

WDMH Board of Directors
Tuesday, February 25, 2020– 5:00 p.m.
Dillabough Professional Centre - Boardroom

MINUTES OF MEETING

Director	Present	Regrets	Director	Present	Regrets
Mike Villeneuve, Chair	√		Nathalie Boudreau	√	
Andy Barrett	√		Bruce Millar	√	
Renee Belhumeur	√		Michelle Perry		√
Cholly Boland	√		James Pitruniak	√	
Holly Brown	√		Shawn Sutton		√
Dr. Marilyn Crabtree	√		John Trickett	√	
Peter Krajcovic	√ (Tel.)		Dr. B. Devin	√	
Lynn Dillabough		√	Marieke vanNoppen		√
Elinor Jordan		√			
Elise Guest	√		David Wattie	√	
Staff			Guest		
Michelle Blouin	√		Laura Landry – Patient Story	√	
Chris Barkley (Recorder)	√				

1. Call to Order

The meeting was called to order at 5:00 pm.

2. Declaration of Conflict of Interest

None declared.

3. Agenda Check-In

The agenda was approved as distributed.

4. Patient Story

Laura Landry, Clinical Manager, shared a story of a patient with multiple visits within the healthcare system (including WDMH) before a definitive terminal diagnosis. The team reviewed the case and identified opportunities for improvement which we hope will provide better support for patients and families navigating the healthcare system.

5. Generative Discussion - Governance

Based on feedback from Board meeting evaluations, Directors held a discussion about board governance. Topics included board perspective; board duties; time allocation; process; and scenarios. A guest speaker will be invited to the Board Education Workshop in April to present on the legal aspects of hospital governance.

6. Review of Minutes

Moved by David Wattie, seconded by Bruce Millar that the minutes of November 26, 2019 be approved. Carried.

7. New Business

7.1 Land for Dundas Manor Redevelopment

In 2013, the hospital purchased 18 residential lots, adjacent to the WDMH and Dundas Manor properties. Some of that land has been used by WDMH for the Community Care Building parking lot but the majority of the land will be required for the new Dundas Manor building. Since the land is owned by the hospital, some sort of legal/business transaction is required to confirm access to the land by Dundas Manor. Dundas Manor is required to complete a redevelopment agreement with the Ministry of Long Term Care. One of the components of that agreement is to confirm the site and access to the site. The Board discussed a number of options and were encouraged to send questions and comments to Cholly Boland over the next month.

8. Board Reports:

8.1 Quality Committee

The minutes of the February Quality Committee meeting were distributed in advance for information. Renee Belhumeur, Chair of Quality, highlighted the following:

- The Patient and Family Engagement Committee met to discuss and provide input into the proposed Patient Care Improvement Plan. The Committee recommended the Patient Satisfaction indicator remain on the Plan to ensure our ratings remain high
- A new patient representative will join the Patient and Family Engagement Committee in the spring
- A presentation was received on the Senior Friendly quality indicators and a quality improvement initiative aimed at prevention of hospital-acquired delirium
- There is only one target that will not be met on the 2019/2020 Patient Care Improvement Plan: Average time from Decision to Admit to Inpatient Bed
- The Same Day Cancellations of Surgical Procedures indicator does not show significant improvement however we know we are on the right track. The new OR scheduling system has a built-in memory and will provide accurate information for 2020/21
- The hospital experienced a power outage on February 1st that resulted in staff having to use downtime procedures for patient records, Automatic dispensing Units, phones, paging, etc. We learned that although we have processes in place to use downtime procedures, not all staff are familiar with the processes. The power supply issue has been resolved in addition to educating staff on downtime procedures
- The Committee received an overview of the *Protecting Canadians from Unsafe Drugs Act* (Vanessa's Law). In-services have been done hospital-wide

8.1.1 Quality Committee Terms of Reference – Revised

The Quality Committee Terms of Reference were revised to clarify that ‘voting members’, referenced in the document, refers to ‘voting members of the Committee’.

MOVED by **Bruce Millar** and **SECONDED** by **Elise Guest** that the Quality Committee Terms of Reference be approved with the following amendment:

Reference to ‘voting members’ should be changed to clarify it is voting members of the Committee.

CARRIED.

8.1.2 2020/21 Patient Care Information Plan

WDMH is required to develop and publicly post our Patient Care Improvement Plan (PCIP) for 2020/21 by April 1, 2020.

The 2020/21 PCIP was developed with input and support from staff and physicians, including Medical Advisory Committee (MAC), Medical Staff Organization (MSO), Patient and Family Engagement Committee (PFEC) and quality teams. The proposed indicators for 2020/21 were presented and rationale was provided for the following new indicators:

- 50th Percentile Time to Inpatient Bed for ER Admissions
- OR Scheduling Accuracy

MOVED by **David Wattie** and **SECONDED** by **Elise Guest** that the 2020/21 Patient Care Improvement Plan be approved as presented.

