MINUTES of the **BOARD OF DIRECTORS** meeting held on **Thursday, January 07, 2021**, 17:00 hours, via ZOOM, live streamed to YouTube.

PRESENT VIA ZOOM:

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

STAFF VIA ZOOM:
Executive Committee

REGRETS:
None

1. **CALL TO ORDER:**

   The meeting was called to order at 1701 hours with Mr. Paniccia residing as Chair, and Ms. Clark recording the minutes.

2. **DECLARATIONS OF CONFLICT OF INTEREST:**
   None declared.

3. **PREVIOUS MINUTES:**

   The minutes of the December 10, 2020 Board meeting had been previously circulated.

   MOVED by Ms. P. Allen, **SECONDED** by Mr. P. Lachance and **CARRIED**
   THAT the minutes of the December 10, 2020 Board of Directors meeting be approved.

4. **REPORT OF THE PRESIDENT & CEO:**
   Mr. Musyj gave a verbal report accompanies by slides.

   <u>Highlights</u>:

   Increase in assessment centre hours at Met Campus:
   Starting January 11, Met will mirror Ouellette hours of operation for the assessment centre. It will be open 8am-7pm, 7 days a week as of Monday. This is so we can continue to accommodate the demand for swabbing symptomatic individuals. Even though we have next day appointments still at any given time, we want to move that forward even more and have the ability for same day appointments, so that hopefully between the two centres, we can accommodate the needs. We were planning this in advance, and we knew there would be an impact from the holidays and various gatherings and potentially the need for additional swabbing. That will start Monday, but if you go on-line, you can book your appointment now.

Leading into the holidays, we announced we had to drastically reduce scheduled/elective surgeries for individuals. The purpose at that time and still today, was the fact that we struggle with critical care capacity at WRH for both COVID and non-COVID patients. As well, we also struggled with acute care bed capacity. In order to create physical capacity in the facility, one of the ways to do that is to reduce scheduled surgeries. Some of these scheduled surgeries might need a critical care bed though. As a result of not having those surgeries, we can free up come pressure on critical care post-surgery. For some surgeries, there was no plan for a critical care bed but because of age or other issues, they do require that bed. We stopped the reduction of surgeries short of emergency or cancer surgeries – we will continue with those. However, leading into the holidays, it allowed us to free up some capacity. Windsor/Essex is one of the highest per capita area for COVID positive individuals in the community. We made those changes and at the same time, coming out of the holidays, we realized we needed health human resources to address vaccinations and expand the assessment centre hours, so we had to stop day surgeries effective January 04, 2021. Traditionally after the New Year, they slow down but we did not re-start them after January 01. Being two older facilities with many semi and ward rooms, we do not have the have the capacity to meet the new restrictions in the COVID environment. On any given day, we take out 100-150 beds because we are isolating patients waiting on results of COVID tests or they are COVID positive. We then cohort them, give the space that we have. There is pressure on the system because we do not have a sufficient number of private rooms. We only have 20% private rooms between the two campuses. Heading into the first full week of January, we continue to have bed pressures at WRH. Part of our planning stretches from Hamilton through to Grey Bruce. We have to work in our LHIN to create physical space first before we go outside of it asking for assistance. Some other centres in our LHIN were not seeing the same amount of COVID as WRH. We started to work with Sarnia and Chatham but their hospitals have started to fill up as well, so they are starting to reduce and limit their surgeries, resulting in a limited number of patients who have been transferred to those facilities. They were going to take 10 patients each. HDGH has stepped up and has helped us greatly. They have taken over 50 sub-acute patients from our two campuses. At the same time, LHSC today took 5 sicker patients who could not have gone to Sarnia or Chatham. London is transferring patients to other facilities and at the same time, still helping us.

Depending on what we do as a community and province could greatly affect these projections moving forward. These are the projections the government uses in some of their decision-making. Mr. Musyj showed a chart that showed the baseline, and the projected vs. the actual numbers.

As of January 01, projections provincially, we were to have 1,161 COVID patients hospitalized and out of that, 361 COVID-related critical illness patients in ICU across the province. From Christmas to January 07, the projections increased dramatically. For WRH, we have been rising higher than projected. We are getting ready for what is coming later this month on January 24 and February 24. We are taking the necessary steps and we have exceeded all projections.

We have 50 – level 3 beds in place (higher acuity – ICU patients) and one – level 2 bed in place between our two campuses. On top of that, we also have a total of 16 surge beds; 8 – level 2, and 8 – level 3 surge critical care beds at both campuses. We have an additional 17 available in the building, subject to staffing and that is where we would put critically ill patients to get to 60 plus beds.

