



**MINUTES** of the **BOARD OF DIRECTORS** meeting held on **Thursday, March 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	Pam Skillings	Dr. Larry Jacobs (ex-officio, non-voting)
Cynthia Bissonnette		Dr. Anil Dhar (ex-officio, non-voting)

**STAFF VIA ZOOM:**

Executive Committee

**REGRETS:**

**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 February 04, 2021 Board meeting had been previously circulated.

**MOVED** by Mr. P. Lachance, **SECONDED** by Dr. L. Freeman and **CARRIED** **THAT** the minutes of the February 04, 2021 Board of Directors meeting be approved.

The Chair stated that the Hospital Board is in the process of recruiting for our Board Standing Committees – Finance/Audit & Resources and Quality of Care. They are not Board positions. Please let any people within your circle of friends/acquaintances, of the openings and if they are ready to make a commitment to our community, the ad will be in the Windsor star on March 06 and on various social media sites. Anyone should submit a resume by March 22, 2021.

Thanks to our community partners for everything they do in supporting Windsor/Essex.

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

Mr. Musyj gave a verbal report. He referred to a power point presentation, showing a plateauing of our COVID positive patients who are admitted in the hospital. We have 28 in-patients COVID positive. These are not the same 28 patients we had three weeks ago. Our numbers are fluid each day, as we discharge and admit new patients. More people are getting swabbed, which generally results in more positives and people being admitted.

Our numbers now are far greater than in the first wave. We have had a plateauing of our COVID positive patients. Last May we had twenty-seven positives in the first wave. In the second wave, that number tripled. Our numbers keep evolving over any given day. It is still fluid and in the community.

Assessment Centre volumes have increased over November into the holidays and then started to decrease around January 18-20, 2021.

Children of the ages 17 and under are getting swabbed. Paediatric cases involve the various school outbreaks – that number has increased over the last couple of weeks. That same pattern occurred in mid-November, leading into the holidays. Overall, the number of positives in our region are levelling off. Hospitalization from a W/E perspective (WRH, HDGH and Erie Shores) have stayed fairly steady over the last couple of weeks.

The important number to track is the “R value” (reproduction of the virus). It is important to get it below 1. If you don’t have reproduction of the virus you can slow that down which slows the mutations and variants.

Dr. Ahmed was asked today if we are going to “Orange” status and he replied we are not quite there yet. Our numbers compared to November and December look better, we are still at a high rate. We probably need at least another week of this to see a pattern.

Today there was an article in the Toronto Star. A report that was done by a corporation indicates there should be another lockdown now to avoid a worst case scenario to avoid the impact of the variants. We are in an uncertain time re: variants and community spread and impact that might have on hospitalizations and critical care. That is a concern as we move forward.

Assessment Centre volumes:

Increase over November into holidays and decrease close to end of January. You have to have symptoms to get swabbed. Drop off about middle of January but in the last couple of weeks, the number is starting to creep up.

In our Hospital right now, out of the 28 cases, typically back in wave 1 and 2, at least 30% were ltc/rh residents. Today, we have only two ltc residents who are COVID positive out of the 28 - less than 10%. A lot of the work being done in ltc/rh is working and then the vaccinations have taken effect. Hopefully those two factors are contributing to that impact. Out of the 28, 10 of them are 80 years or older who are in-patients at the hospital. With some

of the work being done regarding 80+ year olds starting to get vaccinated, and for those receiving home care, that will help with overall numbers and hospitalizations.

What is the impact of the variants and why are we so concerned? We have seen other jurisdictions with the variant and the impact it has on those areas. As an example, look at the Brazilian variant that re-affects people. That Brazilian variant is now found in North America in a small degree.

Everyone has been concerned about the impact on the next few weeks and having everyone continue and adhere to the public health measures.

**Return to surgical services:** Dr. Saad stated we are doing quite well. Ouellette was back up to 100% and Met Campus is up to 90%. We are doing everything we can to do as many surgeries as we can to catch up, in anticipation of a third wave. We will do as many cases as we can safely. We will keep that going as long as possible.

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

### **Dr. Larry Jacobs**

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

1. Our medical students who wrote their Medical College of Canada Board exams had a 100% pass rate.
2. Western University has announced they have plans for full personal learning in the fall. Hope to get back to more in-person sessions in Windsor starting in September. But we have learned that this media allows for getting different groups together.

The Ottawa Citizen reported yesterday that medical students in Ottawa had not received any vaccines, even those working on wards caring for COVID patients. Our students here who have been involved in providing patient care, have received their vaccinations.

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

Ms. Allen reported.

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

- Y-t-d deficit for hospital operations: \$13,980,000.
- Revenue: \$7.6 million favourable y-t-d
- Total expenses: \$22.9 million unfavourable. Largest variance: salaries and wages
- COVID-19 unfunded expenses to date: \$13.2 million
- Deficit after building amortization: \$16,153,000
- If unfunded COVID-19 expenses had been funded as incurred, the y-t-d deficit would have been \$3 million and the hospital margin \$648,000 positive.

