

**MINUTES** of the **BOARD OF DIRECTORS** meeting held on **Thursday, October 05, 2017**, 17:00 hours, Auditorium, Met Campus, 1995 Lens Avenue, Windsor, Ontario.

#### PRESENT:

Lynne Watts, Chair

Lisa Landry Patricia France Dr. Gary Ing (ex-officio, non-voting)
Pam Skillings Arvind Arya David Musyj (ex-officio, non-voting)

Bob Renaud Cynthia Bissonnette Dr. Abdelrahman Elashaal (ex-officio, non-voting)

Anthony Paniccia Ruth Orton Dr. Gerry Cooper (ex-officio, non-voting)
Michael Lavoie Dan Wilson Karen McCullough (ex-officio, non-voting)

John Leontowicz Dr. Laurie Freeman-Gibb

Dr. Maureen Muldoon

#### **STAFF:**

**Executive Committee** 

#### **REGRETS:**

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

Leanne Leech

### 1. CALL TO ORDER:

The meeting was called to order at 1706 hours with Ms. Watts presiding as Chair, and Ms. Clark recording the minutes.

#### 2. DECLARATIONS OF CONFLICT OF INTEREST:

None noted.

## 3. PREVIOUS MINUTES – September 07, 2017

The minutes of the September 07, 2017 Board of Directors meeting had been previously distributed.

**MOVED** by Mr. A. Arya, **SECONDED** by Ms. L. Landry and **CARRIED THAT** the minutes from the September 07, 2017 Board of Directors meeting be approved.

### 4. REPORT OF THE PRESIDENT & CEO:

Mr. Musyj highlighted the following:

## **INFLUENZA:**

The Influenza season will be a bad one by all predictions. The severity of our season is generally based on activity and trends in the Southern Hemisphere, and they had a bad influenza season; if they do, we will also. The Influenza vaccine is based on H3N2, similar to last year. The Health Unit received the vaccine yesterday, and all

physicians who signed up to help distribute the vaccine will go there and pick it up. Physicians will also prioritize high risk. Mr. Musyj urged everyone to get the vaccine once it is out in the community. There will not be any nasal spray this year anywhere. The hospital cannot legally force staff to get the vaccine, but if there is an outbreak, they have to verify they got the vaccine and if not, they cannot work in an outbreak situation.

#### **OPIOID ISSUE:**

The Ontario MOH website has produced an Opioid-related morbidity and mortality tracking tool, as noted on page three of Mr. Musyj's report. It is shocking and disturbing to see the sharp increase in Opioid-related Emergency Department visits in Windsor/Essex. The number of deaths in Ontario that have occurred as a result of this, continue to trend up and clearly show in multiple generations of the patients.

Aggressiveness of robberies at pharmacies has increased and we are seeing more instances at both the College and University. Across the border, this issue is much worse.

Physicians who are prescribing opioids for patients must also be educated.

There was discussion among the Board concerning pain that patients must endure while waiting long periods of time for joint replacement surgery, and how after multiple avenues to alleviate that pain, those patients often turn to opioids for relief.

A physician at the Board meeting stated that prescribing narcotics is not the way to go. His patients are treated with injections and physiotherapy. Windsor/Essex needs more pain clinics to manage these cases, as there are only two major pain clinics in the area. Speaking as a surgeon, he said patients are not generally treated with narcotics.

A Board member who had once waited for joint replacement surgery and endured the pain, stated that when patients have done the injections and physiotherapy and nothing helps, they often have no other choice but to turn to opioids. This issue has to be looked at with caution as there often a lot of variables involved.

The Chief of Staff stated that in the future, we should have a multidisciplinary pain clinic. Years ago there was discussion about a regional pain clinic, one that would involve a psychologist, anaesthesia, P/T, O/T, to name a few; a multi-prong approach. If it is not hospital based, then it should be affiliated with a hospital. It would be of great benefit to the community. He was not sure the LHIN would support such a pain clinic at this time but we should advocate to the Ministry in the future for this.

## **CARFENTANIL:**

Mr. Musyj and Ms. Riddell commented on Carfentanil, which is in the community as well.

This is a drug used by Veterinarians, primarily for large animals and is toxic. Drug dealers will put it into other drugs to make them stronger. People do not always

know they are getting it. They can just get high or get a toxic dose. We cannot test for it. This is a higher risk for EMS, Police and those staff in the hospital. It is a very complex issue and very dangerous on the street.

