



BOARD OF DIRECTORS MEETING - OPEN

Wednesday, April 26, 2023

1700-1830

Virtual via Teams / C.1.229 Meeting Room (CMH)

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Or call in (audio only)

[\(833\) 827-2824](tel:8338272824) Canada (Toll-free)

Phone Conference ID: [616 547 107#](tel:616547107)

AGENDA



Agenda Item	Page #	Time	Responsibility	Purpose
* indicates attachment / TBC – to be circulated				
1. CALL TO ORDER		1700	N. Melchers	
1.1 Territorial Acknowledgement				
1.2 Welcome			N. Melchers	
1.2.1 Welcome Valerie Sellers-Smith, Director of Finance			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 March 1, 2023*	3			
1.5.2 CEO Report*	10			
1.5.3 Board Work Plan 2022/23*	14			
1.5.4 Quality Monitoring Metrics	22			
1.5.5 Q4 CEO Certification of Compliance	24			
1.6 Confirmation of Agenda				Confirmation
2. PRESENTATIONS				
2.1 None				
3. BUSINESS ARISING				
3.1 None			N. Melchers	
4. NEW BUSINESS				
4.1 Chairs Update		1705	N. Melchers	
4.1.1 Chairs Report*	25		N. Melchers	Information
4.1.2 Letter from Deputy Minister Dr. Catherine Zahn*	34		N. Melchers	Information
4.1.3 Events Calendar*	35		N. Melchers	Information
4.2 Quality Committee Update (April 19, 2023)		1715	D. Wilkinson	
4.2.1 Quality Committee Meeting Summary	38		D. Wilkinson	Information
4.3 Executive Committee Update (March 16, 2023)		1725	N. Melchers	
4.3.1 Executive Committee Meeting Summary*	41		N. Melchers	Information
4.4 Audit Committee Update (April 24, 2023)		1730	L. Woeller	
4.4.1 Audit Committee Meeting Summary TBC	43		L. Woeller	Information
4.5 Capital Projects Sub-Committee Update (April 24, 2023)		1735	L. Woeller	
4.5.1 Capital Projects Meeting Summary TBC	45		L. Woeller	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
4.6 Resources Committee Update (April 24, 2023)	47	1745	L. Woeller	
4.6.1 Resources Committee Meeting Summary TBC			L. Woeller	Information
4.6.2 2023-24 Hospital Accountability Planning Submission (HAPS) and Hospital Service Accountability Agreement (H-SSA)*	49		L. Woeller	Motion
4.6.3 2023-24 Multi Sector Service Accountability Agreement*	55		L. Woeller	Information
4.7 Medical Advisory Committee Update (March 8 & April 12, 2023)		1805	Dr. W. Lee	
4.7.1 MAC March Meeting Summary*	57		Dr. W. Lee	Information
4.7.2 MAC April Meeting Summary*	61		Dr. W. Lee	Information
4.7.3 February Privileging and Credentialing*	64		Dr. W. Lee	Motion
4.7.4 March Privileging and Credentialing*	72		Dr. W. Lee	Motion
4.8 CEO Update		1820	P. Gaskin	
4.8.1 Corporate Scorecard Update*	77		P. Gaskin	Information
4.8.2 OHA Strategic Plan 2023-2027*	78		P. Gaskin	Information
4.8.3 CND OHT Mental Health & Addictions Clinic*	79		P. Gaskin	Information
5. UPCOMING EVENTS			N. Melchers	
5.1 CMH Champions Staff Golf Tournament, August 10, 2023, Beaverdale Golf Course https://cmhfoundation.ca/uncategorized/registration-for-champions-golf-tournament/				
6. DATE OF NEXT MEETING	Wednesday May 24, 2023, 1700-1830 Location: Hybrid			
7. ADJOURNMENT		1830	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

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

Cambridge Memorial Hospital
BOARD OF DIRECTORS MEETING
Wednesday, March 1, 2023
OPEN SESSION

Minutes of the open session of the Board of Directors meeting, held in virtually and in person, March 1, 2023

Present:

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

Regrets:

Ms. M. McKinnon

Staff Present:

M. Iromoto, T. Clark, D. Boughton

Guests:

Recorder: Ms. S. Fitzgerald

1. CALL TO ORDER

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

1.1. Territorial Acknowledgement

The Chair presented the Territorial Acknowledgement.

1.2. Welcome

The Chair welcomed the members to the open session of the meeting.

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. Patrick Gaskin, Winnie Lee and Stephanie Pearsall declared conflict of interest during the approval of the QIP as non-voting members. The Board had no objection to their presence during that agenda item.

1.5. Consent Agenda

Prior to approving the Consent Agenda, the Chair asked if any items required removal for further discussion. It was requested that the Balanced Scorecard be removed from the consent agenda.

The consent agenda was approved with noted amendments.

- 1.3.1 Minutes of January 25, 2023
- 1.3.2 CEO Report
- 1.3.3 Policies for Approval
 - 2-A-18 Quality Committee Charter
- 1.3.4 Board Work Plan

CARRIED (Hempel/Lauzon)

1.6. **Confirmation of Agenda**

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

1.7. **Corporate Scorecard**

A member raised a concern reflective of the inconsistent data contained within the scorecard. The scorecard notes an update however the data remains the same as the previous month. It was recommended that it a highlight be provided at the beginning of the scorecard to outline the why if the data remained the same.

Management has advised that for the April meeting management plans to refresh the corporate scorecard. Management is currently in the process of working through how this will translate in future scorecard packages.

2. **Presentations**

2.1. **2023-2027 Accessibility Plan**

The Board reviewed the pre-circulated 2023-2027 Accessibility Plan. Mr. Boughton noted that this plan assists CMH in becoming a more accessible hospital as well as meeting its requirements for the Accessibility for Ontarians with Disabilities Act and the Accessibility Standards Regulation ISAR, which were introduced in 2005. The plan builds on the work that CMH has done in previous plans, helping to make CMH a more accessible hospital. Mr. Boughton provided the Board with some key initiatives that have been completed, as well as the key initiatives indicated in the 2023-2027 plan. The Board had a robust discussion relating to the initiatives for 2023-2027. One member requested that we include a placeholder to the Board agendas to receive regular updates on the progress of the initiatives that will be undertaken. Management will add this to the Board Work Plan.

3. **New Business**

3.1. **Charis Update**

The chair provided a brief summary of the Chair's report that was pre-circulated in the meeting package. A reminder that the CMH Reveal will be on Friday March 3, 2023.

3.2. **Events Calendar**

The Committee reviewed the events calendar.

3.3. **Quality Committee**

The Committee Chair provided the Board with highlights from the February 1, 2023 QIP focus meeting. There was significant dialogue and review of the metrics during this meeting. CMH management provided a detailed review to the committee and those materials were included in the pre-circulated meeting agenda package.

The Committee Chair provided the Board with highlights from the February 15, 2023 Quality Committee meeting. The Committee met to finalize the recommendation from the QIP meeting and received presentations from professional practice, clinical

informatics and food services. The Committee also reviewed the annual return visit to the emergency department quality report. The Committee Chair recognized the efforts of Rita Sharratt and Dr. Runnalls for the work in completing this report. The audit was completed by several members of the Emergency Physician group.