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

- To date we have received funding for COVID-19 operating expenses from April to September in the amount of \$31.2 million plus \$7 million for pandemic pay.
- The decreased Patient Services revenue are mainly diagnostic revenue which are 10% below target to date and preferred accommodations which are 77% below budget.

**Slide 4 – Y-T-D Revenue:**

- Base and one-time funding is \$5.8 million favourable to date.
- While revenue from our QBP's are lower than budget by \$8.5 million due to the reduction in elective surgery cases, one time funding is higher than budget by \$18.1 million as this is where we report the Ministry re-imbursements for COVID-19 expenses.

**Slide 5 – Y-T-D Revenue (cont'd):**

- Patient Services revenue is favourable y-t-d and in the month, as WRH received \$895,000 in uninsured revenue in January covering August to October.
- Drug re-imbursements: \$3.2 million favourable, however these are offset by increased drug expenses.
- Other recoveries are slightly unfavourable to date as the reduction in services has affected retail food and parking revenues. These were \$185,000 below target in January.

**Slide 6 – QBP volume comparison by grouping – graphical representation:**

- Slide shows a year to year comparison of volumes for a number of our QBP's, using coded data available to December.
- There is a combined 12,477 case reduction representing funding that has not been earned of \$15.5 million.

**Slide 7 – Expenses:**

- Salary & wages: unfavourable to \$12.8 million y-t-d
  - \$2.4 million unfavourable for January and includes following variances:
    - i) COVID-19 screening of staff, patients and visitors, and staffing of Assessment Centres: \$774,000
    - ii) COVID-19 sick and isolation pay: \$292,000 in the month
    - iii) Higher in-patient Medicine and Critical Care staffing due to a surge in COVID-19 patients: \$606,00
- Net Patient Services Revenue to Med Fees is \$896,000 unfavourable. As of end of January, there is \$418,000 in unfunded COVID-19 physician payments.
- Med/Surg supplies unfavourable y-t-d: \$206,000 due to:
  - i) Savings in perioperative program at the Met Campus: \$986,000, and at Ouellette Campus: \$1.9 million
  - ii) Incremental spending on PPE to date: \$3.4 million

**Slide 8 – Sick and Isolation pay to date – graphical representation:**

- Slide 8 shows the impact of the two waves on our staff sick and isolation payments. There is an uptick in December and January related to the second wave.
- Sick pay due to COVID-19: \$229,000 in January, which is the highest since the pandemic began.
- Sick pay to date: \$842,000
- Isolation pay: \$795,000

**Slide 9 – Expenses (cont’d):**

- While drugs are \$5.3 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: \$132,000 unfavourable overall and \$741,000 unfavourable in the month. Major deficits are:
  - i) \$180,000 in higher laundry costs
  - ii) \$142,000 for referred-out cataract cases
  - iii) \$140,000 in lab supplies
  - iv) \$171,000 in minor equipment expenses

**Slide 10 – Patient Access Measured by our LOS:**

- Both Met and Ouellette acute care are over the expected LOS and a contributing factor are the LOS for COVID-19 patients.

**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:**

- Graph compares year over year volumes to January and the difference. All are trailing behind target except for community visits as this includes 92,582 COVID assessment center visits.

**Slide 13 – Sick/Overtime and FTE’s:**

- Sick is trending worse than in previous month as is overtime at Ouellette Campus.
- 9% of total paid sick hours to date are due to COVID-19.
- Benchmarks shown if these were not included.
- Total FTE’s for Met and Ouellette combined are 1.3 over budget.

**MOVED** by Ms. P. Allen, **SECONDED** by Dr. L. Freeman and **CARRIED**  
**THAT** the March 04, 2021 Financial Presentation (as of January 30, 2020), be accepted.

**7. CONSENT AGENDA:**

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

**8. CORRESPONDENCE/PRINTED MATTER:**

- a) Media Report
- b) The Chair reminded everyone about the 50/50 draw for WRH, which is ongoing.
- c) The Chair thanked four MBA students from the Odette School of Business – Christian, Taylor, Miranda and Melissa. We hope you enjoy have enjoyed your time at WRH.

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

None

**10. DATE OF NEXT REGULAR MEETING:**

**Thursday, April 01, 2021, 1700 hrs VIA: ZOOM**

**11. ADJOURNMENT:**

There being no further business to discuss, it was

**MOVED** by Ms. P. France, **SECONDED** by Ms. P. Skillings and **CARRIED**  
**THAT** the March 04, 2021 Board of Directors meeting be adjourned at 1740 hours.

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Anthony Paniccia, Chair  
Board of Directors  
/cc

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Cheryle Clark  
Recording Secretary