



MOTION/ACTION SHEET
From the
BOARD OF DIRECTORS MEETING
June 04, 2020

**RESOLUTION
NUMBER**

IT WAS RESOLVED THAT

- | | |
|-----------------|---|
| 20060401 | the “draft” audited Financial Statements of Windsor Regional Hospital for the 2019/20 fiscal year, be approved. |
| 20060402 | the Board of Directors approve the appointment of KPMG as the Auditors for Windsor Regional Hospital for the 2020/21 fiscal year. |

MINUTES of the **BOARD OF DIRECTORS** meeting held on **Thursday, June 04, 2020**, 16:00 hours, via ZOOM, live streamed on YouTube.

PRESENT:

Dan Wilson, Chair	Lynne Watts	David Musyj (ex-officio, non-voting)
Genevieve Isshak	Anthony Paniccia	Dr. Anil Dhar (ex-officio, non-voting)
Paul Lachance	Dr. Laurie Freeman	Dr. Wassim Saad (ex-officio, non-voting)
Michael Lavoie	Patricia France	Dr. Larry Jacobs (ex-officio, non-voting)
Pam Skillings	Arvind Arya	Dr. Joslyn Warwaruk (ex-officio, non-voting)
Penny Allen	John Leontowicz	Karen McCullough (ex-officio, non-voting)
Cynthia Bissonnette		

STAFF:

Executive Committee

REGRETS:

None

1. CALL TO ORDER:

The meeting was called to order at 1603 hours with Mr. Wilson presiding as Chair, and Ms. Clark recording the minutes. Mr. Wilson welcomed the Board of Directors and anyone from the public who may be viewing the meeting on YouTube.

2. DECLARATIONS OF CONFLICT OF INTEREST:

None noted.

3. PREVIOUS MINUTES – March 05, 2020

The minutes of the March 05, 2020 Board of Directors meetings had been previously distributed.

MOVED by Mr. A. Paniccia, **SECONDED** by Mr. P. Lachance and **CARRIED** **THAT** the minutes from the March 05, 2020 Board of Directors meeting be approved.

4. REPORT OF THE PRESIDENT & CEO:

Mr. Musyj delivered his report, giving a history for those watching on YouTube regarding how the hospital arrived at the place we are at today, with a particular emphasis on the Financial Results for the year ending March 31, 2020. He said he would show a series of slides to demonstrate our journey to everyone. Both he and Dr. Saad would review the history, financial results, the future regarding the professional staff, immediate plans and highlight issues we are dealing with as a hospital and of course, the COVID issue.

On October 01, 2013 we had a major healthcare transformation in our area, which has been called by many as one of the most complex hospital transformations in the last 15 years; the re-alignment between WRH and HDGH. WRH became responsible for all acute care services in Windsor and HDGH became responsible for sub-acute services. Even though we were planning for a possible pandemic, clearly a pandemic was not the driving force behind the

realignment, but more importantly, moving toward a new hospital system. The reason for the realignment can be justified based on how the system has reacted and dealt with the COVID-19 pandemic.

Heading into the realignment, our financial situation was very strong. WRH had 4 fiscal years prior to realignment where it accumulated a surplus and had a healthy working capital. Since then, we have struggled financially and have had poor working capital results. In 2013, the Ouellette Campus had just come out of a Ministry directed supervision. There were structural problems at both campuses, but those at Met were not as severe as those at Ouellette, where many issues were due to age. As well, it had been years since major renovations had occurred at Ouellette. What complicated the matter was the funding formula changed in the year we made the transformation. It was not best time to make a change but we stayed into it. Mr. Musyj referred to photos in the slide deck – the steam system was 60 years old and corroded and needed to be shut down but we couldn't replace it because it was embedded in the walls. The other photo was from a patient at Ouellette who put his hands up against a window to show how cold it was there because of gaps around the window.

We started to focus on our future. We started immediately to focus on how we operated as a large community teaching acute care hospital in Ontario – we are the 11th largest hospital, including academic centres and the 3rd largest teaching hospital in Ontario. We realigned our own administrative staff and MAC, and staffing models. Through functional reviews that were completed, our peer performance was identified as more efficient from an overall operating efficiency than most of our hospital peers and that still holds today.

We started into the SOP process which continues today as well. We looked at every program between the two campuses and standardized them so the experience from the patient's perspective was the same. We brought in staff from both campuses, and patients who suggested how to come up with the best services we could deliver. We needed patients because this is their hospital and we are moving toward a new acute care hospital. At the same time that we were dealing with our financial issues, we had to focus on patient flow, processes, safety and quality.

We created the first Ontario hospital Command Center at each campus. With our software, we can predict who is coming in each day – for surgery, trauma, how many, and how many will be discharged each day. As a result, that has gone a long way in dealing with patient flow and it has taken the mystery out of health care. We can see issues coming days in advance.