We should be OK with our critical care within our existing levels right now. We have to be ready to handle this by February 24, leaning on Sarnia, Chatham and London to help us.

Dr. Saad added that Mr. Musyj hit all the key points. Our numbers do not look good. We have already exceeded the expectations. Critical Care capacity is the other big thing. They are the patients we do not necessarily transfer out. We try to create capacity in our hospital to be able to care for those patients ourselves. Being able to flex up the number of beds will be important for us to take care of the sickest of the sick in our own region.

Ms. Riddell comment: It is important to maintain critical care capacity because it can be challenging to transfer this level of patient to the sites, so we need to be able to care for those patients at our facility.

Board question: Do these projections take into consideration roll out of the immunization?
Mr. Musyj response: It will not have any impact. What we are seeing in the hospital now is based on 3-4 weeks ago. On any given day, we have multiple positives. Our goal was to flatten the line but that did not work for us. We were closed down before the rest of the province. We have to look at something different because what we have now isn't working. The lockdown is in place. Our hope is that the impact of the lockdown will start to flatten that line.

Board question: How many ICU beds do we have provincially?
Ms. Riddell response: Approximately 2,136 beds.

Vaccines:

Mr. Musyj stated that one of the great things he has learned over the last couple of weeks listening to General Hillier, who has a meeting every second night with a few CEO's, was, in the army, one of the things that makes you struggle/get depressed/have anxiety, is when you are always on the defense….always trying to fight the enemy but you are pinned in. However, when you are able to move to the offense, it is energizing – the vaccine puts us on the offensive with respect to this virus. We have to grab onto that energy because that is what will get us through the rest of this war. On December 15, 202 when we were receiving more information, we set up an IMS team just for vaccinations.

We have a finite piece to all of this that relates to getting the Pfizer vaccine. The Federal Government has been procuring the vaccine; the vaccine is then distributed to the provinces. The Canadian government per capita, has purchased more vaccine than any country in the world. Information started to crystalize that we may receive the vaccine before Christmas. Windsor Police was also involved in that because there is a component of security at the site. Starting December 16, once we knew the priority groups, leaders in the organization have had a daily call with the directors of care of LTC/RH and we are now involving congregate care setting leaders. We talk to them about how they need to book their staff. LTC/RH staff was a priority then were to get into the congregate care staff. Sixteen hospitals across the province would accept the vaccine and prioritize the LTC/RH staff and then get into the congregate care staff in the process. Calls have been great – everyone hears the same information, asks questions, hears the same answers and solves a lot of problems along the way. 80% of LTC staff have either been vaccinated or are waiting to be vaccinated, which is a high number.

Between December 15 and 16, we were told the vaccine was coming December 21. We got the booking system in place so people could be ready on December 21. Then we were told it would

not be here until Christmas. On December 20, we were told it was arriving on December 21. Individuals who had already booked, were here at 0700 the next day. We received enough at that time for 1,950 people to get two doses. When Pfizer comes in, you press a spot on the box that sends data back to Belgium regarding the temperature of the contents. We received enough at that time for 1,950 persons to be vaccinated with two doses. We were initially told to hold back the 2nd dose in case we didn't receive another shipments. Then we were told to sue up the 1st and 2nd doses as soon as we could. We received a shipment on January 05 for 1,500 people to be vaccinated twice. We went from 1,950 to 1,500 – we dropped by 400 people. General Hillier told us to use up all vaccines, both first and second doses and inoculate as many people as we could. We will run out of the January 05 shipment by January 13 if we do not receive any more shipments. We were told it would arrive on January 11. We are stealing from the next shipment already. We are stealing the doses and we are running 7 days a week in order to create a consistent pattern. We have the capacity with the staffing to do 750 vaccines per day but we are doing 500 vaccinations per day and 180 on week-ends. If we had the vaccine, we could easily double the amount of vaccines per day. We could double what we are doing but we do not have the vaccines. One theory was to take the 3,000 vaccines and vaccinate 1,000 people per day. We need to spread out the vaccinations through the entire 7 days, so staff from LTC/RH or congregate settings do not experience a reaction and then that facility would get shut down.

Currently, we have almost completed all LTC/RH staff who want it. We are at 60% for the congregate care staff.
At this point, we have done some polls and for both LTC/RH and congregate care settings, and at this point, 80% of the staff have been vaccinated or are scheduled and approximately 20% do not want it currently or have not made up their minds.

