



committee comprised of Board members, staff from the hospital and community members had been struck after that, to review our directions, objectives, our vision and mission, and develop a plan going forward. Then COVID struck and that committee's work was delayed. We have started to do that work again and hopefully in a month the Board will have a full strategic plan for review.

There has been much discussion about our "Journey to Zero". A few years ago prior to re-alignment, we began work and continue to this day with Met and Ouellette Campuses, to get to zero harm in any given week. Studies indicated that 8-10% of patients who go to any hospital, are harmed – that includes HAI's, falls, and irreplaceable lab specimens. Our goal was, and remains, to get to zero harm. When we started this, there was a lot of skepticism and people said that we would never achieve that goal and that we were setting ourselves up for failure. Mr. Musyj spoke about how the airline industry focused on passenger safety and that their #1 priority was to get passengers to their destination alive and safe. They were able to do that successfully. They reduced the number of airline crashes and deaths, and healthcare started to focus on their journey and outcome. Since we started our focus on getting to zero, for 5 years combined we have been able to get to zero 7 times. We were excited we were able to achieve that. In 2019 alone, we were able to do that 6 times. This year with everything else going on in the world, as of the end of August, we achieved zero harm 8 times, plus we still have a few months to go. Both campuses are decreasing the harm number and are reaching the same point. One of the individuals who helped create the Zero Harm journey, Karen McCullough, will be retiring as of January 01, 2021. She will be leaving us in a good position.

Influenza season is coming. Each year, we always look to Australia to see how we will do in our influenza season. When they have a bad influenza year, that is generally not a good sign for us. In Australia this year, flu has been non-existent vs. previous years. A lot of that has to do with hand hygiene, PPE and social distancing; things we have been doing. We are hopeful we will have similar results for our flu season. It will unfortunately, co-incide with the 2<sup>nd</sup> wave of COVID. Some symptoms are similar between the flu and COVID. As we develop our assessment centres, influenza and COVID will be both cared for at those assessment centres.

Since we last met, our assessment centre at Ouellette has continued. We have swabbed about 300-350 individuals per day. On any given day, about 250 individuals are unique in that they have never been previously swabbed. Getting ready for the fall season, we plan on opening another assessment centre at Met, which will be close to the Emergency Department and hopefully help offset some of the pressure from that area, plus if someone comes in who needs the services of the ER, they are right there. As well, we are lucky to have a partner like St. Clair College. We opened an assessment centre at St. Clair on a temporary basis until the one at Met is ready. It is inside St. Clair. Over 150 people attended there today. We will be running it again tomorrow then close it until the Tuesday after Labour Day and then it will have the same hours as the assessment centre at Ouellette, from 0800 to 1900 Monday to Friday and 0900 to 1600 on the weekends. If you have an ability to space out your swabs, try to go on the week-end. The number of people going to the assessment centres is much lower on week-ends. Plus, try to avoid Mondays for swabbing. We had our drive-thru COVID Centre at the sportsplex and approximately 1,000 drove through for testing. It went quite well. People were complimentary and appreciative toward our WRH staff regarding their work

during COVID. We have started seeing some of the community cases rise, which is being attributed in part, to get-togethers.

A couple of months ago, Ontario Health sent out detailed documents asking hospitals to examine multi-bed wards, asking us to reduce the number of ward rooms and change them to semi-private rooms with dedicated washrooms. They wanted wards to be occupied by only 2 patients. We do not have the space to implement those directives. We did a report which was shared with staff and it outlined the issues we face at WRH. We only have 20% private rooms between our two campuses. If we followed the report, we would lose 118 beds (21%) that we would have to take out of service. There will be other hospitals who cannot meet this as well. WRH has not followed those directives. We have focused though, on trying our best to not have 4 patients in a room and limiting that use the best we can. As well, we have been trying to keep patients at least 2 meters apart. Mr. Musyj showed a video at this point in the meeting, regarding shared vs. private rooms – it was narrated by Kevin Marshall, Director of Corporate Services & Facilities. 80% of our rooms are shared with other patients. We do not have the space to implement the directives from Ontario Health. COVID has highlighted the need for a new acute care hospital in Windsor/Essex hospital system. When the Premier came to our area, he was clear and definitive, and it was a #1 priority of Mayors in our region including the Mayor of Chatham/Kent, to move this project forward. One of the issues coming out of the pandemic is to have infrastructure investment. We are not out of COVID yet. Even with this pandemic, our staff has still been successful in getting to zero harm. They are taking time on that, time they could be spending somewhere else.

