



MINUTES of the **BOARD OF DIRECTORS** meeting held on **Thursday, February 02, 2017**, 17:00 hours, Auditorium, Met Campus, 1995 Lens Avenue, Windsor, Ontario.

PRESENT:

Dan Wilson, Acting Chair

Arvind Arya

Patricia France

Dr. Laurie Freeman-Gibb

Yvan Poulin

Leanne Leech

Lisa Landry

Pam Skillings

John Leontowicz

Bob Renaud

Dr. Gary Ing (ex-officio, non-voting)

David Musyj (ex-officio, non-voting)

Dr. Gerry Cooper (ex-officio, non-voting)

Karen McCullough (ex-officio, non-voting)

Dr. Kristen Gyetvai (ex-officio, non-voting)

STAFF:

Executive Committee

REGRETS:

Ruth Orton

Anthony Paniccia

Dr. Minesh Singh (ex-officio, non-voting)

Lynne Watts

Dr. Abdelrahman Elashaal (ex-officio, non-voting)

Dr. Maureen Muldoon

1. CALL TO ORDER :

The meeting was called to order at 1705 hours with Mr. Wilson presiding as Acting Chair in the absence of Ms. Watts, and Ms. Clark recording the minutes.

2. DECLARATIONS OF CONFLICT OF INTEREST:

None noted.

3. PREVIOUS MINUTES – January 12, 2017

The minutes of the January 12, 2017 Board of Directors meeting had been previously distributed.

MOVED by Ms. P. France, **SECONDED** by Dr. L. Freeman-Gibb and **CARRIED**

THAT the minutes from the January 12, 2017 Board of Directors meeting be approved.

4. REPORT OF THE PRESIDENT & CEO:

Mr. Musyj referred to his written report:

- Mr. Musyj updated everyone on the over-capacity issue, which is province-wide. Other hospitals are feeling the same pressures concerning over-capacity issues. Some hospitals have had to place patients inside auditoriums but we have never had to do that and we would not, short of some disaster in the community. The risk issues doing that fair outweigh the benefits. We have a written internal capacity plan and if that did occur, we would not perform some surgeries, which would create

automatic capacity. Over the last week, the situation has ebbed and flowed a bit but is more constant now. It had been increasing rapidly after the New Year and now is more constant as time passes. Eight LTC and nursing homes are still on outbreak. Those patients have to go somewhere for care, so they are being sent here and they are staying longer than they would normally. We have tried to reduce the number of surgeries to help alleviate the situation.

We are being told that we should see this start to diminish in the next week but by the end of March, Influenza B will hit us so there will be a spike again until early April. The diagnosis of patients is a pneumonia type illness and the ages of the worst hit are between late 70's to early 80's.

Dr. Ing added that he sees this in his office every day. Patients tend to linger for one to two months. If a patient is elderly and frail with diabetes and a heart condition, it is serious.

Mr. Musyj stated that the hospital continues to press agencies for help with capacity but it has been minimal at best for us to get additional capacity here. A facility cannot sustain this for a long period of time and there is a lot of pressure on the staff. CCAC and Assisted Living have been a great help in providing that extra level of service for those patients discharged home. The largest numbers of patients are usually LTC. We are working with the LHIN in creating capacity and have reached out to the Ministry of Health & LTC. When SARS hit several years ago, we had a plan to communicate on any issue and create capacity. We do not have that for general medicine capacity. We have a plan internally, but not a co-ordinated plan in our LHIN or across Ontario. There are 58 ALC patients at HDGH that are ALC for LTC primarily. If our LTC homes were given licenses for opening six additional beds for 90 days, that would help greatly. It currently takes months for a facility to be approved by the Ministry to do that though. The LHIN should have the ability to enact that if it happened. It is costing us approx. \$800 per day to operate those 38 beds. If we could get our numbers down to under 100% that would help. Hopefully coming out of this, there will be a clear recognition that something should be put in place.

- A few years ago, Mr. Musyj wrote a report on our healthcare system and about individuals not knowing what our system costs vs. going to a clinic or family health team. He suggested in that report, that all people using the system should receive a yearly printout and see what their costs were for our health care and what services they accessed. It is not unusual for individuals in the U.S. to be sent huge bills for healthcare services. Physicians who work in both systems agree the systems are quite different.
- Mr. Musyj recently had a situation with a family member who had homecare in Windsor after surgery. CCAC came to the house with the required supplies. But because the patient also attends a U.S. school, homecare had to be transferred there. Mr. Musyj gave a breakdown of the details he encountered in obtaining the supplies required. The type of insurance a person has also determines the type of supplies

one can obtain. A patient or patient's family, has to negotiate everything they use. The bottom line: we use a health card in Canada; in the U.S., they use a VISA.

