

WDMH Board of Directors Minutes
Tuesday, September 24, 2024 @ 5:00 p.m.
Dillabough Board room

Present:	Louise Arsenault, Annik Blanchard, Michelle Blouin, Cholly Boland, Janie Desroches, Dr. Brian Devin, Trisha Elliot, Bruce Millar, Jennifer Milburn, Michelle Perry, Tyson Roffey, David Wattie, Bill Woods
Guests:	Brandon Bignell (BDO), Shannon Horsburgh (WDMH), Anna Vanderveen (BDO)
Regrets:	Andrea Jewell, Dr. Geoffrey Peters, Eric Stevens, Brenda Toonders, Tamara Williams
Resource:	Lori-Anne Van Moorsel

No.	Item
1.0	<p>Call to Order</p> <p>J. Milburn called the meeting to order at 5:05 p.m. A land acknowledgment was conducted by J. Milburn and will be included at future meetings.</p> <p>Kelly Goulet was welcomed to her first Board of Directors meeting and round table introductions took place.</p>
2.0	<p>Declaration of Conflict of Interest</p> <p>None declared.</p>
3.0	<p>Agenda Check-In</p> <p>The September 24, 2024, Board of Directors agenda was approved by consensus.</p>
4.0	<p>Review of Minutes:</p> <p>Moved by T. Roffey, seconded by D. Wattie, that the June 25, 2024 meeting minutes be approved as presented. All in favour.</p> <p style="text-align: right;"><u>Carried</u></p>
5.0	<p>Business Arising</p> <p>None.</p>
6.0	<p>Board Education</p> <p>Enterprise Risk Management</p> <p>Brandon Bignell and Anna Vanderveen from BDO Canada LLP presented key concepts in Enterprise Risk Management (ERM).</p> <ul style="list-style-type: none"> • ERM includes the processes, systems and controls in place to identify, manage and monitor risks that arise from an organization's objectives. • The intent for ERM is to ensure compliance, improve efficiency and enable both informed decision making and informed risk taking. • You can manage risk with the organization by establishing risk appetite and risk tolerance and build ERM Framework. • Overall, the ERM Framework is driven by, and accountability belongs with the Board of Directors. The three lines of defense for ERM Framework include: <ol style="list-style-type: none"> 1. Operational Management 2. Risk Management and Compliance 3. Internal Audit

	<ul style="list-style-type: none"> Hospital risks generally fall under patient safety, regulatory compliance, financial risks, operational disruptions and cybersecurity threats.
7.0	<p>Patient Story</p> <p>Shannon Horsburgh, Clinical Manager of Emergency, Family Birthing, Hemodialysis, Laboratory and Respiratory Therapy at WDMH shared the story of a 69-year-old non-responsive patient and her family that presented in the Emergency Department. Several difficult discussions with the patient's family occurred about whether to continue life-saving measures.</p> <p>Some lessons learned from this patient include</p> <ul style="list-style-type: none"> Taking more time to explain WDMH policy on intubation, etc. as well as sharing with family members the limitations WDMH has related to care we can provide More staff should have 'Goals of Care' training and how to have difficult discussions with patients. Patients and families in this situation require a dedicated resource for these discussions for several hours. This would be difficult to manage afterhours.
8.0	<p>Board Reports</p>
	<p>8.1 Quality Committee Report</p> <p>The September 2024 Quality Committee Report was received for information. J. Milburn summarized the report and noted that there will be fall education: 'What is quality?'. The hospital's achievement of being outbreak free since 2015 was commended as well as kudos were shared with Dr B Devin for his diligence in bringing chart deficiencies down to a manageable number.</p>
	<p>8.2 Medical Advisory Committee Report</p> <p>A new Dermatology clinic will start accepting referrals this fall with Dr Gabrielle Veillet-Lemay. Dr Lemay will begin with monthly clinics.</p> <p>RFP for a replacement CT scanner is underway. Planning also continues for best options to manage downtime and maintain CT services during the removal and installation process.</p> <p>Mental Health Services via OTN resumed in June. This service is offered two days per week.</p> <p>WDMH has had some concerns with transfer delays related to new Paramedic Services call triage standards, and WDMH is not the only one experiencing the issues. Regional discussions clarified some of the requirements and the situation appears to have recently improved.</p> <p>WDMH is investigating or is in early stages of introducing several services including:</p> <ul style="list-style-type: none"> <i>GLA:D rehabilitation</i> is rehab for non-surgical hip and knee osteoarthritis patients to identify candidates for research. <i>Remote Care Monitoring</i> allows COPD, CHF and Diabetes patients to be monitored at home by a nurse. <i>Kids come first</i> for surgeries to alleviate pressures in wait times for pediatric surgery. Currently reviewing feasibility of participating. <i>Essential Caregivers</i> is a regional initiative with the Great River Ontario Health Team to incorporate caregivers as part of the patient's care team. <p>There are many discussions occurring among our community physicians regarding the Physician's Service Agreement and the requirement for after hours billing in community clinics. The after hours care in hospital will no longer be considered contributory for this service therefore there is a risk to community physicians withdrawing service to our hospital.</p>

8.3**Professional Staff Appointments**

Moved by B. Millar, seconded by D. Wattie that the following professional staff appointments be approved as presented. All in Favour.