There is a possibility of a 2<sup>nd</sup> COVID wave coming. School is starting again and it will be tough – there will be outbreaks but with strong public health measures, we will try to contain it. We are ready for it. A second assessment centre will help us get ready for that. Our staff has done an amazing job with the pandemic. A small number of staff members (13) have tested positive for COVID; and it has not been spread from staff to staff or between staff and patients. It has been community related. PPE works. Mr. Musyj urged everyone to wear a mask. He said that we are also seeing masks with filters on them. Don't wear them. They help you breathe but when you breathe out, everything is released through those filters to everyone else around you. They are typically used on construction sites. When a visitor comes in, we ask them to change to a different mask if they are wearing one of those.

The Chair congratulated Ms. McCullough on setting her retirement date. He thanked all staff at WRH, who do an exemplary job every day. The Board appreciates their great work.

**5. REPORT FROM SCHULICH:**

Dr. Jacobs reported. His report is posted on the private Board portal under “Documents”, if any of the Board members wish to read it in its entirety.

Dr. Jacobs stated that education this year will be different and is done by distance. As things calm down with COVID, the school will also adjust. Everything else is in his report.

**6. Financial Presentation**

Mr. Fathers reported in the absence of Ms. Allen.

- Volumes have been down. A lot was being planned as we stopped elective surgeries. But some people didn't come to the hospital because of COVID. For the month of July though, our numbers were higher compared to the patient days a year ago.
- The YTD deficit: \$6.2 million. We have incurred \$8.1 million in COVID-related expenses that we expect to receive back from the Ministry.
- COVID YTD: As we added staff to screening positions, those costs qualify now for COVID cost submission to the Ministry.

**Payroll:** Over budget by \$3.3 million – most of that relates to pandemic pay that we have now paid out.

### **Financial Results – Hospital operations – July 31, 2020**

There was a reduction in elective surgeries. That resulted in patient services being \$2.4 million under budget because we were not able to use some patient diagnostic services in the first few months of this year. We are starting to see a rebound in activity in July and August.

#### **YTD Expenses:**

We have only opened a few Operating Rooms due to cancelled elective surgeries. Our spending on PPE was higher than in the previous year. Drugs: \$589,000 unfavourable.

#### **Patient Access:**

LOS were under budget at Met and slightly over budget at Ouellette.

#### **Organizational Health:**

5.80% sick time at Met and 6.50% sick time at Ouellette.

Mr. Musyj added that the hospital is keeping track of our COVID expenses, like every other hospital. There has been dialogue with the Ministry about this.

Mr. Fathers stated we have had several meetings with our counterparts in the LHIN and identified all possible costs, and participated in benchmarking with Hospitals in the Toronto area to see if we have missed anything. There is a guideline we have to follow to identify true incremental costs.

**MOVED** by Mr. M. Lavoie, **SECONDED** by Mr. D. Wilson and **CARRIED**

**THAT** the Financial Report as presented at the September 03, 2020 Board meeting, be accepted.

### **7. CONSENT AGENDA:**

**MOVED** by Mr. P. Lachance, **SECONDED** by Ms. G. Isshak and **CARRIED**

**THAT** the June 22 and August 24, 2020 Finance/Audit & Finance Committee reports be accepted.

### **8. CORRESPONDENCE/PRINTED MATTER: Media Report – FYI only**

**9. BOARD MEMBER QUESTIONS, COMMENTS OR NOTICES OF MOTIONS: None**

**10. DATE OF NEXT REGULAR MEETING:**

**Thursday, October 1, 2020, 1700 hrs VIA: ZOOM**

**11. ADJOURNMENT:**

There being no further business to discuss, it was

**MOVED** by Ms. P. France, **SECONDED** by Ms. P. Skillings and **CARRIED**  
**THAT** the September 03, 2020 Board of Directors meeting be adjourned at 1748 hours.

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Anthony Paniccia, Chair  
Board of Directors

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Cheryle Clark  
Recording Secretary

/cc