

Local Hospitals
Public Health Unit

Many hospitals stepped forward voluntarily to support LTC and retirement homes.

Many of the homes were already in outbreak by the time we got to them.

A SWAT Team was formed and consisted of:

Administrative Leads

IPAC Professionals

Occupational Health & Safety Representatives

Housekeeping/Dietary Expertise

Also thanks to our EMS who were not part of the initial team but assisted us greatly.

The SWAT teams prioritized their visits and visited the homes in outbreak first. They needed to do a thorough review of the IPAC practices in and housekeeping within the homes. They reviewed resident rooms and common areas, and identified areas for improvements. There was always a debrief at the end of each visit.

Examples: testing of residents and staff, acquiring PPE supplies, reviewing housekeeping practices, review IPAC measure in place.

They identified areas where SWAT could assist and supplied a report to homes, which allowed them to have something in writing to work on an action plans. The SWAT team provided knowledge and understanding of common issues faced by the homes. The SWAT team was able to develop a rapid response plan for homes that could be implemented upon outbreak. SWAT also made suggestions based on how COVID-19 is spread and provided reports to the homes to enable them to develop solid action plans.

Outcome and results: i) There was a decrease in spread of COVID-19, ii) There was a decrease in mortality, iii) Residents were cared for at LTC/Retirement homes.

Sustainability Plan:

Windsor/Essex County hospital partnerships developed a standardized sustainability plan.

Chatham and Sarnia also have a plan to prevent the spread of COVID.

This was developed in partnership with LTC/RH leadership, Public Health, Home and Community Care.

Efforts are underway to standardize a plan throughout the region.

Daily metrics flag areas of concern to prevent widespread transmission of COVID.

Developed to strengthen the processes and partnerships created. Focus is on prevention, early detection and immediate intervention. There are monthly site visits, weekly touch base, tracking and trending and daily reviews.

Audit tools such as a Sustainability Checklists are used. There are also Tracking Tools used. A graph in the slides showed a downward trend for ED visits and admissions, which is what we want to see.

Country Village was one of the first homes who found themselves in a COVID outbreak. This was before the partnerships were developed. They stated that the additional relationship with the hospitals gave support to them.

Regency Park and Heron Terrace both praised the work we have done.

Ms. McCullough stated the work of this team has been unbelievable. Recommendations from Ontario Health that came out in October were implemented back in in March and April – there has been a total team approach, all done on the ground at the time the pandemic was on our doorsteps. It was a total sector reaction and relationship. We did everything we could do. Marie Colorassi said it has been a wonderful partnership. Leadership at rest homes and ltc were receptive and engaged in this partnership.

Board member comment: It is wonderful how we embraced the situation we were under to get it done. This is what helped save our community.

Mr. Paniccia stated we have the best team around from top to bottom. He was proud of every employee of WRH for the job they have done during this pandemic and the outreach. Other regions look at us and are in awe of what the team has accomplished. On behalf of the Board, thank you.

Mr. Musyj stated he did visit with the teams and filled out the labels on the tubes but he did not have any direct resident contact. He agreed with Mr. Paniccia, that Marie and her team have done an amazing job. We learned a lot from the ltc sector. They go through the same struggles we go through. Moving forward, this is a relationship that should not stop once COVID is resolved and is beneficial for all parties involved; between Hospitals and LTC homes. The team did a great job.

3. DECLARATIONS OF CONFLICT OF INTEREST:

None noted.

4. PREVIOUS MINUTES –October 01, 2020

The minutes of the October 01, 2020 Board of Directors meeting had been previously distributed.

MOVED by Mr. D. Wilson, **SECONDED** by Mr. P. Lachance and **CARRIED**
THAT the minutes from the October 01, 2020 Board of Directors meeting be approved.

