

Vision Creating healthier communities, together
Mission An exceptional healthcare organization keeping people at the heart of all we do
Values Caring, Collaboration, Accountability, Innovation, Respect

BOARD OF DIRECTORS MEETING - OPEN
Wednesday, June 28, 2023
1715-1825
A.0.218 MEC Classroom



AGENDA

Agenda Item * indicates attachment / TBC – to be circulated	Page #	Time	Responsibility	Purpose								
1. CALL TO ORDER		1715	N. Melchers									
1.1 Territorial Acknowledgement												
1.2 Welcome Guests (Jay Tulsani, Bill Conway)			N. Melchers									
1.3 Confirmation of Quorum (7)			N. Melchers	Confirmation								
1.4 Declarations of Conflict			N. Melchers	Declaration								
1.5 Consent Agenda <i>(Any Board member may request that any item be removed from consent agenda and moved to the regular agenda)</i>			N. Melchers	Motion								
1.5.1 Minutes of May 24, 2023*	3											
1.5.2 CEO Report*	7											
1.5.3 Board Work Plan*	11											
1.5.4 Quality Monitoring Metrics*	19											
1.5.5 Events Calendar*	21											
1.5.6 Education Topics 2023/24 Survey Results TBC												
1.5.7 Governance Policy Summary* Policies for Approval (track changes can be found in package 2)	23											
<table border="1"> <thead> <tr> <th>#</th> <th>Policy Name</th> </tr> </thead> <tbody> <tr> <td>2-A-14</td> <td>Resources Committee Terms of Reference</td> </tr> <tr> <td>2-C-38</td> <td>Investment Policy</td> </tr> <tr> <td>2-D-09</td> <td>Procedure for Members of the Public Addressing the Board</td> </tr> </tbody> </table>	#	Policy Name	2-A-14	Resources Committee Terms of Reference	2-C-38	Investment Policy	2-D-09	Procedure for Members of the Public Addressing the Board				
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2-A-14	Resources Committee Terms of Reference											
2-C-38	Investment Policy											
2-D-09	Procedure for Members of the Public Addressing the Board											
1.5.8 Trillium Gift of Life (TGLN) Update*	33											
1.5.9 Patient Family Advisory Council (PFAC) – Annual Update*	45											
1.5.10 MAC Report*	48											
1.6 Confirmation of Agenda			N. Melchers	Motion								
2. PRESENTATIONS												
2.1 Bridges Update Post Pandemic*	51	1720	W. Paddick	Discussion								
3. BUSINESS ARISING												
3.1 None			N. Melchers									
4. NEW BUSINESS												
4.1 Chair's Update		1750	N. Melchers									
4.1.1 Chair's Report*	60		N. Melchers	Information								

Board Members: Nicola Melchers (Chair), Sara Alvarado, Tom Dean, Julia Goyal, Elaine Habicher, Monika Hempel, Miles Lauzon, Dr. Margaret McKinnon, David Pyper, Jody Stecho, Diane Wilkinson, Lynn Woeller

Ex officio Members: Patrick Gaskin, Dr. Winnie Lee, Dr. Vlad Miropolsky, Dr. Ingrid Morgan, Stephanie Pearsall

Agenda Item * indicates attachment / TBC – to be circulated	Page #	Time	Responsibility	Purpose
4.1.2 Board & Committee Meeting Cadence*	64		N. Melchers	Motion
4.2 Quality Committee Update* (June 21, 2023)	68	1755	D. Wilkinson	
4.3 Resources Committee Update* TBC (June 26, 2023)	70	1800	L. Woeller	
4.3.1 May 2023 Financial Statements*	72		L. Woeller	Motion
4.4 Medical Advisory Privileging & Credentialing		1805		
4.4.1 April Privileging & Credentialing	80		Dr. W. Lee	Motion
4.4.2 May Privileging & Credentialing	86		Dr. W. Lee	Motion
4.5 CEO Update		1810		
4.5.1 Communication and Engagement Plan*	96		S. Beckhoff	Motion
4.6 By-Law & ONCA Related Policies - Resolutions for Board*	112		J. Goyal	Motion
5. UPCOMING EVENTS		1820	N. Melchers	
5.1 CMH Champions Staff Golf Tournament, August 10, 2023, Beaverdale Golf Course https://cmhfoundation.ca/uncategorized/registration-for-champions-golf-tournament/				
5.2 CMH Golf Classic 2023, Monday September 25, 2023 Galt Country Club CMH Golf Classic				
6. DATE OF NEXT MEETING	Special HIS Meeting: July 18, 2023 Virtual Wednesday October 5, 2023 Hybrid			
7. ADJOURNMENT		1825	N. Melchers	Motion

Board Members: Nicola Melchers (Chair), Sara Alvarado, Tom Dean, Julia Goyal, Elaine Habicher, Monika Hempel, Miles Lauzon, Dr. Margaret McKinnon, David Pyper, Jody Stecho, Diane Wilkinson, Lynn Woeller

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Cambridge Memorial Hospital
BOARD OF DIRECTORS MEETING
Wednesday, May 24, 2023
OPEN SESSION

Minutes of the open session of the Board of Directors meeting, held in virtually and in person, May 24, 2023

Present:

Ms. N. Melchers, Chair	Ms. J. Stecho
Ms. L. Woeller	Dr. I. Morgan
Ms. M. McKinnon	Dr. V. Miropolsky
Ms. D. Wilkinson	Ms. S. Pearsall
Ms. J. Goyal	Dr. W. Lee
Ms. D. Pyper	Ms. S. Alvarado
Mr. M. Lauzon	Mr. P. Gaskin
Ms. M. Hempel	Mr. T. Dean
Ms. E. Habicher	

Regrets:

Staff Present:

M. Iromoto, V. Smith

Guests: C. Tuzinde, J. Braga, K Popovici

Recorder: Ms. S. Fitzgerald

1. CALL TO ORDER

Ms. Woeller called the meeting to order at 1700 hours.

1.1. Territorial Acknowledgement

J. Goyal presented the Territorial Acknowledgement and shared personal reflections.

1.2. Welcome

The Chair welcomed the members to the open session. M. Iromoto welcomed Ms. C. Tuzinde, Ms. J. Braga, Ms. K Popovici, who have joined CMH as students from the University of Waterloo.

Ms. N. Melchers joined the meeting and assumed the Chair.

1.3. Confirmation of Quorum (7)

Quorum requirements having been met, the meeting proceeded, as per the agenda.

1.4. Conflict of Interest

Board members were asked to declare any known conflicts of interest regarding this meeting. There were no conflicts declared.

1.5. Consent Agenda

Prior to approving the Consent Agenda, the Chair asked if any items required removal for further discussion.

- The consent agenda was approved
- 1.3.1 Minutes of April 26, 2023
 - 1.3.2 CEO Report
 - 1.3.3 Board Work Plan
 - 1.3.4 Quality Monitoring Metrics
 - 1.3.5 Annual CEO Certification of Compliance

CARRIED (Goyal/McKinnon)

1.6. **Confirmation of Agenda**

MOTION: (Woeller/Habicher) **that**, the agenda be approved as amended. **CARRIED**

2. **Presentations**

There were no presentations during the open session of the meeting.

3. **Business Arising**

There were no items for discussion.

4. **New Business**

4.1. **Chair's Update**

The Chair gave a summary of the Chair's report pre-circulated in the meeting package. The Chair thanked all the members for their contributions to CMH over the past month. The Chair shared highlights of the OHA Health Summit that was held this May. The summit was attended by Ms. Melchers and Mr. Gaskin. Ms. Goyal was also in attendance as an OHA Board member.

4.1.1. **Events Calendar**

The Board reviewed the events calendar. The Chair highlighted the upcoming events and encouraged members of the Board to join. Mr. Gaskin highlighted that the Staff Career Achievement and staff BBQ that will be held on June 20, 2023.

4.1.2. **Board Education Topics 2023/24 Survey Results**

The Committee reviewed the pre-circulated briefing note included in the agenda package. The Chair noted that there were only 5 out of 10 responses. The Chair encouraged the Board to please send their suggestions along that are not already included. An additional survey will be sent to the Board to score the suggested topics. The results of that survey will be included in the June meeting package.

4.2. **Quality Committee Update**

The Committee Chair provided the Board with highlights from the May 17, 2023, Quality Committee meeting as outlined in the pre-circulated briefing notes. The Chair highlighted that the women's and children's program presented a complex obstetrical case and highlighted the collaboration that occurred between organizations in the joint planning of the care of the mother and baby. Alexandria Vincent from the patient experience office presented the biannual report. The department has adopted some new methodologies to look at patient opportunities, complaints and concerns. A score card has also been implemented. The committee received a review of the level one and two incident analyses and responded the quality improvement to the office of the chief corner.

4.3. **Capital Projects Sub-Committee Update**

The Committee Chair provided the Board with highlights from the May 23, 2023, Capital Projects Sub-Committee meeting. Overall, the project continues to progress well; scheduled milestones are being met with the Lab recently completed and handed over in May. The project remains on time with Substantial Completion still expected for October 2024.

4.4. Resources Committee

The Committee Chair provided the Board with highlights from the May 23, 2023, Resources Committee meeting as outlined in the pre-circulated briefing notes.

Resources Committee reviewed the Broader Public Sector Accountability Act, 2010 (BPSAA) at the joint Resources and Audit Committee meeting. There were two exceptions noted regarding the BPSAA. One for section 6, which is consultant use, and the second for section 12, procurement directives greater than 100k. Following the uncovering of these issues the CMH procurement department has put numerous processes and changes into place to help ensure that these exceptions won't be occurring on a regular basis in the future. It was noted that many hospitals have exceptions, so no response is expected for OH West. The committee was satisfied that while there were some gaps, those will be rectified moving forward and that there are no negative ramifications to the hospital.

MOTION: That, following review and discussion of the information provided, the Board approves the Broader Public Sector Accountability Act, 2010 (BPSAA) Appendix C - Attestation prepared by the President and CEO in accordance with Section 15 of the BPSAA for the period April 1, 2022, to March 31, 2023. (McKinnon/Alvarado) **CARRIED.**

Resources reviewed the MSAA as outlined in the agenda package. Per management attestation CMH complies.

MOTION: That, following review and discussion of the information provided, the Board supports the submission of the Multi-Sector Service Accountability Agreement (M-SAA) Schedule F – Declaration of Compliance.

Schedule F, Declaration of Compliance, describes that the Health Service Provider (HSP) has complied with applicable procurement practices, the Local Health System Integration Act, 2006 and the Public Sector Compensation Restraint to Protect Public Services Act, 2010. (Habicher / Goyal) **CARRIED.**

4.5. Medical Advisory Committee

The Chief of Staff provided a fulsome update from the May 10, 2023, MAC meeting as outlined in the pre-circulated briefing note. Dr. Lee highlighted the ongoing discussions with Kate Dewhirst that Dr. J. Legassie and Dr. Lee attends around physician administrative duties including charting, occupational health and safety and mandatory training. Secondly Dr. Lee highlighted the work Dr. Bourgeois has done through the lab around the massive hemorrhage protocol. Dr. Bourgeois worked with the team and shared how to deal with situations where there are large amounts of blood needed. Much work has been completed but these situations will have significant impacts when they occur. One committee member asked about the hands-on demos around the HIS. Dr. Lee noted that many of the physicians have not previously been through the process prior and that it has been an educational experience for physicians. A debrief will be completed with the physician group as a collective group, allowing them to share some of their feedback.

Another question was if CMH feels we have enough physicians who are willing to take part in MAID. Dr. Lee noted that we have 3 practicing physicians willing and have access to a community that supports MAID. There is also a group being put together for the region with our health system partners provide additional support. The first meeting of this group will be on June 23, 2023.

4.6. **CEO Update**

The CEO acknowledged the leaders who completed the Unconscious Bias course. Our leadership is at about 90% complete. This is now part of our required courses for leaders at CMH.

Value Based Conversation work is now underway. Every other year staff have the opportunity, based on the CMH values, to have a one on one discussion with their leader on goal setting to review how they contribute to their department. The education to leaders starts tomorrow to train our leaders how to complete the VBC's.

The ACA (Achievement Competency Assessment) Leader review process will launch tomorrow with a goal to be completed by the end of summer.

One member asked for an update on the innovation fund. Management has updated that each of the four projects have been assigned a project manager. CMH's goal is to feature 1 project per month. Each of the successful applicants has been invited to the quality improvement course to help support their projects.

5. **ADJOURNMENT**

The meeting adjourned at 1747h. (Melchers/McKinnon)

6. **DATE OF NEXT MEETING**

The next scheduled meeting is June 28, 2023

Nicola Melchers
Board Director
CMH Board of Directors

Patrick Gaskin
Board Secretary
CMH Board of Directors



**CMH President & CEO Report
July 2023
for CMH (June), CMHF (June), CMHVA (June), MAC (July)**

This report provides a brief update on some key activities within CMH. Future reports will be aligned to the new Strategic Plan, 2022-2027. As always, I'm happy to answer questions and discuss issues within this report or other matters.

Stephanie Pearsall & Olivia Bluhm celebrated

- On June 14 Stephanie Pearsall, Vice-President Clinical Programs and Chief Nursing Executive, was formally recognized as a recipient of the 2023 Women of Distinction Award at Langdon Hall. This prestigious honour recognized her among five outstanding recipients for her resounding leadership skills and unwavering commitment to the health of our community. Members of the CMH team were there to support Stephanie, showcasing the type of leader she is and the remarkable camaraderie she has fostered.
- CMH Volunteer Olivia Bluhm received the Young Trailblazer Award for her commitment to elevating the well-being her community. From writing successful grants that promote an active lifestyle to raising funds for important causes such as Relay for Life, Olivia is truly an example of what hard-work and dedication can accomplish.
- Congratulations Stephanie and Olivia on this well-deserved recognition! These achievements are inspiring and we are very glad that you are both part of the CMH community.
- The Women of Distinction Awards are nationally recognized as one of the most prestigious awards for women in Canada. Since 1994, it has been YWCA Cambridge's premiere fundraising event, recognizing more than 350 women. All funds raised through the event support YWCA Cambridge's gender-based violence prevention programs for cis and trans-women and girls, non-binary and two spirit individuals

Bill Hibbs, Facilities Manager

- We were very pleased to welcome Bill as our new Facilities Manager on May 29.
- Bill is a seasoned manager with several years working at Woodstock and over a decade as a line manager serving the Aerospace industry with ComDev (Honeywell).
- Bill has a diploma in Electrical Engineering from Mohawk College, including CSA (Canadian Safety Authority) certifications in IPAC application in a healthcare facility, and a certificate from Conestoga College for completing the Electrician Apprenticeship Program (with honors).

- The interview panel included Director of Support Services and CRP Project Manager. His experience and knowledge will certainly enhance our Maintenance Department and the important services it provides to the hospital.
- Bill enjoys coaching his boys' baseball and soccer teams. He also enjoys playing guitar (with no audience!) and listening to music, as well, as firing up the grill. When not busy with work or family, Bill's alone time is usually by the pool side in his backyard!

New “Code Transfusion”

- A new code called “Code Transfusion” was rolled out on May 31 to enhance our response to patients that are hemorrhaging and are in immediate need of blood products. Code Transfusion has been implemented in about 80% of hospitals throughout Ontario. Once called, it initiates an immediate response from members of the ED, ICU, Medicine and Surgical teams.
- To help support this new code, specialized blood transport coolers were purchased allowing blood product such as red blood cells and plasma to be kept at bedside for longer periods. The cooler can keep these products viable for up to four hours, so if some are not used, they can be put back into the hospital's blood bank for use in other treatments.
- Furthermore, Porters and Medical Laboratory Assistants will have an expanded role in supporting this code. The responding Porter will stay with the team for the duration of the code, or until there is no more need them. Medical Laboratory Assistants and Phlebotomists can also respond to the Code to collect bloodwork.
- Calling the new code incorporates the same process as others – Staff are to dial 2222 and state their location by saying Unit, Wing, Level, Unit using NATO terminology.
- Upon hearing a Code Transfusion, staff have been informed that the Portering team, and the Specimen Collection team may not be readily available, similar to when Security attend a code white.
- Many thanks to Dr. Jacqueline Bourgeois for leading the development of this new code and to Krysta Barton and Chris Kong for their role in raising awareness within the hospital.

Ember's GOTCHA Day

- We had a “paw-ty” to celebrate Ember's Gotcha Day on May 23!
- It's been one-year since Ember started her journey here at CMH! Ember holds a special place in our community as the first National Service Dogs certified Facility Dog dedicated to a Canadian hospital!
- It all started back in 2019, with an intriguing idea from one of our staff members, Kim. She approached senior leaders with the idea of bringing in a facility dog as a mental health resource for the CMH team. After much anticipation, on May 24, 2022, we launched the CMH Paws Program with the arrival of Ember!
- Since then, Ember and her amazing team of three handlers have been providing support to staff across our hospital. From debriefing sessions to heartwarming

visits, Ember is always there for us, offering emotional comfort when we need it the most.

- We're grateful for the generosity of the Lyle S. Hallman Foundation, whose donation is making it possible for Ember to be a part of our team.

Atrium seating open to all

- As part of our on-going efforts to roll back pandemic related restriction at our hospital, we were very pleased to welcome patients and visitors back to the atrium seating area by the main courtyard.
- This change was prompted in part by patient and family feedback and was made in consultation with Health Safety Wellness, IPAC and Patient Experience. To increase its capacity, chairs have been returned to the atrium.

