

**MINUTES OF THE MEETING OF THE RENFREW
VICTORIA HOSPITAL BOARD OF DIRECTORS HELD
ON MAY 27, 2021 AT 17:00 HOURS BY MICROSOFT
TEAMS**

PRESENT: Marg Tubman, Chair
Meena Ballantyne
Tom Faloon
Sandi Heins
Shauna Lemenchick
Phil Marcella
Robert Pelletier
Dr. Steve Radke
Rob Tripp
Dr. Angela Varrin
Chris Ferguson, Vice-President, Patient Care Services
Julia Boudreau, President & CEO

GUESTS: Tim Sonnenburg, Vice-President, Financial Services
Alison Green, Vice-President, Corporate Services
Sandra Buttle, Recording Secretary

REGRETS: Catherine O'Neil

ATTENDANCE: 92%

PRESENTATION

Nikolija Lukich is a Regional Ethicist at the Champlain Centre for Healthcare Ethics at The Ottawa Hospital. The Centre provides valuable ethics services to all hospitals, long-term care homes, community health centres and home care providers in the Champlain region.

Nikolija did a presentation on Ethical Framework: Accountability for Reasonableness covering the Importance of the A4R Framework and components.

When stakeholders disagree about which interests or values are most important, it may not be clear how to reach a fair decision. The accountability for reasonableness framework offers guidelines for a fair process when making priority-setting decisions in healthcare. The A4R framework does not tell decision-makers what is most important or what they should prioritize. It is a framework to ensure that decisions about what to prioritize are reached in a fair and mutually justifiable way.

1. CALL TO ORDER

With a quorum present, the Chair called the meeting to order.

2. DECLARATION OF CONFLICT OF INTEREST

There were no declarations of Conflict of Interest.

3. MINUTES OF PREVIOUS MEETING

*It was moved by Sandi Heins,
And seconded by Meena Ballantyne,*

That the minutes of the meeting held on March 25, 2021 be adopted. – Carried.

4. REPORT OF THE PRESIDENT & CEO

- **STRATEGIC PLAN**

We have started communicating the plan to all staff and physicians and started the process of implementing the strategies. A video has been posted on the website on the process. There is a staff education today with activities based on the strategic plan. Departmental goals and objectives have been completed and align with the corporate goals, which align with the strategic plan.

- **NEPHROLOGY UPDATE**

- Dr. Nicole Delbrouck retired May 28, 2021. Nicole has been a Nephrologist at RVH for the past 29 years. She became the Medical Director of the Renfrew County Regional Nephrology Program in October 1996. Medical Staff presented her a book of memories at RVH.
- We are pleased to announce that Dr. Januvi Jegatheswaran has accepted a full-time Nephrologist position at RVH starting June 1, 2021. Dr. Jegatheswaran's recruitment was completed jointly with the TOH Division of Nephrology, and is the next step in the link between the Nephrology Program at RVH and the TOH Division of Nephrology. As the Site Lead, Integration, Dr. Jegatheswaran will be a member of the RVH medical staff and a member of the TOH Division of Nephrology. Her role will create a stronger link between our two programs, allowing for the seamless transfer of care between our programs, and providing an opportunity for growth in the breadth of services offered at RVH. Thank you to Dr. Steve Radke for his leadership for this recruitment. Our program numbers have been decreasing in the last few years. We will be exploring opportunities for ongoing education, quality of care and different care options.