CARRIED.

8.2 Medical Advisory Committee

Highlights from the Medical Advisory Committee meetings were included in the agenda package and distributed prior to the meeting.

The 2020-21 Annual Reappointment is currently underway. Professional staff will utilize the online tool which now includes online assessment by the Chiefs. The legislated learning requirements have also been deployed and are required for completion for re-appointment.

Coronavirus has impacted the safety of all professional staff. The Medical Advisory Committee has decided that, going forward, N95 mask fit testing is a requirement of credentialing and will be mandatory for re-appointment in 2021-22.

8.2.1 Professional Staff Appointments

A number of new physician recruits were presented for approval. Approving privileges is one of the most important roles of the Board. The Medical Advisory Committee takes the approval of privileges seriously and all applications have had careful scrutiny.

MOVED by **Dr. B. Devin**, **SECONDED** by **Bruce Millar**, that the following physician privileges be approved:

- *Dr. Anuj Dixit, Term without Admitting Privileges, Department of Medical Imaging*
- *Dr. Sarah Paluck, Locum without Admitting Privileges, Department of Surgery – Surgical Assist*
- *Dr. Kevin Farah, Term without Admitting Privileges, Department of Medical Imaging*
- *Dr. Nitai Gelber, Locum with Admitting Privileges, Department of Family Medicine with Cross Appointment in Obstetrics*
- *Dr. Chidam ‘Chuck’ Yegappan, Term without Admitting Privileges, Department of Anaesthesia*
- *Dr. Arif Awan, Regional Affiliate without Admitting Privileges, Department of Internal Medicine – Oncology*
- *Dr. Karen Drodge, regional Affiliate without Admitting Privileges, Department of Internal Medicine – Oncology*
- *Dr. Joanna Gotfrit, Regional Affiliate without Admitting Privileges, Department of Internal Medicine – Oncology*
- *Dr. Wendy Lambert, Regional Affiliate without Admitting Privileges, Department of Internal Medicine – Oncology*
- *Dr. Lucille Robillard-McNalty, Regional Affiliate without Admitting Privileges, Department of Internal Medicine – Oncology*
- *Dr. Marie-France Savard, Regional Affiliate without Admitting Privileges, Department of Internal Medicine – Oncology*
- *Dr. Caitlin Moran, Locum with Admitting Privileges, Department of Family Medicine*
- *Dr. Heather Mount-Bastianelli, Regional Affiliate without Admitting Privileges, Department of Internal medicine – Oncology*
- *Dr. Katherine Soltys, Regional Affiliate without Admitting Privileges, Department of Internal Medicine – Oncology*

CARRIED.

MOVED by **Dr. B. Devin**, **SECONDED** by **Bruce Millar** that the following modifications to privileges be approved:

- *Dr. Wayne Domanko from Active with Admitting Privileges, Department of Family Medicine to Active without Admitting Privileges, Department of Surgery – Surgical Assist*
- *Dr. Jessica Huggan from Locum with Admitting Privileges, Department of Internal medicine to include Cross Appointment in Family Medicine*

CARRIED.

Two physicians and one Midwife are concluding privileges at WDMH – Dr. Meaghan Brown, Dr. Sampa Das, and Ms Sarah Tucker.

8.2.2 Chief of Internal Medicine

On November 21st two candidates were interviewed for the Chief of Internal Medicine position by:

- Doctors Domanko, Ingram-Crooks, MacLean, Moussette and Devin
- Board members Holly Brown and Elise Guest
- Patient Representative Bonnie Van Moorsel
- Maureen Taylor-Greenly (Interim VP Clinical)
- Cholly Boland

Following the interviews, the Selection Panel was impressed with both candidates and felt that either applicant would be a competent Chief. Subsequent conversations were held with both candidates and one of the candidates withdrew from consideration. Dr. Rimon Ghattas confirmed his interest and suitability, with a good understanding of the scale of the WDMH Internal Medicine program as well as a clear, defined development path for the program.

The panel recommended to the Medical Advisory Committee (MAC) that Dr. Rimon Ghattas be appointed as the Chief of Internal Medicine. The MAC subsequently passed a motion to recommend to the Board that Dr. Ghattas be appointed as Chief of Internal Medicine.

A motion was sent to all Board members on January 21st, 2020 to confirm Dr. Rimon Ghattas as the new Chief of Internal Medicine.

MOVED by **Lynn Dillabough**, **SECONDED** by **Elise Guest** that Dr. Rimon Ghattas be appointed as Chief of Internal Medicine.

In favour: 11

Opposed: 0

Abstentions: 1

CARRIED.

8.2.3 Chief of Emergency

Dr. Crystal Doyle, Chief of Emergency medicine completed her first term on January 8, 2020 and wishes to renew her term for three years. The Medical Advisory Committee recommended her appointment for a second, three year term January 9, 2020 to January 8, 2023.