Dr. Saad was part of a group of physicians along with Drs. Cohen, Mazzetti and Summerfield, and this did a Facebook live session on vaccines as well as other questions that were asked and it was heavily watched. We shared that with the LTC/RH/congregate care settings and we think that went a long way in getting the LTC/RH/congregate care staff out to be vaccinated. 10-15% of hospital staff from WRH, HDGH and ES have been vaccinated. We will continue to advocate for more vaccines.

When you look into the future, if our current allotment does not increase, we will only be vaccinating second doses starting January 24 for the next three weeks. No new persons will be vaccinated until January 24. Instead of getting 500 new people vaccinated, that number will decrease. Our goal is by January 24, to have completed LTC/RH, Indigenous staff involved in swabbing, high risk/congregate care staff and more hospital staff as identified by each hospital. The WECHU is leading all community vaccinations.

We will have a limited supply of vaccines until April 2021, when we will start getting larger volumes monthly. Our supply will then equal our demand. We will receive 5 million vaccines in each of the months of April, May and June. We have to be ready, particularly if the vaccines come earlier than those months.

Board question: What is the period of time a double vaccine is good for? If you are vaccinated, is there some research at this point that indicates you can still be a carrier if you have been vaccinated twice?

Dr. Saad response: We currently don't know how long it will offer protection. But we do know if you acquire the infection naturally, you are immune for 6 to 9 months. Vaccine expectation is no less than 6 to 9 months, hopefully a year, maybe more. They haven't been around long enough for us to test that so we are relying on science for that answer.

Once you do get the vaccine, you will reach maximum immunity about one week after the second dose. If you are exposed to a virus after you have been vaccinated, your body clears the virus so you are not shedding the virus in any appreciable amount that you could spread to anyone else.

Board question: Who is in charge of administering the vaccine – WRH or the Health Unit? Would there be a call for other people to assist with administering the vaccination?
Mr. Musyj response: We are dictated by the province on who the priority groups are. The Health Unit is working with LTC/RH on the resident side. This is with the Moderna vaccine. We give them LTC/RH blocks of time. They fill in names and send that back to us. We will have vaccination centres open, allow for sharing of information back and forth, they follow the provincial rules, then we vaccinate the staff. For us, at St. Clair, it is our staff who are administering the vaccine. We are adding medical students/residents (about 12 who have volunteered to help). We will need those volunteers going forward.

Mr. Musyj added that currently, if you made a call and said you needed to vaccinate 2,000 people, we would have the volunteers – our issue is that we do not have enough vaccines. We will need those volunteers once we vaccinate the 400,000 residents twice in our region. If someone volunteers, they have to be committed. They are trained on the I.T. system and when they are inoculating, they are responsible for inputting the date, such as addresses, e-mails etc., a tracking system, for the future. They are responsible for a large amount of date. This is a lot of work. When people want to volunteer, it will almost be full time.

Board question: How many group locally within W/E are giving vaccines?
Mr. Musyj response: WRH is using Pfizer at St. Clair. The LTC/RH – they are using their own resources and our staff go in and help the LTC/RH staff. That is being co-ordinated by the Health Unit but it is our staff also going in to help.
For some of the homes we are working with, our staff will help them vaccinate their residents.
WRH and the Health Unit are the only two entities that are receiving vaccines now.

Board question: Have they done any research on cross-over for second shots? Mixing Pfzier and Moderna?
Dr. Saad response: At this time, there is no evidence you can mix and match the vaccines. They are both MRNA vaccines and their technology is the same, but they are slightly different because the spike protein they encode for is a large protein and complicated, and you may not be encoding the same part of it. Right now, there is no evidence you can mix and match – you cannot take your first shot with Pfizer and the second dose with Moderna. Once you start with one, you must finish with that same one.

Board question: Are they looking at different variants in our region or have they done that analysis yet?
Dr. Saad response: We thought we had a variant a couple of weeks ago. Everything that was happening with the U.K. variant was happening here. It had spread much quicker and to a wider range of the population. We sent a formal request though our Lab Dept., to the National

Microbiology Lab in Winnipeg to see if our virus was the U.K. variant. At the time, they were doing surveillance across the country. No doubt we have a variant in our area that is contributing to the faster and easier spread, but that should not preclude anyone from getting the vaccine. The vaccine does look like it is till effective for this variant.

5. REPORT FROM SCHULICH:

Dr. Larry Jacobs:

Dr. Jacobs gave a verbal report only. He had not submitted a written report to be included In the Board package.