Celebrating Pride, Creating Safe Spaces

- This year's CMH Pride month theme is: "Celebrating Pride, Creating Safe Spaces." It reaffirms our commitment to nurture an environment where everyone who enters our hospital feels respected, supported, and safe.
- It was an exciting, fun filled month with impactful initiatives, ongoing conversations, and meaningful steps towards building a more inclusive CMH.
- It kicked off with a feature on Jennifer Ball, Occupational RN, Health, Safety, and Wellness, who expressed her perspectives on the significance of this theme (see next story).
- On June 8, we celebrated our second annual CMH Pride Day where everyone was encouraged to wear Pride colours as a sign of solidarity.
- The Nursing Advisory Council, in partnership with Professional Practice and the DEI team, launched the implementation of our Best Practice Guideline: Healthcare for 2SLGBTQIA+ community.
- There were a few lunch and learn opportunities, including a discussion with Dr. Nancy Moran and a presentation from Spectrum that led a discussion on 2SLGBTQIA+ terminology and key concepts.

Jennifer Ball, RN reflects on Pride Month's theme

- With CMH's Pride theme as "Celebrating Pride, Creating Safe Spaces," we were grateful that Jennifer Ball, RN in Health, Safety, and Wellness, volunteered to offer her insights on the significance of this theme. Jennifer is not only a member of the 2023 Diversity, Equity, and Inclusion (DEI) council, she is an advocate for celebrating Pride in the workplace and the encouraging progress being made towards cultivating inclusivity.
- For Jennifer, this year's Pride theme holds profound significance, signifying ongoing progress towards workplace inclusion and marking her one year anniversary with sharing her true self with the world. It highlights the need to nurture a culture at CMH where every individual can authentically express themselves without the fear of judgment or negativity from their peers. For her, the emphasis is on acceptance, understanding, and unwavering support that will

in turn pave the way for a truly inclusive environment. However, Jennifer also explained that:

- *"building these safer spaces is a collective effort. It requires not only encouraging individuals to be true to themselves but also creating an atmosphere where everyone feels comfortable asking questions and engaging in open and respectful conversations. By encouraging curiosity and promoting education, CMH can empower individuals to become allies, fostering empathy and understanding among colleagues. I didn't always feel comfortable sharing who I am, but the people of CMH have provided me a safe space and I am committed to actively contributing to the creation of such encouraging spaces. If anyone ever needs a safe space to talk, I'm here"*
- By boldly celebrating her own identity as a pansexual, Jennifer hopes to inspire others within the CMH community to embrace their uniqueness and find the courage to express themselves authentically. She hopes that this Pride month will serve as a catalyst for individuals to engage in open dialogue, share their experiences, seek guidance, and find support, all while feeling safe, valued, and respected. "My door is always open if anyone needs a resource or a safe space to talk."
- She encourages everyone to seize this opportunity knowing that CMH is committed to providing a safe, inclusive environment where every voice is heard and valued.

New Absence Reporting form

- Based on staff feedback to streamline a sometimes frustrating process for reporting absences, CMH introduced a new on-line Absence Reporting form on June 21.
- The new reporting tool is for everyone to use, including management and staff alike, in all areas of the hospital when reporting unapproved and unscheduled absences.
- This may include calling in sick, personal emergencies, death of family member, etc.
- Corporate-wide introduction of this new form only occurred after extensive testing over a few months. It was done with select departments and was tweaked based on their feedback. Overall, the test groups found new form straightforward and easy to use!
- One major benefit that was addressed is the time it takes to report absences. Where staff could wait up to 20 minutes or more to reach a call centre representative, CMH's on-line form only takes five-minutes or less to complete. In addition, the system notifies the Scheduling Office (if applicable), the staff's leader and Health Safety & Wellness once submitted.
- It does not, however, replace any of the department-unique processes that a staff might need to do when reporting their absence.
- This on-line form can be accessed from any networked computer via bookmark and personal mobile devices via QR code.

Agenda Item 1.5.3
BOARD WORK PLAN – 2022-23

Charter Section #4	Action (<i>Italics-comments</i>)	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
	Tone at the Top									
a-i, ii	<ul style="list-style-type: none"> ➤ Approve CEO goals and objectives ➤ Approve COS goals and objectives ➤ Mid-year CEO assessment input from Board ➤ Mid-year COS assessment input from Board ➤ Mid-year/Year-end CEO report and assessment ➤ Mid-year/Year-end COS report and assessment ➤ CEO evaluation/feedback – mid-year ➤ COS evaluation/feedback – mid-year 	<p>Executive</p> <p>Board</p> <p>Executive</p> <p>Executive</p>					I I		C C	
a-iii	<ul style="list-style-type: none"> ➤ CEO evaluation/feedback –year end and performance based compensation ➤ COS evaluation/feedback –year end and performance based compensation 	Executive								√ √
	➤ Reviewing the performance assessments of the VPs – summary report provided to the Board (as per policy 2-B-10)	Executive							I	
b	➤ Strategic Plan: approve process, participate in development, approve plan (done in 2022, will be done again in 2027)	Board	ND							
b	➤ Progress report on Strategic Plan (2x year Jan for 22-27 plan)	Board				C				√
b-iii-c	➤ Approve annual Quality Improvement Plan (QIP)	Quality					C			

Charter Section #4	Action (<i>Italics-comments</i>)	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
b-iii-c	<ul style="list-style-type: none"> ➤ Review and approve the Hospital Services Accountability Agreement (H-SAA) ➤ Review and approve Multi-Sector Accountability Agreement (MSAA) ➤ Review and Approve Community Annual Planning Submission (CAPS) ➤ Review and Approve Hospital Accountability Planning Submission (HAPS) 	Resources, Quality					I I C	C I C		
b-iii-C	<ul style="list-style-type: none"> ➤ Monitor performance indicators and progress toward achieving the quality improvement plan 	Quality			C	C			C	
c-i-B	<ul style="list-style-type: none"> ➤ Critical incidents report – (as per the <i>Excellent Care for All Act</i>). (<i>Brought forward to Board at each meeting – approved Nov 27, 2019</i>) 	Quality			C				C	
c-i-B	<ul style="list-style-type: none"> ➤ Monitor, mitigate, decrease and respond to principal risks 	Audit							C	
c-i-E	<ul style="list-style-type: none"> ➤ Review the functioning of the Corporation, in relation to the objects of the Corporation the Bylaw, Legislation, and the HSAA 	Governance			C	C			C	
	<ul style="list-style-type: none"> ➤ Receive and review the Corporate Scorecard 	Board	C	D	C	C	C	C	C	
	<ul style="list-style-type: none"> ➤ Declaration of Compliance with M-SAA Schedule F (due 90 days after fiscal year end) 	Resources	C						C	
c-i-F	<ul style="list-style-type: none"> ➤ Declaration of Compliance with BPSAA Schedule A (due May 31 to the OH) 	Resources							C	
c-i-F	<ul style="list-style-type: none"> ➤ Receive and review quarterly the CEO certificate of compliance regarding the obligations for payments of salaries, wages, benefits, statutory deductions and financial statements 	Resources	C		C			C		
c-i-F	<ul style="list-style-type: none"> ➤ Procedures to monitor and ensure compliance with applicable legislation and regulations 	Audit							C	

Agenda Item 1.5.3
BOARD WORK PLAN – 2022-23

Charter Section #4	Action (<i>Italics-comments</i>)	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
c-ix-G	➤ Board Education Topics <ul style="list-style-type: none"> ○ Medical/Professional Staff Credentialing ○ Health Human Resources ○ Risk Management at CMH 	Board	D		C C					
	➤ Board Generative Discussion Topics <ul style="list-style-type: none"> ○ DEI – What’s the Boards Role ○ Partnerships in Cambridge and Beyond ○ Digital Health 2.0 – Defer to 2023/24 	Board	C	C			C		D	
e-i-A	Receive a summary report on: <ul style="list-style-type: none"> • CEO succession plan and process • COS succession plan and process • Succession plan for executive management and professional staff leadership 	Executive Executive Executive							C C C	
Professional Staff										
f-i-A	➤ Ensure the effectiveness and fairness of the credentialing process	MAC/Quality MAC	C	D	C	C	C	C	D	✓
f-i-B/C	➤ Monitor indicators of clinical outcomes, quality of service, patient safety and achievement of desired outcomes									
f-i-C	➤ Make the final appointment, reappointment and privilege decisions for Medical/Professional Staff	Board	C	D	C	C	C	C	C	✓
	➤ Oversee the Medical/Professional Staff through and with the MAC and COS	COS	C	D	C	C	C	C	C	✓
Build Relationships										

Agenda Item 1.5.3
BOARD WORK PLAN – 2022-23

Charter Section #4	Action (<i>Italics-comments</i>)	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
g	<ul style="list-style-type: none"> ➤ Build and maintain good relationships with the Corporation’s key stakeholders <ul style="list-style-type: none"> ➤ The Board shall build and maintain good relationships with the Corporation’s key stakeholders including, without limitation, MOH, Ontario Health, community leaders, patients, employees, families, other health service providers and other key stakeholders, donors and the Cambridge Memorial Hospital Foundation (“ Foundation”) and the Cambridge Memorial Hospital Volunteers Association. ➤ Present Annual Volunteer Association Presentation 	Board			D					
Financial Viability										
h-i-A,C	<ul style="list-style-type: none"> ➤ Review and approve multi-year capital strategy ➤ Review and approve multi-year information technology strategy 	Resources Resources					C		C	
h-i-A,C	<ul style="list-style-type: none"> ➤ Review and approve annual operating plan – service changes, operating plan, capital plan, salary increases, material amendments to benefit plans, programs and policies 	Resources/ Quality				I	C			
h-i-A, B	<ul style="list-style-type: none"> ➤ Approve the year-end financial statements 	Board							C	
h-i-A	<ul style="list-style-type: none"> ➤ Approve key financial objectives that support the corporation’s financial needs (including capital allocations and expenditures) (<i>assumptions for following year budget</i>) 	Resources				I	C			
i-i-C	<ul style="list-style-type: none"> ➤ Review of management programs to oversee compliance with financial principles and policies 	Resources							C	
	<ul style="list-style-type: none"> ➤ Affirm signing officers for upcoming year 	Board								✓
	<ul style="list-style-type: none"> ➤ Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding 	Resources	C						C	
Board Effectiveness										

BOARD WORK PLAN – 2022-23

Charter Section #4	Action (<i>Italics-comments</i>)	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
i	➤ Establish Board Work Plan	Board	C							
i-i-A	➤ Ensure Board Members adhere to corporate governance principles and guidelines ➤ Declaration of conflict agreement signed by Directors	Governance								√
i-i-B	➤ Ensure the Board's own effectiveness and efficiency, including monitoring the effectiveness of individual Directors and Board officers and employing a process for Board renewal that embraces evaluation and continuous improvement	Governance/ Board								√
i-i-C	➤ Ensure compliance with audit and accounting principles	Audit							C	
i-i-D	➤ Periodically review and revise governance policies, processes and structures as appropriate	Governance	C		C	C	C	C	C	
	➤ Review Progress on ABCDE Goals (<i>Director & Chair meet during July/August to establish goals for upcoming Board cycle</i>)	Board			C		C			√
	Fundraising									
k	➤ Support fundraising initiatives including donor cultivation activities. (<i>through Foundation Report and Upcoming Events</i>)	Foundation	C	D	C	C	C	C	C	√
	Public Hospitals Act required programs									
I-i-A	➤ Ensure that an occupational health and safety program and a health surveillance program are established and require accountability on a regular basis	Audit					Next due TBD			
I-i-B	➤ Ensure that policies are in place to encourage and facilitate organ procurement and donation	Quality								√

Agenda Item 1.5.3
BOARD WORK PLAN – 2022-23

Charter Section #4	Action (<i>Italics-comments</i>)	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
I-i-C	➤ Ensure that the Chief Executive Officer, Nursing Management, Medical/Professional staff, and employees of the Hospital develop plans to deal with emergency situations and the failure to provide services in the Hospital	Quality			C					
Recruitment										
n	➤ Approve Interview Committee membership (noted in By-law)	Governance			C					
	➤ Review recommendations for new Directors, non-director committee members (2-D-20)	Governance							C	
	➤ Conduct the election of officers (2-D-18)	Governance								✓
	➤ Review evaluation results and improvement plans for the Board, the Board Chair (by the Governance Chair), Board committees, committee chairs (2-D-40) ➤ Review committee reports on work plan achievements (2-A-16)	Governance Governance							C	V

Agenda Item 1.5.3
BOARD WORK PLAN – 2022-23

ON GOING AS NEEDED

Charter Section #4	Charter Item	Action (<i>Italics-comments</i>)	Committee Responsible	Current Year
				2022-23
i-i-E	Board Effectiveness	Compliance with the By-Law	Governance	
c-i-A, B	Corporate Performance	Ensure there are systems in place to identify, monitor, mitigate, decrease and respond to the principal risks to the Corporation: <ul style="list-style-type: none"> o financial o quality o patient/workplace safety 	Audit, Resources Quality	
c-i-C	Corporate Performance	Oversee implementation of internal control and management information systems to oversee the achievement of the performance metrics	Resources	
c-i-D	Corporate Performance	Processes in place to monitor and continuously improve upon the performance metrics	Resources/ Quality	
c-i-G	Corporate Performance	Policies providing direction for the CEO and COS in the management of the day-to-day processes within the hospital	Governance/ Executive	
d-ii-A,B	CEO and COS	Select the CEO, delegate responsibility and authority, and require accountability to the Board	Executive	
d-ii-C	CEO and COS	Policy and process for the performance evaluation and compensation of the CEO	Governance/ Executive	
d-ii-D, E	CEO and COS	Select the COS, delegate responsibility and authority, and require accountability to the Board	Executive	
d-ii-F	CEO and COS	Policy and process for the performance evaluation and compensation of the COS	Governance/ Executive	
h	Financial Viability	Approve collective bargaining agreements	Board	
h	Financial Viability	Approve capital projects	Resources	

ON GOING AS NEEDED – Led by CEO/COS – reported in CEO report/Quality Presentations

Charter Section #4	Charter Item	Action (<i>Italics-comments</i>)	Committee Responsible
j-i-A	Communication and Community Relationships	Establish processes for community engagement to receive public input on material issues	Board oversight Led by CEO
j-i-B	Communication and Community Relationships	Promote effective collaboration and engagement between the Corporation and its community, particularly as it relates to organizational planning, mission and vision	Board oversight Led by CEO/COS and Chair
j-i-C	Communication and Community Relationships	Work collaboratively with other community agencies and institutions in meeting the healthcare needs of the community	Board oversight Led by CEO/COS Quality
j-i-D	Communication and Community Relationships	Maintain information on the website	Board oversight Led by CEO
j-i-E	Communication and Community Relationships	Establish a communication policy for the Corporation; review periodically (2-D-11 – reviewed April 2019, next review 2022)	Board oversight Led by CEO
m	Communications Policy	Oversee the maintenance of effective stakeholder relations through the Corporation's communications policy and programs (updated communication plan (2020-2023) to be approved by Board in 2021)	Board oversight Led by CEO



BRIEFING NOTE

Date: June 9, 2023
Issue: Quality Monitoring Metrics
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Kyle Leslie, Director Operational Excellence
Approved by: Mari Iromoto, Senior Director of Strategy, Performance & CIO

Attachments/Related Documents: Appendix A Quality Monitoring Scorecard

Alignment with 2022/23 CMH Priorities:

2022-2027 Strategic Plan No <input type="checkbox"/>	2022/23 CMH Priorities No <input type="checkbox"/>	2022/23 Integrated Risk Management Priorities No <input type="checkbox"/>
<input checked="" type="checkbox"/> Elevate Partnerships in Care	<input checked="" type="checkbox"/> Manage COVID Response & System Recovery	<input checked="" type="checkbox"/> Clinical Services, Recovery, Growth & Transformation
<input checked="" type="checkbox"/> Advance Health Equity	<input checked="" type="checkbox"/> Support Staff and Physicians Wellbeing & Engagement	
<input checked="" type="checkbox"/> Increase Joy In Work		<input checked="" type="checkbox"/> Staff Wellbeing
<input checked="" type="checkbox"/> Reimagine Community Health	<input checked="" type="checkbox"/> Undertake the HIS Evaluation	<input checked="" type="checkbox"/> Retention & Recruitment
<input checked="" type="checkbox"/> Sustain Financial Health	<input checked="" type="checkbox"/> Execute CRP Phase 3	<input checked="" type="checkbox"/> Operational Excellence

Executive Summary

For fiscal year 2023 /2024, Cambridge Memorial Hospital is currently in the process of refreshing performance monitoring tools. Included in this package is a draft of our Quality Monitoring Scorecard, which is a critical tool for sustaining and improving quality at our hospital. The scorecard is designed to track key metrics related to quality aligned to our current quality dimensions from our quality framework:

- 1) Efficient
- 2) Patient and people focused
- 3) Integrated and Equitable
- 4) Safe, effective and Accessible

The scorecard includes our Canadian Institute for Health Information (CIHI) publically report metrics as well as our internal priority metrics defined through the integrated risk Management Process and our Quality Improvement Plan (QIP).

Targets have been aligned to either CIHI benchmarks or internal established performance thresholds. A status of “Green” means that we are meeting or exceeding the performance threshold. “Yellow” means that we are meeting 90% of the target and “red” means that we are meeting less than 90% of the target.