The drug is in the region and is being distributed. Hamilton recently announced they had 20 people die from it. It is just a matter of time before we get a large group of people that come into the Emergency Department – those who have been at a party or festival can easily obtain it. We are having a drill next week that will include our team, the ER, and a group from the community.

# **EMERGENCY REPSONSE SYSTEM APPLICATION:**

WRH is teaming up with the City of Windsor for an application to the government through the National Disaster Mitigation Program (NDMP) in an attempt to receive partial funding for an Emergency Response System. Prior to a disaster such as flooding, everyone within a certain area would get a text message, e-mail, phone/voice message sent to their phone. The hospital is interested in using this so people who work at the hospital can be alerted to report to work. As well, those who receive the message can respond accordingly.

## 5. UPDATE - SCHULICH SCHOOL OF MEDICINE & DENTISTRY:

Dr. Cooper highlighted the following from his report:

- September and October are busy months at Schulich. Last month, Dr. Cooper brought the new Vice Dean, Faculty Affairs, to meet with Dr. Ing and Mr. Musyj.
- Schulich had a meet & greet event on September 07 for the new students and faculty.
- For the last couple of years, Schulich piloted a program wherein high school students attend a gross anatomy lab. Medical students set up four stations and act as teachers to the students. Schulich has now collected data and high school students who attended, love the program. Shulich also met with the three school boards in Windsor/Essex County and discussed the program with them. The school boards were interested in participating.
- Health care inequities are evident when it comes to certain populations, particularly the indigenous people. Schulich wanted to be part of the solution and are working to try to address that issue. The Truth and Reconciliation Centre from Manitoba video streamed to Schulich yesterday and spoke to students. Preliminary feedback was that it was well received. This will now be a mandatory session for all.
- Dr. Cooper spoke about the promotion of a few physicians from our region. Drs.
  Junaid Yousuf and Swati Kulkarni have been appointed to the positions of Assistant
  Professor in the Dept .of Oncology at Western University. Dr. Caroline Hamm was
  promoted to Associate Professor (Oncology) and Dr. Mark Awuku was promoted to
  full Professor (Paediatrics).

## 6. TREASURER'S REPORT & FINANCIAL SUMMARY:

Mr. Paniccia reported in Ms. Leech's absence. Highlights of the financial summary are below:

## August financial results:

a) Hospital operations margin shows a 0.2% variance; very close through 5 months of the year.

- b) Salaries & benefits show a 0.4% variance.
- c) WRH is still running a deficit and we are working to fix that.
- d) Negative hospital margin is (\$3,654 million).
- e) Deficit from hospital operations is (\$4,414 million).
- f) WRH's bottom line deficit is (\$5,108 million).
- g) YTD negative variance in revenue is \$304,000.
- h) Salaries are \$428,000 favourable to budget.
- i) Benefits are \$265,000 under budget.
- j) Medical staff fees are \$444,000 favourable to budget.
- k) Drugs are \$521,000 unfavourable to budget.
- 1) Patient volumes our cases are down.
- m) LOS shows a positive variance.
- n) Sick time shows a negative variance.

#### 7. CONSENT AGENDA:

i) Finance/Audit & Resources – September 25, 2017

**MOVED** by Mr. A. Paniccia, **SECONDED** by Mr. A. Arya and **CARRIED THAT** the reports from the September 25, 2017 Finance/Audit & Resources Committee meetings be accepted.

- **8. NEW BUSINESS:** None
- 9. BUSINESS ARISING: None

#### 10. CORRESPONDENCE/PRINTED MATTER:

- i) Media Report
- ii) "The Standard"
- iii) 170926 Ministry letter re: Maryvale
- 11. BOARD member Questions, Comments or Notices of Motions: None
- 12. DATE OF NEXT MEETING:

Thursday, November 02, 2017, Met Auditorium

# 13. ADJOURNMENT:

There being no further business to discuss, it was

**MOVED** by Ms. L. Landry, **SECONDED** by Dr. M. Muldoon and **CARRIED THAT** the October 05, 2017 Board of Directors meeting be adjourned at 1755 hours.

Lynne Watts, Chair	Cheryle Clark
Board of Directors	Recording Secretary

/cc