We then created Monday Morning Huddles where we would review the previous week's performance. That is done at both campuses. We focus on HAI's and irreplaceable lab specimens. Our goal is to get to zero. Approximately 8-10% of patients who come into any hospital, are harmed by that hospital. This is across the world. We cannot manage data if we cannot measure it. We do this every day of the year. Over time since April 2014 to March 2020, the numbers for patient harm have decreased at both campuses. SOP is working – we are reducing patient harm. We are getting it down to zero. We also looked at patient flow index – we were talking about that prior to 2014 – how do we reduce the number of patients admitted who do not have a bed available (hallway medicine) in the building. How can we reduce ALC patients (patients in acute care who do not need to be in acute care). How can we continue to focus on getting patients discharged before 1100 hours; talk about discharge

well in advance. Everything has come together. This data is how ending hallway medicine has worked. We did not do this alone. It took teams at HDGH, home & community services, just to name a few – a true community effort to make this happen. This helped patient flow and placed us in a good position for the current pandemic. Luckily we did not get the pandemic surge. Many hospitals had to cancel cancer surgeries, but we didn't have to do that. We were better prepared.

For the year ending March 31, 2020, WRH had an operating surplus of \$2.89 million and a hospital margin of \$6.2 million. We were accredited in 2019 with exemplary standing. The accreditors talked about the concept of zero harm. That is our goal at both campuses - get down to zero. We had three weeks in 2019 where we had zero patient harm. And, last week we had zero harm at both campuses during a pandemic. Our goal is to sustain this moving forward.

The Mission of the hospital is the cornerstone of everything we do. The entire senior team has an open door policy. Our senior leaders participate in Scrub Thursdays, where they have a presence on the clinical floors at each campus.

Dr. Saad stated that when he became the Chief of Staff in 2019, one of the main mandates for him was to improve the quality of care in the organization. He created a five point plan in November 2019, which he presented to the Board. One of the mandates was the **Recruitment and Retention Committee**. It is a new committee has been created, comprised of representatives from every department in hospital. Any person who applies for privileges will be interviewed by this committee. COVID had sidelined it for about one month. The committee has interviewed many professional staff from across many specialties. We have successfully recruited a Vascular Surgeon, and Psychiatrists have been recruited including two who will be starting this summer. There has been an Anesthesia shortage in the recent past. As of today, we have made offers to 3 Anesthesiologists who will start in the next 3 months. We are always recruiting E.R. physicians and Neurologists are hard to recruit. The Committee is looking ahead to next year, 3 years, and 5 years.

Professional staff engagement: When he started in his role, Dr. Saad stated he felt like the physicians had the sense they were mercenaries, and had no close ties to the hospital. He wanted to change the culture so physicians would refer to WRH as “our” hospital. He sent surveys to them, and sent out monthly Chief progress reports that go through the 5 point plan. He also wants to recognize the professional staff. He has updated the Rules & Regulations in terms of expectations for the professional staff and the Professional Staff By-Law will be updated. During COVID, professional staff members signed up in droves to help out. The Field hospital was up and running within 7 days. We had an entire month of coverage by physicians almost immediately. Their buy-in has been incredible.

Morbidity & Mortality Framework. We created a new MQA Committee. M&M rounds are done at the department levels. We will recruit a Chief Quality Lead who will manage M & M rounds. We have engaged with an external search firm and a search is underway for a CQL.

Performance & Leadership Management: We have engaged with Medfall/360 for personalized performance reviews. He met with all Dept. Chiefs and reviewed goals for the

next few years as well as their CME allowance. He has reviewed all of their contracts. We will roll out the evaluations for all of the professional staff. We have allowances for professional staff leadership for continuing education.

Academic & Research Vision: A new committee has been formed, with Dr. Caroline Hamm as Chair. We will create a dedicated office of Academics & Research tied into medical affairs. All organizations that have this, have higher quality of care. The Committee will report to MAC. We have strong links with the University of Windsor and Schulich and need to be aware of what is occurring in hospital. We will have 5 COVID trials by the end of this week. One is the Point of Care swab tests that will take less than an hour. There are Convalescent Serum Trials – taking serum from patients recovered and take those antibodies and give them to a COVID patient to see if they neutralize the infection. We have recruited one patient to participate as of today.

Mr. Musyj continued. Our Board has approved an interim operating budget of \$2.1 million for this fiscal year. The impact of COVID on the hospital budget will be massive. The Ministry is keeping track of expenses. WRH has to give expenses to them in June.

Our “Go-Live” date for a new hospital information system has been delayed – we are now hoping for early 2021.

We must work on our working capital. We have a plan to move forward on that. We will continue to invest in capital equipment in our existing facilities. Most, if not all capital equipment we purchase, now can be moved to a new facility.

Mr. Musyj wanted to highlight our staff and community and how they responded to COVID. The future for many community people is unclear at this time but they still rallied around our staff and came forward to help them get through this. We had a town hall 3 months ago, a couple days after WHO announced the pandemic. Our staff was concerned of what was coming as there were many rumors and speculation.

Mr. Musyj played a portion of the March 13, 2020 town hall video.