Appendix A includes a Draft of our Quality Monitoring Scorecard

Appendix A- Draft CMH Quality Monitoring Scorecard



CMH Quality Monitoring Scorecard

6-8-2023 3:15:22 PM

Quality Dimension	Indicator	Unit of Measure	Prior Year	YTD	Target	Trend	Status	Period
Efficient	Conservable Bed Days	%	36.0	35.1	30.0			Apr-23
	Overtime Hours - Average per pay period	hours	3,369.3	3,046.7	850.0			May-23
	Sick Hours - Average per pay period	hours	3,774.5	2,714.6	1,940.0			May-23
Integrated and Equitable	Repeat emergency department visits for Mental Health Care (Average patients per month with four or more visits in 365 days)	Patients	12.2	13.0	11.0			Apr-23
	ALC Throughput	Ratio		0.9	1.0			Feb-23
	Percent ALC Days (closed cases)	%	28.0	22.9	27.0			Apr-23
	30 Day CHF Readmission Rate	%	13.2	15.3	14.0			Mar-23
	30 Day COPD Readmission Rate	%	15.0	13.0	15.5			Mar-23
Patient and People Focused	Organization Wide Vacancy Rate	%	10.4	7.8	12.0			May-23
	Workplace Violence Reported Incidents	incidents	3.3	3.5	12.0			May-23
Safe, Effective, Accessible	ED Wait Time for Inpatient Bed (90% Spent Less, in Hours)	hours	40.5	34.3	36.0			May-23
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)	hours	6.3	6.8	4.0			May-23
	Total Time Spent in ED for Admitted Patients (90% Spent Less, in Hours)	hours	37.8	41.5	44.0			May-23
	30 Day In-Hospital Mortality Following Major Surgery	%	1.8	2.3	2.1			Feb-23
	30 Day Medical Readmission Rate	%	12.0	10.3	13.6			Feb-23
	30 Day Obstetric Readmission Rate	%	0.9	1.2	1.6			Feb-23
	30 Day Overall Readmission Rate	%	8.1	7.1	9.1			Feb-23
	30 Day Paediatric Readmission Rate	%	6.8	8.0	6.1			Feb-23
	30 Day Surgical Readmission Rate	%	6.8	4.8	6.9			Feb-23
	ED Length of Stay for Non-Admitted Complex Patients (90% Spent Less, in Hours)	hours	9.1	9.6	8.0			May-23
	Fall Rate	per 1000 PD	4.7	3.6	4.0			Mar-23
	Hip Fracture Surgery Within 48 Hours	%	89.5	88.9	86.2			Feb-23
	Hospital Standardized Mortality Ratio (HSMR)	Ratio	89.6	85.7	100.0			Mar-23
	In-Hospital Sepsis	per 1000 D/C	7.3	6.7	3.9			Feb-23
	Medication Error Rate	per 1000 PD	6.6	4.1	4.0			Mar-23
	Medication Reconciliation at Admit	%	92.0	94.0	95.0			May-23
	Medication Reconciliation at Discharge	%	91.0	92.0	95.0			May-23
Obstetric Trauma (With Instrument)	%	14.4	15.5	15.4			Feb-23	

● On Target
▲ At Risk
◆ Not likely to meet year end target

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2023)
Board of Directors 5:00pm - 8:00pm	28	26	30		25		1/29	26	24	28			
Board Education Topics													
Medical/Professional Staff Credentialing			30										
Health Human Resources			30										
Risk Management at CMH								26					
Board Generative Discussion Topics													
DEI – What’s the Boards Role	28												
Partnerships in Cambridge and Beyond		26					29						
Digital Health 2.0 - TBD													
Meeting with City Council and CMH Board of Directors - TBD													
Joint CMH/CMHF/CMHVA Board Meeting - TBD													
Quality Committee 7:00 am – 9:00am	21	19	16		18	15		19	17	21			
Quality Committee QIP Meeting 7:00 am – 9:00 am						1							
Resources Committee 5:00pm – 7:30pm	19		29		23	27		24	23	26			
Capital Projects Sub - Committee 4:00pm – 5:00pm	19		29		23	27		24	23	26			
Digital Health Strategy Sub - Committee 5:00pm – 6:30pm	16		17		19	16		20	18	15			
Governance Committee 4:30pm - 6:30pm	13		10		12		23		18				
Audit Committee 5:00pm - 6:30pm					17			24	23				
Executive Committee 5:00pm - 6:30pm			17				16		17				
OHT Joint Board Committee 5:30pm - 7:30pm - Virtual Zoom meeting		24	28		23		27	24	29	26			

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2023)
2022-23 Events													
Staff Holiday Lunch - December 15, 2022				15									
Career Achievement - TBD													
Chamber Business Awards - TBD													
CMHF Diversity Dinner – October 20, 2022		20											
CMH Staff BBQ - June 20, 2023										20			
CMH Staff & Family Appreciation Day – July 9, 2023											9		
CMH Champions Staff Golf Tournament - August 10, 2023 Beaverdale Golf Course												10	
CMH Golf Invitational CMH INVITATIONAL - Cambridge Memorial Hospital Foundation (cmhfoundation.ca)	26												25
CMH Reveal Springtime In Paris March 3, 2023 @ Tapestry Hall https://cmhfoundation.ca/event/reveal-2/							3						
CMH Phase 3 Construction Tour – January 18, 2023 @ 5:00pm					18								
Board Education Opportunities													
Governors Education Sessions													
Governance Essentials for New Directors - <i>Monika Hempel/Miles Lauzon</i>		17											
Governance Building Blocks		24											
Governance Roles and Responsibilities		31											
Governance and Management													
<i>CMH Leadership Learning Lab</i>													
• <i>Project Management for the Unofficial PM</i>		26				24							
• <i>Crucial Conversations - Lynn Woeller</i>			14/15				14/15						
• <i>7 Habits of Highly Effective People - Nicola Melchers</i>			29/30		24/25					9/11			
• <i>Me2You DISC Profile - Diane Wilkinson</i>								2					
• <i>Guiding Organizational Change</i>								27					
• <i>5 Choices</i>									16				
<i>Mental Health First Aid</i>													



BRIEFING NOTE

Date: May 10, 2023
Issue: Policy Review
Prepared for: Governance Committee
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Stephanie Fitzgerald, Executive Assistant
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: Policies with Track Changes

Recommendation/Motion

That, the Board of Directors approve the following policies as amended.

2-A-14	Resources Committee Terms of Reference
2-C-38	Investment Policy
2-D-09	Procedure for Members of the Public Addressing the Board

Background

The following policies were reviewed at the May 18, 2023 Governance Committee meeting:
**Note track changes versions are provided in package 2.*

That, following review and discussion of the information provided, the Governance Committee of the Board recommends to the Board of Directors that the following policies be approved with amendments. (Habicher/Goyal) **CARRIED.**

Policy No.	Policy Name
2-A-14	Resources Committee Terms of Reference
2-C-38	Investment Policy
2-D-09	Procedure for Members of the Public Addressing the Board



BOARD MANUAL

SUBJECT: Resources Committee Terms of Reference		NUMBER: 2-A-14
SECTION: Structure, Roles and Responsibilities	APPROVED BY: Board of Directors	
DATE: September 28, 2011	REVISED/REVIEWED: June 26, 2013, October 30, 2013, June 25, 2014, May 27, 2015, May 24, 2017, July 28, 2020, TBD	

1. **Application**

This terms of reference shall apply to the Resources Committee (the "**Committee**") of Cambridge Memorial Hospital (the "**Corporation**"). All capitalized terms not defined herein have the meaning set out in the Corporation's By-Laws.

2. **Composition**

- (a) The Committee shall be composed of the following voting members:
- (i) up to four (4) elected Directors, one of whom shall sit as Chair of the Committee; and
 - (ii) up to three (3) members from the broader community, appointed by the Board upon the recommendation of the Governance Committee.
- (b) Non-voting resources to the Committee will include:
- (i) the President and Chief Executive Officer;
 - (ii) the Vice President Finance and Corporate Services;
 - (iii) the Director of Finance; and
 - (iv) other resources as directed by the Committee.

3. **Meetings**

The Committee shall:

- a) meet at least six (6) times annually, or more frequently as circumstances dictate;
- b) conduct all or part of any meeting in the absence of management, and it is the Committee's policy to include such a session on the agenda of each regularly-scheduled Committee meeting;
- c) invite to its meetings any Director, member of management or such other persons as it deems appropriate in order to carry out its duties and responsibilities; and
- d) exclude from its meetings any persons it deems appropriate in order to carry out its responsibilities.

4. Specific Duties and Responsibilities

(a) Finance

The Committee shall:

- (i) inform and advise the Board on financial matters and make recommendations to the Board;
- (ii) make recommendations to the Board on the adequacy of financial resources and the soundness of the financial implications of all capital and operating expenditures;
- (iii) review the detailed financial statements and report thereon to the Board;
- (iv) be responsible for matters relating to the banking, accounting and financial policies and procedures, and advise and inform the Board;
- (v) review and make recommendations to the Board for approval regarding:
 - a) an annual operating and capital plan for the fiscal year;
 - b) any other financial matter as requested by the Board;
- (vi) ensure that there is financing of any capital projects;
- (vii) evaluate the financial impact of proposals made for new and/or expanded services and programs;
- (viii) review quarterly, the organization's compliance with mandated withholding requirements; and
- (ix) review annually, the organization's compliance with the Broader Public Sector Accountability Act.

(b) Facilities

The Committee shall:

- (i) advise the Board on all property matters;
- (ii) ensure appropriate policies to provide for efficient and economic maintenance and repair of all corporate structures and property;
- (iii) develop, evaluate, update and make recommendations to the Board on physical plant infrastructure proposals, including alternate courses of action which support the Corporation's key strategies for achieving its mission and role;
- (iv) establish priorities for future capital expenditure and resources; and
- (v) Oversee and report to the Board on the progress of all Capital Redevelopment and infrastructure projects.

(c) Insurance

The Committee shall:

- (i) study and recommend to the Board the types and amounts of insurance to be carried by the Corporation and review these annually; and
- (ii) receive annually from management a report on the status of liability insurance for Directors, Officers and Committee members and any changes to the policy.

(d) Investments/Donations/Bequests/Endowments

The Committee shall:

- (i) recommend and monitor Board investment policy; and
- (ii) advise the Board with regard to donations, bequests, endowments, investments, banking, borrowing and long-term financial forecasts.

(e) Oversight of Risk

The Committee shall:

- (i) oversee risk management in the following assigned categories: human resources, finances, information technology/information management, facilities and regulatory; and
- (ii) oversee the progress and completion of plans to mitigate risks identified through the integrated risk management priority setting process and report annually to the Audit Committee.

(f) Human Resources and Benefit Plans

The Committee shall:

- (i) review labour and human resources developments and legislative or regulatory changes that may have an impact on resources or Hospital performance;
- (ii) review, make recommendations and monitor improvements related to human resource performance indicators;
- (iii) review reports concerning human resource/staff issues and make recommendations to the Board in connection with major issues that may include health and workplace safety, wellness, compensation and contractual issues;
- (iv) provide strategic supervision of the Corporation's benefit plans, programs and policies, and review and approve material amendments to the benefit plans, programs and policies;
- (v) recommend the approval of all collective bargaining agreements and annual salary increases

5. General

The Committee shall:

- (a) report to the Board on matters arising at Committee meetings following each meeting of the Committee;
- (b) maintain minutes or other records of meetings and activities of the Committee;
- (c) have the authority upon approval by the Board to engage independent legal counsel, consultants or other advisors with respect to fulfilling its responsibilities and the hospital shall provide appropriate funding;
- (d) conduct an annual evaluation of the Committee in which the Committee (and/or its individual members) reviews the Committee's performance for the preceding year for the purpose, among other things, of assessing whether it fulfilled the purposes and responsibilities stated in the terms of reference;
- (e) review and assess the adequacy of the terms of reference and the terms of reference(s) of its sub-committee(s) at least every three years and submitting any proposed amendments to the Governance Committee and the Board for approval;
- (f) provide an orientation for new committee members; and
- (g) perform such other functions and tasks as may be assigned from time to time by the Board.

BOARD MANUAL

SUBJECT: Investment Policy		NUMBER: 2-C-38
SECTION: Corporate Performance and Oversight	APPROVED BY: Board of Directors	
DATE: March 26, 2012	REVISED/REVIEWED: February 27, 2013 January 27, 2016, October 17, 2018, TBD	

Policy

The Board of Cambridge Memorial Hospital is authorized to make or receive any investments which the Board in its discretion considers advisable. The Board is permitted to invest pursuant to the *Trustee Act* of the Province of Ontario, as follows:

- i) all monies given in trust to Cambridge Memorial Hospital (CMH) for the use of the organization;
- ii) all monies not required for operating expenses; and
- iii) the Board may, in its discretion, retain investments not authorized by the *Trustee Act* which are given to CMH.

The primary objectives of these funds in order of priority are safety of principal (which include preserving as much of the purchasing power of the capital and income as possible from the eroding effects of inflation over the longer term), liquidity, and return on investment having regard to permissible investments. In all respects, maturity dates of investments must recognize the forecasted cash flow requirements of the organization.

Responsibilities:

The Board of CMH has assigned oversight of investment management for the Hospital to the Resources Committee.

The Resources Committee will:

- Establish and amend the Investment Policy;
- Review this policy at least every 3 years;
- Review the status of such investments on an annual basis;
- Be responsible for the delegation of any responsibility not specifically mentioned.

Return on Investments

The Hospital's objective is to generate a total investment return that results in enhanced yield versus short term rates, protecting the long-term purchasing power of capital, with sufficient liquidity to meet all CMH capital requirements as needed.

Excess funds, not required for operating and capital needs, are to be invested with the following investment objectives:

1. The preservation and enhancement of capital through no risk investment options including but not limited to cash term deposits;
2. Maintenance of adequate liquidity to ensure availability of funds when needed by the Hospital;
3. The exercise of the care, skill, diligence and judgment of a prudent investor.

Risk Tolerance

Investment activities are to be undertaken in a manner designed to preserve capital.



BOARD MANUAL

SUBJECT: Procedure for Members of the Public Addressing the Board		NUMBER: 2-D-9
SECTION: Board Processes	APPROVED BY: Board of Directors	
DATE: March 30, 2011	REVISED/REVIEWED: April 23, 2014, November 30, 2016, July 28, 2020, TBD	

Persons wishing to address the Board concerning matters relevant to the Hospital must follow the procedure outlined below.

1. Delegations wishing to make a presentation to the Board regarding governance and policy matters in relation to the Hospital's vision, mission, values, and directional plans are permitted to do so. Presentations and questions about an individual's care or a staff member's employment record are not permitted. Information about how to address the Board appears on the hospital's website.
2. Application to appear before the Board may be made by contacting the CEO's office by phone at 519- 621-2333 ext. 2350 or by email at CMHboardchair@cmh.org to access the Delegation Application Form (attached).
3. The Delegation Application Form must be received no later than 10 working days prior to the meeting date. If a group wishes to appear, a spokesperson for the group must be identified.
4. If the Delegation Application Form is received less than 10 working days prior to the meeting date, the Board Chair, at their discretion, may permit the presentation. The decision to allow the presentation will be based on the urgency of the issue and to what extent the anticipated current agenda workload could accommodate the presentation.
5. Requests to address the Board on a specific item will be granted (generally in order of the receipt of the application) at the discretion of the Chair. The Chair may request that the matter be referred or redirected as appropriate. Persons or groups not permitted to address the Board shall be so notified in advance of the meeting.
6. The Chair is not obligated to grant a request to address the Board. The Board is not obligated to respond to or take any action on the presentation it receives.

7. The Board may limit the number and length of presentations at any one meeting.
8. Delegations addressing the Board will be required to limit their remarks to their allotted time, as determined by the Board Chair.
9. Board members may ask questions of clarification following the presentation.

DELEGATION APPLICATION FORM
Cambridge Memorial Hospital
Board of Directors

DATE OF BOARD MEETING:

LENGTH OF PRESENTATION:

NAME OF INDIVIDUAL/ORGANIZATION:

ADDRESS:

TELEPHONE:

EMAIL:

CONTACT NAME (Spokesperson for organization):

PURPOSE OF PRESENTATION:

WRITTEN MATERIALS ATTACHED: **YES** **NO**

Please return this application form addressed to:

Secretary, Board of Directors
Office of the President and CEO
Cambridge Memorial Hospital
700 Coronation Blvd. Cambridge, ON N1R 3G2
Fax: 519-740-4934
CMHboardchair@cmh.org



BRIEFING NOTE

Date: June 14, 2023
Issue: CMH Performance on Organ Donation – update
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Stephanie Pearsall, Vice President of Clinical Programs & CNE

Attachments/Related Documents: Appendix 1: Organ & Tissue Donation Performance Dashboard FYI 2022/23

Alignment with 2023/24 CMH Priorities:

2022-2027 Strategic Plan No <input type="checkbox"/>	2023/24 CMH Priorities No <input type="checkbox"/>	2023/24 Integrated Risk Management Priorities No <input type="checkbox"/>
<input checked="" type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Ensure Equitable Care For CND Residents	<input type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input type="checkbox"/> Grow Clinical Services	
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Increase Staff Engagement	<input type="checkbox"/> Staff Shortages
<input checked="" type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> HIS/ERP Planning and Implementation	<input checked="" type="checkbox"/> Access to Care
<input type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Grow Ministry Revenue	<input type="checkbox"/> Revenue & Funding

In the 2022/23 fiscal year thus far, CMH had 7 patients approached for organ donation. Of those approaches one declined and 6 donors consented. Of the 6 donors that consented 3 were suitable for donation. For tissue donation there were 40 approaches with 23 consenting. This resulted in 20 tissue donors accepted including 14 oculars, 2 multi tissue and 2 research and teaching. These donations enhance the lives of many.

The routine Notification Rate for Quarter 3, 2022/23 was 95% which is a 1% improvement over CMH’s performance for Q2 as well as 1% higher than the provincial average. While the Routine Notification Rate was above the provincial average of 94%, there is an expectation of 100%. In the first quarter of the 2022/23 fiscal year, the Routine Notification Rate fell to 89%. CMH and Ontario Health (TGLN) analyzed missed notifications, and education was completed with nursing staff on units with missed notifications.

