Winchester District Memorial Hospital

WDMH Board of Directors
Tuesday February 25, 2024 @ 5:00 p.m.
Dillabough Board Room

Chair: Jennifer Milburn

Present	Jennifer Milburn, Tamara Williams, Andrea Jewell, Eric Stevens, Bruce Millar, Annik Blanchard, Bill Woods, Louise Arsenault, Kelly Goulet, Cholly Boland, Dr. Brian Devin, Brenda Toonders, Trisha Elliot, David Wattie, Janie Desroches, Michelle Blouin, Michelle Perry
Guest	Callie Laurin, Sam Hutchingame
Regrets	Tyson Roffey, Dr. Geoffrey Peters
Resource	Megan Derick

No.	Item
1.0	**Call to Order & Land Acknowledgement** J. Milburn called the meeting to order at 5:00pm and gave a Land acknowledgment.
2.0	**Declaration of Conflict of Interest** None.
3.0	**Agenda Check-In** The February 25th, 2025, Board of Directors agenda was approved by consensus with the addition of 14.7 Board Workshop.
4.0	**Review of Minutes:** Moved by A. Blanchard, seconded by T. Elliot that the minutes from November 2024 meeting be approved. **All in favour.** **Carried**
5.0	**Patient Story** Callie Laurin, Interim Manager of Clinical Informatics, Education and Project Management, presented a patient story about how access to MyChart allows patients to manage and engage in their healthcare. The Board learned: • Chemotherapy patients are one of our most vulnerable populations, and Epic has allowed them to their health information to be more accessible. • Before Epic, if a test was completed on a Friday afternoon, patients would not have access to their results until Monday. This delay could interfere with previously scheduled treatments. • When we switched to Epic and MyChart came into effect, patients now have results in real time from the tests that are conducted. • MyChart allows for patients schedules and lives to be more integrated and involved in their healthcare treatment.

	• As people see their results, is there more panic within patient population? Sometimes there can be some panic, depending on the person. There could be some anxiety about test results, but if there is follow up required, typically there is already a plan in place, but also allows patient to take control and request to see their provider sooner. • B. Toonders gave the WDMH team a heartfelt kudos, on the immaculate care and seamless transitions between UOHI and WDMH with a personal situation that had taken place recently. • How well do we see MyChart uptake across generations? Many individuals are fairly receptive. Patients (ie. Older Adults) also have the option to set a family member to be their user of MyChart.	
6.0	**Board Education:** *Environmental Initiatives* Sam Hutchingame, Manager of Building and Support Services, presented on the environmental initiatives within WDMH. The Board learned about a multitude of projects that have taken place over the last year. What's next: • High temperature dishwasher • Solar panel proposal • LED light switchover in the Community Care Building • Public EV chargers for parking lots. WDMH was selected out of 600+ applicants. • Will the EV chargers be on the capital for next year? Goal is to be included on capital for next year. • Would the user have to pay to charge? Yes, it can be revenue generating. Early stages of planning	
8.0	**Board Reports**	
	8.1	**Quality Committee** Key points from the recent Quality Committee meeting: • Pharmacy services presented on their department and what they have been working on • Patient story was presented about a research trial patient who received a placebo and stated they were improving.
		Patient Care Improvement Plan 2025-2026 Required to be published by April 1, 2025. Discussion around the targets and trends took place. Moved by A. Blanchard, seconded by B. Millar that the Patient Care Improvement Plan for 2025-2026 be approved. **All in favour.** **Carried.**
		Critical Incident Policies Policies were edited with appropriate changes. Moved by B. Toonders, seconded by A. Jewell that the Critical Incident Policies be approved with the changes that were presented.

	8.2	**Medical Advisory Committee** • Minutes are attached for reference • Largest item is clinical reconfiguration- well received, and very well mapped out by J. Desroches and the team. Working groups are still meeting about new workflows. • Professional Practice- expanding scope allows more cohesion and clarity of roles within the professions. • Maneuvered another CT downtime, looking forward to the new CT installation coming. Estimated to be operational by June 2025. • One issue we are working to develop a formal process for is out of country patients. Working towards guidelines and polices, to hold the patient accountable, along with the clinical teams. • B. Toonders added that if there are any questions about the process, she has personal experience with out of country patient process. • Working on credentialing for reappointment, performance reviews are also being completed as needed. Information coming to May meeting. • Chart deficiencies continue to be monitored. Data reporting changed which shifted how data was presented.
	8.3	**Professional Staff Appointments** Moved by B. Millar, seconded by E. Stevens that the following professional staff appointments and changes be approved as presented. All in Favour. **Carried.** • Dr. Gokcen (Jen) Salmanoglu Associate with Admitting privileges, Department of Family Medicine • Dr. Osmaan Sheikh Concluded his privileges December 2024. • Dr. Winnie Li will be joining as full time OBGYN in July.
	8.4	
9.0	**Finance Report**	
	9.1	**Financial Statements** M. Blouin presented the financial statement, with the following key points to note: • Q3 deficit from hospital operations of $2.8 million that is favourable by $1.54 million from our budget. We still project a $3.1 million deficit overall. • There are positive variance of about $1.77 million due to increase in MOHLTC base funding and Epic billing implementation. • Our positive variance is off set with incurred overtime and medical and surgical supplies. • There are savings to note from Q2, from maximizing our HealthPRO contracts. C. Boland shared some provincial information from a recent meeting, with the following key points to note: • Collectively hospitals across Ontario are in debt. • Met with Minister of Health's Chief of Stgaff to hear our concerns. • Continue to set up meetings with Ontario Health about our financial status and what we need to keep operations and services up to par. • One-time funding was received- 300,000$- still projected for $3 million deficit.

