



**MINUTES** of the **BOARD OF DIRECTORS** meeting held on **Thursday, December 10, 2020**, 17:00 hours, via ZOOM, live streamed on YouTube.

**PRESENT:**

Anthony Paniccia, Chair	Dr. Laurie Freeman	
Genevieve Isshak	Patricia France	Dr. Wassim Saad (ex-officio, non-voting)
Paul Lachance	Arvind Arya	David Musyj (ex-officio, non-voting)
Michael Lavoie	Dan Wilson	Karen McCullough (ex-officio, non-voting)
Penny Allen	Pam Skillings	Dr. Larry Jacobs (ex-officio, non-voting)
		Dr. Anil Dhar (ex-officio, non-voting)

**STAFF:**

Executive Committee

**REGRETS:**

John Leontowicz                      Cynthia Bissonnette

**1. CALL TO ORDER:**

The meeting was called to order at 1703 hours with Mr. Paniccia presiding as Chair, and Ms. Clark recording the minutes.

**2. DECLARATIONS OF CONFLICT OF INTEREST:**

None declared.

**3. PREVIOUS MINUTES:**

The minutes of the November 05, 2020 Board meeting had been previously circulated.

**MOVED** by Mr. P Lachance, **SECONDED** by Mr. M. Lavoie and **CARRIED THAT** the minutes of the November 05, 2020 Board of Directors meeting be approved.

**4. REPORT FROM THE PRESIDENT & CEO:**

Mr. Musyj referred to his written report, which was included in the package.

Highlights:

- It has been an interesting journey since the start of COVID through to today. Everything about the second wave has come true. We are into COVID fatigue now – people are tired and frustrated and still trying to interact with each other, and the economy is still trying to continue. This wave is different from what we went through in March and April. Back then, everything was pretty much shut down and people went inside. It was easier to determine who was positive. It became very focused. We could tell where COVID came from. Today, there isn't a definitive contact tracing opportunity even from our own staff point of view who have tested positive. It is

difficult for us to determine their contacts. As we move from Orange to Red in the rankings for the colour chart in the province, twice per week, we meet with the medical leadership of Erie/St. Clair and at those meetings we discuss status and also they report on action items they have had at their committee meetings. Public Health also attends and reports. We have been concerned about how long we will be in red. Usually you wait two weeks to see how your data goes. Two weeks was probably too long but recognize the theory behind that. We stayed in red this week and it looks like we are heading into the gray colour and we will find out tomorrow what that entails. It will take effect at 12:01 Monday morning even though we find out on Friday.

- Karen Riddell gave update on overall census and numbers: Numbers have been dynamic. We are at 90% occupancy right now. We have 47 beds blocked due to COVID, 28 confirmed in-house and 9 of those are in ICU and another 40 suspected cases. Our last 4 beds are sitting in the CCU right now. We just received a call from one of our partner hospitals that they have an ICU patient for us as well. We have experienced 6 deaths in the last few days as well. Our numbers are increasing rapidly from a hospital perspective.
- Mr. Musyj added that we wonder what our status will be in 10-14 days from now. The numbers announced tomorrow will be high re: positives. We do not see that decreasing – if anything it will be increasing. There are probably still more in the community who are positive and are not being swabbed for some reason. We have 9 in the ICU with COVID. Our highest number has been 13. Our highest number in-patients was 27 but it is now 28. We are full re: in-patient beds and our ICU capacity. We will work in the next 24 - 48 hours re: our pandemic plan and how we will move forward as an organization with these increasing numbers.

Board question: I don't understand why this is worse than the first wave when we did none of the precautions the first time.

Musyj response: For the first wave, a lot of things were closed down or people were outside because it was spring time. A lot of people were not going to work or to larger settings. As everyone has said, this has happened across the province and North America. As weather gets colder, people are going inside, they are going to work and interacting then going home to families. Schools are up and running as well.

Saad response: The biggest issue is schools are opening and children can't keep their masks on all day and then they are going home. Couple that with colder weather so people are indoors, plus the COVID fatigue. It is a perfect storm.

Musyj response: When we went on site to help swab schools, we discovered that a lot of larger families have multiple children at different schools – different age groups at different schools. And the teachers of those children may also have children who go to different schools as well. The tentacles of that start to go through the rest of our region. Our staff members are not immune to that either. We went from March to the middle of November with 14 staff who tested positive for COVID out of 5,000, but since November that number is now more than double – now 35 -36 staff testing positive for COVID in a three week period. It is dramatic. We do know that PPE works. Even if staff get it, they are not transmitting it to patients.

The Chair added that anyone listening to this meeting should be kind to one another – no one wanted to get COVID. Be responsible, use your masks, wash your hands, and social distance.

Mr. Musyj spoke about vaccines. We have heard the vaccine is starting to roll out. In Ontario, two hospitals – one in Ottawa and one in Toronto are doing a dry run of high risk individuals and those lessons will be shared with the rest of us.