The Eligible Approach Rate for 2021/22 was 78% however CMH has consistently achieved 100% for the first 3 quarters of 2022/23. The target for this performance metric is 90% with a provincial target of 89%. The team is committed to reviewing any missed opportunities to identify areas for improvement. To maintain this performance, a new LMS course was launched with staff in October for ICU and ED nursing staff. This annual refresher education will support the healthcare team to ensure that organ and tissue donation leading practices are implemented for every case, and all eligible cases are appropriately referred and approached.

The Conversion Rate for 2021/22 was 33%, with 1/3 of potentially eligible patients moving forward to become organ donors. The goal for Conversion Rate is set at 63% because not all

Ontarians have organ donation as a part of their end-of-life plans. CMH's current conversion rate is 67% primarily due to a low number of patient's qualifying.

Declaration Rate is not a publicly reported metric, but it is included in the dashboard because understanding death can influence a family's decision to donate organs. The Declaration Rate is determined retroactively on chart review to identify if brainstem reflexes were present and documented before death. Although the Declaration Rate for 2021/22 was 33%, Ontario Health (TGLN)'s Hospital Development Coordinator for CMH has no concerns with the NDD testing or the Declaration Rate at CMH. The Declaration Rate at this time for 2022/23 is 100%.

Tissue Notification Timeliness includes notification calls made before death and up to one-hour post time of death. The Tissue Notification Timeliness at CMH was 83% in the 2021/22 fiscal year, which is above the provincial average of 75%. Although the rate fell to 74% in Q1 of 2022/23, Q2 and Q3 demonstrate a Tissue Notification Timeliness of 100 %.

CMH has had a number of successes in the first 3 quarters of 2022/23. These include:

- Ten lives saved from three organ donors
- Twenty tissue donors enhancing the lives of many
- Nursing advisory council presentation
- OR/PACU/SDC Education
- TGLN course in new LMS
- BeADonor Month activities



Cambridge Memorial Hospital






Organ & Tissue Donation Committee Meeting

BARBARA EDWARDS | APRIL 19



Ontario Health
Trillium Gift of Life Network

Organ and Tissue Donation Performance Dashboard FY 2022/23

Metric	2021/22	Q1 Apr - Jun	Q2 Jul - Sep	Q3 Oct - Dec	Q4 Jan - Mar	Trend (Quarterly)	2022/23	Status	Target	Provincial
Routine Notification Rate	97%	89%	94%	95%	--	↑	93%		100%	94%
Conversion Rate	33%	100%	--	0%	--	-	67%		63%	58%
Declaration Rate	33%	100%	--	100%	--	↑	100%			82%
Eligible Approach Rate	78%	100%	100%	100%	--	-	100%		90%	89%
Tissue Notification Timeliness ¹	83%	74%	94%	92%	--	↓	88%			75%

Data by Quarter	2021/22	Q1 Apr - Jun	Q2 Jul - Sep	Q3 Oct - Dec	Q4 Jan - Mar	Trend (Quarterly)	2022/23	Provincial
Tissue Donors	17	5	3	3	--	-	11	1326
Organ Donors	1	2	0	0	--	-	2	245
Potential Eligible Donors	3	2	0	1	--	↑	3	418
Approaches	7	3	2	1	--	↓	6	914
Eligible Approaches	9	3	2	1	--	↓	6	1028

Routine Notification Rate: percentage of notified deaths to TGLN / all reportable deaths

Conversion Rate: percentage of donors / potential eligible deaths

Declaration Rate: percentage of confirmed NDD deaths / (number of confirmed NDD + suspected NDD deaths)

Eligible Approach Rate: percentage of approaches for organ donation / cases eligible for approach






Tissue Notification Timeliness: percentage of death notifications prior to or 1-hour post death / all death notifications

Potential Eligible Donors: cases of interest excluding cases ruled out by TGLN

Approaches: attempted approaches, TGLN sanctioned approaches and TGLN coordinator approaches for all death types (Confirmed NDD, Suspected NDD, Eligible DCD and Other)

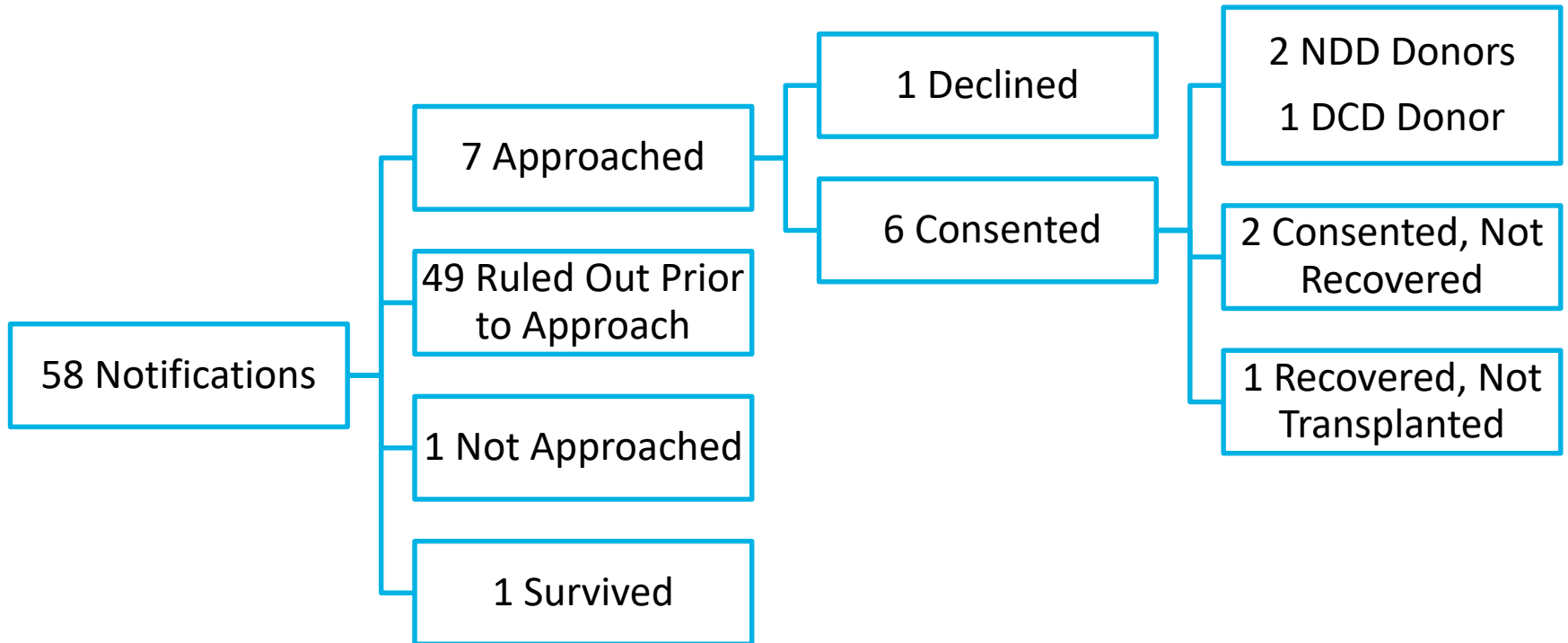
Eligible Approaches: total number of eligible approaches from Potential Eligible Deaths and Organ Referrals which are not Cases of Interest

¹Preliminary Data

	No Target Set
	Meets or Exceeds Target
	≤ 5% below Target
	≥ 5.1% below target
	No Data Available

Overview of Corporate Organ Donation Activity

April 1, 2022 – March 31, 2023



Corporate Tissue Statistics

38

April 1 – March 31

2021/22 vs. 2022/23

	2021/22	2022/23
Total Notifications	258	257
Total Tissue Donors	17	20
Multi-Tissue Donors	1	2

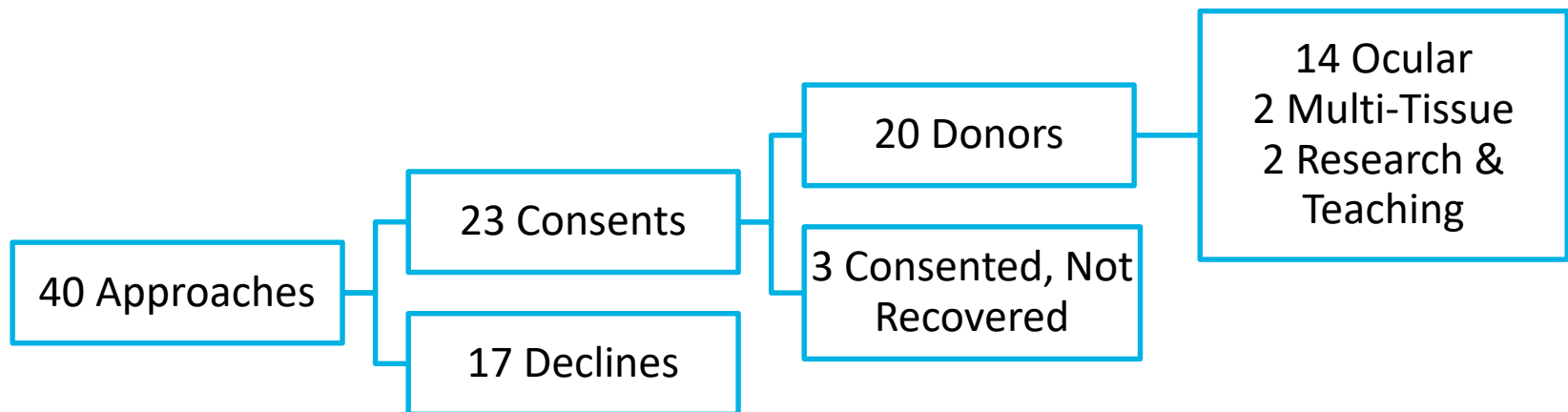
Multi-Tissue Donation	2021/22	2022/23
Bone	--	2
Heart Valves	1	--
Skin	--	--

Note: Preliminary Data

Data Source: iTransplant (TGLN Donor Management System)

Overview of Corporate Tissue Donation Activity

April 1, 2022 – March 31, 2023



Routine Notification - Timeliness

40

April 1 – March 31

2021/22 vs. 2022/23

Timely Notification	2021/22	2022/23
ICU	93%	96%
ED	81%	81%
Floors	72%	87%

Note: Preliminary Data

Data Source: iTransplant (TGLN Donor Management System)

Successes

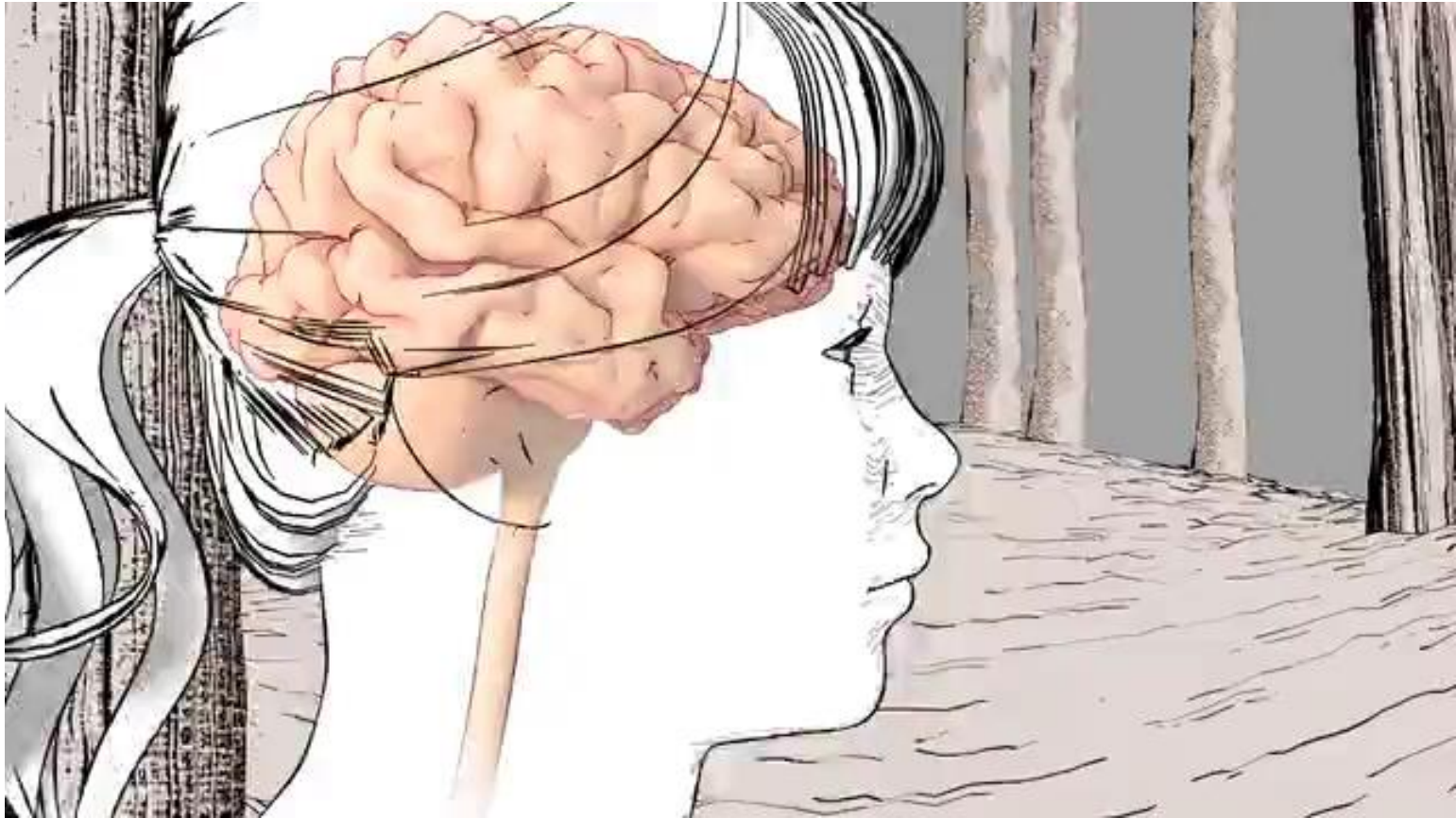
- Ten lives saved from three organ donors
- Twenty tissue donors enhancing the lives of many
- NPOD following DCD - case review
- Thank you letters distributed
- NAC presentation
- OR/PACU/SDC Education
- TGLN courses in new LMS
- BeADonor Month events
- Hospital Profile updates

Provincial Updates

- BeADonor Month
- Public Reporting, EMR access
- Centralized Process for Electronic Access Requests to Hospitals
- COVID-19 Positive Organ Donors
- Upcoming Changes to Determination of Death

Provincial Updates

43



[Brain-based-definition-death-animated-video](#)

Next Steps

- Resource for new physicians



BRIEFING NOTE

Date: May 28, 2023
Issue: Patient and Family Advisor Council (PFAC) Annual Report – 2022/23
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Liane Barefoot, Director Patient Experience, Quality, Risk, Privacy & IPAC
Approved by: PFAC Members – June 6, 2023 Meeting
 Mari Iromoto, Senior Director Strategy & Performance

Attachments/Related Documents: None

Alignment with 2023/24 CMH Priorities:

2022-2027 Strategic Plan No <input type="checkbox"/>	2023/24 CMH Priorities No <input checked="" type="checkbox"/>	2023/24 Integrated Risk Management Priorities No <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Ensure Equitable Care For CND Residents	<input type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input type="checkbox"/> Grow Clinical Services	<input type="checkbox"/> Staff Shortages
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Increase Staff Engagement	<input type="checkbox"/> Access to Care
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> HIS/ERP Planning and Implementation	<input type="checkbox"/> Revenue & Funding
<input type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Grow Ministry Revenue	

Executive Summary

This briefing note will provide Quality Committee members with an overview of the activities and accomplishments of the PFAC from September 2022 → June 2023.

Background

Cambridge Memorial Hospital was the first acute care hospital in Waterloo-Wellington to form a PFAC in December 2014. Throughout the pandemic Patient and Family Advisors have played the part of eyes and ears of the broader community. Much of this year has been spent exploring and revising the corporate 2022-27 Patient Experience Plan which will go before the Board in September 2023, and starting to work on tactics contained within.

Corey Kimpson, who had been the chair of PFAC for a number of years resigned her term in April 2023. Her input, knowledge, passion and dedication to PFAC and CMH was unwavering.

Analysis

Patient Experience Plan

1. At various intervals through the past year PFAC has had the opportunity to offer input to the development of the Patient Experience (PX) Plan. The PX Plan will be one (1) of the eighteen (18) corporate plans to nest under the 2022-27 Strategic Plan. A final draft of the 2022-27 PX Plan will be brought to the Board of Directors for approval in September 2023. Despite the plan not being formally approved, much of the work and projects undertaken over the past year are included in the draft plan.

Corporate

2. The terms of reference for Quality Committee of the Board were adjusted this year to include a PFAC member.
3. The Digital Sub-Committee of the Board has continued their work this past year and includes a PFAC member.
4. PFAC members participated in the demonstration and evaluation of the two (2) hospital information system (HIS) proponents.
5. PFAC members provided input into the development, layout and content for the new external website which is poised to launch summer or fall 2023.
6. PFAC members participated on interview committees across the organization throughout the year.

PX Data

7. PFAC members had the opportunity to offer input into a new presentation of patient experience office data; namely that it is now presented per 1000 patient days (or ED visits) which allows inter and intra departmental comparisons both in year and across years. This data is representative of the activity through the Patient Experience office. Data presentations will now include trend lines and targets.
8. PFAC members have been briefed throughout the procurement and implementation of Qualtrics for surveying which will replace NRC as the external patient experience survey platform.