	9.2	**Operating Budget** Forecasting a $3.6 million deficit for hospital operations. If spending continues the way it has been, it will likely be $3.8 million. This assumes that we will receive the expected 2% funding increase, as well as revenue from OHIP billing to remain consistent. Expenditures for the 2025-2026 budget includes increase in salaries, medical supplies, pharmacy supplies, and utilities. We typically have a conservative budget, however with election that is taking place there are many unknowns. • How are we funding our deficit for current fiscal? We are utilizing our loans, lines of credit, and many vendors go unpaid until we are threatened to be cut off. • How long is it sustainable? We will break April 1. We work very closely with Ontario Health. Our local representatives have a good understanding of our position. • Any foreshadowing with coming US tariffs? We have sent a letter of support along with many other hospitals and continue to work with HealthPRO. • What happens if we default on our loan? To date, it has not happened before, however Ontario Health would come in with cash flow before a default occurs. • How does this affect our credit? Our credit with our bank is okay, but our credit with vendors has taken a major hit as quotes are taking longer and longer to get. • Risk of any services being cut? Ministry does not want services to be cut, but if it came to that we would look at non-clinical, then non-essential outpatient clinics. Moved B. Millar, seconded by D. Wattie that the 2025-2026 Operating Budget be approved. **All in Favour.** **Carried.**
	9.3	**Capital Plan** Items on the Capital plan have been determined and ranked by priority. This year is $2.1 million of high priority items, which is slightly higher than previous years. This list is then shared with Foundation and Auxiliary to target items to be purchase. It is important to note that more and more urgent replacements are required due to age of new build. Moved by B. Millar, seconded by B. Toonders, that the 2025-2026 Capital Plan be approved as presented. **All in Favour.** **Carried.**
	9.4	**Mobile CT Scanner Rental** In part of the CT RFP, we are scheduled to begin construction processes May 16th, with the goal to go-live in early June. There would be 4-week period with no CT scanner. There are 2 options we can consider addressing the downtime. • Option 1: rent a mobile CT • Option 2: transfer patients out The recommendation to invest in the mobile CT scanner to address the downtime is bring brought forward for approval as it is above operational budget.

		By renting the CT scanner, we can account and be prepared for longer downtime, as a minimum of 2-month rental is required. Based on volumes and recent downtime, we would be looking at 200,000$ CAD, with a monthly rental fee is approximately $35,000. There are no Canadian options, which subjects us to possible tariffs and counter-tariffs. One limitation to the mobile CT, is that access is restricted to ambulatory patients, as a stretcher will not fit and there is no mechanism to lift patients into the trailer with the mobile CT. • Any other impacts/limitations? We have met with other hospitals who have utilized a mobile CT and have advised that using an import broker is very beneficial. We will also ensure that appropriate power supply is accessible, adding clauses to CT contract to allow us to back out at anytime. Appropriate grade of land as well as durability. HIROC insurance will cover the use of the mobile CT. • Staff will require training as the machine is different from the current CT machine. Moved by T. Williams, seconded by B. Millar that the recommendation to rent a mobile CT during the construction of our new CT machine be approved. **All in Favour.** **Carried.**
	9.5	**U.S. Tariffs** Discussed throughout the meeting in 9.2 and 9.4. There are too many unknown variables at this time to determine the impact of U.S. Tariffs. As more information becomes available, there will be communications about its effects on WDMH.
10.0	**Report of the CEO**	
	10.1	**Risk Management Report:** M. Blouin shared a presentation on Risk Management. The Board learned: • What is risk management and how it is monitored at WDMH. • The framework that is used to identify, assess, manage and report risks. • Details regarding how the Board members are covered by HIROC insurance. • Insurance also extends to external sites where Board functions are held • Details and data were shared regarding average claims, obstetrical claims and emergency claims. • A recent HIROC case was presented and used as an exercise to understand the process. WDMH is also currently in the process of updating our risk register.
	10.2	**Cybersecurity Update** At the previous Board meeting, there was discussion around a firewall issue. In January, we replaced the firewall with a new VPN and are working with a different vendor and the risk has now been eliminated.