MOTION: That, the Board of Directors approves the two (2) 2023 Quality Improvement Plan (QIP) Metrics: Reduce the average number of patients per month with 4 or more ED visits for MH care in the past 365 days from 12.7 to 11.0; and reduce the ALC rate from 28.0% to 27.0%. (Wilkinson/Lauzon) **CARRIED**.

That, the Board of Directors approves the 2023 Quality Improvement Plan (QIP) Narrative. (Wilkinson/Goyal) **CARRIED**.

3.4. **Digital Health Strategy Sub-Committee**

The Committee Chair provided the Board with highlights from the February 16, 2023 meeting as outlined in the pre-circulated briefing note. The project kickoff and initial visioning session with Deloitte for the corporate services system is complete, and internal resources have been assigned. Deloitte is leading a current state survey to determine where CMH lies on the maturity scale, and has completed a current state survey provincially and nationally. Management is targeting the beginning of April to have the information compiled.

CMH will participate as an observer of St. Joseph's Hospital's evaluation of three ERP vendors' functionality at the end of February/March, and will also try to engage the Region of Waterloo on its current SAP implementation to gain insight.

CMH is working to drive its work forward, while still leaving the option open for regional cooperation with GRH and SMGH.

CMH is in the process of developing a five-year Digital Health plan and strengthening its innovation identity, and will leverage the experience of the Digital Health Subcommittee to help inform the process. Management highlighted the different initiatives (internal/regional/provincial) in which CMH is currently involved.

Management reported that twelve submissions were received from staff for this first year of the CMH Innovation Fund. Four submissions have been selected to proceed.

3.5. **Capital Projects Sub-Committee**

The Committee Chair provided the Board with highlights from the February 27, 2023, meeting as outlined in the pre-circulated briefing notes. The Committee Chair reported that overall the project remains in good shape. It remains on time with completion anticipated for October 2024. The project is currently on budget and all issues are being dealt with very well by the CRP project team.

3.6. **Resources Committee**

The Committee Chair provided the Board with highlights from the February 27, 2023, meeting as outlined in the pre-circulated briefing notes. It was noted that the investment policy review was completed by the committee and will now go to Governance and then back to the Board for final approvals.

3.6.1. **January 2023 Financial Statements**

The January 2023 financial statements were included in the pre-circulated meeting package. CMH currently has a 3.3M year to date surplus. The reasons behind the surplus are virtually unchanged from the last update at the January 2023 Board meeting. For the 6.3M that relates to the reconciliation of 2019-2020

and 2020-2021, finance is following up with the ministry to get a letter before the end of the fiscal year, confirming that that amount belongs to CMH and can be included in the financial statements.

MOTION: (Woeller/Lauzon) **that**, the Board of Directors receives the January 2023 financial statements as presented by management. (Woeller/Hempel)
CARRIED

3.6.2. 2023-24 Hospital and Community Accountability Planning Submissions

In January the Board passed a motion to submit a balanced (HAPS). CMH still has not received any feedback from the ministry on incremental bed funding. The position of CMH, which is supported by the Resources Committee, is to submit a deficit HAPS. The Resources Committee raised the concern of what the long term implications would be in doing this. Management advised that CMH would be required to sign a waiver and submit a plan to work towards a balanced budget and increased reporting would be required.

MOTION: THAT, the Board of Directors approves a deficit 2023-24 Hospital Accountability Planning Submission (HAPS), if incremental bed funding is not approved and planning assumptions provided by Ontario Health do not change. (Woeller/Goyal) **CARRIED**

3.7. Medical Advisory Committee

3.7.1. February Meeting Summary

The Chief of Staff provide a fulsome update from the February 8, 2023 MAC meeting as outlined in the pre-circulated briefing note. Dr. Lee highlighted the leadership learning Chiefs 101 session and the request from the physician group around a second session managing disruptive behavior. Dr. Lee also highlighted the HSW journey and parallel healthcare transformation that's occurring across the Province.

3.7.2. January Privileging and credentialing

MOTION: that, the Board of Directors *approve the standard credentialing files from the January 2023 Credentials Committee meeting.* (Goyal/Stecho) **CARRIED**

Credentialing Files for Review:

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended
Dr. Alexandra Budure	Surgery Surgical Assist		Locum	Requesting an extension of locum privileges from Jan 1 – December 31, 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Toby Chan	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	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
Dr. Laura Duncan	Emergency		Locum	Requesting an extension of locum privileges from Dec 19, 2022 – June 30, 2023	Dr. Matthew Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Russell Egerdie	Surgery	Urology	Retiring	Retiring from CMH effective February 6, 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Sidra Hassan	Internal Medicine	Infectious Disease	Associate	Requesting maternity leave from February 27, 2023 through May 28, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Hugh Jellie	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Winny Li	Emergency		Locum	Restricted registration resident 3-mo review received – not extending Locum	Dr. Matthew Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Kathleen Logie	Surgery Surgical Assist		Locum	Requesting extension of locum privileges from Jan 1 – Mar 31, 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Chryssa McAlister	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Bradley McQuaig	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Catherine Menes	Medicine Sleep Clinic	Respirology	Courtesy No Admitting	Resigning privileges effective Nov 1, 2022 due to new contract with sleep clinic	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
Dr. Prima Moinul	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GGH staff.	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Mona Mozafarian	Medicine Sleep Clinic	Respirology	Courtesy No Admitting	Resigning privileges effective Nov 1, 2022 due to new contract with sleep clinic	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Alexandra Munn	Surgery	Orthopedics	Locum	Requesting an extension of locum privileges from Jan 1 – December 31, 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Mohamed Naser	Internal Medicine	Nephrology	Active	Requesting a change in category from Active to Locum effective January 22, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Mark Neufeld	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GGH staff.	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Laura Pellow	Surgery Surgical Assist		Locum	Requesting locum privileges from Jan 1 – Mar 31, 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Katie Peng	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Jaspreet Rayat	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Sylvia Rodriguez	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GGH staff.	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
Dr. Gurbir Sekhon	Internal Medicine		Active	Requesting a change in category from Active to Locum effective January 4, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Sola Sogbein	Internal Medicine	Nephrology	Temporary	Requesting temporary privileges from January 9 – 13, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Tabitha Tse	Surgery	Breast Recon	Locum	Requesting locum privilege extension from January 1, 2023 – December 31, 2023.	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Richard Weinstein	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Mark Xu	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GGH staff.	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Natasha Yepes-Restrepo	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

3.8. CEO Update

The CEO highlighted the letter received from Grand River & St. Mary's Hospital recognizing CMH's the leadership within the Diagnostic Imaging department. The CEO provided a fulsome update of the work completed and in progress relating to each of the strategic pillars.

4. ADJOURNMENT

The meeting adjourned at 1826h. (Melchers/Stecho)

5. DATE OF NEXT MEETING

The next scheduled meeting is March 29, 2023 – Generative Session

Nicola Melchers
Board Director
CMH Board of Directors

Patrick Gaskin
Board Secretary
CMH Board of Directors



CMH President & CEO Report May 2023

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.