Diversity, Equity, Inclusion

9. PFAC members have received regular updates and demonstrations on the implementation of VOYCE translation tablets. This has included 'good news' stories in the form of both feedback and partnering with patients & the community to maximize awareness and usage.
10. PFAC members have had regular updates about the work occurring on the 2SLGBTQI+ health equity best practice guideline. Staff education is set to launch in June 2023 in conjunction with Pride Month.
11. PFAC members participated in a generative discussion on the article 'The Inclusion Imperative for Boards' and how these concepts could be incorporated into PFAC discussions and recruitment.
12. PFAC members heard about how PX Office staff have spent time at the Bridges actively soliciting feedback from vulnerable members of our community about their experiences and perceptions of CMH (vs. having them attend PFAC meetings).

COVID Related Policies/Practices

13. One (1) or two (2) PFAC representatives have attended most visiting meetings and provided input on what they are hearing and seeing in the community (and/or on social media) regarding visiting at CMH and when there have been variations in practice in other hospitals. These meetings have tapered off over the past couple months as restrictions have been lifted.

Provincial

14. PFAC members offered input into the CMH version of Bill 7 patient facing documents.
15. PFAC members reviewed and discussed the annual Patient Ombudsman Report

Conferences

16. PFAC members had access to view sessions during the live conference keynote speaker presentations during Patient Experience Week.

Next Steps

PFAC members will complete a final validation of the themes and tactics for the 5-Year Patient Experience Plan that will nest under the 2022-27 Strategic Plan. This will go to the Board of Directors for approval in September 2023 and will form the road map for PX work at CMH over the next few years.



BRIEFING NOTE

Date: June 13, 2023
Issue: Meeting Summary – MAC OPEN Meeting June 2023
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Dr. Winnie Lee, Chief of Staff
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: None

Alignment with 2023/24 CMH Priorities:

2022-2027 Strategic Plan No <input type="checkbox"/>	2023/24 CMH Priorities No <input type="checkbox"/>	2023/24 Integrated Risk Management Priorities No <input type="checkbox"/>
<input checked="" type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Ensure Equitable Care For CND Residents	<input type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input checked="" type="checkbox"/> Grow Clinical Services	
<input type="checkbox"/> Increase Joy In Work	<input checked="" type="checkbox"/> Increase Staff Engagement	<input checked="" type="checkbox"/> Staff Shortages
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> HIS/ERP Planning and Implementation	<input checked="" type="checkbox"/> Access to Care
<input type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Grow Ministry Revenue	<input type="checkbox"/> Revenue & Funding

A meeting of the Medical Advisory Committee took place on Tuesday June 13, 2023 at 4:30 pm.

Present: Dr. W. Lee, Dr. A. Sharma, Dr. L. Green, Dr. K. Wadsworth, Dr. M. Kumanan, Dr. A. Nguyen, Dr. J. Bourgeois, Dr. L. Puopolo, Dr. I. Morgan, Ms. C. Witteveen

Regrets: Dr. A. Rowe, Dr. M. Gill, Dr. V. Miropolsky, Dr. M. Runnalls, Dr. M. Rajguru, Ms. M. Iromoto, Mr. P. Gaskin, Mr. K. Leslie, Dr. I. Isupov, Dr. J. Legassie

Staff: Ms. S. Pearsall, Ms. J. Visocchi, Ms. L. Barefoot, Ms. N. Grealy (Recorder)

Guests: Ms. D. Wilkinson, Ms. C. Wilson, Dr. K. Nuri, Dr. R. Taseen, Ms. D. Gravelle, Ms. K. Popovici, Dr. T. Hollings

Committee Matters – For information only

1. M&T Report: The May M&T report was approved by MAC (Bourgeois, Wadsworth)

2. COVID-19 and Infectious Disease Update

Dr. K. Nuri provided an infectious disease update. The Cambridge COVID-19 positivity remains low and in fact, significantly lower than that seen in Kitchener-Waterloo. Flu rates also remain low. Cases of Invasive Group B Streptococcus has been noted more recently. Dr. Nuri did comment on COVID-19 vaccinations / boosters in the face of upcoming summer holidays. Current NACI guidelines only recommend boosters/vaccination for specific groups, such as the elderly population and residents of long-term care homes / congregate living settings or immunocompromised adults.

3. CPSO Partnership Program

Dr. W. Lee shared the key takeaways of the CPSO's Partnership program, which involves hospital-based physicians participating in a hospital sponsored QI initiative / project. The CPSO has transitioned from an audit-based assessment of physicians to engaging them in QI projects to encourage professional development/improvement. The QI Partnership Program began a couple of years ago, and CMH is one of the remaining hospitals that have not yet participated. Discussions with CPSO has led to a couple of potential QI initiative ideas, including one that leverages the work led by the MPSA on wellness of our Medical Professional Staff and another in Diagnostic and the Emergency Department that supports our journey towards a Choosing Wisely organization. The aim will be to submit a couple of QI project proposals to the CPSO by end of August for CPSO approval and launch in the fall so all Medical Professional Staff can participate.

4. Diagnostic Imaging (DI) Artificial Intelligence (AI) Initiative

Dr. W. Lee provided an update on a new initiative in the DI Department. DI will be implementing 16Bit's Rho AI product to facilitate early fracture risk assessments which improves population health in the community. Rho is an AI-driven opportunistic osteoporosis screening using conventional X-ray that contains information that can inform bone health. It is a Health Canada approved Class II software-as-a-Medical Device for use in early screening of low bone density. Rho generates a risk score report correlating to the patient's likelihood of having a low Bone Mineral Density (BMD) score (T-Score < -1). The radiologists can choose to include the Rho findings in their report. The referring physician can then utilize the additional information to conduct a clinical fracture risk assessment and may choose to refer their patient for a BMD exam. The key benefits include (a) early diagnosis of osteopenia leading to timely medical intervention and reduced fracture risks, (b) improve overall community health and (C) involvement of CMH radiologists in facilitating the detection of low BMD. IT and Privacy has been engaged to support implementation. Training and change management will be required for the Radiologists who will include a Rho report to indicate patients at risk for osteoporosis.

5. Clinical Services Growth Plan (CSGP) Update

Ms. Stephanie Pearsall and Dr. W. Lee provided an updated on the Clinical Services Growth Plan (CSGP). The CSGP was Board-approved in May 2023 with a request for some specific timelines for the work ahead. Ms. Stephanie Pearsall and Dr. W. Lee have met with the Project Management team to begin this planning. The CSGP has been shared with stakeholders, including the CEO network, with positive feedback. Next steps will include bringing together smaller teams to develop the themes in each of the five pillars of the CSGP.

6. Chair Update – Survey Results

Dr. W. Lee thanked those who completed the MS Teams Survey. Dr. W. Lee will be incorporating some of the suggestions from the surveys in the last few months, including having a more regular frequency of in-person MAC meetings.

7. Chief's Corner (MAC Learning Lab)

The final session of the MAC Learning Lab occurred in mid-May, led by Ms. Linda Rodrigues, on the topic of change management. MAC members who attended shared their challenges with influencing and progressing projects or change within their department. Dr. W. Lee has committed to bringing back Chief's 101 – Part 2 in the fall, which will focus on the process for escalation and disciplinary action.

8. CEO Report

Mr. P. Gaskin's CEO report was provided in the MAC package. Dr. W. Lee highlighted Stephanie Pearsall's YMCA Women of Distinction award which will be celebrated on June 14, 2023.

9. CNE Report

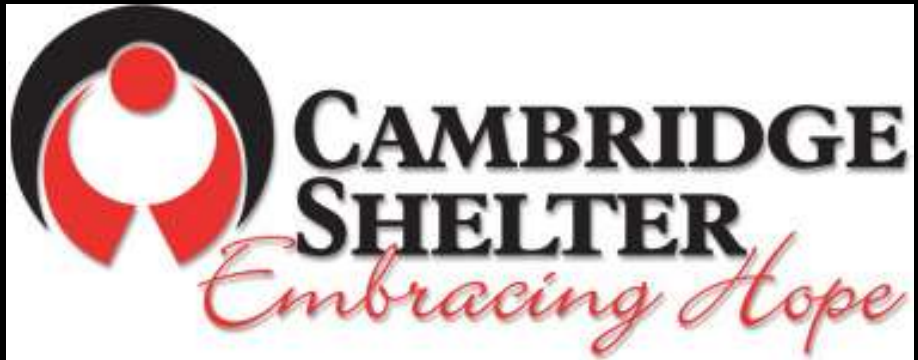
Ms. S. Pearsall highlighted new areas within her portfolio during Mr. T. Clark's leave of absence, including the work in Diagnostic Imaging, Cardiorespiratory Unit and Lab/Pathology. Efforts to recruit staffing is ongoing in the ICU and Medicine, while the Model of Care planning on MED A and MED B continues as a strategy to support staffing shortages. The Clinical Coordinator position for Medicine and TCU will be starting at CMH June 11, 2023, and an NP to support the medicine program is in the offer stage. With strong training and recruitment of OR nurses and Anesthesiologists, the perioperative program has returned to 100% OR capacity as of April 1, 2023. This has made a positive impact on "long waiters" for surgeries.

10. Board Update

Ms. D. Wilkinson highlighted the approval of the CSGP by the Board in May 2023. The Board's annual meeting will be held in June, with the addition of new members to the Board at that time.

11. PFAC Update

Ms. L. Barefoot provided an update on PFAC which is currently undergoing recruitment for new members. She also highlighted the work of PFAC to engage community members in marginalized groups, starting with a visit at the Bridges in Cambridge. It has been a creative way to gain the perspective of this group in our community. The visit at the Bridges in Cambridge has been very well received. Periodic visits by PFAC to the Bridges are being scheduled.



Wayne Paddick

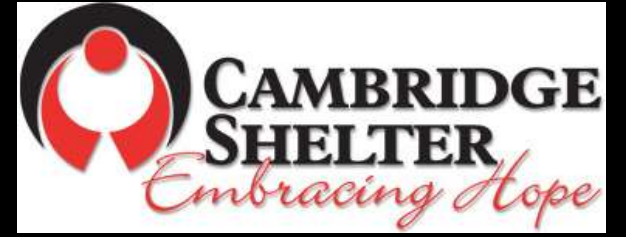
Executive Director

housing

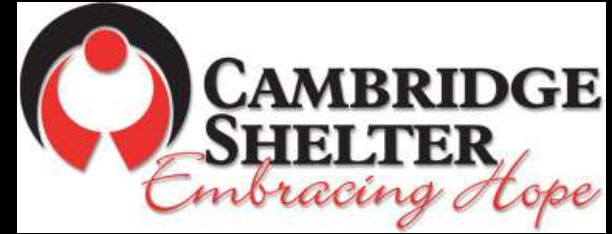


- 5 full-time housing staff
- 6+ private landlords with access to over 200 units across the province
- Developing relationships with landlords is key – create an incentive program
- Rehoused 235 to date since February 2020
- Voluntary trustee program
- New scattered site supportive housing program

housing

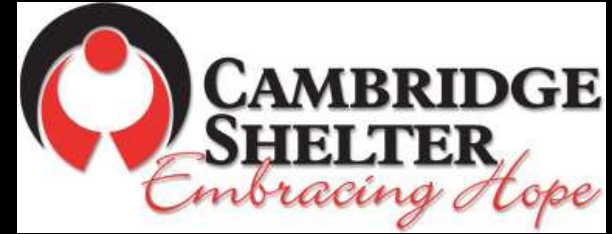


mental health



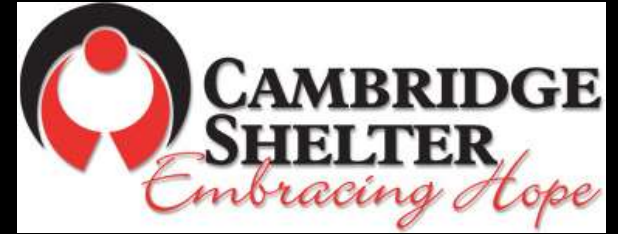
- Of 200+ housed – over 20% had MH intervention
- Having a MH clinician on site is crucial
- Connections with key service providers – CMH, CMHA
- Peer support program instrumental
- Connection with Lang's Family Medical for primary care/referrals

addictions/substances



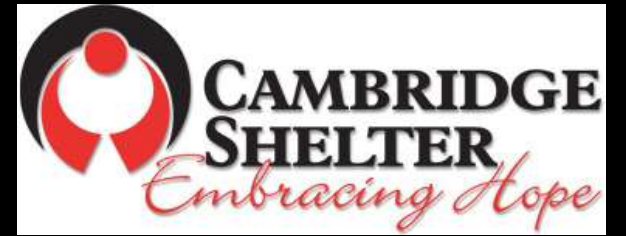
- Landscape of clientele has changed
- Acknowledge that substances play a major role
- Committees/working groups/safe use-supply
- Connections with key service providers –
Porchlight, Here 24/7, Stonehenge, HOF
- Peer support program instrumental
- Connection with Lang's for primary care/referrals

food insecurity



- Food bank partnership
- Community partners – Trinity Church, Vineyard, CSC
- Donations key
- Community breakfast, lunch and dinners each night

food insecurity

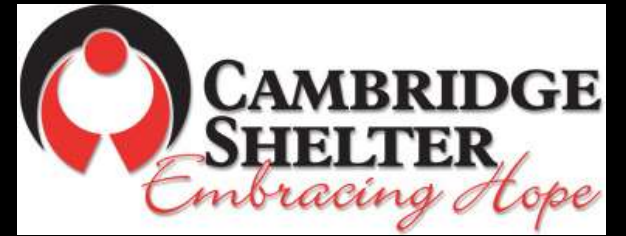


in our backyard



- New Social enterprise launched May 2023
- 35 paid site visits in the first 3 weeks of launch
- Grants and donations have been key
- Toyota, Trillium, McConnell Foundation, Canadian Tire, Rotary, Stork
- Providing a work experience that will assist with changing the conversation

in our backyard





BRIEFING NOTE

Date: May 18, 2023
Issue: Chairs Report June 2023
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Stephanie Fitzgerald, Executive Assistant
Approved by: Nicola Melchers, Board Chair

Attachments/Related Documents: None

Board Highlights

CMH Site Visits

ICCAIR Award



Diane Wilkinson joined CMH to celebrate David Grieve, a member of our Fracture Clinic team on his ICCAIR award.

PRIDE Month Celebrations at CMH



On June 1, 2023 Lynn Woeller and Miles Lauzon joined CMH for a special PRIDE Lunch & Learn – Conversation on Pride with Dr. Nancy Moran, Anesthesiologist, CMH and proud member of the 2SLGBTQIA+ Community. This was one of many staff events hosted to celebrate PRIDE month at CMH.

CMH Staff BBQ

June 20, 2023 was the CMH Staff BBQ & Career Achievement Recognition event. **Diane Wilkinson, Sara Alvarado, Miles Lauzon, Nicola Melchers** and **Monika Hempel** all offered a helping hand at the event. Thank you to all those that volunteered their time to be a part of the festivities.

Nicola Melchers & Mariam Hassan Manager, Health Information greeting Staff with some delicious cotton candy.



Sara Alvarado & Ryan Nurse, Manager of Planning & Kim Rose, Manager DI & Cardiac Services joined staff in some corn hole fun.



Sara Alvarado has a chance to see Ember, CMH's facility dog in action



Miles Lauzon, enjoying a line dance with staff.



Diane Wilkison & Monika Hempel & Liane Barefoot, Director Patient Experience, congratulating staff on career achievement.



2022-2023
 CND OHT
 YEAR-IN-REVIEW
A Celebration

CNH OHT Year in Review Celebration

Miles Lauzon, Monika Hempel, Diane Wilkinson, Nicola Melchers attended the virtual CND OHT Year-in-Review: A Celebration event hosted by the Cambridge North Dumfries Ontario Health Team. The event was held on June 22, 2023. Board members were able to hear about the successes of the CND OHT over the past year and how Members and Affiliate Members contributed to that success.

2023 Women of Distinction

Diane Wilkinson, Miles Lauzon, Nicola Melchers, Monika Hempel showed up to support CMH’s Stephanie Pearsall at the YWCA 2023 Women of Distinction Gala. Board members were in attendance with over 20 other CMH supporters. The event celebrated the accomplishment and achievements of women from our community who inspire other women in a variety of impactful ways.



**Southwest Ontario Aboriginal Health Access Centre (SOAHAC)**

Nicola Melchers and **Patrick Gaskin** attended the grand opening event for the Region's first indigenous led health care facility aimed at creating a culturally safe space. Charisse Sayer, integrated care manager provided a tour of the facility.

Video Stats for May 24, 2023 OPEN Board of Directors Session.

- Published May 29 to June 23 (28 days)
- Marketing: CMHnet, Media Release (no social media)
 - 70% clicked this video through "suggested videos"
 - 2% of viewers linked from SharePoint (CMHNet)
- 67 unique viewers, 81 views (53 within the first five days)
 - First 24 hours – 4:19 average view time
 - Last seven days – 0:28 average view time
 - OVERALL – 1:41 average view duration
- Key moments:
 - Overview of OHA conference (12% viewed at the 5:48 mark)
 - MAID discussion (6% viewed at the ~36:00 mark)



BRIEFING NOTE

Date: May 30, 2023
Issue: CMH Board and Committee Meeting Cadence
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Stephanie Fitzgerald, Executive Assistant
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: 2023/2024 Proposed Meeting Dates/Times

Alignment with 2023/24 CMH Priorities:

2022-2027 Strategic Plan No <input type="checkbox"/>	2023/24 CMH Priorities No <input type="checkbox"/>	2023/24 Integrated Risk Management Priorities No <input type="checkbox"/>
<input type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Ensure Equitable Care For CND Residents	<input type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input type="checkbox"/> Grow Clinical Services	
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Increase Staff Engagement	<input type="checkbox"/> Staff Shortages
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> HIS/ERP Planning and Implementation	<input type="checkbox"/> Access to Care
<input type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Grow Ministry Revenue	<input type="checkbox"/> Revenue & Funding

Proposed Recommendation/Motion

That, the Board of Directors endorse the proposed meeting cadence for the 2023/24 Board Cycle.