	10.3	**Strategic Priorities Update** Updates to our strategic priorities were shared, we have many initiatives to increase staff retention and increase safety at work. Election is underway, waiting until election has concluded to receive more information. Reconfiguration is complete and teams are working through new workflows. There have been some opportunities for savings through leveraging the geolocation of units and staff between them, for example MedSurg and Complex Care or between Obstetrics and Postpartum. Jane Adams, Communication Lead, will be retiring at the end of March and our approach to communications will be discussed. Sunshine list is coming out, some of our staff are on it. Tomorrow is pink shirt day
	10.4	**Strategic Planning** Plan is 5 years old, and is due for an update. Previously we have done it ourselves but also used consultants. Experiences are different, and each provide their own benefits. Discussion took place with the following key notes and questions: • When do we think we should start this process? Start now or wait until the fall • B. Toonders has thoughts about the fall, there are many unknowns at the moment with the election, so creating a strategic planning wouldn't be the best, and there is no direct benefit for jumping on the new Government. • Is there a time of year that is not as busy as others? Not specifically; the spring is busy with year end and audits and this year we have accreditation in the fall. • Does this impact budget? No. • The process takes about 1 year to complete. If we start in the spring, we could strive to have it completed by the end of the year. The hope would be to start now to get most of the work completed in the summer. • A Board member is needed to chair the strategic planning working group, along with a few others to be apart of the group. An email will be circulated. • No concerns were brought forward to being planning the new strategic plan in Mid-Late May.
11.0	**WDMH Foundation Report** T. Elliot shared the Foundation Report, with the following points to note: • The Wish Tree donations were down from last year, but still did well. • There are many events coming up • Hope to find new executive director in the upcoming months.	
12.0	**WDMH Auxiliary Report** L. Arsenault shared the WDMH Auxiliary Report, with the following points to note: • Gift shoppe and events that took place were shared • Fashion Show, 50/50 Draw and the Bazaar are scheduled to take place for 2025. • Overall the Auxiliary is doing well.	

13.0	**Report of the RHI Board** C. Boland shared some updates from the RHI Board report: • Construction is on budget and on time • Tariffs will likely increase budget • Dundas Manor is going through extreme staffing crisis. • 1st international nurse is arriving to Canada in the upcoming weeks • Joint job fair with WDMH and Dundas Manor will be taking place in the spring.	
14.0	**Governance**	
	14.1	**Executive Committee Minutes** The minutes from *January 13, 2025 and February 11, 2025* were attached for information.
	14.2	**Board Meeting Evaluation Results** Responses were good, no concerns were brought forward.
	14.3	**Board Policies update** There were some changes made to Board policies, and were brought forward for approval: • 1 significant change: Chief of Staff performance reviews were updated to reflect a more practical approach. • The role of the Executive Committee was clarified and defined. Moved by M. Perry, seconded by D. Wattie that the changes to the policies be approved as presented. **All in Favour.** **Carried.**
	14.4	**Whistleblower Policy** We have developed a whistleblower policy, using Brockville Hospital's as a template for guidance. E. Stevens questioned the language used in the policy, explaining that it should be permissive for a whistleblower, and requested a language change: urges not required. Moved by B. Millar, seconded by B. Toonders that the Whistleblower policy be approved with the language change from required to urges. **All in Favour.** **Carried.**
	14.5	**Board Evaluation for Accreditation** Email to come with a link to the survey. Once completed, it goes to accreditation Canada for immediate feedback to us to implement things at the Board level. When the email is sent, please complete as soon as possible. A Blanchard questioned if strongly disagree and disagree are checked off, is there an impact to accreditation? There is no impact to our accreditation process.
	14.6	**Board Recruitment** There is a "survey" with 2 questions, intent to continue or interest in leadership position. When it is circulated, please fill it out as soon as possible.
	14.7	**Board Workshop** We are looking to host another Board workshop in April. It would be similar to those in the past, a half day with a few different speakers

		Are there any topics that would interest anyone? • Opioid Crisis (Pharmacist from previous meeting) • Race Identity • AI discussion—pilot projects that are implemented at other sites and how they are doing well • New civic campus and privatization • Primary care shortage • Dr. Philpots and the Healthcare Hub trial in Kingston • Epic update and what the future looks like. • Regionalization in healthcare
15.0	**Communications & PR Considerations** Next years budget continues to be a concern, it is somewhat known, but questions can be directed to Michelle or Cholly.	
16.0	**Next Meeting:** May 27, 2025 @ 5:00 pm	
17.0	**Adjournment** Meeting adjourned at 7:09pm.	
18.0	**In-Camera Meeting**	