



MINUTES of the **BOARD OF DIRECTORS** meeting held on **Thursday, September 07, 2017**, 17:00 hours, Auditorium, Met Campus, 1995 Lens Avenue, Windsor, Ontario.

PRESENT:

Lynne Watts, Chair

Lisa Landry

Pam Skillings

Bob Renaud

Anthony Paniccia

Michael Lavoie

Patricia France

Arvind Arya

Cynthia Bissonnette

Leanne Leech

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

David Musyj (ex-officio, non-voting)

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

STAFF:

Executive Committee

REGRETS:

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

Dr. Laurie Freeman-Gibb

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

Dan Wilson

Karen McCullough (ex-officio, non-voting)

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

Dr. Maureen Muldoon

Ruth Orton

John Leontowicz

1. CALL TO ORDER :

The meeting was called to order at 1707 hours with Ms. Watts presiding as Chair, and Ms. Clark recording the minutes. The Chair welcomed new Board members Cynthia Bissonnette and Michael Lavoie to their first formal Board meeting. She also welcomed Ms. Karen Riddell Interim V.P. of Critical Care, Regional Stroke and Cardiology.

2. DECLARATIONS OF CONFLICT OF INTEREST:

None noted.

3. PREVIOUS MINUTES – June 22, 2017 (two sets)

The minutes of the two June 22, 2017 Board of Directors meetings had been previously distributed.

MOVED by Ms. P. France, **SECONDED** by Mr. R. Renaud and **CARRIED**

THAT the minutes from the two June 22, 2017 Board of Directors meetings be approved.

4. REPORT OF THE PRESIDENT & CEO:

Mr. Musyj highlighted the following:

- Janice Dawson is the Interim CEO at Erie Shores Healthcare, and we expect that position to go until March 31, 2018. We had a selection process to replace her and

Karen Riddell is now the Interim V.P. of Critical Care, Regional Stroke and Cardiology.

- Karen McCullough broke her foot/ankle in an unfortunate accident in Baltimore, where she had surgery to repair the injury. She is recuperating now.

Events over the summer:

- An issue the hospital faced was the stabbing at Ouellette, where a patient was on a week end leave from the mental health unit. As part of their recovery, patients are sent home on regular week end leaves. The patients are always escorted by a loved one. If anything happens while they are away, they are directed to come back to the hospital immediately. This particular patient was on his 7th leave. He had “acting out” issues in the past but he was on his 7th leave and returning on the Saturday afternoon. When the young man initially entered the hospital with his father, he spoke with the guards and told them what he had done while he was away and showed them books he had brought back. A young female patient from the mental health unit was walking out of the building with her grandmother when the two patients crossed paths. He stabbed her in the hallway. The Police came and he was arrested. The female patient is doing well and is recovering from her stab wounds. She still has to deal with mental health issues though. As a group, we stepped back to see what we could put in place to reduce something like this from happening again. We cannot restrict leaves because the patients need that to help re-integrate back into the community. The issue becomes how we can prevent this from happening again in our facility. Last year there was an incident at the Ft. Lauderdale airport. The shooters were doing their shooting outside before entering Security. How could that have been prevented; put Security in the road? In our case, if the stabber had made it to the mental health floor, he would have had to change his clothes and put on hospital attire. The issue is that this happened before he even got to the elevator.

A QCIPA was held after the incident. We discussed putting Security in for everyone coming into the hospital but that is going too extreme. Staff suggested that we make this as an isolated situation. But, we will be putting into place, a check point immediately outside the hospital where these patients will meet Security, who will ask them to empty their pockets. We will be introducing metal wands and we will wand them, then Security will escort them up to the 3rd floor to hand them off to the clinical staff. They will be scanned on the floor as well. This new process will start this weekend. Even if a patient leaves the unit for any test, they will be wanded and searched when they return to the unit. We have someone come in with a drug sniffing dog who appears on the unit unannounced. That has been successful in reducing outside drugs that reach the unit. This new approach will not totally eliminate the risk. The unit will share the names of the patients and when they are expected to return, with Security. The times those patients are due back to the hospital are also staggered. If for some reason the patient goes directly to the floor without interaction with Security, that will be taken into consideration when they take their next leave.

