MINUTES of the **BOARD OF DIRECTORS** meeting held on **Thursday, October 01, 2020**, 17:00 hours, via ZOOM, live streamed on YouTube.

PRESENT:

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

STAFF:
Executive Committee

REGRETS:
Arvind Arya — Dr. Anil Dhar (ex-officio, non-voting)

1. **CALL TO ORDER:**

   The meeting was called to order at 1702 hours with Mr. Paniccia presiding as Chair, and Ms. Clark recording the minutes.

2. **PRESENTATION – Strategic Plan 2021 - 2024**
   Linda Morrow had developed a power point presentation on the Strategic Plan for 2021-2024. Her presentation will be forwarded to the Board after the meeting.
   The Strategic Planning Committee has been working hard since February to develop a new strategic plan.

   Highlights of the process:
   Strategic Planning Steering Committee was formed – approx. 40 people – representation from many areas- Leadership, MAC, Board, Union, patients and family reps and other staff who expressed an interest. They had in-person meetings in February and the beginning of March. After the pandemic arrived, they met remotely.
   Purpose for doing the strategic plan review: WRH has a current strategic plan but were looking at reviewing and revising as appropriate, our Vision, Mission, Values and Strategic directions and strategic initiatives that are aligned with strategic directions.

   The Committee first did and environmental scan and SWOT analysis – gathered a lot of documents including Accreditation Canada documents that would serve us well to ensure our strategic plan aligned with directions of the MOH's, of what our patients/families and staff had indicated, as well as recommendation from Accreditation Canada and other areas.
   The group identified our strengths, weaknesses, opportunities and threats. They took the top ones and priority ideas from the SWOT analysis and environmental scan and these formed

the basis of our revised strategic directions and initiatives. Patients, families, staff and our community partners were also surveyed.

As a large group, they wanted to look at our Vision – wanted to ensure it was still relevant and appropriate for our next Strategic Plan. The current Vision should remain and it is being brought forward. It is well understood.

Current Mission: previous mission was too lengthy, not well understood and did not fully capture the purpose of the organization. A small sub-group met and based on feedback from the larger steering committee it was agreed that the hospital needed something that was concise, that indicated purpose of the organization and why we are here. The new Mission would be: "Provide quality person-centred heath care services to our community".

The Committee also looked at our values. It was an opportunity to shift them and make them come alive a bit. The committee still followed the acronym CARE. There were slight modifications made but nothing substantial. **Compassion** (we show understanding and humility, which reflects the commitment of the entire team). **Accountability:** (we are transparent about the care we provide and we take responsibility. **Respect:** (capturing key words "collaborating", "diversity" and "inclusivity", importance of dignity)**.**
Last value had to do with **Excellence:** we embody a culture of quality and safe person-centred care. **CARE**

Many of the Strategic Directions remain the same. Some were changed slightly.

Strategic Direction #1: Strengthen the processes that drive a culture of patient safety and quality care.

Initiatives for #1:
- Integrate standardized best practices to achieve quality care and outcomes.
- Lead in the development and performance of patient safety initiatives and measures.
- Lead in the development of strategies and practices that support timely, flexible, sustainable and appropriate access to care.

Strategic Direction #2: Uphold the principles of accountability and transparency. Not changed substantially.

Initiatives for #2:
- Utilize and share the results from the performance indicators to achieve excellence.
- Cultivate, sustain, and lead a "Just Culture" across the organization.
- Strengthen systems that clearly identify, support and measure accountability throughout the organization.

Strategic Direction #3 – Maintain a responsive and sustainable corporate financial strategy.

This focuses on finances and our ability to have a sustainable financial strategy. Initiatives that fall under this did not change substantially. But a new initiative has been added (shown below) – "develop and implement a long- term strategy for funding capital spending needs".

Initiatives for #3:

- Provide quality care in the most cost efficient way while maximizing revenue opportunities.
- Provide ongoing education to the organization and community as to how the hospital is funded by the Ministry of Health through its funding formulas.
- Engage the organization to identify and implement best practices within financial realities.
- Identify and efficiently support and sustain core services.
- Develop and Implement a long-term strategy for funding capital spending needs.

Strategic Direction #4: Create a dynamic workplace culture that establishes WRH as an employer of choice.

