

	MINUTES OPEN SESSION BOARD MEETING Wednesday, March 25, 2020		
	Directors:	Marg Dragan, Treasurer ✓ Anthony Iafrate ✓ Bill Gillam ✓ Jenny Greensmith ✓	Louis Guimond ✓ Brian Knott, Vice-Chair ✓ Katherine Mantha ✓
Ex-Officio Directors:	Mike Lapaine ✓ Dr. Michel Haddad ✓	Shannon Landry ✓ Dr. Andre Rudovics ✓	Dr. Lincoln Lam - R
Participants:	Samer Abou-Sweid ✓ Julia Oosterman ✓	Laurie Zimmer ✓ Kathy Alexander ✓	Paula Reaume-Zimmer ✓ Dr. Dhiraj Dhanjani ✓
Recorder:	Melissa Rondinelli		

(*attached in the minute record book)

1.0 CALL TO ORDER

Paul Wiersma called the videoconference meeting to order at 5:02 pm. He recognized we are in unprecedented times, requiring the need to meet electronically. Paul shared care and concern for fellow Directors and thanked the Bluewater Health Executive Team and all front-line workers for their work during the COVID-19 pandemic.

1.1 Traditional Territory Acknowledgement

Paul read the traditional territory acknowledgement.

1.2 Report on the February In-Camera Board Meeting

Paul reported the Board made decisions at the February meeting regarding Professional Staff credentialing, Board succession planning, and a Director leave of absence request. The Board also received information updates on Ontario Health Team development, integrated risk management, financial risk and physician bank loans.

2.0 AGENDA APPROVAL

2.1 Approval of Agenda*

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

2.2 Declaration of Conflict of Interest - None declared.

3.0 CONSENT AGENDA

3.1 ITEMS TO BE RECEIVED

- 3.1.1 Board Chair Report*
- 3.1.2 Professional Staff Association Report*
- 3.1.3 Facilities Report*
- 3.1.4 Resource Utilization & Audit Committee (RUAC) Highlights*
- 3.1.5 RUAC Performance Scorecard*
- 3.1.6 Quality Committee Highlights*
- 3.1.7 Quality Committee Performance Scorecard*
- 3.1.8 2019-20 QIP Final Progress Report*
- 3.1.9 Chief of Professional Staff Report – March*
- 3.1.10 Bluewater Health Foundation Report*

3.2 ITEMS FOR APPROVAL

- 3.2.1 Open Session Board Minutes – February 26, 2020*

Paul explained all information items were moved to the consent agenda for the purpose of this meeting and invited the Board to move items out if they had any questions. There were no questions, concerns or comments.

Motion duly made, seconded and carried: to receive the reports presented and to approve the following items in the Consent Agenda: Open Session Board Minutes – February 26, 2020.

4.0 PRESIDENT AND CEO REPORT*

Mike Lapaine presented his report and reported there are five positive COVID-19 inpatients at BWH. These patients were suspected to have the virus, which was confirmed this morning. The number of patient admissions is expected to grow by the weekend. To prepare for incoming patients, the hospital has curtailed all non-essential surgeries and procedures, decanted patients to the point the hospital is at 60% occupancy, and is actively planning to add more beds to create capacity.

Mike discussed challenges the hospital has been dealing with this week related to Personal Protection Equipment (PPE) protocols, supply chain and messaging to staff. He noted there is a need to use supplies judiciously as there is a worldwide shortage. BWH has a pandemic stockpile of PPE. Another issue has been staff returning from holidays and the need for them to self-isolate before returning to work. The hospital is able to return staff to work if required, but has not needed to do so to date. Currently, BWH is in full pandemic planning mode and is as prepared as possible.

Jenny Greensmith joined the meeting at 5:10 pm.

Questions followed regarding the decanted patients, the hospital's ventilator supply, and the process for staff that become ill, whether the local cases are related to community transmission or travel, and succession plans for leadership if someone becomes unwell.

It was explained that with the help of community partners, reduction of emergency department presentations and no elective surgeries/procedures, the hospital was able to make significant patient moves to free up beds. A large number of patients returned home with home care. The rehab unit has now been designated as a pandemic unit and all COVID-19/respiratory patients are expected to be relocated there by Friday morning.