The first vaccine to be approved was from Pfizer. Canada will receive about 249,000 doses of the vaccine which would cover about 125,000 people (two doses per person). Ontario is supposed to get 85,000 of those first doses. Proportionately, Windsor/Essex should get about 2,500 doses (covering 1,250 people). However, could be more if focused on high risk regions. The vaccine will be distributed more so, to areas that are red or grey. Both Pfizer and Moderna vaccines have to be kept at ultra-frozen temperatures; Pfizer at -80, and Moderna at -25. We have 3 freezers that can hold Pfizer vaccines at -80. The -80 can house 400,000 doses at any given time. Pfizer is strict about distribution of the vaccine, which has a lot to do with risk management and ensuring the efficacy of their vaccine stays at 95% effective. The more it moves and is taken out of the freezing temperature and potentially being left out too long, and then being put back into the freezer, the efficacy of the vaccine will be affected and that would create problems.

The Ontario government did create a grouping of priority individuals to get the vaccine: retirement home/LTC home residents and employees, hospital employees, indigenous population and the elderly with chronic healthcare issues. They did not create a hierarchy of that group though. Our Public Health will have to determine the hierarchy of the group and determine who in the priority group will get the vaccine. There are ethical frameworks being developed provincially and locally for that. This is not the hospital's responsibility – it is the responsibility of Public Health. It will be our responsibility to accept the vaccine, store it safely, and then administer the vaccination to individuals. When Pfizer sends us the vaccine, they allow 4 moves, which is a movement from Germany to Kalamazoo (1 move), then from Kalamazoo to WRH (second move). And then once we receive it, we are uncertain about the flexibility we will have to move it. It is strict and focused. We are trying to sort out those issues. We have given Pfizer an address where the vaccines are to be delivered. We will probably not see more of the vaccine though, until 2021. Then it will be a slow rollout of the vaccines. Canada has purchased a substantial number of vaccines compared to other nations around the world, done on a per capita basis. Canada has purchased as a nation, over 400 million doses for 37 million Canadian residents. Pfizer and Moderna are the first two we will receive. Canada has purchased 20 million of the Pfizer which is good for 10 million people and then did an option for an additional 60 million of the Pfizer vaccine. We doubled down on Pfizer so we can do two doses for every single Canadian resident.

Dr. Saad added that over time, we have created different ways to deliver vaccines to people for them to create an immune response. The whole point is to try to expose you to a virus or bacteria has so your body can build an immunity to it. In real life, then your body can fight it. Most of the time in the past, they would take a virus, grind it up so it was destroyed and it could not harm you and they would give you that material into your body. Your body would recognize certain proteins from it and build up an immune response so the next time you are exposed to it, your body would be ready for it and fight it off.

With Pfizer and Moderna, these are new technologies, actually the first ever approved mRNA viruses. They deliver genetic material to the person, your body then creates the protein from within your own cells which mimics a protein on the COVID virus (the spike protein) so then your body builds up immune response to it. Dr. Saad also spoke about the two dose process.

Some of the compounds that are used have to be molecularly stable which is why the Pfizer vaccine has to be stored at -80. We expect the vaccines to be safe. It is a two dose vaccine. The science and data that the vaccines are based on, are decades and generations old.

Mr. Musyj added that technically right now, we do not know how long the immunity will last once we get the vaccine. Canada as a country clearly has gone out there re: purchasing the vaccines. Vaccinations will take months. While we are waiting for vaccines, what do we do operationally and it is only December 10?

Influenza is pretty much at zero this year. Testing for influenza is higher this year.

PCR machine: We did our own validation and have to submit that data to a provincial agency for review. We hope we will have approval to do our own PCR testing on site shortly. We have a limited amount of testing kits to use. The PCR machine will give quicker results. We will still send results for assessment centre individuals to London as we do now until we get a greater number of test kits.

## **5. REPORT FROM SCHULICH:**

Dr. Jacobs referred to his submitted report. Highlights:

Update at University Hospital in London. Large outbreak that has affected multiple staff and patients. There have been 15 deaths attributed to the outbreak. It has been shut down as a teaching site for medical students until this gets under control. Many students were displaced and were sent to other areas. With the outbreak on the 7<sup>th</sup> floor at Ouellette, the concern from London was a medical student could take it back to the London hospital so they were not allowed to work back there until they had a 14 day quarantine of not taking care of patients. We have found a plan B for everyone who was going to graduate but it has been a challenging couple of weeks to find opportunities to meet their curricular requirements and get them ready for graduation and to also gain enough experience in their future specialties which would allow them a successful match in the spring.

There are implications for post Grad training as well. Because of what is happening at University Hospital, many of the residents who would have come to Windsor are quarantined right now at UH.

This will eventually end and as that happens, we look ahead to what we can do at our Windsor Campus. Once we can plan on international travel, we hope to increase enrolment of the Windsor Campus with supernumerary positions of American students who would study in Windsor. It is a question of timing. It will be great for learning opportunities and potential research opportunities.

He referred to the list of students who have won awards.

## **6. Financial Presentation – as of October 31, 2020.**

Ms. Allen reported.