Visitor Policy changed on April 17

- The Province recently gave hospitals the go ahead to remove pandemic-related restrictions with the guidance to do so at their own pace and choosing. To this end, CMH's first priority was to revert back its visitor restrictions to as it was before the pandemic.
- This aligned with our practices to those of our peer hospitals within Waterloo Wellington Region. It also meant that we welcomed care partners and visitors to the hospital as we did before COVID-19.
- Care Partners provide physical, psychological and emotional support for patients during their health journey. For these reasons, it was the right thing to do especially after three years of severely limited access.
- For those who are new to the organization, our hospital was the first within its region to lift all set visiting hours in most inpatient units on Family Day in 2016. Once again, family members can visit 24/7 with no restrictions except for very specific circumstances.
- We are looking forward to re-establishing ourselves as a leader with our patient and family-centred visitor policy.

Universal Masking ended on April 24

- On Monday April 24, CMH started a phased approach to transition from mandatory to optional masking.
- Many hospitals had already started this process, with some Toronto hospitals moving in this direction weeks before. Our decision was done with careful consideration to make certain it could be implemented with the least disruption to our personnel, patients and visitors. The extra time also allowed for added communication, staff support and the removal of existing signage to ensure a smoother transition to this significant change.
- Masks remained mandatory for all staff, physicians and midwives providing direct patient care – that is, being less than two metres from patients. This included volunteers in clinical areas that interact with patients.
- In Medical Day Clinic and under certain instances masking continues (e.g., patients symptomatic of respiratory illness).

- The approach taken was similar to the beginning of the pandemic when masks were first mandated to higher risk areas. This phased approach is the reverse of that process.
- What did change on April 24 was that masking became optional in public and staff-only areas of the hospital, like hallways, offices and staff break rooms.

CMH designated as an OBSP Breast Assessment Site

- On April 13, Cambridge Memorial Hospital was successfully on-boarded as a third formal OBSP Breast Assessment Site, joining the region's diagnostic breast pathway. Our hard working staff and physicians have been providing these services for years, and are now getting the recognition they deserve as an accredited Ontario Breast Screening Program Breast Assessment site.
- This is fantastic news for our Regional Cancer Program as this addition increases access to care. Primary Care Providers now have more options and can confidently refer diagnostic breast cases to these accredited sites.
- This is also an opportunity for the cancer care system to assess site capacity and strategize ways to increase volumes and decrease wait times. More access, means better care and better opportunities!
- Many thanks to everyone involved in helping us get this important designation.

Improving Resuscitation by providing high quality CPR - Innovation Fund project

- Cardiopulmonary resuscitation (CPR) is an emergency procedure that can help save a person's life if their breathing or heart stops. When a person's heart stops beating, life and death hangs in the balance.
- The heart cannot pump blood to the rest of the body, including the brain and lungs. Death can happen in minutes without treatment. CPR uses chest compressions to mimic how the heart pumps, keeping blood flowing throughout the body (source: CDC).
- Even the smallest gains to how our Emergency Department (ED) professionals administer this life-saving procedure can result in many more saved lives and improved patient outcomes. For this reason, Registered Nurses Jennifer Ball, Paul Lacey and Vera Heldman proposed to do a quality improvement initiative to enhance CPR through the Innovation Fund. Specifically, their successful application is to analyze CPR Quality data to improve resuscitation by administering high-quality CPR, with the goal to consistently meeting Heart and Stroke Foundation CPR targets.
- They propose to do this by:
 - Developing a consistent process to obtain and review CPR data generated by the ED's defibrillator system
 - Increasing CPR provider compression targets by 4.3%, through data sharing and staff education
 - Increasing CPR provider compression quality by 35.6% through data sharing and staff education
- Some of the anticipated benefits for ED staff once the project finishes, include:

- Being able to access performance summaries and the ability to translate that data to improve self-performance
- Being able to understand real time data from the defibrillator when performing CPR and adjust their compressions accordingly
- Providing a patient in cardiac arrest the best possible chance for survival
- Having greater staff satisfaction knowing that they enhanced patient safety through this quality initiative
- The trio, with assistance from Dr. Matthew Runnalls, Chief of Emergency Medicine and Respiratory Therapist Deanne Mullis, expect to deliver their sometime over the summer. It is anticipated that the findings and practice enhancements from this project can also benefit other acute-care programs and facilities. Well done Jennifer, Paul and Vera!!
- The Innovation Fund was launched to encourage and enable staff, physicians and midwives to pursue improvement projects. When a project is chosen, the project leads are given access to hospital resources and funds that can lead to real change. Plus, it gives them a chance to grow professionally, lead and do something meaningful for them. The Innovation Fund is the result of a collaborative partnership between the Board of Directors and the CMH Foundation

Registration Check-in System – Innovation Fund Project

- Coming to a hospital is not an everyday activity for most people. It can be disorienting and cause frustration, especially when there is a sense of urgency – like getting to surgery or a medical appointment. For these reasons, Patient Registration’s Debbie Andrade, Stephanie Baker and Jocelyn Kiryluk proposed through an Innovation Fund submission to have a check-in system when arriving to the department.
- The overall goal is to relieve the stress and show patients where they are at when waiting to be registered. To accomplish this, the idea is to have an electronic check-in for patients. When first arriving, they are to enter basic information, such as their initials, the department they are visiting via a drop-down menu and the time they need to be at their appointment. The form will be accessible in multiple languages, further enhancing access of the check-in service for those that may not speak English as their first language. Once the check-in process is completed, the system will give the patient a print-out with a number. This will allow the patient to see where they are at via a monitor installed in the Patient Registration waiting area.
- The successful completion of this project will meet multiple stakeholder needs throughout the registration process, while aligning to the hospital's strategy to #reimagineCMH over the next few years:
 - Patients will get a better experience with positively managed expectations, knowing they are on time for their appointments (Advance Health Equity, Elevate Partnerships in Care)
 - Patient Registration will improve its efficiency and quality of service for patients (Joy in Work, Elevate Partnerships in Care)

- Clinical services will see patients arriving on time, helping to reduce delays in service (Elevate Partnerships in Care).
- Congratulations Debbie, Stephanie and Jocelyn for submitting a successful Innovation Fund proposal. A project manager has been assigned to them and work is underway to make this idea a reality!

Organizational changes

- On April 3, I made an announcement regarding Trevor Clark's unexpected medical leave. In absence of Trevor's leadership, I was appreciative of his team's willingness to step up to ensure the important work at CMH continued.
- After discussions with the leaders within the Corporate Services portfolio, the members of the senior team and the Board Chair, I shared with the Hospital following reorganization:
 - Stephanie Pearsall will provide executive support for Laboratory, Diagnostic Imaging, Pharmacy. To that end, Ken Abogadil, Dr. Jacqueline Bourgeois and Jennifer Visocchi and will join the Clinical Services Team
 - I will provide executive support for Finance, Human Resources and Purchasing/Stores. To that end, Valerie Smith-Sellers, Susan Toth and Jennifer Visocchi will report to me
- It is anticipated that these changes will remain in place for some months. As a result, the organization chart found on CMHnet has been updated to reflect this reorganization and better show the line of accountability for each department.
- We wish Trevor a speedy health journey and return to CMH.