- **COVID UPDATE/VACCINE CLINIC UPDATE**

- We did not have to enact the Emergency Standard of Care. There is a downward trend in volumes of Covid positive patients. There were a lot of patient transfers from GTA to Ottawa and then some transfers to RVH to support Ottawa. There was not a lot of activity for repatriations. Ottawa did take patients from Manitoba. As of Monday, we have started back with non-emergency and non-urgent surgeries
- Covid quick testing capability has just been implemented only for patients being admitted to hospital. This will help with cohorting and enable to make easy decisions if needed to ship to a Covid Hospital. This also needs to be followed by a nasal swab as per guidelines from EORLA.
- Vaccine Clinic was moved to Ma-te-way as we were receiving increasing amounts of doses. Dr. Varrin led the clinic aspect and we have now started 2nd dose shots for staff and physicians. As of today, have given 8,504 shots at the clinic.
- Sandi Heins, as a member of Town Council, had the opportunity to tour Ma-te-way along with Dr. Cushman and Mayor Eady. Everyone was impressed with the set up. Thank you to Town Council for the use of Ma-te-way.
- Dr. Varrin stated that countywide over 50,000 people have been vaccinated and we are on par with the rest of the province. The uptake from the community has been incredible. We are doing 2400-7000 a week in the county when doses are received. Health care workers are now getting their 2nd doses. We have a great team.
- Is there any value to ask Dr. Cushman to come to a board meeting to give us his thoughts and any observations as the Chief Medical Officer of Health? We will reach out to Dr. Cushman in September once everything has settled down.

- **ONTARIO HEALTH TEAMS (OHT) UPDATE**
 - The Network 24 application has been submitted. The working group is participating in a virtual meeting with the Ministry on June 7th and making a presentation at that time. On a provincial level, Ontario Health is moving away from five regional leads to three to further collaborate and integrate. We will be part of the Ontario East (Toronto and the east) for reporting and working together as one integrated system. Champlain area hospitals have some concerns for Ottawa and the rural areas in having our voices heard at the broader table.
- **COMMUNITY (ANNUAL) REPORT**
 - We will be doing a community annual report adding in the annual PFAC committee report.

5. **REPORT OF MEDICAL STAFF**

Dr. Radke presented the report of the Medical Staff. The Credentials Committee reviewed applications and recommended approval.

*It was moved by Tom Faloon
And seconded by Meena Ballantyne*

That the report of the Medical Staff be adopted. – Carried.

6. **REPORT OF AUXILIARY**

Shauna Lemenchick advised that the gift shop was only open for a short time before it had to close again due to Covid. They have not been able to hold any fund raising activities.

7. **REPORTS OF COMMITTEES**

A. **FINANCE AND PROPERTY COMMITTEE**

Phil Marcella presented the minutes of the Finance and Property Committee held on April 26, 2021.

RVH is forecasting a larger surplus but still to do have all the information. We still do not have any updates from the Ministry but 1% is still a good estimate of what to expect.

1. **CORRESPONDENCE**

Notice was received from the LHIN that RVH would be receiving HIRF allocation of \$39,371 for 2021/2022. An application for HIRF Exceptional Circumstances has also been submitted.

2. **OPERATING BUDGET**

In the provincial budget tabled March 2021, the Government committed to spending 3.4% more on hospital funding in 2021/2022. Details for funding increases to small hospitals have not been received but based on the budget an estimate of 1% is a conservative assumption. (1% MOH funding increase represents \$325,000 for 2021/2022).

In addition to annual inflation, there are several operational changes that impact the 2021/2022 operating budget.

- Hospitalist Inpatient Model - In July 2020, RVH moved to a hospitalist model to care for inpatients. The model includes physicians responsible for Complex Continuing Care patients and a hospitalist physician group for acute patients. The estimated annual cost for this model is approximately \$400,000.
- Covid 19 Impact - RVH has incurred substantial expenses associated with Covid 19. The MOH has indicated that costs will be reimbursed in 2021/2022, but has not shared details at this time. We are assuming that Covid costs will be reimbursed for 2021/2022. Lost revenues for

2020/2021 will be reimbursed by MOH and revenues are expected to return to pre Covid levels in 2021/2022. Management will continue to look for efficiencies throughout the fiscal year in order to reduce costs and increase revenues where possible.

It was recommended that the operating budget for 2021/2022 with a surplus of \$600,000 be approved as presented.

3. CAPITAL BUDGET

a) **Annual Equipment Purchases** - RVH has a capital budget process, which includes input from staff and physicians. After discussions by senior management, a capital list is presented for the fiscal year. For 2021/2022, the total cost is \$1,633,157. This request is made up of the following:

Clinical Equipment	\$885,419	62%
Information Technology	\$132,968	9%
Non Clinical Equipment	\$101,432	7%
Contingency	\$111,982	
Total Equipment	\$1,231,801	
Building & Renovations	\$306,100	22%
Contingency (10%)	\$ 30,610	
Building & Renovations	\$336,710	
Covid 19 Contingency	\$100,000	
TOTAL	\$1,668,511	

- Cash for equipment requests to be provided by Foundation for support of clinical equipment \$900,000 2021/2022; Amortization of \$350,000.
- Cash for building renovation to be provided by 2020/2021 Building Amortization
- \$340,000 Covid contingency to come from reserves.