Initiatives for #4:

- Foster a respectful, safe, inclusive and collaborative work environment across the care team.
- Build capacity to enhance a sustainable workforce with a focus on talent acquisition, retention, and succession planning.

In the current strategic plan this is one of the initiatives beneath the strategic directions. After discussion, it was agreed that this should be the actual Direction.

These Strategic Initiatives are more ambitious than the previous ones.

Strategic Direction #5:
Re-define our collaboration with external partners to build a better healthcare ecosystem.

Please note: this direction was changed slightly but the intent did not change. It refers to external partners.

Initiatives for #5:

- Collaborate with local, regional, and provincial partners to deliver an innovative, seamless system of care.
- Develop opportunities for education and evidence-based research to build an academic healthcare system that attracts and retains professionals form all disciplines.

This re-defines our collaboration with, and reliance on our external partners to build a better healthcare ecosystem. WRH needs to continue to build relationships with our external partners. This also relates to Strategic Direction #4.

Strategic Direction #6: Continue the pursuit of a new state-of-the-art acute care facility.

Initiatives for #6:

- Design the facilities to meet or exceed the standards related to healthcare facility planning, engineering, and design.
- Ensure the design incorporates leading edge practices, technologies and equipment.
- Design the facilities to support excellence and innovation in healthcare research and education.
- Ensure effective and meaningful participation of staff, professional staff, volunteers, patients, academic partners and the community.
- Work with the WRH Foundation to ensure that a plan sis in place to raise funds required for state-of-the-art equipment/technologies.

Many of these initiatives complement each other.

Any Strategic Plan needs to be revisited periodically to ensure we are still on target, particularly given our current climate.

This is intended to guide us for the next 3 years but to be reviewed on an ongoing basis.

MOVED by Pam Skillings, **SECONDED** by John Leontowicz and **CARRIED**
IT WAS RESOLVED THAT the 2021-2024 Strategic Plan be approved.

3. DECLARATIONS OF CONFLICT OF INTEREST:
None noted.

4. PREVIOUS MINUTES – September 03, 2020
The minutes of the September 03, 2020 Board of Directors meeting had been previously distributed.

MOVED by Mr. P. Lachance, **SECONDED** by Ms. P. France and **CARRIED**
THAT the minutes from the September 03, 2020 Board of Directors meeting be approved.

5. REPORT OF THE PRESIDENT & CEO:

Mr. Musyj referred to his written report. Highlights are noted below:

Mr. Musyj referred to a slide deck prepared by MOH yesterday on **COVID-19: Modelling Update.**
The slides highlight what happened in September, where there was a new surge of cases in Ontario. There was a surge in March and April which dissipated in the summer, then started to increase again in September. The government has lowered the limits on private gatherings and recently tightened up on restaurants re: selling of food and hours of operation. The COVID case load has started to increase rather rapidly. One thing identified was, as the numbers started to increase in September, the percentage of positives was primarily in the 40 and under age group. In general, that age group is not as impacted by COVID as are other vulnerable age groups. We are now wondering if this will move into the older age groups and/or vulnerable groups, or be contained in the younger population. In other areas in the world, it has moved into the vulnerable and older age groups. In general,

COVID has impacted Ontario residents of all ages. The fatality impact is higher for those 80 and older and even those 60-79, while the case fatality ratio is less in the under 60 population and definitely in the under 40 population. However, the concern is when you get a large number of cases in that age group who are positive, they can spread it to others at a much greater rate. We could have 1,000 positives per day in coming weeks; that is a concern. Mr. Musyj wrote his report one week ago. In it, he noted that the impact on the age groups was different and it was unknown if it would migrate into other age groups. One week in COVID days is almost like a decade in the pre-COVID world. A lot can happen in one week. All of the age groups are increasing and some quite rapidly. The only positive thing is the over 75 age group is still low but that is also increasing. The concern is how quickly that will increase. At this time, all age groups are increasing.

