



MINUTES of the **BOARD OF DIRECTORS** meeting held on **Thursday, February 04, 2021**, 17:00 hours, via ZOOM, live streamed on YouTube.

PRESENT VIA ZOOM:

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

STAFF VIA ZOOM:

Executive Committee

REGRETS:

Pam Skillings

1. CALL TO ORDER:

The meeting was called to order at 1702 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 January 07, 2021 Board meeting had been previously circulated.

MOVED by Mr. P. Lachance, **SECONDED** by Mr. J. Leontowicz and **CARRIED THAT** the minutes of the January 07, 2021 Board of Directors meeting be approved.

4. REPORT FROM THE PRESIDENT & CEO:

Mr. Musyj gave a verbal report accompanied by slides. Three items highlighted:

1. Influenza Update;
2. COVID variants;
3. Status of various vaccines that are available in Canada and worldwide, and where we are as Canada re: our procurements efforts.

Highlights:

Influenza Update:

The chart showed the number of influenza tests performed in 2020/21. Compared to previous years, the number of tests we have performed is much higher this year compared with previous years all together. The chart on the right shows the actual percentage of tests positive for influenza as compared to previous seasons. To date, we have only had 56 influenza detections reported. In the last six seasons, we averaged 21,106 influenza detections to date with less testing. Clearly something is working and it is interesting as we move forward when we start to exit COVID, we know how we can impact influenza.

Dr. Saad added that there were two things that came from this:

1. The Public Health measures put in place to stem the tide of COVID have been much more effective in preventing influenza transmission. Infections are significantly down. The coronavirus is much more difficult to contain as is influenza.
2. COVID – despite our attempts to stem the spread, it is quite aggressive.

Mr. Musyj stated that we know we can stem influenza in future years.

COVID Variants: Mr. Musyj referred to his slides. The left side of the first slide showed the current strain we are dealing with now. It came out early in January/February, 2020. It was a mutation that was identified from Toronto and is the main form of the virus circulating around the world right now. We heard a lot about the UK variant that started in UK – and it was 60-70% more transmittable than current virus. It is more severe than the current strain. It has the impact that you have a greater percentage being infected with the virus. There is a LTC home in Barrie where this was heavily infectious and there were approx. 130 residents living there and 63 deaths have occurred in the last month. , there is a LTC Home, there has been a devastating impact on that home. Testing for it is more complex and it takes a couple of weeks to get results back. On January 20 Public Health Ontario did 1900 tests of those positive re: variation and of the 1880 positive samples, 5.5% were the UK variant or the South African variant. We have sent some of our positive results to get tested. These variations will become the dominate strain in March in Ontario.

Today we admitted 4 or 5 new patients with COVID. Our overall #'s are decreasing. Concern is impact of variants and how quickly they can spread. One of the ways we eliminate variants is to stop replication, which is through vaccines. The South African variant has been found in Ontario. Concern with the South African is the impact the variant has on a higher viral load, making it potentially more infectious than other variants and also making a concern on the efficacy on the south African variant. Impact of vaccines on UK variant is strong. Brazil variant – last year Brazil was hit hard with COVID. They estimated that 75% of the population was infected. They created herd immunity, they started to open up the country again, but now the Brazil variant has struck and a good percentage of their population is positive again. There is also the Denmark variant. There is concern about future vaccines on this variant.

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Some scientists say at this point in the pandemic, the variants makes them most nervous.

We were having 600-700 people swabbed at the assessments centres but it has dropped off dramatically. We now get about 250 per day. If we see that number creep, that will be very concerning. We are working about being cautious at the same time with surgeries.

Dr. Saad stated during this lull, we have to get as many patients through surgery, not just out-patient, but in-patient surgery as we can.

Vaccines: We have a limited amount of vaccines. Pfizer (95% efficacy), two doses, available world-wide; Moderna (94.5% efficacy), used by Public Health for ltc/rh. The South African variant has affected this one. Novavax (89.3% efficacy). This one won't be available until the fall. This can be stored in a basic fridge.

Johnson & Johnson is a one shot vaccine. It does well preventing severe disease and hospitalization and death and is 66% effective at preventing symptoms.

Oxford/Astra Zeneca is a two dose vaccine and appears to do well with the UK variant. Data is still being collected though. It is being distributed in the European Union. Astra Zeneza is not being recommended to those 65 years and older. Apparently it does not do as well with that age group.

We have purchased a significant amount of vaccines to vaccinate our population. We are re-starting 2nd doses February 08 and we are looking to receive more Pfizer on Feb 15. We hope to start 1st doses again after the 15th once we start to get a flow of vaccines.

Musyj added that some vaccines are dropping to 60% efficacy as per Dr. Fauci,, but that is better than zero.

Dr. Saad stated that any efficacy is better than no efficacy. The Flu vaccine is between 40-60% effective. None of these vaccines fall below the flu vaccine.

Board comment: They are beginning clinical trials to see if you can combine different vaccines. That will be good because if we have issues with production with one vaccine we can still continue with the second one.

Dr. Saad agreed, adding any efficacy is better than no efficacy. Part of this has to do with the global supply chain. If Pfzier could continue to produce their vaccine, no one would be considering these combinations. We will wait for the trials and if they work, that will be great.

