



MINUTES of the **BOARD OF DIRECTORS** meeting held on **Thursday, April 01, 2021**, 17:00 hours, via ZOOM, live streamed on YouTube.

PRESENT VIA ZOOM:

Anthony Paniccia, Chair

Genevieve Isshak

Paul Lachance

Michael Lavoie

Penny Allen

Cynthia Bissonnette

Dr. Laurie Freeman

Arvind Arya

Dan Wilson

Pam Skillings

Dr. Wassim Saad (ex-officio, non-voting)

David Musyj (ex-officio, non-voting)

Karen Riddell (ex-officio, non-voting)

Dr. Larry Jacobs (ex-officio, non-voting)

Dr. Anil Dhar (ex-officio, non-voting)

STAFF VIA ZOOM:

Executive Committee

REGRETS:

Patricia France

1. CALL TO ORDER:

The meeting was called to order at 1700 hours with Mr. Paniccia presiding as Chair, and Ms. Clark recording the minutes.

The 12th Annual Hats on For Healthcare launched yesterday. This will be a month long on-line campaign this year instead of the traditional one-day event. Go to the WRH website for more information.

Mr. Paniccia stated that Dr. Disc is selling T-shirts in their original nurse design for \$20.00 at their store, in support of the WRH Foundation's COVID-19 assistance fund.

**2. PRESENTATION: Ms. Petrakos and Dr. M. McCaffrey and Jen Trkulja
“Same Day Home Joints Plot Project”**

Ms. Petrakos lead the presentation. Also joining were Dr. McCaffrey, Sub-Section Chief of Orthopaedics and Jen Trkulja, Director of Perioperative.

Hospitals in Ontario Health West had an opportunity to develop and present plans with the focus to decrease the backlog of surgical patients. In OH West, we decided on a regional approach instead of an individual hospital focus. The pilot project “SAME DAY HOME JOINT REPLACEMENT” project was initiated in 17 hospitals. With the financial support of OH West and ESC sub region WRH was able to access funds to purchase equipment to support this project. WRH will increase the volume of same day home shoulder and begin same day home hip/knee joint replacement surgeries.

This is evidence-based standard of care and increases access to care for patients needing a bed.

WRH implemented hip/knee surgeries on March 15. As of yesterday, we completed 6 hips and 10 knees, with an 83% success rate for hips (5/6 discharged home same day) and 90% success rate for knees (9/10 discharged home same day).

.From January 01 to March 31, we have completed 37 shoulders with a 100% success rate.

Dr. McCaffrey stated that COVID has made us look at different ways for access for our patients. Same day is not a new model; it has been used in the U.S., Hamilton, London and Toronto. We have had great success with excellent feedback from patients. We hope this is something we can expand into the future.

Board question: In discharge planning, do you have homecare arrangements or is that necessary?

Response: We do follow up calls with patients next day. Their plan of care is already set up when they go home. We have not had any issues so far.

Ms. Petrakos added with inclusion criteria, you have to hand pick the patients. They have to fit a certain criteria so they will be successful. They need to have support at home.

Dr. McCaffrey added that an anaesthesiologist or physiotherapist can potentially take the patient out of the pathway if they feel the patient will not be successful. There has to be consensus that the patient is a good candidate.

When discharged, patients have a contact number if they get into crisis or they have any questions.

Their care partner has to be included in the pre-op appointment.

Dr. McCaffrey stated that wait lists have increased because we cannot get patients into the system. Out-patient surgery will be a huge benefit.

A copy of the presentation is appended to these minutes.

PRESENTATION: EVOLVE – update:

EVOLVE will standardize both campuses to the same system and replace two outdated systems. We will be going from paper to electronic. Regionalization of the hospital chart will be available across the system vs the current system of paper charting, which is slow and only one person can be in the chart at one time. We also have standardized order sets. We will be saving a lot of time. This will be more efficient for our staff. Having a connected patient record across the system is important.

Board question: Will physicians have to get EVOLVE in their offices?

Dr. Saad Response: All hospitals will be connected. Physicians have their own system in their offices. No one has this private EMR in their offices.

3. DECLARATIONS OF CONFLICT OF INTEREST:

None declared.

4. PREVIOUS MINUTES:

The minutes of the March 04, 2021 Board meeting had been previously circulated.

MOVED by Mr. M. Lavoie, **SECONDED** by Mr. P. Lachance and **CARRIED** THAT the minutes of the March 04, 2021 Board of Directors meeting be approved.

5. REPORT FROM THE PRESIDENT & CEO:

Mr. Musyj reported.