COVID testing offered to staff

- Since the start of the pandemic, COVID testing has been an important part of our strategy to help control the disease in hospital. With the rapid decline of illness seen in both our staff and within the community, mandatory testing has been removed by many hospitals, including CMH, except for certain conditions.
- Despite the easing of infection controls, Health Safety & Wellness (HSW) continues to offer a PCR test to staff, physicians and midwives to help keep them and their families safe from this pathogen.
- Anyone experiencing COVID-19 symptoms or have had an exposure to someone with confirmed COVID may choose to conveniently book a test with HSW Likewise, HSW continues to offer free rapid testing kits that can also be picked up in HSW (Wing C, Level 1), the Volunteer Desk in the Main Lobby (Wing A, Level 1) and after-hours at Switchboard.

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 	Executive					I		√	√
	<ul style="list-style-type: none"> ➤ Mid-year CEO assessment input from Board ➤ Mid-year COS assessment input from Board 	Board			C				√	√
	<ul style="list-style-type: none"> ➤ Mid-year/Year-end CEO report and assessment ➤ Mid-year/Year-end COS report and assessment 	Executive					C			
	<ul style="list-style-type: none"> ➤ CEO evaluation/feedback – mid-year ➤ COS evaluation/feedback – mid-year 	Executive					I			
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								√
	<ul style="list-style-type: none"> ➤ Reviewing the performance assessments of the VPs – summary report provided to the Board (as per policy 2-B-10) 	Executive							√	
b	<ul style="list-style-type: none"> ➤ Strategic Plan: approve process, participate in development, approve plan (done in 2022, will be done again in 2027) 	Board	ND							
b	<ul style="list-style-type: none"> ➤ Progress report on Strategic Plan (2x year Jan for 22-27 plan) 	Board				C				√
b-iii-c	<ul style="list-style-type: none"> ➤ Approve annual Quality Improvement Plan (QIP) 	Quality					C			

BOARD WORK PLAN – 2022-23

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	√ √ √		
b-iii-C	<ul style="list-style-type: none"> ➤ Monitor performance indicators and progress toward achieving the quality improvement plan 	Quality			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-i-B	<ul style="list-style-type: none"> ➤ Monitor, mitigate, decrease and respond to principal risks 	Audit							√	
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			√	√
	<ul style="list-style-type: none"> ➤ Receive and review the Corporate Scorecard 	Board	C	D	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-i-F	<ul style="list-style-type: none"> ➤ Declaration of Compliance with BPSAA Schedule A (due May 31 to the OH) 	Resources							I	√
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-i-F	<ul style="list-style-type: none"> ➤ Procedures to monitor and ensure compliance with applicable legislation and regulations 	Audit							√	

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	<ul style="list-style-type: none"> ➤ Board Education Topics <ul style="list-style-type: none"> ○ Medical/Professional Staff Credentialing ○ Health Human Resources ○ Risk Management at CMH ➤ 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 	Board	D		C C					
		Board	C	C		C		√		
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							√ √	√
Professional Staff										
f-i-A	<ul style="list-style-type: none"> ➤ Ensure the effectiveness and fairness of the credentialing process ➤ Monitor indicators of clinical outcomes, quality of service, patient safety and achievement of desired outcomes 	MAC/Quality MAC	C	D	C	C	C	√	√	√
f-i-B/C		<ul style="list-style-type: none"> ➤ Make the final appointment, reappointment and privilege decisions for Medical/Professional Staff ➤ Oversee the Medical/Professional Staff through and with the MAC and COS 	Board	C	D	C	C	C	√	√
f-i-C	COS		C	D	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		✓	
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							✓	
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							✓	
	<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						✓	
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							√	
i-i-D	➤ Periodically review and revise governance policies, processes and structures as appropriate	Governance	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	√	√	√
	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 2021			
I-i-B	➤ Ensure that policies are in place to encourage and facilitate organ procurement and donation	Quality								√

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							√	
	➤ 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)	Governance Governance							√ √	
	➤ Review committee reports on work plan achievements (2-A-16)									

ON GOING AS NEEDED

Charter Section #4	Charter Item	Action (<i>Italics-comments</i>)	Committee Responsible	Current Year
				2020-21
i-i-E	Board Effectiveness	Compliance with the By-Law	Governance	Refresh of By-Law 1 to be completed by June 2021
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 (up for review 2022)	Governance/ Executive	(January 30, 2019) 2-D-50
d-ii-D, E	CEO and COS	Select the COS, delegate responsibility and authority, and require accountability to the Board	Executive	Completed Sept 2020
d-ii-F	CEO and COS	Policy and process for the performance evaluation and compensation of the COS (up for review 2022)	Governance/ Executive	(January 30, 2019) 2-D-50
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: April 13, 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 – Draft Quality Monitoring Scorecard

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 checked="" type="checkbox"/> Advance Health Equity	<input checked="" type="checkbox"/> Grow Clinical Services	
<input checked="" type="checkbox"/> Increase Joy In Work	<input checked="" 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 checked="" type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Grow Ministry Revenue	<input checked="" type="checkbox"/> Revenue & Funding

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

This Scorecard will be included in Board Committee packages to provide an update on our performance on key quality metrics. The targets and methodologies to calculate many of the indicators is currently being updated to align to most recent Canadian Institute for Health Information (CIHI) methodologies and benchmarks, we anticipate we will have a more finalized version of the scorecard for May.

Appendix A includes a Draft of our Quality Monitoring Scorecard

Appendix A

Draft CMH Quality Monitoring Scorecard

Quality Dimension	Indicator	Unit of Measure	Prior Year	YTD	Target	Trend	Yend Proj	Period
Efficient	Overtime Hours - Average per pay period	hours	2,548.0	3,368.5	837.0			Mar-23
	Sick Hours - Average per pay period	hours	2,980.1	3,772.9	1,940.0			Mar-23
Integrated and Equitable	30 Day CHF Readmission Rate	%	13.2	14.3	14.0			Jan-23
	30 Day COPD Readmission Rate	%	15.0	14.3	15.5			Jan-23
Patient and People Focused	Workplace Violence Reported Incidents	incidents	3.2	3.1	12.0			Mar-23
	Patient Experience- Enough Information at Discharge	%	51.3	51.1	54.0			Jan-22
	Patient Experience- Would you recommend CMH?	%	69.7	64.6	61.2			Jan-22
Safe, Effective, Accessible	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)	hours	4.2	6.1	3.0			Jan-23
	Total Time Spent in ED for Admitted Patients (90% Spent Less, in Hours)	hours	36.2	52.6	27.0			Jan-23
	30 Day In-Hospital Mortality Following Major Surgery	%	1.3	1.3	2.1			Dec-22
	30 Day Medical Readmission Rate	%	12.0	10.2	13.6			Dec-22
	30 Day Obstetric Readmission Rate	%	1.1	1.0	1.1			Dec-22
	30 Day Overall Readmission Rate	%	7.4	6.1	9.1			Dec-22
	30 Day Paediatric Readmission Rate	%	6.2	8.4	6.1			Dec-22
	30 Day Surgical Readmission Rate	%	6.1	3.4	6.1			Dec-22
	ED Wait Time for Inpatient Bed (90% Spent Less, in Hours)	hours	26.9	44.4	19.0			Jan-23
	Fall Rate	per 1000 PD	4.7	3.6	4.0			Mar-23
	Hip Fracture Surgery Within 48 Hours	%	89.8	91.3	90.0			Dec-22
	Hospital Standardized Mortality Ratio (HSMR)	Ratio	89.6	84.1	100.0			Feb-22
	In-Hospital Sepsis	per 1000 DVC	7.3	8.7	3.9			Dec-22
	Medication Error Rate	per 1000 PD	6.6	4.1	4.0			Mar-23
	Medication Reconciliation at Admit	%	96.0	92.0	100.0			Mar-23
	Medication Reconciliation at Discharge	%	91.0	91.0	100.0			Mar-23
	Obstetric Trauma (With Instrument)	%	14.6	14.6	15.4			Dec-22