Carried

Dr Jeanne Barbeau-Cote, Associate with Admitting Privileges, Department of Family Medicine with Cross Appointment in Obstetrics

Dr Julie Crevier, Term with Admitting Privileges, Department of Family Medicine with Temporary cross appointment in Emergency Medicine for completion of the ED Mentorship Program

Dr Vincent Della Zazzera, Term without Admitting Privileges, Department of Obstetrics restricted to reading of Obstetrical Ultrasounds

Dr Alexander Friesen, Term with Admitting Privileges, Department of Family Medicine

Dr James Gilbertson, Temporary without Admitting Privileges, Department of Emergency Medicine under clinical supervision of Dr Nicholas Schouela until June 30, 2025

Dr Kevin Guo, Temporary without Admitting Privileges, Department of Emergency Medicine under clinical supervision of Dr Nicholas Schouela until June 30, 2025

Dr Winnie Li, Locum with Admitting Privileges, Department of Obstetrics & Gynecology with Cross Appointment in Surgery

Dr Gabrielle Veillet-Lemay, Term without Admitting Privileges, Department of Internal Medicine – Dermatology

Dr Alexandra Wudwud, Temporary without Admitting Privileges, Department of Emergency Medicine under clinical supervision of Dr Nicholas Schouela until June 30, 2025

Dr Danielle Wuebbolt, Locum with Admitting Privileges, Department Obstetrics & Gynecology with Cross Appointment in Surgery

Changes to Credentialed Staff Privileges for Approval:

Moved by B. Millar seconded by T. Roffey that the following changes to professional staff appointments be approved as presented. All in Favour.

Carried

Dr Lisa Choi

From: Term without Admitting Privileges, Department of Surgery – Surgical Assist

To: Term with Admitting Privileges, Department of Family Medicine

Dr Carlos Cunha

From: Active with Admitting Privileges, Department of Family Medicine

To include: Cross appointment in Anesthesia restricted to procedural sedation

Dr Shelby Allison

From: Associate with Admitting Privileges, Department of Family Medicine

To: Active with Admitting Privileges, Department of Family Medicine

Dr Sylvie de Moissac

		<p>From: Term with Admitting Privileges, Department of Family Medicine To: Associate with Admitting Privileges Department of Family Medicine</p> <p>Dr Julie Ingratta From: Temporary without Admitting Privileges, Department of Emergency Medicine under clinical supervision of Dr Nicholas Schouela until June 30, 2025 To: Term without Admitting Privileges, Department of Emergency Medicine</p> <p>Dr Francis Lebrun From: Term with Admitting Privileges, Department of Family Medicine with Temporary Cross Appointment in Emergency Medicine for ED Mentorship To: Term with Admitting Privileges, Department of Family Medicine with Cross Appointment in Emergency Medicine</p> <p>It was also noted, for information, the following credentialed staff privileges will conclude.</p> <p>Ms Deya Gauvin, Associate Midwife, Department of Obstetrics effective October 16, 2024</p> <p>Ms Elizabeth Leblanc, Associate Midwife, Department of Obstetrics effective immediately</p>
	8.4	<p>Medical Staff Organization Nothing to be reported at this time.</p>
9.0	Finance Report	
	9.1	<p>Financial Statements M Blouin shared her report on the hospital's finances explaining the progression of the deficit since 2019. The current \$1.25M deficit can be attributed to costs in overtime, sick time, an increase in laboratory testing, Bill 124 pay out, and borrowing expenses.</p> <p>WDMH's attendance management plan will be reimplemented to reduce sick time costs and the need for overtime. Overtime expenses have increased from time and half to double time payments.</p> <p>C Boland noted that in a July provincial meeting with Assistant deputy minister of Health, hospitals were advised not to make any reductions nor any plans for reductions in services. The first half of funding for recovery from Bill 124 expenses has been received and WDMH awaits announcement for second installment to reconcile the cost of this initiative.</p> <p>CEOs meet regularly and collaborative pleas to the government continue with letters and requests for meetings. J Milburn to send a letter on behalf of the Board of Directors regarding WDMH's financial situation and our need for one-time funding.</p>
	9.2	<p>Collaborative Benefits M Blouin shared that the hospital is moving to a collaborative, provincial benefit plan in hopes to reduce the cost of premiums for the hospital as well as staff members. There will be no changes to the plan coverage with Blue Cross and will go live on November 1st. WDMH has been assured that Blue Cross will be sufficiently staffed to manage many questions and requests from our members. Negotiations for any changes going forward will be conducted through central bargaining.</p>
10.0	New Business	
	10.1	Clinical Reconfiguration