The status is not known at this time for hospital infrastructure funding and exceptional circumstances for 2021/2022. Should funding be received it would have to be spent by March 31, 2022.

b) EPIC Beaker (Laboratory) Software Implementation

The current version of Cerner Laboratory Information System is no longer supported by the vendor and requires a major upgrade. Cerner is not integrated with the EPIC Electronic Health Record so in order to complete integration, the implementation of EPIC Beaker is being proposed by the Atlas Alliance and Eastern Ontario Regional Laboratory Association (EORLA). The total RVH project cost is estimated at \$500,000 over a two-year period with Go Live set for November 2022. A detailed document was provided to the committee.

c) RVH Pharmacy Sterile Compounding Facilities

In 2015 as part of the Dialysis building project, a new pharmacy area was built on the second floor of the building. This new space included sterile compounding facilities that enabled RVH to mix drugs, including chemotherapy following the safety and quality rules that were in place at that time. In 2016, new rules came out governing physical requirements for sterile compounding areas that meant that some of our mixing areas were no longer fully compliant with the legislation. In order to come into compliance with the legislation covering sterile compounding RVH must make changes to its sterile compounding area. The estimated cost for the physical changes is \$650,000.

d) Hemodialysis Equipment

Hemodialysis equipment has an estimated life of 10 years. The equipment in service at Renfrew and Barry's Bay was scheduled to be replaced in 2020 as it has reached 10 years of service, but due to the Covid pandemic, the decision was made to continue to maintain the equipment and replace in

2021. In total, the RVH regional dialysis program will be replacing 25 units at a cost of \$425,000. The cost of the units will be reimbursed by Ontario Health (Ontario Renal Network) as part of the provincial dialysis program costs. Ontario Health has gone to tender and negotiated pricing and standardized on two models. RVH is in the process of trialing the two models to see which one best meets our needs. Approval to proceed is expected from Ontario Health in May/June with purchases taking place prior to December 31st. There is no cost to RVH.

e) Negative Air Pressure Rooms in Emergency Department

Covid has highlighted the need for negative air pressure rooms in the emergency department when dealing with potential airborne microorganisms. Currently there is no negative air pressure in the trauma rooms in our emergency department. Negative air pressure rooms require detailed engineering to ensure that airborne particles are contained in the area and exhausted safely. Anterooms are required to provide space for donning and doffing personal protective equipment (PPE) and offer additional control against unwanted air movement. We are in the investigation stage of this project with our architect and engineers to determine what is required for retrofitting the existing space. Initial high level cost estimates are \$1-\$1.5 Million. A complete business case including costing will be provided to board for discussion and approval when more detailed information is available.

A schedule indicating current approved capital items, items for approval and items “on the horizon” was presented as information.

It was recommended that the following be approved:

- *The expenditure of \$1,668,511 in capital funds for fiscal 2021/2022 as presented.*
- *The total expenditure of \$500,000 over 2021/2022 and 2022/2023 to implement EPIC Beaker.*
- *The expenditure of \$650,000 to complete pharmacy renovations to sterile compounding facilities to meet national standards.*
- *To purchase hemodialysis equipment funded by Ontario Health (Ontario Renal Network)*
- *To continue planning for the creation of negative air pressure rooms in Emergency Department. Complete costing to be provided to board for approval.*
- *To approach RVH Foundation to financially support clinical equipment purchases for 2021/2022.*

4. OPERATING RESULTS TO FEBRUARY 28, 2021

Hospital operations, removing the impact of Covid, posted a surplus of \$1,023,619 (2.4 % of total revenues) for the eleven months ending February 28, 2021. The results are higher than budget expectations.