Mr. Musyj referred to a chart that compared Ontario/Michigan/Australia. We are now seeing a doubling of cases in 12 days. We may see over 1,000 cases per day at the rate we are going. This will impact our ICU's. If we can keep the number of individuals needing critical care in Ontario to 150 or below with COVID, we can generally maintain our normal non-COVID capacity and we can continue with all scheduled surgeries. Numbers higher than that with ICU needs, will impact surgeries because many of the surgical patients will require ICU beds post-surgery. Hospitalizations and critical care are trailing indicators, meaning you start building up your positives first; they start converting into hospitalizations, then they start converting into critical care needs, and unfortunately, a portion of the COVID patients are either vented or they pass away.. The issue is prevention at the front. What is different today in Ontario, we are waiting for over 82,000 COVID test results and we are doing 40,000 tests per day now, which is part of the problem. In the past, we did 6,000 – 8,000 tests per day. We are starting to see a delay in getting results on a hospital level. What is different today vs. March – we have identified the differences in age groups being impacted. In Erie/St Clair, Windsor/Essex and across the province but especially Windsor/Essex, we have divided the LTC retirement homes between ourselves, HDGH and Erie Shores. We are the primary contact for most retirement homes. WRH has tried to be more preventative at the outset. There have been outbreaks where there were positives. One of the more recent retirement home that did have an outbreak occurred where staff and residents were positive, so our team went into the home with Public Health and home and community services, and developed a plan, ensured they had sufficient staffing and cared for the residents and tested all residents and staff to get a base line for what we were dealing with. We were able to cohort the residents on campus at the retirement home. Patients had dedicated staff within their cohorted areas. We had two hospitalizations from that. This past week, we tested the whole home and the results came back negative. We capped the positives at the number we walked into, at the time. As a team, working together and having that approach, has been positive. It takes a lot of work. Mr. Musyj stated he was proud of our team working with our partners. It has taken a lot of resources. We have created this structure for all of W/E County, which involves the other hospitals, EMS, Public Health and Home and Community Services, so there is a point person/hospital for a particular LTC home but if other resources are needed, we all step up and help.

He also highlighted our W/E population. The residents of W/E County have done an amazing job – mask wearing, social distancing, and hand hygiene. Our businesses are doing a great job with social distancing. There have been some isolated instances where it did not

work, but in large part, it has been positive. It is reflective now with our numbers vs. the rest of the province.

Our region never really had a break from COVID. We started preparing for the fall in July. One of the things we prepared for, was to make a request for a second assessment centre in Windsor. We have been able to handle this with minimal waits as compared to 8 to 10 hours in the rest of the province. The next few weeks will determine what our winter will look like. We may see a dramatic increase in numbers that require hospitalizations and the impact that will have on our system and the whole sector.

We will be getting our PCR machine this month and hopefully we will be able to test soon locally. Health Canada has purchased some Antigen tests; a quick 15 minute point of care testing turnaround time. The Federal Government has purchased a minimal number of these kits. These will be used in rural settings or areas of higher intensity (more vulnerable settings). The issue it comes with, is that the false positive and false negatives rates are higher than with the PCR. It is cheaper and quicker to use than the PCR, yet some individuals have said it is better than nothing. Attached in his report was interesting information on Cornell University and what they have been doing with 20,000 students and classes. Students are self-swabbing but there may be some false negatives because a student may not have done the swab correctly. Various booths have been set up across the campus and students are taught how to self-swab. There are also videos on how to conduct the self-test. The students have to do this 2 times per week. The university then pools the swabs, up to perhaps 50 swabs, and tests that group. More tests are done with this method and if one comes back positive, that person is tested. That type of testing is also in place as well in London and Hamilton, Ontario. Cornell has been able to have classes, the outbreaks are almost on-existent there, and they have had some very positive results. You still need the testing capacity to do that though, and we are not in a position to do that right now. Mr. Musyj urged the Board to watch the video on this, included with his report. COVID is not going away any time soon, We have to figure out ways to try to get back to a new normal as a society and as a region, while still protecting everyone and preventing the spread of COVID. We will probably be into 2022 before we see any positive effects of the vaccine.

Board question: Are there other hospitals around Ontario doing the same thing as we are with LTC retirement homes?
Musyj: Our process has been held up as a model/example of a process to use. It is not unique – only with respect to the regular/ongoing contact. We had a bad June/July/August and that kept us going.

The Chair thanked Mr. Musyj and his staff for their work, and he thanked the community for doing their part in the battle against COVID. Mr. Musyj said that our relationship with our LTC homes is being held up as a model to the rest of the province.