### **Slide 2 – Statement of Operations Overview:**

- Y-T-D surplus for hospital operations: \$2,132,000
- Revenue: \$13.5 million favourable y-t-d.
- Total expenses: \$11.3 million unfavourable; the largest variance was in salaries and wages.
- COVID unfunded expenses and revenues: \$15.7 million.
- Surplus after net building amortization: \$865,000.

### **Slide 3 -COVID Expenses and Revenue:**

- Largest component is pandemic pay – 100% funded and makes up 87% of y-t-d salary and wage deficit.
- To date we have received funding for COVID-19 operating expenses from April to July in amount of: \$15.6 million, \$7 million for the pandemic pay and \$8.6 million for the extraordinary operating expenses.
- Unfunded COVID expenses from August to October: \$7.9 million.
- Volume based revenues: \$4.6 million below budgeted volumes to date, and these include QBP's, Neuro services and wait time.
- Patient Services revenue shortfall: \$3.6 million are mainly attributed to diagnostic revenues and accommodations.

### **Slide 4 - Revenue:**

- Base and one-time funding: \$14 million favourable to date, including following shortfalls:
  - i) \$3.4 million QBP revenue – elective surgery cancellations in April and May, lower than planned volumes by 8,573 cases.
  - ii) Volumes are gradually ramping up but cases are taking longer due to IPAC requirements which impacts O.R. room turnaround times.
  - iii) \$1.2 million unearned revenue for Neuro, Cardiac and Wait Time combined.
- One time funding: \$16 million favourable year to date and includes:
  - i) Pandemic pay: \$7 million
  - ii) COVID-19 operating expenses: \$8.6 million
- Drug Re-imburements favourable: \$1.8 million, however these are offset by increased drug expenses.

### **Slides 5 & 6 - Expenses:**

- Salary & wages: unfavourable to \$8.1 million but this includes \$7 million in pandemic pay (87% of variance) as well as isolation, sick and training costs related to COVID-19, as well as \$1.9 million paid to “COVID Helpers”.
- Net patient services revenue and Med Fees are \$1.8 million unfavourable to date, unchanged from last month.
- Med/Surg supplies are favourable especially in the perioperative program to date. This variance has been decreasing each month as surgeries and surgical backlog are being addressed.

- Incremental spending on PPE to: \$2.3 million, based on a comparison of the per-case cost in fiscal 2019-20 to the current run rate.
- Average PPE cost last fiscal per inpatient day was \$51.52. Current year: \$78.00 per inpatient day.
- Drugs – chemo and renal drug variance are fully funded, retail pharmacy net revenue is favourable and drugs are under budget in clinical areas, as this is volume based.
- Other supplies – slightly favourable.
- Increased spending in minor equipment and one-time set up for the Field Hospital occurred at the start of the fiscal year are offset by savings in utilities.
- Equipment rental/lease: over budget due to bed rentals early in fiscal year to ensure capacity in earlier months and was favourable in the month.

**Slide 7 - Lengths of Stay:**

- Slightly below target at Met and above at Ouellette.
- Mental Health Programs – Maryvale and Ouellette Campus Psychiatry have been trending higher earlier in fiscal year but both were below target in October.

**Slide 8 - Patient Volumes:**

- Year over year volumes to October are trailing behind target except for community visits as this includes 49,685 COVID-19 Assessment Centre visits.

**Slide 9 - Sick and Overtime:**

- Compared to previous month, all are trending worse except for sick time at Met, which is slightly better than in previous month by .10%
- FTE's are favourable at both campuses for normal operations.
- FTE's associated with COVID-19 to date are 117.2 for the Assessment Centres, Staff and Visitor screening and the Field Hospital.

**MOVED** by Ms. P. Allen, **SECONDED** by Mr. A. Arya and **CARRIED**

**THAT** the December 10, 2020 Financial Presentation (with October 2020 results), be accepted.

**7. CONSENT AGENDA:**

**MOVED** by Ms. P. Allen, **SECONDED** by Ms. G. Isshak and **CARRIED**

**THAT** the report from the November 30, 2020 Finance/Audit & Resources Committee meeting be accepted.

**8. CORRESPONDENCE/PRINTED MATTER:**

- Media Report – FYI
- November 26m 2020 OHA letter to Premier Ford
- Windsor City Council resolution

**9. BOARD MEMBER QUESTIONS, COMMENTS OR NOTICES OF MOTIONS:**

None

**10. DATE OF NEXT REGULAR MEETING:  
Thursday, January 07, 2021, 1700 hrs VIA: ZOOM**

**11. ADJOURNMENT:**

There being no further business to discuss, it was

**MOVED** by Ms. P. France, **SECONDED** by Mr. P. Lachance and **CARRIED**  
**THAT** the December 10, 2020 Board of Directors meeting be adjourned at 1757 hours.

\_\_\_\_\_  
Anthony Paniccia, Chair  
Board of Directors

\_\_\_\_\_  
Cheryle Clark  
Recording Secretary

/cc