Revenues

- When adjusted for COVID funding impact, overall revenues for the period were \$984,128 higher than budget (2.0 %).
- LHIN base revenue was on budget.
- Ministry of Health one time funding is lower than budget as Emergency Department (ED) funding was less as a result of lower ED volumes.
- Cancer Care Ontario funding was higher than budget as a result of increased volumes of oncology patients and reimbursement of higher costs drugs.
- Paymaster funding is lower than budget due to timing of drug recoveries for dialysis patients.
- Inpatient funding is lower than budget as we saw very few non-resident inpatients.
- Outpatient revenues are slightly higher than budget as reduced volumes in Diagnostic imaging related to Covid shutdowns were offset by higher CT revenues.

- Semi private and Co Payment revenues were lower than budget as we had fewer patients than budgeted.
- Sleep product sales are running 2% lower than budgeted as sales have rebounded after initial shutdown.
- Other revenues are lower than budget due to impact of Covid on revenues.
- Grant amortization is higher than budget as EPIC capital grants are being amortized.

Expenses

- When adjusted for Covid expenses, overall expenses for the period were \$37,585 under budget (0.1 %)
- Salary and wages were slightly lower than budget as some costs were moved to Covid, union salary increases were lower than budget (ONA). Benefits were in line with Salary variances.
- Medical staff fees were slightly higher than budget due to additional Covid hours in Emergency Department (ED). ED volumes were lower resulting in less shadow billing fees,
- Medical Imaging professional fees were on budget as Medical Imaging volumes were down during Covid. Hospitalist costs are on budget.
- Medical and surgical supply costs were under budget (5.0 %) as patient activity was down significantly in Q1 due to Covid. Some supply costs are being charged to Covid.
- Drugs and medicines are under budget (8.0 %). Reduced activity due to Covid was offset somewhat by higher volumes and costs in oncology.
- Other supply costs are on budget.

Other Votes

This is made up of separately funded programs for palliative care, addiction treatment services and assisted living program. The programs were under budget for the period.

Overall Forecast RVH is expected to meet budget expectations for the 2020/2021 year.

5. INVESTMENTS

The total market value of investments at March 31, 2021 is \$10,876,560. RBC Dominion Securities provided a letter stating that as of March 31, 2021, the investments and account activity in accounts of RVH are in full compliance with objectives and guidelines in the Investment Policy Statement.

6. CAPITAL PROJECTS UPDATE

- **Second and Third Floor renovations** - No change from the previous meeting.
- **ER Refurbishment** - \$200,000 was approved in 2017/2018 to refurbish the ER area. Planning for the refurbishment is underway with a plan to move forward in 2021/22
- **Approved Capital Expenditures 2020/2021**
 - Total Approved Capital Equipment Budget 2020/21: \$1,823,743
 - Total Approved Capital Equipment Expenditures to February 28: \$1,442,113
- **Hospital Infrastructure Renewal Fund - HIRF**
 - RVH received notice that it has been granted \$410,000 in Exceptional Circumstances Funding from MOHLTC. This funding will be put toward the Generator/Cafeteria 2020/2021 project.
- **Generator Replacement** - As part of HIRF for 2018/19, RVH purchased a generator (\$550,000). The generator is being installed at the north end of the hospital. Construction includes the installation of the generator and replacement of the concrete deck beside the cafeteria and enlargement of the cafeteria area. The Board received approval by the Board for \$2.5 Million with M. Sullivan and Son as the construction manager. Construction began in September 2020 and hand over expected April 23, 2021. The project is on budget.

- **Elevator Refurbishment:** As part of the HIRF from 2019/2020, we are able to refurbish three elevators and all were back in operation March 31, 2021.
- **Upcoming Pharmacy Capital Item** – New standards for pharmacies that mix drugs have been developed by the national body governing pharmacies. We have been working with regional partners to understand the impact of these new standards on our pharmacy. Based on a preliminary review, we expect that modifications to our pharmacy will be required. A capital business case was brought forward for approval for the 2021/2022 fiscal year.
- **Purchase of Land on Stewart Street** - At a special meeting of the board, approval was given to complete the necessary environmental assessments and zoning changes for the purchase of a 2 acre property located on Stewart Street, immediately to the South of land already owned by RVH Foundation. The necessary assessments and zoning changes were completed and the land was purchased with the deal closing April 9th.