6. REPORT FROM SCHULICH:
Dr. Jacobs reported.

University education: The University of Windsor announced it would continue with on-line learning for the second semester, which caused some confusion for the medical students, who are physically housed on the University of Windsor grounds but are governed by

Western University, which is continuing with in-person education. For now, learning for the under grad students at the University of Windsor will remain on-line with some in-person education where necessary, such as for Clinical Skills and the Anatomy Lab, as examples. Third and fourth year students are assimilating back well.

Dr. Yoo, the new Dean, is tentatively planning a trip to Windsor on November 12-13 for a "Meet & Greet". That date may change or become virtual.

As with most universities and colleges across the province, there has been a big push to look at ourselves from a diversity and equity perspective at the medical school. Recently, there was a retreat to look at how the school is approaching diversity and equity inclusions and work on solutions going forward.

Schulich Windsor will be hiring a new Manager for our campus. A first round of interviews has occurred and Dr. Jacobs hoped he would be able to announce that person in the coming weeks.

7. Financial Presentation – as of August 31, 2020.

Ms. Allen reported. The pandemic has significantly impacted our revenue and expenses.

Payroll results: $3.3M deficit – the pandemic pay was a major contributor to this. The Ministry has ow paid for it though.

The **Deficit** at the end of August: $4.3 million.

Volumes: Patient Days: volumes dropped significantly in April/May but started to come up in June. Because of the pandemic, a lot of elective surgeries were deferred but are coming back now. People didn't want to come to E.R. when they were sick because they were afraid they might get COVID.

Operating expenses: $11.6 million unfunded and we lost some non-Ministry revenue (parking and cafeteria as examples). YTD unearned Ministry volume funding is $3.3M unfavourable. $11.6 million were unfunded expenses. Compensation was a big part of this ($5.3 million).

Revenue: Volume base was unfunded and not a lot of procedures like cosmetic were being performed. We had higher expenses and we have been losing some revenue. The Ministry never funds parking, gift shop and food services.

YTD revenue:

- Base and one-time funding was $3908K favourable
- Patient services $2.2M unfavourable
- Ministry Drug re-imbursements were favourable at $752K
- Other Recoveries were $503K unfavourable (for parking and retail operations)

YTD expenses:

- Salary and wages: $5.1M unfavourable

- YTD COVID spending $373K
- Med Surg supplies: $2.08M favourable
- Drugs: $1.16M unfavourable
- Other supplies and expenses: $598K favourable
- Rental/lease of equipment (bed rentals for COVID): $1.28M unfavourable

Other supplies and rental equipment (all COVID) and not funded by the Ministry- $598K unfavourable

Patient Access:
Similar at Met and Ouellette.

Patient Volumes:
August 2019 to 2020 – all have dropped this year. We are not getting regular patients for surgery due to COVID. ED visits have dropped as well.
Staff sick time is up. Overtime is not up at Met but has increased at Ouellette.

We have a net deficit of $5.3 million.

MOVED by Ms. P. Allen, **SECONDED** by Ms. G. Isshak and **CARRIED**
THAT the Financial Report as presented at the October 01, 2020 Board meeting, be accepted.

8. CONSENT AGENDA:

MOVED by Ms. P. Allen, **SECONDED** by Dr. L. Freeman and **CARRIED**
THAT the report from the September 21, 2020 Finance/Audit & Resources Committee meeting be accepted.

9. CORRESPONDENCE/PRINTED MATTER: Media Report – FYI

10. BOARD MEMBER QUESTIONS, COMMENTS OR NOTICES OF MOTIONS:
Mr. Leontowicz thanked Mr. Musyj and Ms. Riddell for helping the Lasalle Police Service a few weeks ago.

11. DATE OF NEXT REGULAR MEETING:
Thursday, November 05, 2020, 1700 hrs VIA: ZOOM

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

MOVED by Mr. J. Leontowicz, **SECONDED** by Ms. P. France and **CARRIED**
THAT the October 01, 2020 Board of Directors meeting be adjourned at 1814 hours.

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<tr><td>Anthony Paniccia, Chair
Board of Directors</td><td>Cheryle Clark
Recording Secretary</td></tr>
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