		<p>J Desroches presented plans for WDMH's Clinical Reconfiguration.</p> <ul style="list-style-type: none"> • Move Complex Continuing Care to same physician area as Med/Surg • Move Enhanced Care Unit back to original location adjacent to Emergency • Move Labour & Delivery to be with Post-Partum in current Complex Continuing Care Unit • Current Labour & Delivery to become dedicated space for outpatient services including Cardiac <p>Benefits of this initiative include</p> <ul style="list-style-type: none"> • Facilitation of staffing and mutual support between Med/Surg / Complex Continuing Care as well as Labour & Deliver/Post-Partum • Increase support for more acute patients in Enhanced Care Unit • Address inefficiencies of resource distribution and staff concerns of working alone • Allow space for growth of programs <p>There will be costs incurred to renovate certain spaces but is expected that there will be savings realized in staffing costs. Working groups are meeting to formalize plans and identify workflow changes prior to the move to minimize any disruption of services.</p>
11.0	Report of the CEO	
	11.1	<p>2023-2024 Strategic Priorities Update</p> <p>2023-2024 update was circulated with the meeting package. C Boland highlighted that WDMH currently has only 2 FTE vacancies. Staff retention survey and action plan will be presented at the November meeting.</p>
	11.2	<p>2024-2025 Strategic Priorities</p> <p>C. Boland presented the following proposed 2024-2025 strategic priorities.</p> <p>Quality Services</p> <ul style="list-style-type: none"> • Meet Patient Care Improvement Plan (PCIP) and Sr Friendly Plan Targets • Implement at least one RNAO spotlight best practice • Achieve Exemplary Accreditation • Continue advocating for MRI <p>Our People</p> <ul style="list-style-type: none"> • Focus on retention of our people, including providing broader range of education and professional development and more on-site wellness activities • Act on the results of the Employee and Professional Staff Retention Surveys • Continue to pursue strategies to prevent workplace incidents • Reconfigure clinical units <p>Partnership / Integration</p> <ul style="list-style-type: none"> • Continue to work actively with regional partners, including collaboration with Dundas Manor and the Great River Ontario Health Team <p>Accountability</p> <ul style="list-style-type: none"> • Focus on Hospital costs • Explore technologies, such as artificial intelligence • Review, communicate and act on findings of critical events

		<p>Moved by D. Wattie, seconded by B. Millar, that the 2024-2025 Strategic Priorities for WDMH be approved as presented. All in favour.</p> <p style="text-align: right;"><u>Carried</u></p>
	11.3	<p>Cybersecurity Update</p> <p>M Blouin shared an update regarding WDMH's downtime due to the worldwide CrowdStrike crash on July 19th. The incident affected the entire hospital and downtime procedures were initiated when/where possible. Many of WDMH's vendors were impacted however Epic services were functional on certain WDMH computers. Post-evaluation of the situation provided many ideas for prevention.</p> <p>A second, brief Code Grey occurred following this incident and involved a power pump failure.</p> <p>C Boland provided additional CEO update as follows:</p> <ul style="list-style-type: none"> • Download and storage of WDMH historic patient information from our previous Electronic Medical Record vendor, QCPR, is expected to be complete by TOH in February 2025. This will produce several thousands of dollars of monthly savings in storage fees to QCPR. • RSV season is upon us and vaccinations for influenza and COVID-19 are expected to be available in October. It is noted that, fortunately, Covid has not been a great concern at WDMH recently. • Board members are invited to RSVP and attend the Annual Service Awards for staff taking place in Chesterville on October 17th. This will be the first in-person awards night since 2019 and is always a fun event to celebrate our wonderful staff. • CEO's office and Board of Directors have been supported in a shared capacity in recent months. Going forward, Lori-Anne Van Moorsel will take on Executive Assistant to CEO / Board until Amy Lafleche's return.
	12.0	<p>Foundation Report</p> <p>T Elliot highlighted the activities and financial updates presented in the Foundation's report for the Board.</p>
	13.0	<p>WDMH Auxiliary Report</p> <p>L Arsenault shared some of the upcoming highlights of the Auxiliary's planned events. She also noted that Kelly Durant is the new Auxiliary Secretary and Carol Dawley was acknowledged for contributions as the outgoing secretary.</p>
	14.0	<p>Report of the RHI Board</p> <p>The Dundas Manor new build is on schedule and currently under budget. The foundation has raised almost \$14 million.</p>
	15.0	<p>Governance</p>
	15.1	<p>Executive Committee Minutes</p> <p>The September Executive Committee minutes were received for information. One minor revision was noted.</p> <p>C Boland noted that WDMH will go through Accreditation in fall 2025. In preparation for this, a review of Board policies and procedures will occur, and he is seeking volunteers to participate in the Policy & Procedure Review Committee. A Blanchard, K Goulet, T Roffey and D Wattie noted they would participate. More information to follow to coordinate policy review.</p>

	15.2	Board Evaluation Results Evaluation results have been circulated with the agenda for the May 2024 Board meeting as well as the 2023-24 year in review.
16.0	Communications & PR Considerations Key items for communication include broadly sharing the Strategic Priorities for 2024-2025 as well as the plans for Clinical Reconfiguration.	
17.0	Next Meeting: Regular Board Meeting: Tuesday November 26, 2024 @ 5:00pm, Dillabough Board Room	
18.0	Adjournment J. Milburn called the meeting to a close at 7:22 p.m.	