Last updated 4-13-2023 9:05:52 PM

On Target

At Risk

Not likely to meet year end target

Patrick Gaskin
President and CEO
Phone: (519) 621-2333, Ext. 2301
Fax: (519) 740-4953
Email: pgaskin@cmh.org



MEMORANDUM

TO: Board of Directors, Cambridge Memorial Hospital

DATE: April 17, 2023

REPORTING PERIOD: January 1, 2023 – March 31, 2023

FROM: Patrick Gaskin
President & CEO

RE: CEO Certificate of Compliance

I have reviewed, or caused to be reviewed, such files, books of account and records of CMH and have made, or caused to be made, such enquiries of the financial, accounting and other personnel of CMH as I have determined necessary for the purpose of this certificate.

In my capacity of President and CEO, and for the reporting period identified above, I hereby attest that to the best of my knowledge, except as set out below:

- a) Salaries, Wages and Benefits – CMH has met all of its obligations in respect of the payment of all employee salaries and wages, vacation pay, holiday pay, termination pay, severance pay and benefits.
- b) Statutory Deductions – CMH has met all of its obligations in respect of the deduction, withholding and/or remittance of funds under the Income Tax Act (Canada), the Income Tax Act (Ontario), the Employer Health Tax Act (Ontario) (EHT), the Excise Tax Act (Canada) (HST), Workplace Safety and Insurance Act (Ontario) (WSIB), the Employment Insurance Act (Canada) (EI), the Canada Pension Plan Act (Canada) (CPP), and if applicable, remittances for required deductions for payments to non-residents.
- c) Financial Statements – the CMH financial statements, as at the date of their preparation were accurate and complete in all material respects.

Exceptions: NIL

A handwritten signature in black ink, appearing to read "Patrick Gaskin", with a horizontal line extending to the right.

Patrick Gaskin
President and CEO



BRIEFING NOTE

Date: April 21, 2023
Issue: Chairs Report
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: West Galt Magazine Article

Board Highlights

CMH Site Visits

During March and April several Directors joined the staff at CMH for various activities.

Sara Alvarado & Miles Lauzon joined CMH to celebrate Ryan Melfi, porter who was the recipient of the March ICCAIR award.



David Pyper joined the several dignitaries and CMH Management to celebrate the opening of the CND OHT Community Mental Health & Addictions Clinic that is currently being facilitated at Cambridge Memorial Hospital as a pilot program.



Julia Goyal attended the Pharmacy Team and Mental Health huddles.

Diane Wilkinson visited with the MDRD and Pharmacy Teams.

Miles Lauzon was a guest for the virtual working meeting of the QI team, working on minimizing Conservable Bed Days. Miles reached out to Kyle Leslie, Director of Operational Excellence, to arrange to be in attendance. Miles has a long standing interest in QI methodologies and wanted to experience first hand how they are being used at CMH. Miles was impressed by the work of the team in using fish bone and root cause analyses to sort through a very complex problem. Miles was also impressed in the success the team has in getting physician to contribute their ideas. CMH is well on the way to establishing a doable plan of attack.





CMH Learning Lab

Diane Wilkinson took part in the Me2YouDiSC course focusing on understanding behavioural preferences (self) and how our behaviours may be perceived by others.



“Good Morning Cambridge” Breakfast: Conversation with Cambridge Memorial Hospital CEO Patrick Gaskin

Some of our Directors were in attendance for the event to support Patrick as he provided a ‘checkup’ on some of the issues that healthcare is facing and the impact of the new health deal between the Federal Government of Canada and the Ontario Government. Patrick also share what the future holds for the community as CMH moves forward with the next phase of its long-awaited expansion project.

In attendance was Nicola Melchers, Miles Lauzon, Sara Alvarado, Paul Martinello.



CMH Reveal – Springtime in Paris



Members of our Board joined CMH at the Springtime in Paris fundraising event held on March 3, 2023. The event raised \$380,000 that will go towards the purchase of a new MRI for the hospital. Thank you to all that attended and supported the cause.

Mother nature decided to not play so nice on the day of the event but Nicola Melchers, Sara Alvarado and Lynn Woeller braved the storm and were able to join us. Thank you also to those who purchased tickets and were not able to attend.



Video Stats for March 1, 2023 OPEN Board of Directors Session.

- Published March 7 – 27
- Marketing: CMHnet, Media Release, (social media – not confirmed)
- 73 views (55 within the first five days)
 - First 24 hours – 7'24" average view time (10% of viewers)
 - Last seven days – 0'47" average view time (1% views)
 - OVERALL – 2'15" average view duration
- Key moments:
 - HIS discussion
 - CEO update
 - Innovation Fund discussion

West Galt Magazine

Horst Wohlgemut, member of our Capital Projects Sub-Committee, and his wife Sharon were featured in the April 2023 edition of the Neighbours of West Galt community magazine. The full story is attached to this report. It is an amazing story, and wonderful to see our members contributing to our community.



Canadian Institutes of Health Research (CIHR) Governing Council

Our very own Julia Goyal has been invited for an interview to serve as a member of the CIHR Governing Council. We wish you the best of luck on your interview!

Healthcare Salutes

Congratulations to Dr. Margaret McKinnon for launching Healthcare Salutes – a website for resources to support the mental health and well-being of Canadian healthcare providers impacted by the COVID-19 pandemic. This work has been supported by the Public Health Agency of Canada and created in the Trauma and Recovery Research Unit at McMaster University in collaboration with St. Joseph's Healthcare Hamilton, Homewood Health, Homewood Research Institute, University of Alberta and Conestoga College.

[Healthcare Salute: Thank you for your service \(healthcaresalute-soinsdesantesalute.com\)](https://healthcaresalute-soinsdesantesalute.com)

Mental Health and Well-being – Discussion with CMH Leaders

Thanks to Dr. Margaret McKinnon for spending an hour discussing the mental health and well-being impacts of the COVID-19 pandemic on healthcare providers. The session was held on April 20, 2023 and was very well received by the CMH leaders.

A presentation slide with a dark blue background on the left and a photograph of two healthcare workers in full blue protective suits on the right. The text on the slide includes the title, speaker information, and logos for Homewood Health | Santé, St. Joseph's Healthcare Hamilton, McMaster University, HRI (Homewood Research Institute), and Trauma & Recovery Research Unit.