EVOLVE: any implementation of electronic health records is difficult. We will not make everyone happy and implementation will probably not go smoothly. There will be bumps/hurdles and weeks/months working out various issues. WRH will go last of the group of hospitals in our region, so that we can learn from the others. We did not count on the pandemic though. Everyone has done an amazing job. This implementation will be complicated. We have to recognize that as a team. Any hospital that has implemented this will tell you it will not be easy.

Announcement re: moving to Stage 2: \$9.8 million will be set aside for necessary planning. We have already had good discussions with the capital group at the Ministry of Health. We will put into words how the hospital should function and operate. We will then hand those words to an architect who will use them to design the hospital. The clinical teams are actively engaged in the functional programs. We will also engage the community in the areas/programs of interest.

The whole province as of 12:01 Saturday will go into a lockdown. Our numbers locally are lower on a daily basis. We have 8 current COVID patients in hospital as of today. But our residents are being grouped in with the rest of the province for the lockdown. You cannot isolate one part of the province because people from outside will travel into another community.

Mr. Musyj reflected on Wave 2. The overall inpatients continued to increase with a peak ICU census on January 15 (421 patients in ICU's).

We are in active discussions with respect to our role provincially to help across the province. We are one of the hospitals that can help and take patients. There is an IMS structure for the western region. The team speaks daily about how they can help. If we need to take patients from outside our region, we are ready.

Looking forward:

Mr. Musyj stated we are in an artificial bubble. One week ago, we had 8.7% variants of concern (VOC) of COVID; one of the lowest in the province.

Key findings:

The 3rd wave is here and is being driven by a VOC.

Outside W/E, younger residents are being admitted. The risk of death is 1.5 times higher for the B.1.1.7 variant.

COVID 19 hospitalizations and ICU occupancy are increasing.

COVID-19 patients admitted to ICU's continue to get younger. Currently, that number is 73, but in December 2020, it was 45. We do not want to see this in W/E like it is in the rest of the province. Hopefully the 28 day lockdown will help us not get to that point. The lockdown is being implemented across the province.

Dealing with surgical backlog:

We have been able to implement same day surgery. We can try to do more and more cases. The lockdown will not affect our surgeries, but if we have to take people from outside the region, that will have an effect.

Board question: A lot of this is predicated with the rollout of vaccines across the province. Any word on increasing that?

Mr. Musyj Response: We continue to try to promote ages 70+ to get the vaccine. There are many news stories re: Astra Zeneca which impacts opinions of other vaccines, plus the issue of delaying the 2nd dose to 4 months is being talked about. Our numbers are low in W/E, and some people think we are fine. We are actively promoting vaccines and trying to reduce the stigmas out there. There are active discussions about reducing the age group.

We are using up every vaccine in our freezers. We have put a lot of vaccines in a lot of arms compared with the rest of the province. It is easy to book your vaccination on-line. Call 226-773-2200 to book your vaccination. Please show up just 15 minutes before your appointment, or even go a little late. You will be in and out quickly.

6. REPORT FROM SCHULICH:

Dr. Larry Jacobs reported. Highlights are below:

The 4th year students are on target to graduate as expected. They will have Match Day on April 20.

Schulich is excited about Stage 2 of the new hospital. Dr. Jacobs added that Schulich is still hopeful about internationalizing their campus and hope in a couple of years to have U.S. students.

7. Financial Presentation – as of February 28, 2021.

Ms. Allen reported.

Slide 2 – Statement of Operations Overview:

- Y-T-D deficit for hospital operations: \$14,986,000
- Revenue: \$16.6 million favourable Y-T-D
- Total expenses: \$31.5 million unfavourable - largest variance in salaries and wages
- COVID-19 unfunded expenses to date: \$14.4 million
- Deficit after building amortization: \$17,325,000
- If unfunded COVID-19 expenses had been funded as incurred, YTD deficit would have been \$2.9 million and a positive hospital margin of \$1,349,000

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

- Slide showed an overview of various revenue and expense lines indicating what has been funded and what has not.

Slide 4 – Y-T-D Revenue:

- Base and one-time funding:\$13.9 million favourable to date
 - WRH has received \$27.3 million in COVID-19 re-imbursements for period April to November 2020. These revenue are included in one-time funding.
 - In February, we recognized \$1,250,000 in one time funding for the 20% premium which is being paid for elective and cancer surgery QBP for volumes which exceeded 50% of funded volumes. This premium is part of a Ministry program to provide incentives where possible to catch up on elective volumes.
 - Volume-related funding shortfalls in Urgent/emergent QBP's: \$3.9 million and there is a \$820,000 shortfall for Complex Malignant Hematology (Leukemia) funding.

