Perth and Smiths Falls District Hospital
Executive Committee
Wednesday, April 1, 2020, 11:30 a.m.
Tele-conference

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

Regrets: Dr. K. Stolee

In Attendance: K. Kelly, Recording Secretary

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1. **Call to order 11:34 a.m.**

The premise for today's meeting is to receive an update on hospital matters and COVID-19. D. Howard will prepare a message to the full board based on the information provided today.

Highlights:
- Dr. Guppy confirmed that the Incident Management System process and policy was activated last week which helps to coordinate work internally, regionally and province;
- The IMS provides assigned functions to staff and management
- He noted that there are some gaps in the current IMS policy and have modified to adapt to current situation
- The province issues new directives and guidance documents near daily

Communications
- PSFDH is not reporting to the general public any specifics or whether or not we have inpatients
- CAC continue to assess and receive referrals
- Communications are aligned with Public Health messaging

Created Hot & Cold Zones in Patient Care Areas
- Hot zones – for patients requiring isolation measures; ARIs, COVID

PPE – direction to staff today about use of PPE
- Provincial supply issues are occurring
- Presently okay for PPE but some issues and challenges with getting cleaning supplies
- Hospitals are on allocation – this is based on what we have historically used and continue to give us the same amount

Provincial Funding for COVID Eligible Expenses (ALC Patients)
- PSFDH has used the current situation to advance our ALC initiative to free up hospital bed capacity
- PSFDH will consider moving most vulnerable patients out of the hospital setting and to reclaim space in hospitals for when needed for COVID-19 patients
- The provincial funding is time limited
- With the proposed funding, 10 patients can be moved
- This will be tracked as an eligible expense under this fund
- A draft agreement will be arranged with retirement home to ensure key items such as patient confidentiality, privacy, funding, quality, etc.
- PSFDH has identified 10 patients that would be the most suitable candidates to relocate. The patients have been discussed with the retirement home at a high level and no patient specifics or identifiers.

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- Once the arrangement has been finalized, there will be a coordinated public communication followed immediately with engagement of patients and families to speak to the opportunity to move over patient
- All patients will be tested for COVID-19 before being relocated.
- Patients are discharged from PSFDH and move to the care of Dr. Chadha but will maintain on the list for their preferred LTC home
- PSFDH would receive back patient if there are any changes to condition
- There is a financial risk with repatriation if no funding model is in place to continue
- Only have approval for 10 patients for time limited period;
- Retirement home has screening process in place and along with restricted visitors
- The retirement home will offer a better experience for patients
- Patients can be co-horted due to similar care need; it is a protected environment;
- The retirement home is an assistive and supported environment with nursing staff and therapy

ADM Session – Funding Update

- $1.26 million is base funding was confirmed for PSFDH
- Hospital can expect at least 1% increase (on top of the $1.26 million already received) in the coming funding year

HIRF

- Working to complete pharmacy medication room in ER before end of March 31
- Received ministry update yesterday that hospitals have permission to carry over

Regional Update

- Setting up (19) tables to coordinate activity
- OH East region and focus on legacy LHIN areas
- Hospital (chaired by Dr. Pichora) and non-hospital areas (C. Martineau)
- Inserting ourselves into the Ottawa and Kingston groups
- The Regional Critical Care Group is active
- Sense if tertiary centres experience high levels of covid patients, PSFDH could support non-covid patients

Modelling

- BGH has developed a model and used similar for PSFDH
- Depends on how sick our population gets will determine impact
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Ramping Down of Services/Procedures

- Requisitions are being considered in two (2) week blocks for ordering clinician
- Have asked ordering clinician to review requisitions to determine if situation has moved to urgent/emergent
- Supports primary care and speciality groups
- Completed 1st 2 weeks initially to ensure processes are working
- Expect to postpone the next month as well
- A memo to clinical community has been shared

Lake 88 interview

- Lake88 In Focus Session
    - Spoke to ramping down services at hospital
    - Reminder to attend ED if you are unwell and require emergent care

COVID-19 Assessment Centre

- Working well
- Glitch with Telehealth Ontario regarding how to access an appointment
    - This was brought to PSFDH attention by local media
- Telehealth Ontario faxing issue

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- Presently now receiving referrals through Public Health; others through physicians and Occ. Health
- Dr. P. Cunniffe is the lead

Foundations & Auxiliaries
- A call is scheduled for later today with foundations and auxiliaries
- A similar update will be provided to the local municipalities

Donations
- Many offers of products, services, etc.
- Lovely to see caring community support
- Need to manage the communication and acknowledge donations and support
- Margot Hallam, ED, GWM Foundation will support donation coordination
- Will involve L. Smith, ED, SFCH Foundation
- Messages will be on both sites
- PSFDH message to be sent out

Four Working Groups via MAC – multi-disciplinary
1. Ethics Working Group – not replacing the organization's ethics committee – discussing resuscitation protocols, etc.
2. ER Group – barriers
3. Critical care – movement of patients requiring ventilation
4. CAC – meeting less often – have been implemented – if demand changes, will introduce 2nd CAC in Perth

The Incident Command Team meets at 10 a.m. with a manager check in and leads at 1 p.m. daily. Staff, physicians and managers have been asked to escalate department issues through respective vice president or Chief of Staff.

J. Hewitt suggested that updates be shared with the Board to provide assurances on what work being done by Dr. B. Guppy and team.

Discussion ensued regarding a similar weekly or regular ½ hr board update. Information can be shared on the portal. D. Howard shared that the board is supportive of the work underway at the hospital.

Media:
- Dr. B. Guppy noted that he has been invited to a telephone town hall hosted by MPP Clark this coming weekend.
- Media interest for Dr. Gauthier's ventilator design. Dr. Guppy commented that this device would only be considered in extraordinary circumstances.
- Cogeco FYI interview requests

D. Howard will work with K. Kelly to prepare a summary to share with the Board (and post to portal.) The Executive Committee will meet every two (2) weeks. She reinforced the confidential nature of the discussions and no member is to speak publically and any questions should be deferred to the CEO and/or Chair.

D. Howard added that the Chief of Staff contract has been signed.

Out of closed session 12:29 p.m.

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