Mental health and well-being impacts of the COVID-19 pandemic on Canadian healthcare providers

Margaret McKinnon, PhD, CPsych
Homewood Chair in Mental Health and Trauma

Professor and Associate Chair, Research
Department of Psychiatry and Behavioural
Neurosciences
McMaster University

Homewood Health | Santé
St. Joseph's Healthcare Hamilton
McMaster University
HRI HOMEWOOD RESEARCH INSTITUTE
TRAUMA & RECOVERY RESEARCH UNIT

Upcoming CMH Board Surveys



As we quickly approach the end of the 2022/23 Board cycle, there are a number of surveys completed each year. In past years these were emailed as individual requests, however this year management will send one email with a link to the surveys that need to be completed by May 10, 2023, prior to the May Governance Committee meeting.

Cover Feature



Building Community in West Galt

By Kevin Swayze Photos by Stan Switalski

Sharon was looking for the University of Waterloo Library. Instead, she found Horst.

It's not that the Waterloo campus was all that big – only three buildings back in 1962 – but she wasn't surprised she got lost.

"I have no sense of direction – I still don't," Sharon says.

"I saw him walking across the campus. He was cute. I wanted to find my way to the library, and he took me around to all the buildings to find the library."

Horst Wohlgemut also had something else going for him.

"He had a car," Sharon says, smiling.

You see, the food was terrible, along with a 7 p.m. curfew at her women's residence

on campus. Horst's green 1958 VW Beetle was the solution.

"He would go to the A&W restaurant on the main road and pick up hamburgers. He would sneak up to the bathroom window and pass them to us," Sharon says.

Their relationship grew over the next three years as she studied history. They married in 1965.

Horst graduated from Waterloo with a BSc in Mathematics and started teaching math at Galt Collegiate the year before.

Like Horst, Sharon earned a Master of Education and started instructing history at Southwood Secondary School in 1966. She had to leave her job in 1969 when pregnant with their first child. "In those

years, there was no maternity leave. When you were pregnant, you had to quit," Sharon says.

By 1972, Horst was head of the CGI mathematics department when the family moved to Kingston. There, he took a vice principal position at a high school. Sharon parented two – soon to be three – children at home. Later, Horst became the first principal of continuing education programs. He was principal at two other high schools and was superintendent of education for his last 12 years before retiring in 1999.

As their three children grew older, Sharon returned to part-time teaching in 1978. She took a full-time teacher-librarian position in 1982, later an assistant to a superintendent and finished her career in 2000 working at the school board's central resource library.

While in Kingston, they bought a property near Bon Echo Provincial Park and constructed a family cottage.

"We build it from the ground up," Horst says. "The only thing we didn't do was dig the foundation and install the septic system. We had an electrician hook up the panel after we did all the wiring."

It continues to be a treasured family gathering place – especially for their children.

"When we moved back to Cambridge, they said: 'Don't you dare sell the cottage!'" Sharon said.

Sharon was born in Toronto. Her family moved to West Galt when she was four. They moved across the river to Wilmot Street in east Galt four years later. She attended Dickson and Manchester Public schools, then Galt Collegiate Institute.

Horst was born in Poland and came to Kitchener in 1949 with his mother, brother and sister.

It wasn't until a 2018 trip to his birthplace that Horst could better comprehend his family history.

Horst was born in 1939 as the Second World War began. When Germany invaded, his father was conscripted into the army at gunpoint.

While in Poland seven decades later, Horst learned more about how his father survived the war but died shortly afterwards in a Russian prison camp. When Horst searched for the bakery and delicatessen his parents operated on the town square, he doubted his memory. A local historian told him he had the right spot, but Russian troops levelled the buildings not long after his mother escaped with her children.

For Horst, it was sobering to realize how much he owes to his mother's determination to get out of Poland in the



chaotic closing days of the war. Especially since Lina Wohlgemut faced arrest when she travelled alone to Berlin to map an escape route to a refugee camp. After bluffing her way out of trouble, she returned home, collected her children, and headed westward again.

"She was traveling on foot, with three children, ages five, three and one, to get to Berlin," he said. "If we had been at home two weeks later, we would have been gone."

Today, there's a bursary in Lina Wohlgemut's name at Conrad Grebel University College at the University of Waterloo. Horst and his brother and sister created it to help students from developing country study in Peace and Conflicts Studies at Grebel.

Poland was one of many retirement trips for Sharon and Horst. From China and Vietnam to South America to the United Kingdom to Europe. Twice, they booked week-long family vacations at villas in France and another time in Italy near Rome.

"Last fall, we went to Newfoundland and Labrador. That was the last place we hadn't visited in Canada," Sharon says.

Sharon and Horst left Kingston in 2006, moving to West Galt to care for Sharon's ailing mother.

They purchased and renovated a home in the Riverwalk Condominiums along George Street North.

"I love it. It's like living in a park. The river runs right by it. In the conservation areas, foxes run through two or three times a day. There are birds and trees," Sharon says.

Sharon and Horst are avid hikers, so the riverside trail is ideal for daily walks.

When in Kingston, Horst was chair of the local health unit and on the ethics board at Royal Military College.

Here, he offered his help to Cambridge Memorial Hospital committees planning the ongoing expansion and reconstruction. He can see the new hospital wing out his kitchen window across the Grand River.

Sharon and Horst also searched for a new faith community in Cambridge.

"We went church shopping," Horst says. "When we attended Central Presbyterian, we saw the church parade. There were 90 kids, so many, many children. It blew my mind that so many kids wanted to be there."

That's the church they wanted to join.

Horst was soon part of the Central building committee. He urged the congregation to hire an engineer to assess the 1880 building before any more piecemeal repairs were approved.

Continued on page 6

Are you looking to make a move?

COLDWELL BANKER
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Continued from page 5

Horst wanted priorities and costs discussed before spending more money.

The congregation could have ignored essential repairs. They could have voted to leave and build anew somewhere else.

"We voted to stay and restore the church," Horst says.

So far, the 30-year restoration plan restored three historic stained-glass windows restored in 2018 and 2019, for \$200,000. Scaffolding wrapped the building by the summer of 2021. Roof repairs started over the sanctuary and the iconic bell tower, along with the repointing of stonework. That \$2.5 million project was finished earlier this year. A community celebration is planned for May 6 and 7.

Sharon appreciates historic buildings and says Central is more than an old building. It's part of the cultural fabric of old Galt, part of everyone's shared history.

"I think that's important for everyone when you see the value of it. Canada is a very young country. Central would never have been built like that today. It really is an absolute jewel."

Sharon and Horst have no plans to slow down after two decades of retirement.

They curl, play golf, play bridge, and are active on church committees and activities. Sharon is an avid reader and part of local book group.

And Horst has more work ahead as future church restoration and repair projects begin.

"We are active people. Get involved, and you give back to the community," Horst says.

"That's the way to grow old

- get involved!"

Do you have a story to share?

***Neighbours of West Galt* is a magazine exclusively for the residents of our community. We tell the stories of real local families just like yours, accompanied by professional photographs**

Be featured in one of our upcoming issues!

Contact Kevin at
kswayze@bestversionmedia.com.

Community

Central Church Celebrates \$2.5 million Restoration with Open House on May 6

By Kevin Swayze

Central Presbyterian Church plans an open house on May 6 to celebrate the completion of a \$2.5 million restoration project.

Guided tours, live music, access to the bell tower, and historic memorabilia displays are part of the community celebration.