The positive COVID-19 patients appear to be a cluster of patients that acquired the virus due to a combination of travel and community transmission. Public Health is investigating this further. The hospital currently has 37 ventilators available with five in use as of today. It was pointed out significant staff resources are required to care for ventilated patients and concerns were raised about sustainability and staff burnout. If a staff member becomes sick, testing would be expedited through London Health Sciences Centre and they would be required to self-isolate. Paul reported there is an emergency succession plan for both the CEO and Chief of Professional Staff positions. It was also noted BWH leaders recently completed a succession planning exercise and there are clear plans should the need arise for someone else to step in. Lastly, recognition was shared for the leadership of the Infection Prevention and Control Committee, its membership, and all staff focused on pandemic planning.

Motion duly made, seconded and carried: to approve that a letter of sincere appreciation from the Board of Directors on behalf of the community of Sarnia-Lambton to all staff, Professional Staff and volunteers at Bluewater Health, be drafted and posted publicly and within BWH.

Mike thanked the Board for the gesture of appreciation and noted the importance of recognition at this time.

5.0 BOARD DECISIONS/OVERSIGHT

5.1 2020-21 Draft Quality Improvement Plan (QIP)*

Brian Knott presented the draft QIP and reminded the Board the indicators were adopted at the last meeting and the targets have now been recommended for approval. He then reviewed the proposed QIP indicators as follows:

- Primary Indicator – 90th percentile time to inpatient bed
 - Supporting Indicators:
 1. Improving conservable bed days by improving acute length of stay

2. Patient experience – Received enough information on leaving hospital or similar question
 3. Alternate level of care
 4. Repeat unscheduled visits to Emergency Department within 30 days for Mental Health Condition (age 12-25)
- Other Indicators
 - Documented assessment of palliative care needs among patients with progressive, life-limiting illness who were identified to benefit from palliative care (collecting baseline data)
 - Number of workplace violence incidents (mandatory)

Brian then explained the executive compensation hold back as referenced in the narrative report and briefing note. He also recognized the great work completed at BWH over the past year, which is highlighted in the narrative report. There were no questions, concerns or comments.

Motion duly made, seconded and carried: to approve the 2020-21 Quality Improvement Plan as presented.

5.2 Annual Quality Committee Performance Scorecard Indicators and Targets*

Brian presented the briefing note and summarized the changes to the proposed scorecard including:

New Indicators

- 90th percentile length of stay for admitted patients (Petrolia)
- Repeat visits to Emergency Department within 30 days for mental health condition (QIP indicator)
- Gross conservable days

Changes to targets

- 90th percentile time to inpatient bed
- Overall rating of experience (inpatient)
- Was patient/family treated with kindness

There were no questions, concerns or comments.

Motion duly made, seconded and carried: to approve the annual Quality Committee Performance Scorecard indicators and targets as presented.

5.3 Financial Statements*

Marg presented the financial statement and noted the LHIN operating surplus is currently at \$105K, which is essentially a break even forecast for the year. She explained the energy rebate has been reflected as well as surge funding and expenses. In addition, some of the “Ending Hallway Medicine” funding remains to be recognized, therefore, there is a strong possibility the hospital will end the year in a surplus position.

Motion duly made, seconded and carried: to approve the Financial Statement for the period ended January 31, 2020 as presented.

With six days until year end, it was questioned if there are any significant concerns regarding the impact of decanting patients and cancelling elective surgery relative to revenue/expenses. Mike reported there has been a decrease in expenses so there is no expected impact on year-end. Samer Abou-Sweid explained BWH has kept its full complement of staff to train and prepare for the pandemic. He noted there may be a risk of clawback of QBP funding, however, this is currently unknown. Patients will remain on wait lists and the funding could be rolled over to the following year.

5.4 2020-21 Draft Expenditure Plan*

Marg presented the draft expenditure plan and requested Samer review it in further detail. It was noted both the Quality and Resource Utilization and Audit Committees reviewed the plan in detail. Samer explained the plan is an expenditure plan only, as the hospital has not yet received funding information. He acknowledged it was prepared before the pandemic and will be revised after funding information is received. The plan forecasts a deficit of \$1.96M, similar to past expenditure plans presented. Samer also noted the ethical framework was considered in preparing the plan and he briefly highlighted priorities for the coming year.

Motion duly made, seconded and carried: whereas management presented the 2020/21 Expenditure Plan, and whereas the hospital is still awaiting final confirmation of the 2020-21 funding details from the Ministry, and whereas management is looking for approval of the expenditure portion of the budget prior to the new fiscal year in order to manage hospital operations pending funding confirmation, the Board approves the 2020-21 Expenditure Plan outlined in the expenditure portion of the budget as presented.