Background

Recently the CEO and the Board Chair attended an OHA Summit. In discussions with several Board Chairs and/or CEOs, it was clear that a number of organizations have reduced the number of Board meetings. Several have moved to every other month (8 of the 23 respondents have 5 or 6 meetings (35% of respondents). For Board year 2022/23, we will have 9 meetings in total (7 regular meetings and 2 generative sessions).

Below are some details as to how CMH compares to the average.

Question	CMH	Range and/or Average
Number of voting board members	12	Average - 12
Frequency of meetings	9	Range: 5 to 12 Average: 7.77
Duration	3-4 hours	Range: 1 to 5 hours No average provided
Number of Standing Committees	7	Range: 2 to 9

Consultation

At the May 18, 2023 Governance Committee meeting input and advice was sought on what level of frequency of meetings that the CMH Board and Committees would benefit from.

Analysis

Based on the input of the Governance Committee, the overall consensus was that significantly reducing the number of meetings would not be of benefit to the CMH Board. The Governance committee felt that overall it could potentially create more work, materials, and time spent during meetings and potential meeting overload. It was also suggested that the Boards success is in part due to our current meeting structure. The Governance Committee however recognizes the amount of work involved for CMH Management preparing for these meetings, and that the current length of our Board meetings are well above the average and that time could influence important discussions.

CMH Management has taken the advice of the Governance Committee and feedback received from the Board of Directors concerned about the length of current meetings, and is proposing the following meeting cadence for the 2023/24 Board Cycle. The recommendation comes from a lens of maintaining a highly effective board while considering the work and time commitment from both the Board and CMH Management.

Proposed Committee Meeting Cadence:

CMH Management recommends eliminating the October meetings at a Committee level other than the Quality Committee. CMH recognizes that the work of the Quality Committee is essential and feels the need to continue these meetings on a monthly basis without change. Based on the above recommendation the only Committee that would have an impact would be the Capital Redevelopment Sub-Committee. Since the Resources Committee do not currently meet in October the impact of this change would be minimal and will support the recommendation of the proposed meeting cadence of the Board outlined below.

Proposed Board of Director Meetings Cadence:

In efforts to reduce the length of meetings that are currently on average 3-4+hours CMH Management recommends moving to a more thoughtful Board reporting cadence with a focus on the work of the Board as well as the importance of Board education and generative discussions.

September (Now held first week of October) – Standard Board meeting eliminating Board education or generative discussions. These discussions generally account for 1+ hours of a board meeting. Removing from a standard meeting reduces the length of the meeting by a minimum of 1 hour.

October (Now held first week of November) – Board Generative/Education meeting (2hours). Since our committees other than Quality have no October meetings no reporting would be required allowing the board to focus specifically on Generative/Educational topics. Also allows for better discussion without the pressures of time. The Quality Committee meeting summary would be included in the consent agenda for informational purposes.

November (Now held first week of December) – Standard Board meeting eliminating Board education or generative discussions.

December – No meetings no change

January (Now held first week of February) – Standard Board meeting eliminating Board education or generative discussions.

February (Now held first week of March) – Reporting of items regarding Board approval only & Board generative/education meeting (2.5 hours – 30 min for approvals / 2hrs for

generative/education). Since CMH Management has implemented the committee briefing note summaries, the Board is able to read about the work of the committees these would be provided in the consent agenda. This cadence would allow for anything coming forward to be approved as an agenda item, therefore not impacting the work of the Board or committees, and an opportunity for any Board member to ask any questions related to the materials provided in the package should there be a need or concern.

March – No meetings no change

April (Now held 1st week of May) - Standard Board meeting eliminating Board education or generative discussions.

May (Now held 1st week of June) – Reporting of items regarding Board approval only & Board generative/education meeting (2.5 hours – 30 min for approvals / 2hrs for generative/education).

June – Regular final meetings no change.

With the implementation of the above proposed format the Board would continue to meet monthly however length of meetings would be reduced allowing for important items not to be rushed through due to lengthy meetings. The CMH Board will also spend time having meaningful discussions around generative and educational topics that will contribute to a highly effective CMH Board.

Proposed Schedule of Meetings - 2023/24



Board of Directors 1700hrs <i>Occurs First Wednesday Mth Following</i> <i>Admin Support: Stephanie Fitzgerald</i>	Resources Committee 1700hrs <i>Occurs Fourth Tuesday of the Month</i> <i>Admin Support: Bonnie-Kay Collins</i>
Wednesday, October 4, 2023 <i>Sept. Regular Board Meeting</i>	Tuesday, September 26, 2023 (1900h TBD)
Wednesday, November 1, 2023 <i>Generative 2hr Only</i>	Tuesday, November 28, 2023
Wednesday, December 6, 2023 <i>Nov. Regular Board Meeting</i>	Tuesday, January 23, 2024
Wednesday, February 7, 2024 <i>Jan. Regular Board Meeting</i>	Tuesday, February 27, 2024
Wednesday, March 6, 2024 <i>30m Feb Board / Generative 90min</i>	Tuesday, April 23, 2024
Wednesday, May 1, 2024 <i>Apr. Regular Board Meeting</i>	Wednesday, May 29, 2024
Wednesday, June 5, 2024 <i>30m May Board / Generative 90min</i>	Tuesday, June 25, 2024
Wednesday, June 26, 2024 <i>June Regular Board Meeting</i>	
Quality Committee 0700hrs <i>Occurs Third Wednesday of the Month</i> <i>Admin Support: Iris Anderson</i>	Capital Projects Sub Committee 1700hrs <i>Occurs Fourth Monday of the Month</i> <i>Admin Support: Kristen Hoch</i>
Wednesday, September 20, 2023	Tuesday, September 26, 2023
Wednesday, October 18, 2023	Monday, November 27, 2023
Wednesday, November 15, 2023	Monday, January 22, 2024
Wednesday, January 17, 2024	Monday, February 26, 2024
Special QIP Meeting, Wednesday, February 7, 2024	Monday, April 22, 2024
Wednesday, February 21, 2024	Tuesday, May 28, 2024
Wednesday, April 17, 2024	Monday, June 24, 2024
Wednesday, May 15, 2024	
Wednesday, June 19, 2024	
Digital Health Sub Committee 1700 hrs <i>Occurs Third Thursday of the Month</i> <i>Admin Support: Bonnie-Kay Collins</i>	Governance Committee 1630hrs <i>Occurs Second Tuesday of the Month</i> <i>Admin Support: Stephanie Fitzgerald</i>
Thursday, September 21, 2023	Thursday, September 14, 2023
Thursday, November 16, 2023	Thursday, November 9, 2023
Thursday, January 18, 2024	Thursday, January 11, 2024
Thursday, February 15, 2024	Thursday, March 14, 2024
Thursday, April 18, 2024	Thursday, May 9, 2024
Thursday, May 16, 2024	
Thursday, June 20, 2024	
Audit Committee 1700hrs <i>Admin Support: Bonnie-Kay Collins</i>	Executive Committee 1600hrs <i>Admin Support: Stephanie Fitzgerald</i>
Monday, November 13, 2023	Tuesday, November 14, 2023
Monday, January 15, 2024	Tuesday, March 11, 2024
Joint Audit & Resources Committee / Audit	Tuesday, May 14, 2024
Tuesday, April 23, 2024	
Wednesday, May 29, 2024	



BRIEFING NOTE

Date: June 22, 2023
Issue: Meeting Summary - Quality Committee, June 21, 2023 – OPEN
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Iris Anderson, Administrative Assistant to Clinical Programs
Approved by: Diane Wilkinson, Quality Committee Chair

Attachments/Related Documents: None

A meeting of the Quality Committee took place on Wednesday, June 21, 2023 at 0700 hours

Attendees: Ms. D. Wilkinson (Chair), Mr. K. Abogadil, Ms. C. Bulla, Ms. N. Gandhi, Mr. P. Gaskin, Ms. J. Goyal, Mr. R. Howe, Ms. M. Hempel, Dr. W. Lee, Ms. A. McCarthy, Ms. T. Mohtsham, Ms. S. Pearsall, Mr. D. Pyper

Regrets: Mr. M. Adair, Ms. M. McKinnon

Staff Present: Ms. L. Barefoot, Ms. Iromoto

Observers: Mr. S. Beckhoff, Dr. J. Legassie

Guests: Ms. H. Hamilton, Dr. J. Bourgeois, Ms. K. Rose, Dr. I. Isupov

Committee Recommendations/Reports – Board Approval Sought

None

Approved Committee Recommendations/Motions:

None

Committee Motions/Recommendations/Report – Board Approval Not Sought

The Minutes of May 17, 2023 were approved. **MOTION:** (Hempel/Pyper). **CARRIED.**

Committee Matters – For information only

1. Laboratory Medicine Program Presentation

Mr. Abogadil directed the Committee members to the previously circulated presentation, and spoke about the following: specialized medical laboratory professionals conduct close to 1,000,000 lab tests and specimen annually for the Waterloo Wellington population and beyond; leading many quality initiatives and supported many clinical programs with their initiatives to further advance the strategic goals of CMH; collaboration with new and existing clinical partners

within and outside the walls of CMH through and transform and set up Lab Medicine program into its new journey. Ms. Hamilton shared a staff story about a CMH Non-Registered Medical Laboratory Technologist and her career journey. Dr. Bourgeois gave a comprehensive summary of Endoscopic Ultrasound (EUS), Continuous Renal Replacement Therapy (CRRT) – renal dialysis, Code Transfusion and Choosing Wisely Canada (using Blood Wisely). The Committee members discussed student recruitment and staffing challenges. The full presentation can be found in package 2.

2. Diagnostic Imaging (DI) & Cardio Respiratory Unit (CRU)

Mr. Abogadil gave an overview of the program highlighting CMH's journey to achieving the Choosing Wisely designation. The DI is formalizing a much needed after hours X-ray support services initiative. DI has implemented an AI tool that facilitates early fracture risk assessments. Mr. Abogadil spoke of the new MRI Installation project set for 2025. Ms. Rose highlighted the services of the CRU program: Echocardiography (Echo), Electrocardiograms (ECGs), holter monitoring and cardiac stress testing to assist in the diagnosis and treatment of cardiovascular disease. CRU will be implementing the Ocean's E-referral solution that allows clinics to send requisitions electronically; the Oceans platform integrates directly into the EMR. Mr. Abogadil stated that previous staffing challenges have now become stable. With the addition of a new clinician to the department, management continues to aim in reducing wait times. The full presentation can be found in package 2.

3. Year End Quality Committee Report

Ms. Wilkinson presented the Year End Quality Committee Report and the final report will be forwarded to the June Board of Directors meeting.

4. CNE Report

Ms. Pearsall provided clinical programs update. The full CNE report is available in package 2.

5. Trillium Gift of Life (TGLN) update

A full update was provided in the Board Consent Agenda.

6. PFAC update

Ms. Barefoot spoke about the Patient Experience Plan, Terms of Reference and how PFAC data is presented and shared with various departments. Ms. Bulla shared the activities and accomplishments of the PFAC. A full update was provided in the Board Consent Agenda.



BRIEFING NOTE

Date: June 27, 2023
Issue: Meeting Summary – Resources Committee June 26, 2023 – OPEN
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Kristen Hoch – Project Coordinator, Admin Assistant, Capital Redevelopment Office
Approved by: Valerie Smith-Sellers – Director Finance; & Lynn Woeller – Chair, Resources Committee

Attachments/Related Documents:

May 2023 Financial Statements (Agenda Item 4.3.1)

A meeting of the Resources Committee took place on Monday, June 26, 2023 at 1700h

Present: Lynn Woeller (Chair), Sara Alvarado, Tom Dean, Lori Peppler-Beechey, Janet Richter, Gerri West

Regrets: Elaine Habicher

Staff: Patrick Gaskin, Dr. W. Lee, Kyle Leslie, Stephanie Pearsall, Valerie Smith-Sellers, Susan Toth, Kristen Hoch

Committee Recommendations/Reports – Board Approval Sought

THAT, the Board of Directors receives the May 2023 financial statements as presented by management.

Approved Committee Recommendations/Motions:

THAT, following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors receives the May 2023 financial statements as presented by management. (Peppler-Beechey/Dean) **CARRIED**.

Committee Motions/Recommendations/Report – Board Approval Not Sought

THAT, the minutes of the May 23, 2023 meeting be adopted as presented. (Dean/Alvarado) **CARRIED**.

Committee Matters – For information only

- Welcome:** The meeting was conducted in a hybrid format: 5 committee members attended in-person, 2 committee members attended virtually, and 1 committee member

sent their regrets.

2. Action Log

- Four items remaining pending, with updates scheduled for the next Resources Committee meeting (September 2023 – date TBD); five items were added, with updates scheduled at the next meeting.

3. May 2023 Financial Statements

- \$0.5M year-to-date deficit position at the end of May
- Major drivers of the deficit are:
 - The unfavourable variance in salaries & benefits (\$1M)
 - Lower PCOP revenue achieved than planned (\$0.8M).
 - Partially offset by the favourable variances in the unused portion of the budgeted contingency (\$0.6M), interest income (\$0.6M), and QBP revenue (\$0.4M).
- Risks to the budget include:
 - PCOP funding tied to surgical volume not being achieved,
 - Province-wide shortage of health human resources
 - Continued elevated number of Alternate Level of Care (ALC) patients which create bed flow pressures, generate low weighted cases and jeopardize volume targets
 - Inflationary pressures (particularly with respect to utilities),
 - The MOH pending reconciliation of 2021-22 and 2022-23 incremental COVID funding,
 - Lack of funding information from the Ministry concerning the Bill 124 reopener clause.
- Salaries and wages are over budget approximately \$1M:
 - Overtime = \$600K
 - Use of agency staff = ~\$500K.
 - Sick time has been decreasing: there is a negative variance of \$13K for the last two months.
- CMH currently has a strong cash position, and a working capital ratio of 1.2 which meets the requirements of the Hospital Service Accountability Agreement (H-SAA) target.

Committee discussion:

- To ensure the deficit is not recurring, the clinical and admin corporate teams meet to understand service volumes and go through each area in great detail.
- It is difficult to regulate types of cases/symptoms that arrive at CMH; as volumes in certain areas have gone down, the clinical teams are trying to understand why in order to improve weighted cases.
- Contributors to overtime hours include training new staff: depending on the department, different clinical positions require different timeframes dedicated to their training
- In summary: there is a \$500K deficit for two months, extrapolating a \$3M deficit, will want a clearer understanding of concrete steps being put in place to understand

4. Corporate Scorecard

- A refresh of the 2023-24 performance monitoring tools is underway, which will include a Strategic Priorities Tracker and an Operational Key Performance Indicator Tracker. These performance monitoring tools, and their respective

action plans, will be included in the Resources Committee package, as well as the Board package, on a quarterly cycle starting in September 2023.

Committee discussion:

- Members provided feedback regarding how to enhance high-level summaries for both trackers

5. Annual Assessment of Independence

- Management highlighted the procedure undertaken to validate independence in the CMH procurement process. The results of a survey of staff and contract employees involved in procurement confirmed that procurement is occurring in an environment of independence.

Committee discussion:

- An item was added to the action log to ensure that all those required to complete the survey have done so.

6. Annual CEO Certification of Compliance

The CEO's attestation of CMH's maintenance of applicable insurance and compliance with applicable legislation and regulations was presented for the Committee's information. Exceptions to the attestation were as follows:

- Dangerous Goods Transportation Act – CMH is not compliant with applicable legislative requirements for its Distribution staff, as the team does not have Transportation of Dangerous Goods training. A plan is in place to ensure compliance and have policies up to date going forward.
- Broader Public Sector Accountability Act (BPSAA) – Section 6 – Use of Consultants. There were three exceptions noted for having a non-competitive consultant selection process.
- Broader Public Sector Accountability Act (BPSAA) – Section 12 – Procurement Directives for purchases greater than \$100,000 that did not have an open and competitive procurement process.

7. Resources Committee Work Plan

The work plan for 2022-23 was reviewed and the June requirements were noted as complete.



BRIEFING NOTE

Date: June 21, 2023
Issue: May 2023 Financial Statements
Prepared for: Resources Committee
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Valerie Smith-Sellers, Director, Finance & Acting CFO
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: Financial Statements – May 2023

Alignment with 2023-24 CMH Priorities

2022-2027 Strategic Plan No <input type="checkbox"/>	2023/24 CMH Priorities No <input type="checkbox"/>	2023/24 Integrated Risk Management Priorities No <input type="checkbox"/>
<input type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Ensure Equitable Care For CND Residents	<input type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input type="checkbox"/> Grow Clinical Services	<input type="checkbox"/> Staff Shortages
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Increase Staff Engagement	<input type="checkbox"/> Access to Care
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> HIS/ERP Planning and Implementation	<input checked="" type="checkbox"/> Revenue & Funding
<input checked="" type="checkbox"/> Sustain Financial Health	<input checked="" type="checkbox"/> Grow Ministry Revenue	

Recommendation/Motion

Resources Committee

Following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors receives the May 2023 financial statements as presented by management.

Board

Following review and discussion of the information provided, the Board receives the May 2023 financial statements as presented by management.

Executive Summary

Cambridge Memorial Hospital (CMH) has a \$0.5M year-to-date deficit position at the end of May after building amortization and related capital grants. The major drivers of the deficit are the unfavourable variance in salaries & benefits (\$1M) and lower PCOP revenue achieved than planned (\$0.8M). This is partially offset by the favourable variances in the unused portion of the budgeted contingency (\$0.6M), interest income (\$0.6M), and QBP (\$0.4M).

Risks

- If CMH had not received incremental bed funding and used PCOP funding to operate the incremental beds, a \$1.7M deficit would have been reported May YTD, due to lower weighted case volumes than budgeted for in fiscal 2023-24.