And on Sunday, May 7, a Service of Thanksgiving is planned, with special music and a reception after the service at the 143-year-old building overlooking Queen's Square.

In 2017, the congregation learned the oldest part of the church roof was leaking, prompting the insurance company to cancel coverage for the building. There were three choices: move to a new building and sell, stay in a deteriorating building, or restore the landmark.

The vote was to renovate and celebrate the historic building, with stained glass windows and a gothic architectural style appealing to tourists and filmmakers alike.

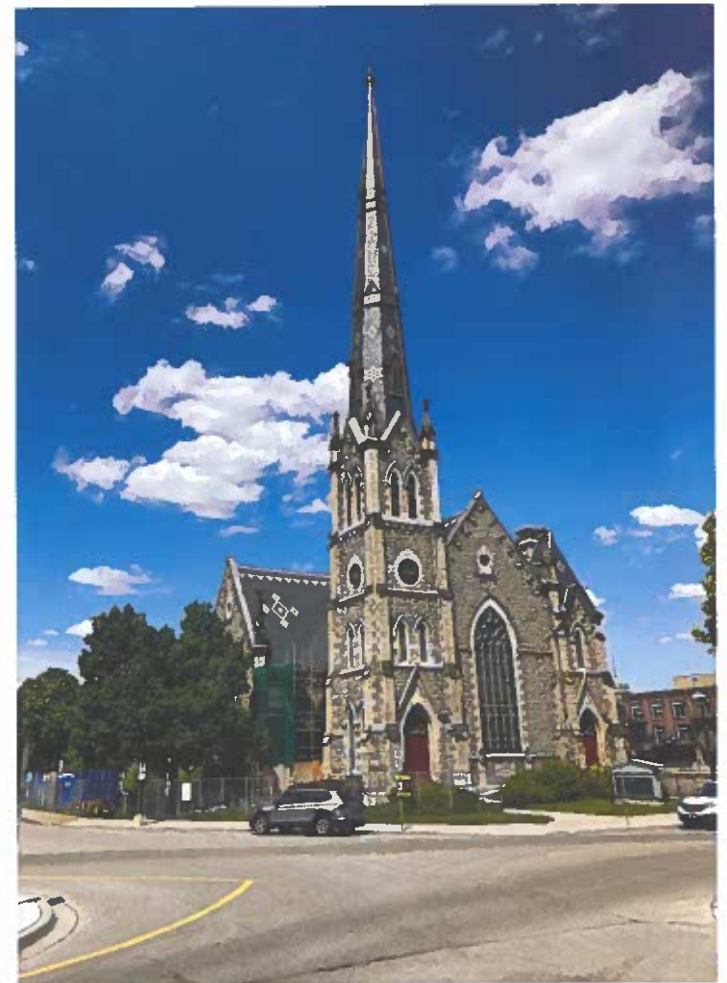
The church is featured in television shows *Designated Survivor*, *Murdoch Mysteries* and *The Handmaid's Tale*.

In Spring 2021, scaffolding rose around the southern end of the church, overlooking the Grand River at the Main Street bridge.

Work included replacing the slate roof over the southern part of the church and the 184-foot-tall spire.

Mortar repairs in the stonework were also part of the project, which finished just before Christmas 2022.

The church is looking for community support to help pay for the project. Learn more here: www.restorecentral.ca.



Ministry of Health

Ministère de la Santé



Office of the Deputy Minister

Bureau du sous-ministre

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Toronto ON M7A 1N3
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March 13, 2023

MEMORANDUM TO: Chairs, Boards of Trustees, Ontario Public Hospitals

FROM: **Dr. Catherine Zahn**
Deputy Minister
Ministry of Health

RE: Ontario's Hospitals

Thank you for your commitment and leadership towards outstanding care to the people of Ontario.

Hospitals were central to the province's pandemic response, and your teams truly delivered on your duty of care to individuals, and to communities as you supported your healthcare system partners. Your people navigated the pandemic with dedication and a collective resilience that has carried through to this recovery period.

I see a new landscape for the healthcare system, one where hospitals have an instrumental role in supporting a transition to true system integration. The Ministry of Health, along with the Ontario Hospital Association and Ontario Health, will be by your side, working to ensure your stability and your success.

Once again, a big thank you to and your teams for your partnership.

Sincerely,

A handwritten signature in black ink, appearing to read "Catherine Zahn", with a long horizontal flourish extending to the right.

Dr. Catherine Zahn
Deputy Minister
Ministry of Health

c: Matthew Anderson, CEO, Ontario Health
Anthony Dale, CEO, Ontario Hospital Association
CEOs, Ontario Public Hospitals

Agenda Item 4.1.3 21 April 2023
Events Calendar 2022-23

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Sep (2023)
Board of Directors 5:00pm – 8:00pm	28	26	30		25		1/29	26	24	28		27
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											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			25	24			
➤ Executive Committee 5:00pm – 6:30pm			17				16		17			

Agenda Item 4.1.3 21 April 2023
Events Calendar 2022-23

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Sep (2023)
➤ OHT Joint Board Committee 5:30pm – 7:30pm – Virtual Zoom meeting												
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 - TBD												
➤ CMH Staff & Family Appreciation Day – TBD												
➤ CMH Golf Invitational CMH INVITATIONAL - Cambridge Memorial Hospital Foundation (cmhfoundation.ca)	26											
➤ 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> Governance Building Blocks Governance Roles and Responsibilities Governance and Management		17 24 31										

Agenda Item 4.1.3 21 April 2023
Events Calendar 2022-23

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Sep (2023)
<ul style="list-style-type: none"> • <i>CMH Leadership Learning Lab –</i> <ul style="list-style-type: none"> ○ <i>Project Management for the Unofficial PM</i> ○ <i>Crucial Conversations – Lynn Woeller</i> ○ <i>7 Habits of Highly Effective People – Nicola Melchers</i> ○ <i>Me2You DISC Profile – Diane Wilkinson</i> ○ <i>Guiding Organizational Change</i> ○ <i>5 Choices</i> <p><i>Mental Health First Aid</i></p>		26	14/15 29/30		24/25	24	14/15	2 27	9/11 16			



BRIEFING NOTE

Date: April 20, 2023
Issue: Meeting Summary - Quality Committee, April 19, 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, Chair of Quality Committee, and Stephanie Pearsall, Vice President of Clinical Programs & CNE

Attachments/Related Documents:

- Program Presentation: Critical Care (See Package 2)
- Program Presentation: IPAC (See Package 2)
- Patient Safety Culture Survey Results (See Package 2)
- Semi-annual IRM Report (See Package 2)
- CNE Report (See Package 2)

A meeting of the Quality Committee took place on Wednesday, April 19, 2023 at 0700h.