Outside WRH, there will be banners being hung in the next couple of months, celebrating staff and thanking the W/E community for all their support they have given us in these difficult times.

Board question: Are we behind in the times having MQA and M&M up and running?

Dr. Saad replied that we were behind the times to have a robust MM rounds. Most organizations have a good framework for addressing quality, and how they address medical errors in an organization. We did not have that framework before it was set up. We did have robust QCIPA’s but there was missing feedback, back to the physician.

5. REPORT FROM SCHULICH:

Dr. Jacobs reported.

In March, we paused clinical learning for medical students because of the uncertainty of the pandemic and physician resources and supplies that were necessary at that time. Good news – we are ready to come back – July 6 is the official date for clinical learning of all sites. This has been adopted by most Ontario medical schools. We could not do that in Windsor without the willingness of our preceptors and willingness of the hospital to ensure learning would be safe and rich.

University education will be different across the province starting in September. The University of Windsor will be online. Western has adopted more of a hybrid experience. The University of Windsor has allowed us to proceed. Much of the curriculum will transition to a virtual platform but much has to be face to face. We will have a hybrid model as well, at least for the beginning of the academic year. For post grad medical education, in July we will be bringing in a new group of residents – family medicine and psychiatry.

6. CONSENT AGENDA: None

7. REPORTS:

Financial Presentation

Mr. Lavoie reported.

Payroll: \$1.8 million surplus

Patient Day volumes: There was a big reduction in March; a result of elective services being reduced due to COVID.

Total revenue – \$532,772,000, offset by expenses. Total expenses \$528,859,000.

We ended up with a surplus from hospital operations of \$4.485 million.

Revenue:

- i) Base and one time - \$1,442K (\$1,110K in volume-based funding to offset COVID-19 pressures)
- ii) Patient services - \$1,911K favourable (March was unfavourable \$1,027K due to suspension of elective services)
- iii) Ministry Drug re-imbursments – \$4,467K
- iv) Other recoveries - \$2,908K favourable (March was unfavourable \$1,342K due to reduction of services and their effect on parking, retail food operations)
- v) **OVERALL REVENUE IS FAVOURABLE Y-T-D BY \$10,775,000**

Expenses:

- i) Salary and wages - \$1,801K favourable (\$217K favourable for month of March)
- ii) Net Patient Services Revenue and Medical Staff Remuneration - \$781K favourable (net revenue/expense was \$961K favourable in March due to service reductions)
- iii) Med surg supplies - \$99K favourable (March was \$501K unfavourable. March spending in specialty areas such as the Cardiac Cath Lab were increased in preparation for COVID-19 by \$177K). COVID-19 spending on med/surg supplies in March was \$220K

- iv) Drugs – retail pharmacy margin of drugs to revenue is favourable by \$474K. Chemo and renal drug expenses and recoveries are balances. Inpatient pharmacies were \$52K unfavourable in March in preparation for COVID-19.
- v) Other supplies and expenses - \$557K unfavourable. Building service equipment is over budget by \$900K. Service contracts grounds/buildings - \$657K unfavourable. Insurance - \$379K over budget due to increased premiums. Utilities favourable at year end - \$741K due to the application of the rebates for the fiscal year.
- vi) Rental/lease of equipment - \$432K unfavourable. Specialty beds and mattresses - \$85K over budget. Bed rentals in preparation for COVID-19 - \$405K

Other Recoveries/Expenses:

- i) Energy rebate - \$2,466K
- ii) Professional & Other fees – legal case \$1,874K
- iii) Net recovery - \$572K

Patient Access:

This is within target.

Patient Volume:

ED visits and holds are below previous year. Impacted by COVID

Sick time & Overtime:

Our overtime is about same as previous months.

Finance/Audit & Resources – May 25, 2020

Mr. Lavoie reported.

MOVED by Mr. M. Lavoie, **SECONDED** by Ms. P. Allen and **CARRIED**

IT WAS RESOLVED THAT the “draft” audited Financial Statements of Windsor Regional Hospital for the 2019/20 fiscal year, be approved.

MOVED by Mr. M. Lavoie, **SECONDED** by Mr. A. Paniccia and **CARRIED**

IT WAS RESOLVED THAT the Board of Directors approve the appointment of KPMG as the Auditors for Windsor Regional Hospital for the 2020/21 fiscal year.

MOVED by Mr. M. Lavoie, **SECONDED** by Mr. P. Lachance and **CARRIED**

THAT the report of the May 25, 2020 Finance/Audit & Resources Committee meeting be accepted.

8. CORRESPONDENCE/PRINTED MATTER: None

9. DATE OF NEXT REGULAR MEETING:

Thursday, September 3, 2020, VIA: ZOOM

10. ADJOURNMENT:

There being no further business to discuss, it was

MOVED by Ms. P. France, **SECONDED** by Ms. P. Allen and **CARRIED THAT** the June 04, 2020 Board of Directors meeting be adjourned at 1703 hours.

Dan Wilson, Chair
Board of Directors

Cheryle Clark
Recording Secretary

/cc