Perth and Smiths Falls District Hospital
Executive Committee
Wednesday, May 6, 2020, 11:30 a.m.
Tele-conference

Present: G. Church, B. Guppy, J. Hewitt, D. Howard, Dr. K. Stolee

Regrets: Nil.

In Attendance: K. Kelly, Recording Secretary

The discussions of the Executive Committee during the COVID-19 Pandemic are treated as closed session notes.

Closed session at 11:32 a.m.

COVID-19/organizational Updates – Dr. B. Guppy and Dr. K. Stolee.

Occupancy Rates
- PSFDH has 85 beds and currently have 63 in-pts;
- there has been a fluctuation with inpatients as many beds are being used as single rooms due to the need to isolate patients for various reasons (not all covid-19 related activity)

ALC
- there are currently 23 ALC inpatients today
- this number fluctuates

ER volumes
- volumes are increasing but not as high as previous months;
- general discussion whether travel restrictions will impact number – remain to be seen

COVID-19 Cases
- the area continues to see high levels of activity;
- the area remains highest in province per capita (186/100,000)
    - this number is driven in part by LTC facilities which has resulted in increased hospital activity

Clinical Activity
- Ministry instruction to not ramp up activity;
- Ministry passed an order to redeploy staff and suspended some collective agmt barriers to accommodate;
- There is concern with all congregate settings (RH, LTC, group homes)
- PSFDH has not deployed any staff due to hospital workload levels and the need for all resources
- Housekeeping staffing has been increased with seven new hires
- OR staff are supporting other areas
- Dr. Guppy commented that PSFDH does not have a large surplus staff

Ramping up Services
- There is ongoing review of clinical/surgical/diagnostic requisitions
- PSFDH and primary care are reviewing urgent cases and ensuring that these are prioritized;
- surgical services will commence Wednesday, May 13 (with PPE levels monitored)

CONFIDENTIAL

Routine/Elective Procedures

- a plan is being developed to expand and work through lists;
- it was noted that the previous capacity will not be the new capacity due to cleaning and distancing, etc
- ongoing review to ensure that patient needs are met

PPE

- there has been some stabilization (with the exception of N95s) from province
- PSFDH has received a number of donations (such as face shields);
- gowns remain an issue and work underway to stabilize supply

PPE Audits

- audits of clinical/non-clinical staff are conducted by IPAC
- results are not 100% but working to achieve

Funding

- no confirmation from government on 2020/21 hospital funding
- Covid-19 expense tracking – unclear how funding and reconciliation will operate
- Cash flow impacts – incremental COVID expenses pending future reimbursement;
    - physician remuneration – determining who is included; hospitals may receive an allocation of funds; matter has been raised with LHIN (transfer payment arrangement?)
- PSFDH has developed a reporting template – based on known reconciliation elements;
- $4/hr pandemic pay – only policy is the Premier's press release
    - PSFDH has not implemented pandemic pay;
    - Pandemic pay will be retroactive to April 24
    - There are many questions requiring Ministry guidance;
    - PSFDH has asked staff to be patient

Accreditation Canada

- no response yet to letter submitted on deferring survey

General discussion ensued regarding some inpatients who remain in hospital but cannot be discharged to RH/LTC. It was noted that bed capacity and availability and PPE levels will drive the number of procedures.

B. Guppy – while would like to wait for ministry direction; need to move forward with procedures in a cautious manner to support best patient care;

Retirement Home Initiative

- agreement has been drafted agreement to move out 10 ALC patients
- Dr. B. Guppy noted that Ontario Health funding for this initiative will not be immediate so PSFDH will need to cover costs in the interim.
- KHSC has grown its capacity which may be an option to relocate patients;
- These efforts support increasing hospital/bed capacity to ramp up services to support the most urgent patients
- Dr. K. Stolee commented that patient need may change in urgency
- Dr. Guppy noted that PSFDH requires permission from regional lead before expanding capacity
- The ramp up does not necessarily include hips and knees procedures
- Surgical group has been given parameters about what is urgent/emergent

J. Hewitt requested an update on the possible redeployment of staff to support area nursing homes. The request was from Public Health and the LHIN to support infection control, housekeeping, occupational health, etc. A model has been developed with EMS and community care to have care in the home rather than presenting to hospital in crisis. The area medical officer of health, Dr. Stewart has been involved.

CONFIDENTIAL

Dr. Guppy commented that the issue with redeploying hospital staff is that they are now placed in a new location and cannot work at hospital. This would greatly impact the hospital's own human resources.

Dr. B. Guppy commented that there are approximately 500 LTC beds in the area and to seek support from PSFDH would greatly limit staffing resources.

Physician/NP supports in LTC facilities

- Dr. K. Stolee advised that local physicians have been providing virtual assessments and prepared limited access to area LTC homes with staggered scheduling
- Physicians who attend at LTC homes will require PPE

Staffing Issues

- One staff member has tested positive for COVID-19
- PSFDH has consulted with Leeds, Grenville and Lanark District Health Unit to determine that we are not in outbreak;
- Dr. B. Guppy noted that any case in LTC/RH that tests positive equates to an outbreak (different for hospitals)
- Dr. B. Guppy will advise board/executive if an outbreak is declared as there will be a series of actions implemented and public notice
    - Declaration of an outbreak would be made specific to site and department
- It was noted that a heightened level of activity and vigilance continues

Discussion ensued regarding the determination and declaration of an outbreak. Evidence of transmission within the organization would push the matter to be declared an "outbreak". The current situation did not meet the criteria for an "outbreak."

J. Hewitt commented that a local PSFDH physician has been credited for the creation of a ventilator (CTV News.) The You Tube video link of the story will be shared with weekly update.

Governance Committee – Recruitment Process

- Interview packages have been prepared to send to the members from John Hewitt (resumes, applications, backgrounder)
- Set up a brief t-con with members to determine when to move forward
- video conferences will be coordinated with candidates (2) and follow-up video conference with Committee members
- Revised questions will be circulated along with previous version for reference.

CFO Update

- no update since board meeting
- awaiting final list of candidates
- Dr. B. Guppy to follow up with J. Caminiti

The members appreciated the information. The PSFDH team has been doing an amazing job and working into a stride but will continue with monitoring.

Dr. K. Stolee – week of May 11 is Nurses' Week – note shared with physicians – create a calendar of days; to develop habit to send out messages; board/admin to prepare message(s)

Reminder – Township of Rideau Lakes cheque presentation – Thursday, May 7, 2020.

Out of closed session at 12:15 p.m.

CONFIDENTIAL