Dr. Jacobs thanked the Hospital on behalf of the medical school. The system has been under tremendous pressure but there has been no change to the quality of education the students have been receiving during this time, He had a number of students who wanted to get involved with the vaccinations. He looked forward to helping with this in any way he could.

6. FINANCIAL PRESENTATION – as of November 30, 2020

Ms. Allen reported.

Slide 2 – Statement of Operations Overview:

- Y-T-D deficit for hospital: $5.579 million (as of November 30)
- Revenue: $7.5 million to date
- Total expenses: $13.7 million unfavourable to date. Salaries & wages comprise the largest variance.
- We had $9.8 million COVID related unfunded extraordinary operating expenses. From August to November, we have not received the re-imbursement from the Ministry to offset those expenditures.
- If unfunded VOCID-19 expenses had been funded, the YTD surplus would have been $2.8 million and the hospital margin: $5 million.

Slide 3 – COVID-19 Impact on the Y-T-D Financial Results:

- We have received funding for COVID operating expenses from April to July in the amount of $8.1 million plus $7 million for pandemic pay.
- Volume based revenues are $6 million below budget to date, which include QBP's, Neuro services and wait time procedures.
- Decreased patient services are mainly diagnostic revenues and accommodations.

Slide 4 – Y-T-D Revenue:

- Base and one-time funding is $7.7 million favourable to date.
    - Revenue shortfalls are:
        - i) $5.6 million QBP revenue – due to elective surgery cancellations in April and May. Operating room volumes are lower than planned volumes by 9,030 to date.
        - ii) $3.7 million unearned revenue for Urgent/Emergent Quality Based Procedures based on current coded data and highlighted on slide 5.
- One time funding is $12.4 million to date and includes:
    - Pandemic Pay: $7 million
    - COVID-19 operating expenses re-imbursement: (April to July): $8 million

Drug re-imbursements were favourable $2.2 million, however these are offset by increased drug expenses.

Slide 5 – Urgent/Emergenct QBP Volume Comparison:
A year to year comparison of a number of our QBP's:
Highlighted – Stroke, Hip fracture, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD) and Pneumonia, a combined 422 case reduction, representing funding that has not been earned: $3.7 million.

Slide 6 – Expenses:
Salary & wages: unfavourable to $9.4 million y-t-d
i) $1.3 million unfavourable in November; includes the following variances:
- COVID-19 screening of staff, patients and visitors, and staffing of the assessment centres: $472K
- In-patient medicine and critical care staffing due to a "surge" in patients: $445K
- Additional costs for support departments (housekeeping, porters, security, infection control): $350K

Med/Surg supplies are favourable especially in the perioperative program due to reduced surgical volumes.
Incremental spending on Personal Protective Equipment (PPE) to date: $2.5 million.

Slide 7 – Expenses:
Drugs: $3.6. Million unfavourable to date. Most of this variance has revenue recoveries either from our retail pharmacies or from the Ministry of Health.
Other Supplies: $445,000 favourable overall with a number of line items where the favourable and unfavourable variances offset each other.

Slide 8 – Patient Access Measured by our LOS:
Acute average LOS is slightly better than target Met and acute is above target at Ouellette. Mental Health Programs are slightly better than target at both campuses.

Slide 9 – Patient Volumes:
Year over year volumes to November are trailing behind target except for community visits, as this includes 58,983 COVID-19 assessment centre visits.

Slide 10 – Sick/Overtime and FTE's
Compared to previous month, unchanged except for sick time at Ouellette, which is slightly worse by .10%.
FTE's are favourable at Met by 27.33 FTE's for hospital operations and the Cancer Center.
FTE's are unfavourable at the Ouellette Campus by 8.79 FTE's due to the increased staffing in in-patient medicine and critical care as previously mentioned.

MOVED by Ms. P. Allen, **SECONDED** by Mr. A. Arya and **CARRIED**
THAT the January 07, 2021 Financial Presentation (as of November 30, 2020) be accepted.

7. CONSENT AGENDA:

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

8. CORRESPONDENCE/PRINTED MATTER:

- Media Report - FYI
- Our Foundation is running a 50/50 draw. Please participate. Thank you for supporting the Foundation.

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

10. DATE OF NEXT MEETING: Thursday, February 04,20201, 1700 hrs Via ZOOM

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

MOVED by Ms. P. France, **SECONDED** by Mr. J. Leontowicz and **CARRIED**
THAT the January 07, 2021 Board of Directors meeting be adjourned at 1821 hours.

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Anthony Paniccia, Chair	Cheryle Clark
Board of Directors	Recording Secretary

/cc