7. EPIC/PROJECT FUSION UPDATE

- **New Atlas Alliance Members** - Beginning in November 2022, Atlas Alliance will Go Live with four new members. Kemptville, Deep River and Winchester Hospitals as well as the Group Health Clinic (Sault Ste. Marie). New members will pay all costs for onboarding. When up and running the new members will contribute to the overall operating costs of EPIC, which will reduce the operating costs for existing members. The new members will Go Live with all EPIC modules (including Beaker Lab) in November 2022. This marks the first new members to the partnership since Atlas Alliance was created in 2017.
- **Beaker implementation** - The EPIC Beaker Laboratory System will be implemented at the same time the new members are coming on board. The Go Live for Beaker is November 2022. Implementing Beaker will provide an integrated laboratory module in EPIC, which will mean seamless movement of Laboratory information within EPIC. Any current laboratory interface issues will be resolved when Beaker is live, which will mean better patient care and more efficient use of the laboratory system. EORLA has endorsed the implementation of Beaker and will use it as their main Laboratory Information System. Work on implementation will start in early 2021/22.
- **EPIC Updates** - The next EPIC update is scheduled for November 2021. Updates are planned semi annually to keep Atlas Alliance within two current releases of EPIC software. The cost of the updates are included in our annual EPIC operating costs.

*It was moved by Sandi Heins
And seconded by Rob Tripp,*

That the minutes of the Finance and Property Committee be adopted. – Carried.

B. PERSONNEL COMMITTEE

Robert Pelletier presented the minutes of the Personnel Committee held on April 8, 2021.

1. COVID UPDATE – VACCINE CLINIC

Vaccine allocations have not risen since February but we are still receiving enough allocations to run the clinic at 100 Health Village Lane for two days a week. We can provide up to 288 vaccines per 6-hour shift, so although the plans for moving to Ma-te-way are still in place should they be needed, it is conceivable that we will remain at our current location for the duration of the vaccine clinics. The clinics are running very smoothly. This week we are vaccinating 70+ and 18+ for indigenous residents on or off reserve. Allocations may indeed drop because the province is trying to prioritize vaccine allocations to the areas with the greatest COVID outbreaks, and Renfrew is not one of those areas. Initiatives to promote vaccination continue.

Robert attended the vaccine clinic in April for his shot and was very impressed with the staff and effective way the clinic was run.

2. LABOUR RELATIONS

- CUPE – negotiations are coming up as the contract expires September 2021. There is one outstanding grievance that is pending arbitration.
- ONA – negotiations are also coming up as the contract expired at the end of March. We are putting together our proposals and expect ONA to be asking for paid sick leave for part time staff, as well as more wording in the collective agreement around right to personal protective equipment.
- Vacancies

Unit	Position	Position Status
Complex Continuing Care	Registered Nurse	Part Time
Medical/Surgical	Registered Nurse	Temporary Part Time
Complex Continuing Care	Registered Nurse	Temporary Part Time
Operating Room	Registered Nurse	Temporary Part Time
Operating Room	Registered Nurse	Temporary Part Time
Medical Surgical	Registered Nurse	Part Time
Regional Assault Care Program	Training Opportunity	Temporary Part Time

3. FRENCH LANGUAGE SERVICES

We are waiting for results from the Ministry of Francophone Affairs on RVH's partial designation request approved by the Réseau. The annual report to the Ministry on French Language Services is due on April 30th, 2021.

4. ACCREDITATION - WORKLIFE PULSE SURVEY RESULTS

There was a very good response to the WorkLife pulse survey, and we are now disseminating the results to our managers and posting them on our huddle boards. We had quite a lot of 'green flags' including 92% saying their unit provide top quality patient care, 99% of staff agreeing that they would recommend to friends and family who were sick, and 87% rating the organization as good, very good or excellent. Some areas to improve included a significant finding that many in leadership found the last 12 months quite or extremely stressful, which we have not seen before, and senior management acting on staff feedback as last time.

***It was moved by Phil Marcella,
And seconded by Tom Faloon,***

That the Minutes of the Personnel Committee be adopted. – Carried.

C. ETHICS COMMITTEE

Tom Faloon presented the minutes of the Ethics Committee held on April 1, 2021. He stated that we are very fortunate to have a resource such as Nikolija Lukich.