Mike added the hospital has been advised to create a COVID-19 functional centre to capture any incremental costs. The belief is these costs will be considered above and beyond normal operations and covered at a later date.

5.5 2020-21 Draft Capital Budget*

Marg presented the draft capital budget reviewed by RU&AC and invited Samer to provide the Board with an overview of the plan. Samer explained the manner by which programs determine their priorities, and the subsequent vetting process through operational committees, before bringing the recommended budget to the Board. He explained the budget is higher this year as the Norman building is approximately 10 years old, leaving a lot of equipment at end of life. Samer then reviewed the various categories within the prioritized list of capital items, and shared appreciation for the BWH Foundation's support. There were no questions, concerns or comments.

Motion duly made, seconded and carried: to approve the 2020-21 Capital Budget as presented.

5.6 Annual Resource Utilization and Audit Committee Performance Scorecard Indicators and Targets*

Marg presented the proposed scorecard indicators and targets. She noted there were three new indicators, two of which Brian had already spoken to, and Emergency Department cost per visit for both sites. All other indicators remain the same. The surplus/deficit indicator will be updated once funding is confirmed.

Motion duly made, seconded and carried: to approve the annual RU&AC Performance Scorecard indicators and targets as presented.

Jenny noticed the cost per patient day on Rehab has leapt more than other indicators and asked for an explanation. Samer reported Rehab is a 40 bed unit, and the way the beds are reported impacts cost allocation (27 rehab beds, 13 complex continuing care beds). Laurie Zimmer added the targets are two years behind and the new target reflects the case mix index and the types of patients in the unit. She also noted Rehab has decreased its length of stay by two days over the past year.

6.0 **POLICY FORMATION** - None

7.0 **OPEN FORUM**

Paul invited Kathy Alexander to present on behalf of the BWH Foundation. She reported the Dream Home winners were announced today, one of which was a nurse at BWH. Kathy then shared appreciation for all BWH staff for their efforts during the pandemic and acknowledged future fundraising will be difficult given the circumstances. There were no questions for Kathy.

Paul asked the Board to kindly complete the Board Chair evaluation. Marg made the group aware of an upcoming food drive for the Inn of the Good Shepherd and encouraged Board participation.

The Board inquired if there was anything it could offer to support the hospital, such as approval to expedite capital items, etc. Mike was appreciative of the offer and advised he would report to the Board if unusual needs arise that require approval. Paul mentioned there is an April date on hold for a Board meeting and the Executive Committee can make decisions on behalf of the Board if necessary.

Management was questioned how the hospital will make decisions regarding ventilators, how staff well-being is being supported, the impact of COVID-19 on capital project timelines and how contractors are being managed.

Dr. Haddad reported work is underway to train more staff. If the hospital becomes over capacity, the BWH pandemic ethical framework will be used to make such decisions. A provincial ethical framework is also under development, which will be reconciled to BWH's framework once received. In regards to staff well-being, Shannon Landry reported the Critical Incident Stress Management Team has ramped up and counsellors are ready to provide more support as needed. Also, Lambton College has offered to ask their managers to assist with training.

Contractors continue to be used for select projects and are being screened in the same manner as staff and visitors. So far, the Ministry has not offered an extension for HIRF projects, however, most of the work has been completed. There is risk the CoGen project may not be completed by December, which could impact the funding rebate tied to the deadline.

Ramping up operations after the pandemic was also discussed, noting patient backlogs and staff burnout will be challenging.

Dr. Dhanjani joined the meeting at 6:03 pm. He expressed concern about healthcare workers contracting the virus during surgery and indicated some centres are testing patients prior to surgery. Dr. Haddad explained BWH is operating under the assumption every surgical patient is COVID-19 positive and he has shared a memo with the Professional Staff regarding this issue.

8.0 IN-CAMERA MEETING AGENDA ITEMS

The In-Camera meeting agenda includes information updates about:

- 2019 Employee Salaries
 - CEO and COPS Evaluation
- and decisions regarding:

- Professional Staff credentialing
- Non-union compensation
- Pay for performance executive compensation

9.0 ADJOURNMENT – Next Meeting: May 27, 2020

Motion duly made, seconded and carried: to adjourn the meeting at 6:15 pm.

Paul Wiersma
Chair
Board of Bluewater Health

Mike Lapaine
Secretary
Board of Bluewater Health

Melissa Rondinelli
Senior Executive Assistant, Recorder