Slide 5 – Y-T-D Revenue (cont'd):

- Patient Services revenue is favourable Y-T-D: \$834,000 and \$217,000 in the month. To date, WRGH has received \$1,950,000 from the Ministry to cover uninsured services during April to October 2020.
- Drug Re-imbursements: favourable \$3.7 million, however these are offset by increased drug expenses.
- Other recoveries: favourable \$304,000 Y-T-D. This includes Y-T-D Pharmacy recoveries which are \$3.2 million favourable. However, these are offset by the deficits in parking and retail food operations which total \$2.9 million to date.

Slide 6 – YTD Expenses:

- Salary & wages unfavourable:\$13.5 million Y-T-D
 - \$1.4 million unfavourable in February and includes the following:
 - COVID-19 screening staff, patients and visitors, staffing of the Assessment Centres and the Vaccine Centre: \$693,000
 - COVID-19 SICK and isolation pay: \$119,000 in the month
 - Higher inpatient Medicine and Critical Care staffing due to a surge in COVID-19 patients: \$478,000
- Medical staff remuneration: \$2.9 million unfavourable in the month due to \$2.5 million in COVID-19 physician payments. The majority of these payments have been funded by the Ministry.
- Med/Surg supplies unfavourable Y-T-D by \$2.3 million
 - Savings in perioperative programs, interventional radiology and Cardiac Cath Lab are \$3.89 million to date.
 - These savings are offset by incremental spending on PPE of \$3.7 million and \$4.1 million for N95 masks.

Slide 7 – Expenses (cont’d):

- Drugs are \$6 million unfavourable to date. Most of this variance has revenue recoveries either from our retail pharmacies or from the Ministry of Health in the chemotherapy and renal programs.
- Other Supplies - \$759,000 unfavourable overall and \$627,000 unfavourable in the month. Major deficits are summarized:
 - \$199,000 for referred out cataract cases
 - \$147,000 building service equipment (COVID-19 related)
 - \$142,000 in higher laundry costs
 - \$130,000 in lab supplies

Slide 8 –Patient Access Measured by our LOS:

- Met and Ouellette acute care are over the expected LOS while psychiatry programs are under the expected LOS.

Slide 9 –Patient Volumes:

- Chart compares year over year to February and the difference which is below target.

Slide 10 – Sick/Overtime and FTE’s:

- Sick and overtime are worse than target at both campuses.
- 9% of total paid sick hours to date are due to COVID-19
- If COVID-19 sick costs were removed, sick time percentages would be 5.5% at Met and 5.6% at Ouellette

MOVED by Ms. P. Allen, **SECONDED** by Mr. M. Lavoie and **CARRIED**
THAT the April 01, 2021 Financial Presentation (as of), be accepted.

Mr. Lachance departed the meeting at 1810 hours.

8. CONSENT AGENDA:

MOVED by Ms. P. Allen, **SECONDED** by Mr. M. Lavoie and **CARRIED**
THAT the report from the March 22, 2021 Finance/Audit & Resources Committee meeting be accepted.

9. CORRESPONDENCE/PRINTED MATTER:

- a) Media Report

10. BOARD MEMBER QUESTIONS, COMMENTS OR NOTICES OF MOTIONS:

None

11. DATE OF NEXT REGULAR MEETING:

Thursday, May 06, 2021, 1700 hrs VIA: ZOOM

12. ADJOURNMENT:

There being no further business to discuss, it was

MOVED by Ms. G. Isshak, **SECONDED** by Mr. D. Wilson and **CARRIED**
THAT the April 01, 2021 Board of Directors meeting be adjourned at 1816 hours.

Anthony Paniccia, Chair
Board of Directors
/cc

Cheryle Clark
Recording Secretary

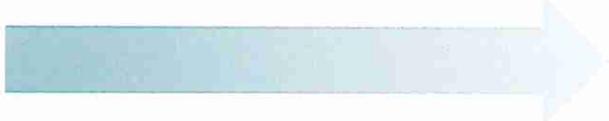
Same Day Home (SDH) Total Joints

April 1, 2021

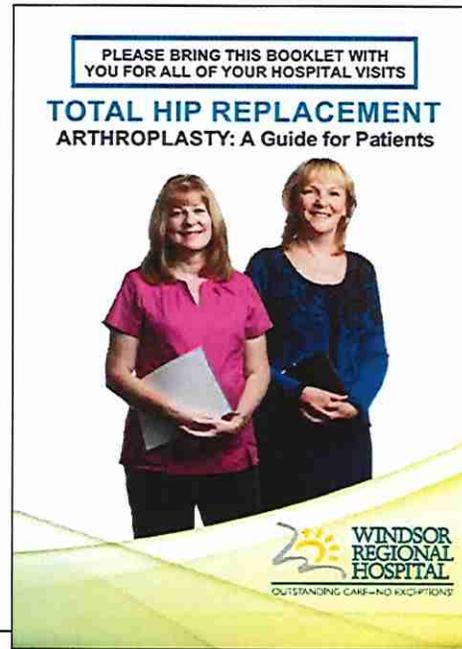
Ontario West Surgical Efficiency Initiative