- CMH did not meet PCOP targets May YTD driven by lower weighted cases in surgery. The ORs are operating at full capacity from April to May. PCOP funding tied to surgical volume growth is currently not being achieved.
- ALC patients create bed flow pressures and generate low weighted cases putting volume targets at risk. On average there have been 34 ALC patients in fiscal 2023-24.
- Inflationary pressures are being experienced across all expense lines. Blackstone Energy Services has advised of a significant increase in natural gas costs and electricity. Effective November 1, 2022, CMH locked in 50% of its budgeted consumption of natural gas at a fixed rate to limit the hospital's exposure to price fluctuations, based on a recommendation from Blackstone Energy Services.
- The Ministry of Health (MOH) has not completed broad base funding reconciliations for incremental COVID funding the hospital received in fiscal 2021-22 and 2022-23. The Finance department has followed MOH guidelines for incremental funding, but there is a risk that MOH will apply rules associated with the guidelines differently, leading to the claw back of some of this funding.
- Bill 124 reopen clause allows unions the ability to re-negotiate the wages increase for the past three years that were capped at 1%. CMH has set up a \$5.2M wage accrual for the retroactive salary costs at 2022-23 year end. Retro payments will begin to be paid out over the summer for unions that have settled their negotiations. There has been no funding information from MOH related to Bill 124.

Summary

CMH has a \$0.5M year-to-date deficit position at the end of May after building amortization and related capital grants. Actual results are \$0.5M unfavourable to budget. The FY budget variance is driven by:

- \$0.6M allocation of the budgeted contingency to the end of May;
- \$0.6M in interest income;
- \$0.4M in Quality Based Procedures (QBP) revenue due to increased hip, shoulder, spine and Cancer Care Ontario surgeries;

The positive variance has been partially offset by:

- \$1M unfavourable variance in salaries and wages due to higher overtime than budget and use of staffing agencies;
- \$0.8M in loss of expected PCOP revenue relating to fiscal year 2022-23
- \$0.1M in increased maintenance repairs
- \$0.1M unfavourable variance in Medical & Surgical Supplies as the Operating Room increased volumes to full capacity

PCOP & Quality Based Procedures Volumes

The achievement of volume base funding targets is critical to the hospital's long-term financial health. Growing volumes during the extended pandemic period has been very challenging for all hospitals eligible to earn volume based funding. PCOP and QBP indicators are included in the hospital's corporate scorecard to monitor performance against budgeted targets.

PCOP

PCOP acute inpatient weighted cases has the biggest funding implication for the hospital. Each weighted case generates \$4,517 in funding. The 179 weighted case shortfall through May represents a \$0.8M loss in funding. The main reason to the shortfall is lower weighted cases

seen in surgical program. In addition, Emergency experienced lower patient volumes and did not meet PCOP targets May YTD.

QBP

The hospital is exceeding performance for bundled care and Cancer Care Ontario QBPs. However, each QBP is funded at a different rate and the hospital entered into a relationship with Clear Vision Surgical to increase the number of procedures performed improving access for this much needed service. Cataracts are funded at a much lower rate than urgent QBPs which include chronic obstructive pulmonary disease (COPD) and pneumonia.

Performance Based Funding Summary, 2023-24

YTD Period: April

Funding Source	Unit of Measure	Budget	YTD Budget	YTD Achieved	YTD Variance from Budget
Interim PCOP Growth Estimate					
Acute IP	Weighted Cases	8,370	698	619	(78)
Day Surgery/TCC	Weighted Cases	2,491	208	160	(47)
Emergency	Weighted Cases	2,833	236	204	(33)
Mental Health IP	Inpatient Days	8,029	669	600	(69)
Quality Based Procedures					
Bundled Care	Cases	857	71	80	9
CCO	Cases	470	39	41	2
OH	Cases	3,435	286	299	13

Revenue

MOH Funding

Key Highlights

The MOH confirmed \$11.2M in one-time incremental bed funding for fiscal 2023-24 to continue additional bed capacity. CMH is receiving funding for 22 acute medical / surgical beds. The budget reflects this funding and is the main reason the hospital is not in a larger deficit position year to date.

The MOH has informally communicated that CMH will be entitled to one additional Level 2 Step Down Bed at \$550K. This would bring CMH Level 2 Step down beds from 6 to 7. The additional bed is anticipated to go live in Q3 and will require additional clinical staff which will offset this funding.

The MOH confirmed one-time funding for the Health Human Resources (HHR) program of \$657K which funds clinical externs, clinical mentor and clinical preceptor. Total funds allocated will have 100% expense in offset.

The MOH confirmed one-time funding for the Clinical Care Nurse Training program of \$332K which funds critical care and neonatal care nurse training for new registered nurses and mid-career registered nurses. Total funds allocated will have 100% expense in offset.

The MOH confirmed one time in year allocation of \$229K for CT and MRI hours to reduce wait time.

CMH is waiting for funding confirmation regarding the Pay for results (P4R) program in the Emergency Department. CMH continues to run regular operations using prior year funding assumptions.

Favourable Variances

Elective & Non Elective QBP revenue was \$236K favourable to budget due to higher numbers of hip fracture surgeries and spine surgeries.

Cancer Care Ontario QBP revenue was \$151K favourable to budget, due to higher numbers of breast surgeries, gynecology procedures and endoscopy procedures.

MOH Wait Time funding to operate additional CT & MRI hours resulted in a \$184K favourable variance to budget.

Unfavourable Variances

The hospital has budgeted to receive \$11.1M in PCOP clinical funding in fiscal 2023-24, just over 58% of the available \$19.3M PCOP funding allocation. Funding recognition is dependent on meeting volume targets. \$1M of PCOP revenue associated with clinical volumes has been recognized for fiscal year 2023-24. The YTD shortfall is attributed to the decline in surgical weighted cases creating a \$0.8M unfavourable variance.

Billable Patient Services

The \$235K year to date favourable variance is primarily due to a \$350K favourable variance in professional fees (partially offset by higher medical remuneration costs), \$55K favourable variance for uninsured residents of Ontario and \$12K favourable variance for insured self pay. The favourable variance is partially offset by unfavourable variances in technical fees (\$75K), non-resident provincial plans (\$46K), preferred accommodation (\$36K) and funding from the Workplace Safety and Insurance Board (WSIB) (\$25K).

Recoveries and Other Revenues

The \$690K year to date favourable variance is driven by \$572K favourable variance in interest income and \$153K recovery of Cancer Care Ontario (CCO) reimbursement of oncology drugs.

Expenses

Salaries and Wages

The shortage of health human resources in Ontario has created staffing pressures in many areas across the organization. Salaries and wages were \$0.9M unfavourable to budget year to date. There has been a \$0.6M favourable variance in worked salaries year to date, driven by staffing shortages and high number of vacancies. The favourable variance in worked salaries is offset by unfavourable budgeted variances in overtime (\$0.6M), agency staffing costs (\$0.5M), staff training costs (\$0.3M), and modified work (\$0.1M).

Overtime costs were (\$278K) unfavourable to budget in May, increasing the year to date unfavourable variance to (\$596K). Sick time costs were (\$13K) unfavourable to budget, resulting in a year to date favourable variance to (\$2K).

Overtime and sick time hours are summarized in the table below:

	May 2023			FY 2023-24		
HOURS	Actual	Budget	Variance	Actual	Budget	Variance
Overtime	6,513	1,922	(4,591)	13,614	3,796	(9,818)
Sick	6,159	4,174	(1,985)	11,556	8,217	(3,339)

The overtime variance is driven by staffing shortages and high level of vacancies.

Employee Benefits

The \$121K unfavourable year to date variance is driven by the benefits in lieu provided to part times which is a result of part time workers working higher hours.

Medical Remuneration

The \$0.4M unfavourable year to date variance is due to additional professional services for CT (computerized tomography) and MRI (magnetic resonance imaging) (\$246K), Hospital On Call Coverage New services (\$47K), and Oncology Associates (\$30K).

Medical and Surgical Supplies

The \$111K YTD favourable variance has been driven by elective surgeries in the Perioperative Services program (\$106K).

Drug Expense

The \$124K YTD unfavourable variance is driven by higher spending on drugs for the Oncology program (\$162K), partially offset by positive variances on the Intensive Care Unit (ICU) (\$19K), Inpatient Surgery unit (\$7K), and Medicine B Unit (\$7K) due to lower than budget volumes. 94% of oncology drug costs are reimbursed by Cancer Care Ontario.

Other Supplies and Expenses

The \$0.5M YTD favourable variance is due to the unused contingency allocation \$0.6M, however offset by increased maintenance repairs \$0.1M.

Balance Sheet and Statement of Cash

CMH's current cash position is \$105.6M, consisting of \$82.3M of unrestricted cash and \$23.3M of restricted cash. Accounts payable balance at the end of May was \$49.7M, consisting of General Accounts Payable (\$39.9M) and MOH Payable (\$9.8M). Unrestricted working capital available at the end of May is \$16.1M.

The working capital ratio is 1.2 and meets the requirements of the Hospital Service Accountability Agreement (H-SAA) target.

**Cambridge Memorial Hospital
Statement of Operations
For the Period Ending May 31, 2023**

Confidential
(Expressed in thousands of dollars)

Month of May 2023					Year to Date				2023-24	2022-23 Prior Year Actuals		
Actual	Plan	Variance	% Variance		YTD Actual	YTD Plan	YTD Variance	% Variance	Plan	May 2022	YTD Mar. 22	2022-23 YE
Revenue:												
MOH Funding												
\$ 7,958	\$ 7,893	\$ 65	1%	MOH - Base	\$ 15,439	\$ 15,531	\$ (92)	(1%)	\$ 93,185	\$ 7,892	\$ 19,576	\$ 90,924
2,051	1,979	72	4%	MOH - Quality Based Procedure	4,096	3,709	387	10%	21,434	1,697	3,489	24,125
741	937	(196)	(21%)	MOH - Post Construction Operating Plan	1,035	1,844	(809)	(44%)	11,062	22	697	9,901
1,773	1,654	119	7%	MOH - One time / Other	3,553	3,256	297	9%	19,534	2,633	551	29,486
12,523	12,463	60	0%	Total MOH Funding	24,123	24,340	(217)	(1%)	145,215	12,244	24,313	154,436
1,225	1,221	4	0%	Billable Patient Services	2,637	2,402	235	10%	14,414	1,283	2,539	15,668
1,615	1,232	383	31%	Recoveries and Other Revenue	3,112	2,422	690	28%	14,538	1,182	2,196	17,840
324	251	73	29%	Amortization of Deferred Equipment Capital Grants	646	495	151	31%	2,968	247	497	3,527
332	283	49	17%	MOH Special Votes Revenue	651	557	94	17%	3,371	398	592	3,910
16,019	15,450	569	4%	Total Revenue	31,169	30,216	953	3%	180,506	15,354	30,137	195,381
Operating Expenses:												
7,104	6,772	(332)	(5%)	Salaries & Wages	14,224	13,331	(893)	(7%)	79,955	6,662	13,362	86,194
1,991	1,945	(46)	(2%)	Employee Benefits	3,954	3,833	(121)	(3%)	21,940	1,853	3,604	20,785
1,693	1,620	(73)	(5%)	Medical Remuneration	3,625	3,192	(433)	(14%)	19,133	1,803	3,767	22,602
1,179	1,056	(123)	(12%)	Medical & Surgical Supplies	2,189	2,077	(112)	(5%)	12,465	970	1,871	11,841
915	824	(91)	(11%)	Drug Expense	1,745	1,621	(124)	(8%)	9,727	776	1,567	9,737
2,180	2,253	73	3%	Other Supplies & Expenses	3,913	4,412	499	11%	26,575	2,101	3,679	26,621
548	485	(63)	(13%)	Equipment Depreciation	1,095	955	(140)	(15%)	5,732	472	953	6,194
317	288	(29)	(10%)	MOH Special Votes Expense	637	567	(70)	(12%)	3,371	287	592	3,910
15,927	15,243	(684)	(4%)	Total Operating Expenses	31,382	29,988	(1,394)	(5%)	178,898	14,924	29,395	187,884
92	207	(115)	(56%)	MOH Surplus / (Deficit)	(213)	228	(441)	194%	1,608	430	742	7,497
(632)	(640)	8	(1%)	Building Depreciation	(1,262)	(1,259)	(3)	0%	(7,556)	(624)	(1,249)	(7,573)
483	504	(21)	(4%)	Amortization of Deferred Building Capital Grants	966	991	(25)	(3%)	5,948	497	995	5,884
\$ (57)	\$ 71	\$ (128)	(180%)	Net Surplus / (Deficit)	\$ (509)	\$ (40)	\$ (469)		\$ 0	\$ 302	\$ 488	\$ 5,808

**Cambridge Memorial Hospital
Statement of Financial Position
As at May 31, 2023**

(Expressed in thousands of dollars)

	May 2023	March 2023
ASSETS		
Current Assets		
Cash and Short-term Investments	\$ 82,322	\$ 83,456
Due from Ministry of Health/Ontario Health	5,218	8,317
Other Receivables	5,545	4,354
Inventories	2,566	2,483
Prepaid Expenses	2,587	2,879
	98,238	101,489
Non-Current Assets		
Cash and Investments Restricted - Capital	23,324	22,159
Due from Ministry of Health - Capital Redevelopment	3,243	3,243
Due from CMH Foundation	472	817
Endowment and Special Purpose Fund Cash & Investments	194	194
Capital Assets	278,452	276,999
	\$ 403,923	\$ 404,901
LIABILITIES & NET ASSETS		
Current Liabilities		
Due to Ministry of Health/Ontario Health	9,755	10,516
Accounts Payable and Accrued Liabilities	39,915	39,599
Deferred Revenue	32,449	32,379
	82,119	82,494
Long Term Liabilities		
Capital Redevelopment Construction Payable	2,692	2,428
Employee Future Benefits	4,256	4,203
Deferred Capital Grants and Donations	269,710	270,121
Asset Retirement Obligation	2,377	2,377
	279,035	279,129
Net Assets:		
Unrestricted	12,890	14,792
Externally Restricted Special Purpose Funds	195	194
Invested in Capital Assets	29,684	28,292
	42,769	43,278
	\$ 403,923	\$ 404,901
Working Capital Balance	16,118	18,995
Working Capital Ratio (Current Ratio)	1.20	1.23

**Cambridge Memorial Hospital
Statements of Cash Flows
For the Month Ending May 31, 2023**

(Expressed in thousands of dollars)

	May 2023	March 2023
Cash Provided By (used in) Operations:		
Excess (deficiency) of Revenue over Expenses	\$ (509)	\$ 5,808
Items not involving cash:		
Amortization of capital assets	2,357	13,767
Amortization of deferred grants and donations	(1,612)	(9,411)
Change in Non-Cash Operating Working Capital	2,086	9,262
Change in Employee Future Benefits	53	85
	2,375	19,511
Investing:		
Acquisition of Capital Assets & CRP	(3,805)	(28,165)
Capital Redevelopment Construction Payable	264	1,314
	(3,541)	(26,851)
Financing:		
Capital Donations and Grants & CRP	1,197	33,448
	1,197	33,448
Increase (Decrease) In Cash for the Period	31	26,108
Cash & Investments - Beginning of Year	105,615	79,507
Cash & Investments - End Of Period	\$ 105,646	\$ 105,615
Cash & Investments Consist of:		
Unrestricted Endowment and Special Purpose Investments	30	30
Cash & Investments Operating	82,292	83,426
Cash & Investments Restricted	23,324	22,159
Total	\$ 105,646	\$ 105,615



BRIEFING NOTE

Date: June 13, 2023
Issue: Meeting Summary – MAC Credentials & Privileging April 2023
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Dr. Winnie Lee, Chief of Staff
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: None

Alignment with 2023/24 CMH Priorities:

2022-2027 Strategic Plan No <input checked="" type="checkbox"/>	2023/24 CMH Priorities No <input checked="" type="checkbox"/>	2023/24 Integrated Risk Management Priorities No <input checked="" type="checkbox"/>
<input type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Ensure Equitable Care For CND Residents	<input type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input type="checkbox"/> Grow Clinical Services	
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Increase Staff Engagement	<input type="checkbox"/> Staff Shortages
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> HIS/ERP Planning and Implementation	<input type="checkbox"/> Access to Care
<input type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Grow Ministry Revenue	<input type="checkbox"/> Revenue & Funding

A meeting of the Medical Advisory Committee took place on Tuesday June 13, 2023 at 4:30 pm.

Present: Dr. W. Lee, Dr. A. Sharma, Dr. L. Green, Dr. K. Wadsworth, Dr. M. Kumanan, Dr. A. Nguyen, Dr. J. Bourgeois, Dr. L. Puopolo, Dr. I. Morgan, Ms. C. Witteveen
Regrets: Dr. A. Rowe, Dr. M. Gill, Dr. V. Miropolsky, Dr. M. Runnalls, Dr. M. Rajguru, Ms. M. Iromoto, Mr. P. Gaskin, Mr. K. Leslie, Dr. I. Isupov, Dr. J. Legassie
Staff: Ms. S. Pearsall, Ms. L. Barefoot, Ms. N. Grealy (Recorder)
Guests: Ms. D. Wilkinson, Ms. C. Wilson, Dr. K. Nuri, Dr. R. Taseen

Committee Recommendations/Reports – Board Approval Sought

Proposed Board Motion:

THAT due diligence was exercised in reviewing the following privileging applications from the April 2023 Credentials Committee meeting for approval by the board.

Approved Committee Recommendations/Motions:

THAT the Medical Advisory Committee recommend to the Board of Directors that the standard credentialing files be approved. (Puopolo, Wadsworth) **CARRIED. The attached Briefing Note provided to the Committee** will be noted as well as any further commentary or discussion that is necessary.