We do not have issues with accessibility in Canada; we do have wait time issues though.

- Mr. Musyj spoke about the executive order regarding immigration in the U.S. Our issue is that in our border city, there are refugees. Our Obstetricians are concerned regarding a possible problem. Our OB's are seeing refugee moms come in from the community for prenatal care. There are a lot of high risk pregnancies and the moms have had poor nutrition and often, no health care prior to coming here. Their concern is, if the patients come into the hospital pre 26 weeks and dilated 6 cm, they will have to get rushed to the U.S. We do not have a lot of those patients, perhaps one per month, but still, any delay at the border or refusal for entry on the U.S. side, could be a life and death situation. As well, if the baby is born here and gets sent to the U.S., there is a concern that the mother and father cannot go over to see baby. There is usually a 15 minute process getting a patient into the U.S. We have asked for written confirmation from the government that there will not be any issues crossing the border if we need to, as long as the individuals are legally entitled to be in Canada. This also concerns the paediatric population at the hospital.

5. UPDATE – SCHULICH SCHOOL OF MEDICINE & DENTISTRY:

Dr. Cooper referred to his written report.

- Often when there is mention of a medical campus like the one in Windsor, we think about the medical students. But we need to have faculty as well and Dr. Cooper's report speaks about the faculty.
- They have established an annual Award of Excellence in Medical Education for the Windsor campus. There will be a banquet in April to hand out those awards.
- Concerning continuing professional development for the faculty, there will be a training event in April on Demystifying Radiology.
- The school is organizing a large contingent of faculty/staff/leaners to attend the Windsor Express basketball game against London.
- The Observed Structured Clinical Evaluation (OSCE) exams recently took place. In that process, students go from station to station for an exam and are evaluated on their performance.
- Those 4 year students who recently completed their CaRMS, will have an opportunity to go forward and have interviews across the country regarding where they will train for residency and the type of residency they will go into. All 17 schools across the country find out results at the same time.
- Students continue to be involved in research.
- The Windsor Campus will offer clerkship students a two week training opportunity in plastics/reconstructive/cosmetic surgery in 2017/18.

6. FINANCIAL SUMMARY & TREASURER'S REPORT:

Ms. Leech and Mr. Fathers reported, referring to the power point presentation, which had been included in the Board package, highlighting the following:

- The results are as of December 31, 2016 which is ¾ way through the fiscal year.

- The deficit is slightly under \$6 million.
- Of the \$2.670 million negative variance, a contributing factor was \$1.487 million from the MDRD issue.
- Confirmation of funding had a positive impact.
- MDRD has had an impact on the overall financial position of the hospital. Excluding MDRD, the \$4.2 million deficit improved to almost \$2.6 million

Ms. Leech reviewed the major negative variances which are the volume related funding impacts:

1. \$935K emergent QBP
2. \$350K Cardiac Program funding
3. \$508K Neuro services

Our positive variances are preferred accommodation and patient services.

Expenses:

1. Salaries are over budget by \$459K
2. Benefits are over budget by \$1,126K
3. Drugs are over budget by \$741K
4. Supplies and other expenses show a \$2,670K negative variance.
5. Total weighted cases at Met are under budget but are over at Ouellette
6. The LOS at Met and Ouellette are close to target. The surge we have encountered will have an impact on this.

7. CONSENT AGENDA:

i) Finance/Audit & Resources – January 23, 2017

MOVED by Ms. L. Leech, **SECONDED** by Mr. R. Renaud and **CARRIED**

THAT the report from the January 23, 2017 Finance/Audit & Resources Committee meeting be accepted.

8. NEW BUSINESS: None

9. BUSINESS ARISING:

i) Highlights of the January 18 OHA webcast on Provincial results of the Board Self-Assessment:

Mr. Wilson reported that a few Board members attended a January 18 webcast at the hospital, on the provincial results of the Board self-assessments that occurred last fall. The WRH Board results mirrored closely to the other hospitals. Our Governance Committee will meet on February 23 to discuss further improvements that can be made where required.

10. CORRESPONDENCE/PRINTED MATTER:

- i) Media Report
- ii) “The Standard”
- iii) SOP Dashboard

11. **BOARD member Questions, Comments or Notices of Motions:** None

12. **DATE OF NEXT MEETING:**
Thursday, March 02, 2017, Met Auditorium

13. **ADJOURNMENT:**
There being no further business to discuss, it was

MOVED by Ms. P. Skillings, **SECONDED** by Ms. L. Landry and **CARRIED**
THAT the February 02, 2017 Board of Directors meeting be adjourned at 1753 hours.

Dan Wilson, Vice-Chair
Board of Directors

Cheryle Clark
Recording Secretary

/cc