- Pilot Sites
- WRH - Increase Volume Same Day Total/Reverse Shoulder Replacements
- WRH - Implement Same Day Total Hip/Knee Replacements
- \$150,000 in Ontario Health funding to purchase equipment to support the above orthopedic cases

Same Day Home Process Highlights



- Inclusion / exclusion criteria
- First scheduled surgery of the day
- Standardized pre-op medication / anesthesia
- Standardized post-op order set & patient education
- Dedicated location & care team
- Standardized discharge criteria
- Outpatient physiotherapy & follow up phone call/survey



WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE - NO EXCEPTIONS!

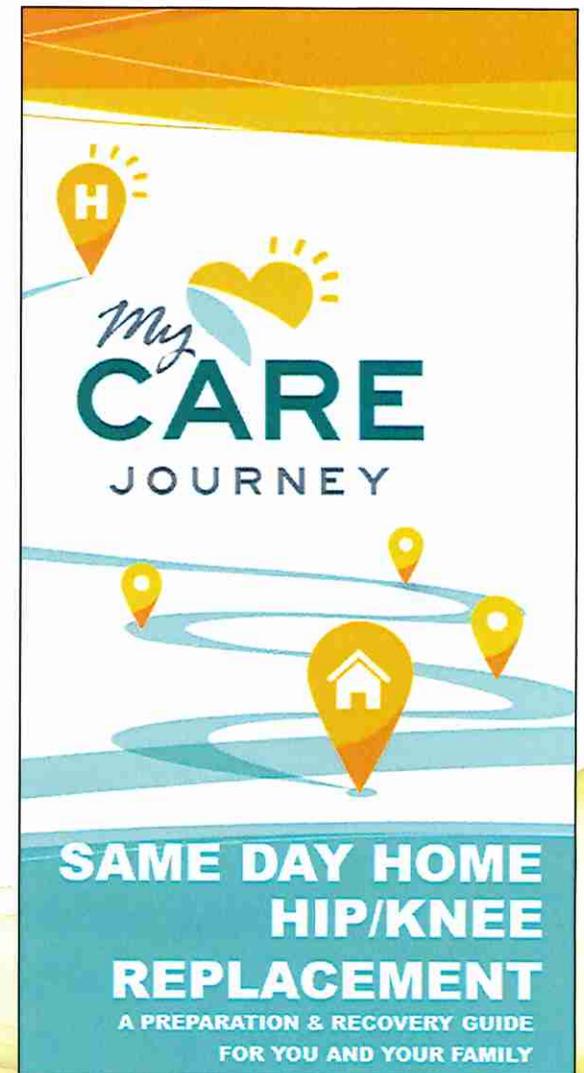
OUELLETTE and METROPOLITAN CAMPUS

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Allergies: _____

DRAFT
03-12-2021

DATE/TIME NOTED INITIALS	Joint Arthroplasty Same Day Home Post-Operative Order Set
	Weight: _____ kg Height: _____ cm
	Consults
	<input type="checkbox"/> Thrombosis Service Consult on admission post op <input type="checkbox"/> Thrombosis Service to reassess prior to discharge <input checked="" type="checkbox"/> Prior to discharge: Physiotherapy: Assess and Treat (patient's "care partner" to be present)
	Diet: <input checked="" type="checkbox"/> Sips to Regular Diet



Benefits

- Regional approach to surgical backlog
- Evidence based standard of care
- Best practice
- Increase access to care – same day patients & patients needing a bed
- Cases completed close to home
- Patient recovery in comfort of own home
- Conservable beds (2-3 Days per patient)
- Reduced inpatient hospital costs

Patient Volumes

Orthopedic Surgery	Funded Cases per year	GOAL: % of cases completed as Same Day	Projected total completed as same day (per year)
Total Hip	491 Patients	40%	196 Patients
Total Knee	900 Patients	40%	360 Patients
Total Shoulder	36 Patients	80%	30 Patients
Reverse Shoulder	10 Patients	80%	8 Patients
TOTAL	1,437 Patients	-	594 Patients

Successes

Hip/Knee - Implemented March 15th

- 6 hips / 10 knees (to date March 31)
- 5/6 = 83% success rate (Hips)
- 9/10 = 90% success rate (Knees)

** Target not met unrelated to Same Day Surgery, discharged by noon next day

Shoulder – Scaled March 15th

- 37 shoulders (Jan 1-Mar 31st)
- 37/37 = 100% success rate

Future: Regional standardization – dashboard, pre-surgical patient education & post surgical support/documentation