MOTION: (Puopolo, Wadsworth) that the new credentialing files be approved as distributed. None opposed. **CARRIED. New Files**

MOTION: (Morgan, Bourgeois) that the Department of Women & Children Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Green, Puopolo) that the Department of Diagnostic Imaging Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Kumanan, Wadsworth) that the Department of Surgery Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Morgan, Kumanan) that the Department of Pathology Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Witteveen, Wadsworth) that the Department of Internal Medicine Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

Credentialing Committee

Date of Meeting: Tuesday April 25, 2023

MAC Meeting Date: Tuesday June 13, 2023

Board of Directors Meeting Date: Wednesday June 28, 2023

New Business:

Credentialing Files for Review:

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. Kirenza Francis	Radiology	Radiologist	Locum	Requesting locum privileges from Apr 1 – Dec 31, 2023	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Shahob Hosseinpour	Radiology	Radiologist	Locum	Requesting locum privileges from Apr 1 – Dec 31, 2023	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	

Credentialing Committee

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. Mazin Al-Batran	Psychiatry	Psychiatrist	Locum	Requesting locum privileges from Apr 17 – Oct 31, 2023	Dr. Anjali Sharma	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Ashley White	Emergency		Locum	Requesting extension of locum privileges from January 8, 2023 – May 30, 2023	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Sana Mashhadi	Family Medicine		Associate	New Hire starting May 1, 2023	Dr. Mekalai Kumanan	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. John Michiels	Emergency		Locum	Requesting locum privileges April 24, 2023 – October 31, 2023	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Kathleen Logie	Surgery		Locum	Requesting extension of locum privileges from April 1, 2023 – October 31, 2023	Dr Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Meiru Li	Emergency		Locum	Requesting extension of locum privileges from May 7, 2023 – November 30, 2023	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. Dimitar Kolev	Emergency		Locum	Requesting extension of locum privileges from May 7, 2023 – August 31, 2023	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Jaskirat Gill	Emergency		Locum	Requesting extension of locum privileges from May 7, 2023 – August 31, 2023	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Ashifa Jiwa	Emergency		Locum	Requesting locum privileges from May 1, 2023 – October 31, 2023	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	

2023-2024 E-Reappointment Applications for Approval

DEPARTMENT OF WOMEN & CHILDREN

Ahimbisibwe, Dr. Asa Active

DEPARTMENT OF DIAGNOSTIC IMAGING

Popuri, Dr. Ramu Active
 Kamel Hasen, Dr. Olfat Courtesy no Admitting

DEPARTMENT OF EMERGENCY

DEPARTMENT OF SURGERY

Leone, Dr. James	Active
Alangh, Dr. Manreet	Active
Kolyn, Dr. Donna	Active
Moammer, Gemah	Active
Hafidh, Dr. Maky	Courtesy with Admitting
Barrett, Dr. Keith	Courtesy with Admitting

DEPARTMENT OF PATHOLOGY

Courteau, Dr. Brigitte	Associate
Irimies, Dr. Adina	Active

DEPARTMENT OF INTERNAL MEDICINE

Ali, Dr. Rashad	Active
Nuri, Dr. Khuloud	Active
Tam, Dr. Amy	Courtesy no admitting
Hahn, Dr. Sara	Active
Kuk, Dr. Joda	Courtesy no admitting



BRIEFING NOTE

Date: June 13, 2023
Issue: Meeting Summary – MAC Credentials & Privileging May 2023
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Dr. Winnie Lee, Chief of Staff
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: None

Alignment with 2023/24 CMH Priorities:

2022-2027 Strategic Plan No <input checked="" type="checkbox"/>	2023/24 CMH Priorities No <input checked="" type="checkbox"/>	2023/24 Integrated Risk Management Priorities No <input checked="" type="checkbox"/>
<input type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Ensure Equitable Care For CND Residents	<input type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input type="checkbox"/> Grow Clinical Services	
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Increase Staff Engagement	<input type="checkbox"/> Staff Shortages
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> HIS/ERP Planning and Implementation	<input type="checkbox"/> Access to Care
<input type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Grow Ministry Revenue	<input type="checkbox"/> Revenue & Funding

A meeting of the Medical Advisory Committee took place on Tuesday June 13, 2023 at 4:30 pm.

Present: Dr. W. Lee, Dr. A. Sharma, Dr. L. Green, Dr. K. Wadsworth, Dr. M. Kumanan, Dr. A. Nguyen, Dr. J. Bourgeois, Dr. L. Puopolo, Dr. I. Morgan, Ms. C. Witteveen

Regrets: Dr. A. Rowe, Dr. M. Gill, Dr. V. Miropolsky, Dr. M. Runnalls, Dr. M. Rajguru, Ms. M. Iromoto, Mr. P. Gaskin, Mr. K. Leslie, Dr. I. Isupov, Dr. J. Legassie

Staff: Ms. S. Pearsall, Ms. L. Barefoot, Ms. N. Grealy (Recorder)

Guests: Ms. D. Wilkinson, Ms. C. Wilson, Dr. K. Nuri, Dr. R. Taseen

Committee Recommendations/Reports – Board Approval Sought

Proposed Board Motion:

THAT due diligence was exercised in reviewing the following privileging applications from the April 2023 Credentials Committee meeting for approval by the board.

Approved Committee Recommendations/Motions:

THAT the Medical Advisory Committee recommend to the Board of Directors that the standard credentialing files be approved. (Sharma, Puopolo) **CARRIED. The attached Briefing Note provided to the Committee** will be noted as well as any further commentary or discussion that is necessary.

MOTION: (Sharma, Puopolo) that the new credentialing files be approved as distributed. None opposed. **CARRIED. New Files**

MOTION: (Morgan, Witteveen) that the Senior Emeritus Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Kumanan, Green) that the Department of Women & Children Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Puopolo, Green) that the Department of Pediatrics Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Kumanan, Morgan) that the Department of Midwifery Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Sharma, Bourgeois) that the Department of Community & Family Medicine Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Wadsworth, Green) that the Department of Emergency Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Bourgeois, Puopolo) that the Department of Surgery Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Kumanan, Wadsworth) that the Department of Oncology Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Green, Puopolo) that the Department of Internal Medicine Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Witteveen, Sharma) that the Department of Hospital Medicine Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Witteveen, Sharma) that the Department of Hospital Medicine Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Wadsworth, Kumanan) that the Department of Laboratory Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Puopolo, Wadsworth) that the Department of Mental Health Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

Date of Meeting: [May 23, 2023](#)

MAC Meeting Date: [June 13, 2023](#)

Board of Directors Meeting Date: [June 28, 2023](#)

New Business:

Credentialing Files for Review:

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. Dan Kottachchi	Internal Medicine	GI	Locum	Requesting extension of locum privileges from May 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Avijeet Sarkar	Internal Medicine	GI	Locum	Requesting Locum privileges from June 1, 2023 to May 31, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Andrew Davis	Surgery	Surgical Assist	Locum	Requesting Locum privileges from June 1, 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
				to December 31, 2023			
Dr. Kenneth Gehman	Surgery	Surgical Assist	Locum	Requesting Locum Privileges from June 1, 2023 to December 31, 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Eriny Shams	Emergency Dept.		Locum	Requesting Locum privileges from May 1, 2023 to October 31, 2023	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Jessica Kent	Emergency		Locum	Requesting Locum privileges from July 1, 2023 to June 30, 2024	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Ahmed Al-Riyami	Internal Medicine	Cardiology	Associate	New Hire starting July 1, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. Priyank Bhatnagar	Emergency		Locum	Requesting Locum privileges from July 1, 2023 to June 30, 2024	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Ms. Emily Slusarek	Midwifery		Locum	Requesting Locum privileges from June 1, 2023 to July 1, 2024	Ms. Corine Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Karina Roth-Albin	Surgery		Resigned	Voluntary resignation effective April 24, 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Joyce Daly	Surgery	Surgical assist	Active	Change in privileges to surgical assist	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Nikhat Nawar	Hospitalist		Active	Requesting change of privileges from active to locum effective June 28, 2023	Dr. Jenny Legassie	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. John Sehl	Hospitalist		Active	LOA for parental leave from on/around September 16 for approx. 4 months	Dr. Jenny Legassie	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Jason Lam	Surgery	Ortho	Locum	Requesting Locum privileges from June 1, 2023 to September 30, 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Ms. Mitra Sadeghipour	Midwifery		Active	LOA for parental leave from August 1, 2023 – July 31, 2024	Ms. Corine Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Michael Lim	Emergency		Active	Requesting change of status from Active to Courtesy with admitting	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	

2023-2024 E-Reappointment Applications for Approval**DEPARTMENT OF SENIOR EMIRITUS**

Frape, Dr. Nori
Gowing, Dr. James

DEPARTMENT OF WOMEN & CHILDREN

Green, Dr. Jeremy Active
Mendlowitz, Dr. Ariel Associate

DEPARTMENT OF PEDIATRICS

Kapalanga, Dr. Joachim Courtesy with admitting
Moyo, Dr. Margaret Affiliate
Porwal, Dr. Ashish Active
Rajguru, Dr. Manjulata Active

DEPARTMENT OF MIDWIFERY

Grant, Ms. Cathy Active
Alizadeh Barmi, Ms. Tahareh Active
Heyens, Ms. Julia Active
Doe, Ms. Diana Active
Dong, Ms. Brenda Associate
Doris, Ms. Emily Active
Langlois, Ms. Beverly Active

DEPARTMENT OF FAMILY MEDICINE

Attalla, Dr. Amany Active
Costin, Dr. Ioana Affiliate
Kumanan, Dr. Mekalai Active
Baker, Dr. Jay Courtesy no admitting

Geddes, Dr Jay	Associate
Hankinson, Dr. Keith	Active
Sefin, Dr. Ashraf	Affiliate
Sandor, Dr. Celine	Affiliate
Smith, Dr. Camala	Active

DEPARTMENT OF EMERGENCY

Shafir, Dr. Mark	Active
Shoop, Dr. Rebekah	Active
Voros, Dr. Gabor	Active
Clarke, Dr. Richard	Active
Eugenio, Dr. Arthur	Active
Glover, Dr. Alexander	Active
Poon, Dr. Derek	Active
Huang, Dr. Johnny	Associate
Zhang, Dr. Tracy	Active
Redelinghuys, Dr. Johannes	Active
Rowe, Dr. Andrea	Active -
Roy, Dr. Gilles	Active
Runnalls, Dr. Matthew	Active
Lim, Dr. Michael	Courtesy with admitting

DEPARTMENT OF SURGERY

Gill, Dr. Mandeep	Active
Sawa, Dr. Kathryn	Active
Stapleton, Dr. Kelly	Affiliate
Wilkinson, John	Active
Chapeskie, Dr. Corina	Dental
Hafidh, Dr. Maky	Courtesy with admitting

Prudencio, Dr. Jose	Courtesy with admitting
Cho, Dr. Stephen	Active
Ciavaroo, Dr. Cesare	Active
Diamond, Dr. Leslie	Active
Furst, Dr. Ian	Active
Hartwig, Dr. Angelica	Dental
Znamirovski, Anna	Affiliate
Kim, Dr. Dennis	Active
Sheikh, Dr. Sufian	Active
Uppal, Dr. Sanjay	Active
Weitz, Dr. Daniel	Active
Chan, Dr. Edward	Active
Chang, Dr. Michelle	Active
Morris, Christopher	Active
Flamand, Dr. Francois	Affiliate
Haddad, Dr. Dimitri	Associate
McFarlane, Dr. Nicholas	Courtesy with admitting
Daly, Dr. Joyce	Active

DEPARTMENT OF ONCOLOGY

Scotchmer, Dr. Emma	Associate
Lin, Dr. Helen	Active
Evans, Dr. Lyndsay	Active
Kuk, Dr. Joda	Courtesy without admitting
Batra, Dr. Anupam	Active
Halligan, Dr. Rachel	Active
Koke, Dr. Michael	Affiliate
Mathai, Dr. Shyla	Active

DEPARTMENT OF INTERNAL MEDICINE

Pace, Dr. Pace	Associate
Waters, Dr. Braden	Associate
Aziz, Dr. Salman	Associate
Didyk, Dr. Nicole	

Sarfaraz, Dr. Omair	Associate
Alhendi, Dr. Alaa	Active
Bishara, Dr. Phoebe	Courtesy with admitting
Cape, Dr. David	Affiliate
Diab, Dr. Azzam	Active
Hassan, Dr. Sidra	Active
Ilyas, Dr. Amir	Associate
Lee, Dr. Mark	Active
Mackenzie, Dr. Heather	Active
Matiasz, Richard	Active
Marhong, Dr. Jonathan	Active
Martin, Dr. Glenn	Active
Morgan, Dr. Ingrid	Active
Sivakumaran, Dr. Thevaki	Active
Shaikholeselami, Dr. Roya	Active
Taseen, Dr. Ryeyan	Active
Thompson, Dr. Ellen	Associate
Vizel, Dr. Saul	Associate
	Active

DEPARTMENT OF HOSPITAL MEDICINE

Swekla, Dr. Michelle	Active
Al Sawi, Dr. Mohamed	Associate
Covalcic, Dr. Catalina	Active

DEPARTMENT OF LABORATORY MEDICINE

Matea, Dr. Florentina	Active
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DEPARTMENT OF MENTAL HEALTH

Sharma, Dr. Anjali	Active
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Communication and Engagement Plan

2023-2027

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ABOUT

Cambridge Memorial Hospital

Communication and engagement are guided by policies, professional affiliations, legislation and our corporate values of caring, collaboration, accountability, innovation and respect, *aka* CCAIR.

We are an acute-care hospital offering a full complement of services including surgery, birthing, laboratory, diagnostics and emergency. Our hospital has over 1,600 dedicated and skilled health care professionals, technicians and staff, 280 professional staff and 300 volunteers providing exceptional, person-centred care to the residents of Cambridge, the township of North Dumfries and the Region of Waterloo. Our hospital is a proud member of the Cambridge North Dumfries Ontario Health Team that is looking to transform community care into a seamless system. We are very proud of our strategic plan, complete with a new vision and mission that reflect the optimism we have for our present, short term and long-term future.



Our Strategic Plan Our Communication & Engagement Plan

CMH’s Communication & Engagement plan is firmly aligned with the #reImagineCMH 2022-2027 Strategic Plan.

This Board approved *Communication and Engagement Plan* ‘s purpose is to support, highlight and breathe life into the stories that anchor the hospital’s vision, mission, values and priorities under the plan’s five strategic pillars.

Vision

Creating healthier communities, together.

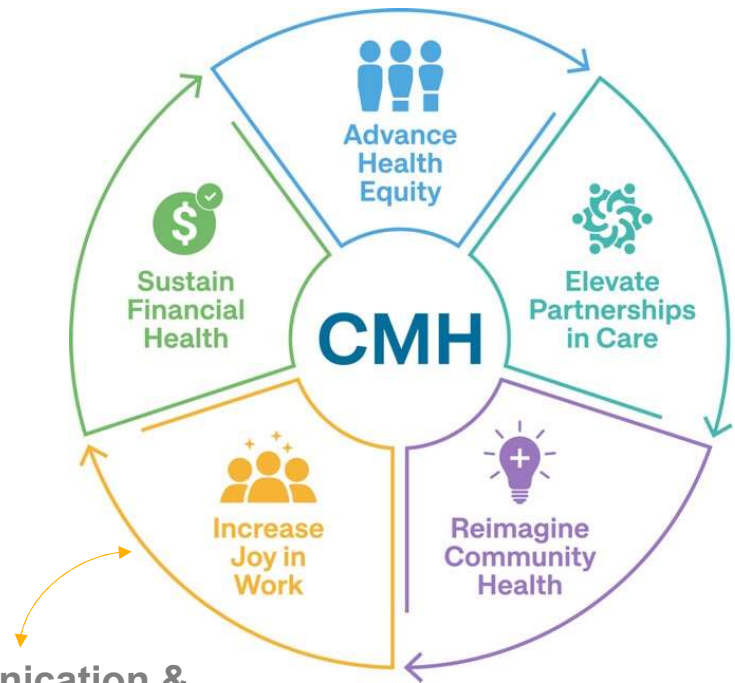
Mission

An exceptional healthcare organization keeping people at the heart of all we do.

Values

- Caring
- Collaboration
- Accountability
- Innovation
- Respect

Strategic Pillars



Communication & Engagement Plan



2020-2022

Accomplishments

Successes from CMH's 2020-2022 communication & engagement plan

- Navigated the pandemic with great success, opening up internal CMH communications to media and the public, which gained the equivalent of \$10.5M of local media exposure in 2020 – a 273% increase over the average from years prior (source: Meltwater Media). This established CMH as an expert voice, while promoting organizational transparency. CMH personnel tirelessly and selflessly availed themselves to ensure accuracy of pandemic and related messages.
- Other pandemic related successes:
 - Collaborated with local businesses (e.g., Communitech Waterloo) and CMH Foundation to advocate for the production or donation of personal protective equipment supplies
 - Collaborated with regional hospitals on internal messaging for mandated directives, identified joint-spokespersons, issued cobranded media releases and social media posts, and community information like the “know where to go” pamphlet.
- Community Outreach role created during the onset of the pandemic recognized by Beryl Institute.
- Enhanced leader-led communication by making it more accessible through Microsoft Teams. This allowed for quick planning of virtual town halls for developing issues (e.g., vaccination directive) and the easy recording of meetings for the benefit of those that could not attend.
 - Board of Directors recorded Open meetings and made them available through hospital's YouTube channel
- In partnership with the Cambridge North Dumfries OHT (CND OHT), CMH assisted with community-based health care organizations in outbreak or near-outbreak by lending its expertise and resources. Established protocols for said organizations to seek help.
- Work Life Pulse surveys conducted throughout pandemic have shown corporate communications as an organizational strength.