5. REPORT OF THE PRESIDENT & CEO:

Mr. Musyj referred to his written report. Highlights are noted below:

Our new strategic plan was announced at our last Board meeting,. We are putting the final touches on the communication document. It is for 2021 to 2024. As normal, I tried to break down my report on the basis of the new strategic directions and initiatives. He wrote in his report about the issue we are seeing across the province. We are seeing a number of positive cases that are occurring within the ltc sector. Because of the work of the greater team, although we have had some outbreaks, all the work the ltc homes and hospital teams and Ontario Health have done, has been proactive so when an outbreak does occur, the homes are

reactive. We try to cohort residents and staff impacted. We have found the concept of going in and swabbing all residents and staff, recalibrating, seeing who is positive, segregating them, re-swab again until we get all negatives, and then generally the situation is OK. We have seen great results. We have had minimal hospitalizations. Have recent homes in outbreak and hopefully it will go well. We stand a chance when we follow that approach. There are multiple research studies from across the world that indicate that is the approach to follow.

Flu update:

We are supposed to be receiving a bigger shipment of flu vaccines in the middle of November. There has been a new Canadian report re: influenza. They have had an increase in the number of people tested and tested in what they call “week 43”, about 8,000 tests for influenza were performed across Canada, which is two times the average for this week over the past six years. The percentage of positives was .02% vs .08% during the past two seasons. That is dramatic. Hopefully everyone is getting a vaccine and the public health measures we have taken as a province and nation have helped so far in keeping influenza at bay. The last thing we want to be doing is fighting COVID and influenza at the same time. So far it is working. We have to continue to do that.

Provincial budget: We weren’t expecting anything about the capital plan in this budget. It will be in the March 2021 budget as we have been told. The Mayor met with the Minister of Labour last week. We continue to work with the bureaucratic side – the capital side on the project. The budget was announced. There is a substantial amount of funding for COVID expenses. The government has agreed we can announce that we received our March and April funding for COVID expenses. May, June and July we should get COVID expenses reimbursed within the next couple of weeks as well as any capital expenses we had re: COVID. There is an operational and capital part to COVID. They are fulfilling exactly what they promised. This helps with the cashflow for the organization.

WE SPARK and HDGH (Local research group, spearheaded by University and also includes HDGH, WRH and St. Clair College): There is a survey for healthcare workers to complete to participate in a research study. It talks about the emotional wellbeing of healthcare workers and to get through this stressful time.

6. REPORT FROM SCHULICH:

Dr. Jacobs could not attend the meeting tonight. There will be a report next month.

7. Financial Presentation – as of September 30, 2020.

Ms. Allen reported.

- Actual deficit is \$2, 593,000.
- Revenue has been lost from parking and cafeteria.
- \$13,302,465 unfunded y-t-d September 2020

- Y-t-d results include \$13.3 million for COVID operation expenses. Revenue losses total \$9.8 million.
- Current COVID fiscal reimbursement is \$2.7million, which is good and is for March and April, 2020.
- There are other COVID expenses that we are confident the Ministry will support.

- Current net deficit is \$3,689,000.
- Current deficit from hospital operations is \$2,593.
- If we get reimbursements, we would have a revised net surplus from hospital operations of \$3.3 million.

YTD revenue:

- Base and one time funding: \$7,767K favourable.
- \$3.3 million for QBP's is in limbo because of the cancellation of elective surgeries.

Salary & wages:

- re-imbursed on Pandemic Pay.
- Sick & isolation payroll is starting to drop from April to September. There are fewer sick people.

Drugs – unfavourable \$1.23 million

Other supplies and expenses are \$76K favourable

Patient Access:

Not too much change in target vs actual

Patient volume: Sept. 2020 vs Sept. 2019 – significant change in early COVID.

Patient Days are well planned. Fairly even.

Organization health - up to Sept. 30, 2020. Not much O/T., but sick time showed an increase.

8. CONSENT AGENDA:

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

THAT the report from the October 26, 2020 Finance/Audit & Resources Committee meeting be accepted.

9. CORRESPONDENCE/PRINTED MATTER: Media Report – FYI

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

None

11. DATE OF NEXT REGULAR MEETING:

Thursday, December 10, 2020, 1700 hrs VIA: ZOOM

12. ADJOURNMENT:

There being no further business to discuss, it was

MOVED by Ms. P. Allen, **SECONDED** by Ms. P. Skillings and **CARRIED**

THAT the November 05, 2020 Board of Directors meeting be adjourned at 1820 hours.

Anthony Paniccia, Chair
Board of Directors

Cheryle Clark
Recording Secretary

/cc