to have the Gift Shoppe open again soon.		

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- The Auxiliary will be providing bursaries to nine high school students in the catchme
- Debbie DeCooman's husband recently passed away, condolences were expressed on behalf of the Board of Directors.

13.0 Report of the RHI Board

Restrictions in long-term care homes are loosening; visitors are now welcome, and residents can go out for a family visit. At one point during the peak of the Omicron variant there were 450 long-term care homes in Ontario in outbreak, Dundas Manor was not one of them.

Dundas Manor continues to face staffing shortages, particularly with registered staff. Dundas Manor has hired many resident aids to assist in the home; these are non-registered staff that help with making beds, delivering trays, etc. Resident Aids have been a crutch for the home, and Dundas Manor feels very fortunate to have these staff members.

Dundas Manor is still waiting to hear back from Infrastructure Ontario regarding funding for the redevelopment project; it has been almost one year since the application was submitted.

Last week the Dundas Manor Redevelopment Campaign Cabinet celebrated the 10-million-dollar fundraising mark. The campaign has not yet gone public. The fundraising goal is 20 million dollars.

14.0 Governance

14.1 Executive Committee Minutes

The February 14, 2022 Executive Committee minutes were received for information.

14.2 | Board Meeting Evaluation Distribution

A. Lafleche to distribute today's Board meeting evaluation.

14.3 | Sept. Board Meeting Evaluation Results

J. Pitruniak reviewed the September Board meeting evaluation results, there were no issues to report.

14.4 | Expression of Interest Forms

A reminder to all Board members to submit your Expression of Interest forms to Amy Lafleche by March 15, 2022.

15.0 Communications & PR Considerations

- The Foundation continues to do a fantastic job, and our community has been very generous.
- Covid-19 numbers continue to decline. WDMH has done a fantastic job providing compassionate care to all throughout the pandemic.
- The Board of Directors has approved the 2022-2023 Patient Care Improvement Plan.

16.0 Next Meeting

Tuesday, May 24, 2022 @ 5:00 p.m. via Zoom

17.0 | Adjournment

J. Pitruniak called the meeting to a close at 7:27 p.m.