The Flood:

Windsor Regional Hospital joined thousands of Windsor residents with the flooding issue, which started about 15:30 on August 29. The drains were backing up and at the same time, our parking lot outside the Emergency Department was filling up with water. The doors to the ED are slightly lower than the outside ground. The major areas impacted were the kitchen for patient food services, Pharmacy, D.I. and the Lab. There was minimal impact on the Cancer Centre. Approximately 15 minutes into the flood, we called a Code Orange. There was a Command Centre at both campuses. Staff did an amazing job. Food & Nutrition staff went back into the 8 inches of water in the kitchen and prepared food for the patients. One of the staff from the Command Centre for the City came on site to help. Police picked up or escorted physicians and nurses into the hospital. This lasted until about 21:00. By 22:00, we opened up the doors to the Met E.D. There is a good chance this will happen again, so we have to try to minimize the impact when it does happen. We have identified all of the drains at both campuses. Mr. Musyj demonstrated the use of the black cloths which will be placed close to where the drains are located. Every unit has an emergency kit and this will become part of the kit. When it comes in contact with water, the cloth expands and becomes like a sandbag. It will dry out and we can re-use it. If we can contain water in a specific area, the clean-up is much easier.

Mr. Musyj showed a video of Peel Memorial Urgent Care Centre. UCC's are being built to handle emergency problems.

- The SOP work continues. Two years ago, work began on standardizing a number of best practices across both campuses, all designed to improve communication and patient safety. They have now been implemented on in-patient medical and surgical units. Much work has been put into the QBP Pathway Improvement Program, which we rolled out in August.

5. UPDATE – SCHULICH SCHOOL OF MEDICINE & DENTISTRY:

Dr. Cooper was absent but had submitted his written report as FYI.

6. TREASURER'S REPORT & FINANCIAL SUMMARY:

Ms. Leech reported. Highlights of the financial summary are below:

- The net surplus/deficit line shows \$1.2 million over budget.
- There is a negative hospital margin of \$3,581,000.
- The deficit from hospital operations is \$4,191,000.
- The bottom line deficit is \$4,749,000.
- Revenue: The year-to-date negative variance is \$854,000.
- Expenses:
 - i) Salaries are \$418,000 over budget.
 - ii) Benefits are \$165,000 over budget.
 - iii) Med Staff Fees are \$388,000 favourable to budget.
 - iv) Drugs are \$135,000 favourable to budget.
 - v) Med Surg supplies are \$81,000 unfavourable.
 - vi) Other supplies and expenses are \$217,000 unfavourable.

- Volumes: slightly less than budgeted at both campuses.
- LOS at MET & Ouellette Campuses are favourable.
- We are over budget re: sick time and over time at both campuses.

Ms. Leech stated that the Treasurer's Report is a condensed version of the financial summary. She drew attention to #2 in the Operational Highlights of the Treasurer's Report. We still have not received a formal funding letter from the Ministry but we have included the detailed funding that was provided to us from the LHIN, in a file that is distributed annually, called the impact analysis file. The file detailed a net increase of \$5.8 million in base and one-time funding, which resulted from recommendations of the third party review, the 2% increase in hospital funding and some program funding included in that amount.

7. CONSENT AGENDA:

i) **Finance/Audit & Resources – June 27 & August 28, 2017**

MOVED by Ms. L. Leech, **SECONDED** by Mr. A. Paniccia and **CARRIED** **THAT** the reports from the June 27 & August 28, 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) Frequently asked questions re: PSEC Framework

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

12. DATE OF NEXT MEETING:

Thursday, October 05, 2017, Met Auditorium

13. ADJOURNMENT:

There being no further business to discuss, it was

MOVED by Mr. M. Lavoie, **SECONDED** by Ms. L. Landry and **CARRIED** **THAT** the September 07, 2017 Board of Directors meeting be adjourned at 1809 hours.

Lynne Watts, Chair
Board of Directors

Cheryle Clark
Recording Secretary

/cc