1. PREVIOUS MEETING

The Ethicist has been presenting at various hospital care teams that have physician members. The Medical Advisory Committee will be asked if they are interested in this presentation.

The Goals of Care policy has a separate document to explain the different codes mentioned.

2. EMERGENCY STANDARDS OF CARE / ARTICLE

- The Emergency Standards of Care were created in response to the article about how COVID triaging could hurt marginalized people the most.

- They address what would happen if we started to run out of critical care resources. This is something that could happen, especially now that the numbers of hospitalized patients has increased dramatically; these standards are only to be enacted in an extreme emergency situation
- The goal for all is to save the most lives possible
- The Ethicist reviewed the parameters of these standards and what the decisions for care are based on
- This is going to happen but it has not been enacted yet
- There was a question about basing decisions of care on whether the patients might have COVID and another chronic illness; the Ethicist indicated that if the patient was admitted for COVID, then the treatment decision is based solely on that (and chronic illness does not come into play).
- As mentioned, this document has never been enacted (created March 2020); will try to do anything possible before we get to these measures
- The current “emergency brake” measures are good, but numbers of patients will continue to go up for the next while based on the trajectory models

3. ETHICS AND RESEARCH: WHAT YOU NEED TO KNOW

The Ethicist did a review of the slides for the committee. The objectives of the presentation were to examine the general role of the Ethics Committee regarding research; to understand risk and benefit in research; discuss the relevant ethical principles associated with research and present an example (Retrospective Chart Review). The presentation was very informative.

4. OTHER BUSINESS

The next meeting will focus on Accreditation and the Committee’s role. Documents will be circulated including Patient’s Rights and Responsibilities, Goals of Care policy, and Ideas Framework.

The Ethicist advised there is new legislation for the MAiD bill and she is in the process of putting the changes into one document and this summary document will be circulated.

It was moved by Robert Pelletier

And seconded by Meena Ballantyne

That the minutes of the Ethics Committee be adopted. – Carried.

D. CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

Sandi Heins presented the CQI Committee minutes of March 24, 2021.

1. REVIEW OF PATIENT & FAMILY ADVISORY COMMITTEE MINUTES

The minutes from the PFAC meeting held on February 23rd, 2021 were reviewed. This committee reviewed the draft Strategic Plan and had no issues.

2. EPIC PRESENTATION

Kim Dick, Clinical Manager, Emergency Department, presented a powerpoint slide show on how EPIC has been utilized in the Emergency Department. She brought a snapshot of Key Metrics Dashboard that she refers to on a daily basis. Indicators on this dashboard include number of ED visits, Acuity (CTAS) levels, patients left without being seen, ED length of stay all patients, ED bed to physician initial assessment, number of ambulance and the percentage of admissions. She also reviewed ED throughput metrics, that included arrive to triage, triage time, triage to room, physician initial assessment, time to discharge, disposition to discharge, radiology turnaround times, lab turnaround times. She showed examples of dashboards for all of these indicators.

The committee were impressed how this information is being used and sharing it with ED staff, physicians and management, in order to track indicators and keep on top of things.

3. INDICATOR REPORT

The indicator report was reviewed for the quarter October to December 2020. Most of the numbers are similar and nothing had changed drastically. There was one critical incident from a fall that was summarized. Complaints were quite low, while compliments had gone up so a nice indicator to share.

*It was moved by Rob Tripp
And seconded by Robert Pelletier*

That the minutes of the CQI Committee be adopted – Carried.

8. OTHER BUSINESS

- The revised RVH bylaw was circulated that will be brought forward for approval at the Annual General Meeting. There were no questions.

- Preamble for AGM June 17th
 - 4:00 p.m. presentation by Cameron Love, TOH Civic Site redevelopment
 - Unveiling of plaque on Café Atrium, naming it the “Randy Penney Education Centre”.
 - Followed by Annual Board Meeting
 - Followed by Regular Board Meeting

- On June 1, 2021, we will be celebrating the 2nd anniversary of Epic.

9. ADJOURNMENT

*It was moved by Sandi Heins,
And seconded by Meena Ballantyne,*

*That the meeting adjourn. – Carried.
Time of Adjournment: 18:30 hours*