MOVED by **Dr. B. Devin**, **SECONDED** by **Elise Guest**, that Dr. Crystal Doyle be appointed Chief of Emergency for a second, three year term January 9, 2020 to January 8, 2023.

CARRIED.

8.3 **Medical Staff Organization**

No issues reported. Awaiting further direction related to the Clinical Information System and will then move forward.

8.4 Finance Report

8.4.1 Financial Statements – Third Quarter

The hospital's financial results for the period ended December 31st, 2019, shows a surplus from hospital operations of \$265,502 which is favourable by \$184,299 from the approved budget. The factors attributing to the net variance were reviewed in detail. Of significance is the \$1.4M (one time funding) received from Cancer Care Ontario which was utilized and accounts for the significant over-budget items in the expenses.

8.4.2 2020/21 Operating Plan

The preliminary budget for the year end March 31, 2020 is projected to result in a surplus from hospital operations of \$6,081 and a deficit from all fund types of \$(168,724).

The Revenue and Expenditure assumptions were reviewed. The 2020/21 Operating Budget assumes that the hospital will successfully complete all of the allocated Quality Based Procedures from the Ministry of Health.

MOVED by **Bruce Millar**, and **SECONDED** by **David Wattie** that the 2020/21 Operating Plan be approved, thereby approving the hospital's 2020/21 Hospital Annual Planning Submission (HAPS) and the execution of the 2020/21 Hospital Services Accountability Agreement (HSAA).

CARRIED.

8.4.3 2020/21 Capital Budget

Each year the hospital compiles a capital listing which prioritizes the expected annual capital purchases for the year. This is externally funded through the Foundation as well as the Auxiliary.

All submissions were compiled and reviewed by a working group established for the review process. The working group consisted of all leadership members (including managers, team leaders, senior managers, and Chief Physicians).

The proposed capital list was presented to the Board. The list includes all high, medium and low priority items and contains a contingency in the amount of \$100,000.

MOVED by **Bruce Millar** and **SECONDED** by **Holly Brown** that the 2020/21 Capital Equipment Plan totalling \$1,206,226 be approved as presented.

CARRIED.

9. Report of the CEO

9.1 Strategic Priorities Quarterly Update

The Strategic Priorities quarterly report was distributed in advance with the agenda. In addition to the written report, C. Boland highlighted the following:

- Legislation is being proposed to change the criteria for MAiD (Medical Assistance in Dying)

- The Chair of The Ottawa Hospital and Dr. J. Brewer, TOH's Chief of Family Practice have connected with us to learn about our success with Alternate Level of Care
- Chris Barkley, Executive Assistant to the Board, will retire at the end of May

10. Report of Foundation

The Foundation's financial position remains positive. The annual signature event will be held in June. Board members are encouraged to support this event.

11. Report of Auxiliary

The Auxiliary Report was distributed with the agenda.

12. Governance

12.1 Executive Committee Minutes for Information

The minutes of the February Executive Committee meeting were received for information.

12.2 2020/21 Corporate Memberships

In accordance with Article 2 of the Administrative Bylaws, those persons who make application for admission as a Corporate Member must meet the specified qualifications and be approved by a resolution of the board. A call for Corporate Membership was placed in local newspapers and on the hospital's website for two consecutive weeks in February 2020. Board members received the list of Corporate Membership renewals and new applications prior to the meeting.

MOVED by **David Wattie** and **SECONDED** by **Bruce Millar** that the 2020/21 Corporate Memberships be approved as presented.

CARRIED.

12.3 Board Policy Review

A subcommittee of the Board has completed a review of the Board Policies. Recommended changes will be presented for approval at the May Board meeting.

12.4 Meeting Evaluation Results – November 26, 2019

The results were reviewed. No questions came forward.

12.5 Meeting Evaluation – February 25, 2020

A link to the February 25th meeting evaluation will be sent to Directors to complete.

12.6 Annual Director Self-Evaluation & Skills Matrix

The Annual Director Self-Evaluation Tool and Skills Matrix were distributed with the agenda. A link to an electronic version will be sent to all Directors.

13 Conference / Workshop Reports

No report.

14 Report of RHI Board

The Honourable Merilee Fullerton will attend Dundas Manor to announcement the approval of the redevelopment.

15 In Camera

Board Directors were asked to remain for an in camera discussion following adjournment of the meeting.

16 Communication & Public Relations Considerations

16.1 Key Themes from Meeting

- *Great lessons learned from patient stories*
- *Good discussion on governance and look forward to broader discussion at the Education Workshop in April*
- *Quality Committee continues to place a focus on patient and family satisfaction*
- *Hospital is in a positive financial position*
- *Approval of new Chief of Internal Medicine and Chief of Emergency*
- *Approved 2020-21 Patient Care Improvement Plan*

17 Next Meeting

The next meeting of the Board is May 26, 2020.

18 Adjournment

There being no further business the meeting adjourned at 7:20 p.m.