Board question: What is the time between the second dose and the need for a booster?

Dr. Saad response: Some are looking at 4 to 6 weeks after the second dose.

Board question: Are some people looking to get a booster every 6-9 months?

Dr. Saad response: There is no real way to tell at this time. There are no plans to give people a 3rd dose unless we have a variant in the community and that is the only option we have.

5. REPORT FROM SCHULICH:

Dr. Larry Jacobs

Dr. Jacobs referred to his submitted report and offered the following highlight:

The Canadian Association for Medical Education has named Dr. Alice Tsui, a physician in the Emergency Department, as a recipient of a national award – a certificate of merit. This is a prestigious recommendation. Congratulations to Dr. Tsui.

6. Financial Presentation – as of December 31, 2020.

Ms. Allen reported.

Slide 3 : Hospital Operations

- Y-T-D Deficit: \$3,855,000.
- Revenue: \$10.6 million favourable y-t-d.
- Total expenses: \$18.1 million unfavourable. Largest variance is salary & wages.
- COVID expenses unfunded to date: \$7.8 million.
- Deficit after building amortization: \$5,525,000.
- If unfunded COVID expenses had been funded, YTD surplus would have been \$2.3 million and the hospital margin \$5 million.

Slide 4 : COVID Impact on Y-T-D Financial Results

- We have received funding for COVID-19 operating expenses from April to September in the amount of \$13.3 million plus \$7.0 million for the pandemic pay. Reimbursement of August and September operating expenses was received in December. There has been a 2 to 3 month delay in Ministry re-imburements.
- Decreased patient services revenue are mainly diagnostic revenues which are 11% below target to date, and preferred accommodations, which are 76% below budget.

Slide 5: Y-T-D Revenue

- Base and one-time funding: \$10.3 million favourable to date.
While revenue from our QBP's are lower than budget by \$8.2 million due to reduction in elective surgery cases, one time funding is higher than budget by \$17.6 million, as this is where we report Ministry re-imburements for COVID-19 expenses.
- Drug re-imburements: favourable \$2.2 million, however these are offset by increased drug expenses.

Slide 6: QBP volume comparison by grouping – Graphic representation

- There is a combined 10.268 case reduction representing funding that has not been earned of \$8.3 million.
- While we did not earn this revenue, the hospital would not have incurred costs normally associated with these cases of a similar dollar amount.

Slide 7: Expenses

- Salary & wages: unfavourable to \$10.4 million y-t-d.
 - i) \$1 million unfavourable in December and includes the following variances:
 - a) COVID-19 screening of staff, patients and visitors and staffing of the Assessment Centre: \$543,000.

- b) Higher in-patient Medicine and Critical Care staffing due a “surge” in COVID-19 patients: \$430,000

Slide 8: Sick and isolation pay to date – graphic representation

There was an uptick in December 2020 related to the second wave of COVID. Sick Pay to date: \$612,000; Isolation pay: \$734,000

Slide 9: Expenses continued

- Drugs: \$4.2 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: \$609,000 favourable overall, with a number of line items where favourable and unfavourable variances offset each other.

Slide 10: Patient Access Measure by our LOS:

LOS for all patient areas with the exception of Ouellette acute care are at, or slightly below their expected occupancy LOS.

Slide 11: Patient Volumes

Since we are not operating at normal levels of programs and services, all metrics are below target.

Slide 12: Patient volumes

- The graph compares year over year volumes to December and the difference. All are trailing behind target except for community visits as this includes 74,989 COVID-19 assessment centre visits. There were 1,773 vaccinations given in the month of December 2020.

Slide 13: Sick/Overtime and FTE's

- Sick and overtime were higher in the month compared to the previous month, with the exception of sick time at Ouellette, which remains unchanged from the previous month.
- Total FTEs for Met & Ouellette combined: 12.29 under budget

MOVED by Ms. P. Allen, **SECONDED** by Dr. L. Freeman and **CARRIED**

THAT the February 04, 2021 Financial Presentation (as of December 31, 2020), be accepted.

7. CONSENT AGENDA:

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

THAT the report from the January 25, 2021 Finance/Audit & Resources Committee meeting be accepted.

8. CORRESPONDENCE/PRINTED MATTER:

- Media Report – FYI
- A documentary is coming out on March 16, entitled “Dispatches”, and outlines patient stories from the SportsPlex.

- February 50/50 Draw is live now. This helps to fund Hospital equipment purchases.

Mr. Musyj stated that tonight was Ms. Staley Liang's last Board meeting. He thanked her for her years of dedication to the organization and community.

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

None

10. DATE OF NEXT REGULAR MEETING:

Thursday, March 04, 2021, 1700 hrs VIA: ZOOM

11. ADJOURNMENT:

There being no further business to discuss, it was

MOVED by Mr. A. Arya, **SECONDED** by Mr. J. Leontowicz and **CARRIED**
THAT the February 04, 2021 Board of Directors meeting be adjourned at 1753 hours.

Anthony Paniccia, Chair
Board of Directors
/cc

Cheryle Clark
Recording Secretary