

	MINUTES OPEN SESSION BOARD MEETING Wednesday, January 26, 2022 Zoom Videoconference 5:00 pm		
	Directors:	Marg Dragan, Vice-Chair v Anthony lafrate v Bill Gillam v Jenny Greensmith v	Louis Guimond, Treasurer v Brian Knott, Chair v Katherine Mantha v Bob McKinley v
Ex-Officio Directors:	Mike Lapaine v Dr. Michel Haddad v	Shannon Landry v Dr. Dhiraj Dhanjani v	Dr. Lincoln Lam - R
Invited Participants:	Kathy Alexander v Julia Oosterman v	Laurie Zimmer v Marlene Kerwin v	Paula Reaume-Zimmer v Dr. Ajayi-Obe - R
Recorder:	Melissa Rondinelli		

1.0 CALL TO ORDER

Brian Knott called the meeting to order at 5:00 pm and welcomed the Board and guests. He recognized it was nearly two years since the first COVID positive case in Ontario, and thanked the Board and staff for persevering the challenges faced during this time. Brian also highlighted today's focus on mental health through the Bell Let's Talk initiative. The one-year anniversary of the first vaccination in Lambton County was celebrated as well.

1.1 Traditional Territory Acknowledgement

Brian read the Traditional Territorial Acknowledgement.

2.0 AGENDA APPROVAL

2.1 Approval of Agenda*

Brian invited members to remove items from the consent agenda. There were no changes to the agenda.

Motion duly made, seconded and carried: to approve the agenda as presented.

2.2 Report on November and December In-Camera Board Meetings

Brian reported there were extensive in-camera meetings in November and December, which included notice of correspondence addressed to the Chair, decisions related to the CEEH Redevelopment Project, Strategic Plan, Helipad Project, risks, a loan for capital

items, and physician human resources. The Board also received updates on working capital, risk, litigation claims, the Vaccination Program Policy and critical incidents.

2.3 Declaration of Conflict of Interest - No conflicts declared.

3.0 CONSENT AGENDA

3.1 INFORMATION ITEMS TO BE RECEIVED

- 3.1.1 Board Chair Report*
- 3.1.2 Professional Staff Association Report*
- 3.1.3 Resource Utilization and Audit Committee Performance Scorecard*
- 3.1.4 Quality Committee Performance Scorecard*

3.2 ITEMS FOR APPROVAL

3.2.1 Open Session Board Minutes – November 24, 2021*

Motion duly made, seconded and carried: to receive the reports presented and to approve the Open Session Board Minutes of November 24, 2021.

4.0 PRESIDENT & CEO REPORT*

Mike Lapaine presented his report for information and noted the design of the report now aligns with the new Strategic Plan. He highlighted the submission of the Stage 2 Functional Plan for the CEEH Redevelopment Project and the significant donation received for the ACCESS Open Minds (AOM) Project. Mike also brought attention to the significant number of media interactions for Bluewater Health (BWH) over the past month. There were no questions for Mike.

5.0 BOARD DECISIONS/OVERSIGHT

5.1 Board Work Plan*

Brian presented a briefing note with a recommendation to scale back Board and Board Committee meetings in February as staff are busy responding to pandemic pressures. He thanked the Committee Chairs and leads in developing the revised Board work plan added to the agenda package this week. Louis Guimond supported cancellation of the February committee meetings, and reported he plans to review workload for the Resource Utilization and Audit Committee over March to May.

Motion duly made, seconded and carried: to approve cancellation of the February Quality and Resource Utilization and Audit Committee meetings; a condensed Governance and Nominating Committee meeting in February to focus on Board Succession Planning; and a condensed Board meeting in February.

5.2 Monthly Financial Statement*

Marlene Kerwin presented the Financial Statements for the period ending November 30, 2021. She noted the forecast was prepared before the latest wave of COVID and highlighted the following:

- BWH's operating deficit is \$272K, with a year-end forecasted deficit of \$2.2.M
- The hospital has received \$9.5M in additional Ministry revenue than planned
- BWH has incurred \$7.7M in COVID incremental expense costs and has recognized \$6.9M in COVID incremental cost funding to offset this
- BWH anticipates COVID incremental expense guidelines will be expanded for the remainder of the year
- There is a positive variance related to the assessment centres
- Funding for COVID physician coverage has been confirmed
- Room differential revenue is forecasting to be under budget with no expectation this line will improve
- There is an expense variance over \$12M typically related to COVID
- The negative working capital deficit for November has improved for December with a positive variance of \$900K

Questions followed about expected funding and the delays mentioned in the statement on the Cogen Project. Marlene reported she anticipates COVID incremental costs will continue to be funded for remainder of the fiscal year given the staffing challenges being experienced across the province. She mentioned any deficit would likely be attributed to lost revenue, which the Ontario Health Association (OHA) is continuing to advocate for. For the Cogen Project, Marlene explained the project has not been delayed, rather, the expected savings were budgeted to begin sooner, so there has been a delay in the savings expected. Louis commended the Finance team for their work and expressed concern about hospital bed capacity.

Motion duly made, seconded and carried: to approve the Financial Statement for the period ended November 30, 2021 as presented.

5.3 COVID-19 Update*

Mike provided an update on the current pandemic situation. He noted BWH began to experience the fifth wave of the pandemic between Christmas and New Year's, which is typically a busy time for the hospital with many community services closed/limited hours over the holidays. COVID infections climbed at an unprecedented rate and many staff were off sick. At one point, BWH had well over 100 staff on quarantine, plus over 200 staff work self-isolating, resulting in a number of staff coming in to work over the holidays to support patient care. These same staffing challenges are being experienced by Home and Community Care (HCC) and Long-Term Care (LTC) partners, making discharges to home and LTC difficult and leading to an increase in alternate level of care

(ALC) patients. BWH currently has 48 ALC patients compared to the typical volume of 30. Staffing has been improving with less than 40 staff in quarantine today. BWH is hopeful this trend will continue, and the hospital will be able to open another operating room (OR), however, Directive 2 continues to limit surgical volumes to urgent/emergent cases across the province. Mike expressed concern about BWH's ORs operating at 20% of pre-COVID budgeted capacity, which is creating a significant surgical backlog for the community. He noted BWH has been advised surgical ramp up will not go ahead until the provincial situation improves. Mike also noted COVID patients are impacting Medicine beds more significantly than ICU beds this wave.

Dr. Haddad provided a similar overview of the situation and shared Mike's concern about the surgical backlog. He then highlighted the significant work involved to coordinate Professional Staff and staff to support the specialized COVID unit and other hospital operations during the surge. Dr. Haddad noted BWH currently has 39 COVID positive patients, with 20 patients suffering from COVID disease, and the other cases described as incidental findings. He also noted the Surgical outbreak is over, with the Rehab outbreak expected to end January 31.

Mike then presented the revised pandemic scorecard. He reviewed the indicators highlighting the Time to Inpatient Bed (TTIB) being off target due to reduced patient flow, the increase in ALC patients, and reduction in surgeries as discussed above. Mike recognized hospital leaders and staff for their work in effectively managing patient flow on a daily basis.

Questions followed about length of stay (LOS) for Omicron patients, Directive 2 advocacy efforts, the impact of schools re-opening on staffing numbers and isolation requirements. Dr. Haddad suggested it was too soon to determine if LOS stay has decreased for Omicron patients. He noted more patients are being admitted to Medicine beds with milder symptoms; however, there is still a lot of mortality with 19 deaths reported since Christmas. Dr. Haddad explained COVID ICU patients are often admitted for three to four weeks, and then move to Medicine/Rehab beds, compared to the typical ICU LOS of two to three days.

Mike reported the OHA is advocating for changes to Directive 2. MPP Bob Bailey is aware of BWH's concern about the Directive, however, it is an Ontario Health decision. BWH will continue to advocate at the regional level for changes to the Directive. In regards to schools reopening, there is no evidence of an impact on staffing numbers yet. Dr. Haddad was supportive of children returning to school, which has not proven to increase transmission, and helps to support staff and the community. Isolation guidelines have changed several times during this wave, with Occupational Health & Safety reviewing each staff illness to determine isolation requirements and to provide staff guidance. To date, BWH has not had to bring back a symptomatic staff member.

Dr. Haddad also brought attention to the importance of BWH's Vaccination Policy in protecting staff and patients from the latest wave, noting staffing shortages could have been far worse had the policy not been put in place. He expects the current policy will change in the future to require three doses in order to be considered fully vaccinated.

5.4 Foundation Report*

Kathy Alexander presented the Foundation Report and highlighted the significant donation of \$850K from Dan and John Whitton, on behalf of their families and the employees of Progressive Auto Sales, with \$700K allocated to AOM and \$150K to Ryan's House. Kathy linked philanthropy to story-telling and local collaboration on Mental Health and Addictions Services progress in the community. She also highlighted the Foundation's focus on strategic work ahead.

6.0 **CHIEF OF PROFESSIONAL STAFF REPORT***

Dr. Haddad presented his report for information. In addition to the busyness of responding to the pandemic, BWH has recruited a new general surgeon, and the Medical Advisory Committee (MAC) has approved an updated Physician Human Resources Plan for Board consideration. Dr. Haddad was questioned about the status of the Hospitalist Program. He advised BWH has four of the six positions filled, with plans to fill a fifth position with two half-time positions. BWH is also assisting with local family medicine recruitment to help support the hospital.

7.0 **POLICY FORMATION** – None

8.0 **OPEN FORUM** – No discussion.

9.0 **ADJOURNMENT: *Motion duly made, seconded and carried: to adjourn the meeting at 5:57 pm.***



Brian Knott
Chair



Mike Lapaine
Secretary



Melissa Rondinelli
Senior Executive Assistant - Recorder