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

Regrets: Ms. T. Mohtsham, Ms. M. Iromoto

Staff: Ms. L. Barefoot

Guests: Ms. A. McCulloch, Ms. A. Schrum, Ms. P. Chapeskie, Dr. A. Nguyen, Dr. D. Cape, Dr. K. Nuri, Ms. E. Otterbein, Ms. S. Toth, Ms. L. Rodrigues, Ms. L. Costa

Committee Recommendations/Reports – Board Approval Sought
 None

Approved Committee Recommendations/Motions:
 None

Committee Motions/Recommendations/Report – Board Approval Not Sought

The Minutes of February 15, 2023 were approved with one amendment: The future meeting date in the minutes will be corrected to April 19, 2023 (not April 29). **MOTION:** (McCarthy/Pyper). **CARRIED.**

Committee Matters – For information only

1. Program Presentation: Critical Care

Ms. McCulloch directed the Committee members to the previously circulated presentation (see Package 2). A patient story about an end-of-life patient was shared. The ICU Team approached the patient and family about the 3 Wishes Project and together planned a positive memory about their journey. This was a collaborative effort across multiple disciplines to support this patient and family. The following program highlights were summarized: 3 Wishes Project, Critical Care Response Team (CCRT), Continuous Renal Replace Therapy (CRRT), staff members experiencing post pandemic burnout, and an outline of challenges that the team has faced related to mental wellness.

2. Program Presentation: IPAC

A program overview was provided (see Package 2). A short overview of the program was given: 1) primary focus over the last three years has been COVID and the rapidly changing guidance, 2) for the next year, CMH will be focusing on process measures and data reporting; driving practice changes and improvements, 3) IPAC works very closely with the Health Wellness & Safety team, 4) outbreak summaries 2021/22 and 2022/23, and 5) automation of processes

3. The Workplace Pulse Survey Results

Ms. Rodriguez and Ms Toth presented the survey results with comparators and regression analysis. The action plan to address opportunities was provided in the presentation.

4. Patient Safety Culture Survey Results

Ms. Barefoot spoke to the results of the Patient Safety Culture Survey (see Package 2), and highlighted unit reflections and overall safety. Error Reporting Culture remains in red (only marginal increase); this shows that some staff feel comfortable in reporting incidents.

5. Semi-annual IRM Report

As referenced in the previously circulated report (see Package 2), Ms. Costa gave a thorough semi-annual update. Even though a motion to approve the IRM report was not required, the Committee members endorsed the components of the IRM plan.

6. Generative Discussion Accreditation Questions & Preparation

In preparation for Accreditation 2023, Ms. Pearsall structured the generative discussion as a mock Accreditation survey. As some Committee members will be experiencing their first Accreditation, Ms. Pearsall provided a short introduction of the process. Two questions were presented: 1) Please describe an example of a quality improvement that you have heard about from a quality presentation that reflects improving the patient's experience, and 2) As a member of the Board quality committee, how did you ensure that the annual Quality Improvement Plan was aligned to the Strategic Plan? The Committee members responded to the above questions.

7. CNE Report: Ms. Pearsall provided a clinical programs update (see Package 2).

8. **MAC Report:** Dr. Lee provided a report from MAC.
9. **OHT Quarterly Report:** Patrick Gaskin presented the quarterly OHT update.



BRIEFING NOTE

Date: March 16, 2023
Issue: Meeting Summary – Executive Committee, March 16, 2023
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Stephanie Fitzgerald, Executive Assistant
Approved by: Nicola Melchers, Chair

Attachments/Related Documents: None

A meeting of the Executive Committee took place on Thursday March 16, 2023 at 1700h.

Present: Ms. N. Melchers (Chair) Ms. M. Hempel, Ms. J. Stecho, Ms. D. Wilkinson, Ms. L. Woeller
Regrets:
Staff: Mr. P. Gaskin, Dr. W. Lee
Guests:

Committee Recommendations/Reports – Board Approval Sought

None

Committee Motions/Recommendations/Report – Board Approval Not Sought

That, the minutes for the Executive Committee meeting of November 17, 2022 be approved as circulated. (Stecho/Wilkinson). **CARRIED**

Committee Matters – For information only

1. Online Training – Approach to Pay

The committee reviewed and discussed the hospitals approach to pay all staff an additional 4 hours of pay to complete required online training. There were no objections to the approach.

2. CEO Performance Review Outline

The committee discussed the suggested participant list and CEO performance survey tool. Feedback was provided and management revised the tool to reflect the suggested changes. The revised 360 Feedback survey was circulated back to the committee for final review and approval for distribution to the participants was provided.

3. COS Performance Review Outline

The committee discussed the suggested participant list and COS performance survey tool. Feedback was provided and management revised the tool to reflect the suggested changes. The revised 360 Feedback survey was circulated back to the committee for final review and approval for distribution to the participants was provided.

4. CEO Goals for 2023/24

The committee reviewed the pre-circulated briefing note outlining the proposed 2023/24 CEO Goals. Mr. Gaskin provided a summary of the goals, framed by the strategic pillars, outlined in the briefing note. The committee provided Mr. Gaskin with feedback related to the proposed goals. Based on the feedback provided by the committee the goals will be revised and brought forward to the committee for approval at the May 2023 meeting.

5. COS Goals for 2023/24

The committee reviewed the pre-circulated briefing note outlining the proposed 2023/24 COS Goals. Dr. Lee provided a summary of the goals, framed by the strategic pillars, outlined in the briefing note. The committee provided Dr. Lee with feedback related to the proposed goals. Based on the feedback provided by the committee the goals will be revised and brought forward to the committee for approval at the May 2023 meeting.

6. Succession Plan for President & CEO

The committee reviewed the pre-circulated briefing note outlining the proposed succession plan for the President and CEO. It was suggested by a member of the committee to ensure a clear development plan for the suggested individuals. Management will add a standing item on the Executive Committee work plan to report back to the committee on the development strategies related to proposed individuals.

7. Succession Plan for Chief of Staff

The committee reviewed the pre-circulated briefing note outlining the proposed succession plan for the President and COS. It was suggested by a member of the committee to ensure a clear development plan for the suggested individuals. Management will add a standing item on the Executive Committee work plan to report back to the committee on the development strategies related to proposed individuals.

8. Executive Committee Work Plan 2022/23

The Committee reviewed the 2022/23 work plan. The succession plan for plan for all critical positions within the senior management team will be deferred to next meeting.



BRIEFING NOTE

Date: April 24, 2023
Issue: Meeting Summary – Capital Projects Sub Committee: April 2023
 - OPEN
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Kristen Hoch – Project Coordinator, Admin Assistant
Approved by: Lynn Woeller – Acting Chair, Capital Projects Sub Committee
 David Boughton – Senior Director Capital Projects & Chief
 Redevelopment Officer / CRO

Attachments/Related Documents: None

A meeting of the Capital Projects Sub Committee took place on April 24, 2023 at 1545 hours.

Present: Lynn Woeller (Acting Chair), Janet Huber, Miles Lauzon, Shannon Maier Andrew
 McGinn, Diane Wilkinson, Horst Wohlgemut

Regrets: Tom Dean (Chair)

Staff: David Boughton, Patrick Gaskin, Bill Prokopowich, Valerie Smith-Sellers, Kristen Hoch

Committee Motions/Recommendations/Report – Resources Committee Approval Not Sought

THAT, the minutes for the Capital Projects Sub Committee meeting of February 27, 2023 be
 approved as circulated. (Wilkinson / Lauzon). **CARRIED**

Committee Matters – For information only

- Welcome:** The meeting was conducted in a hybrid format: 5 committee members
 attended in-person, 3 committee members attended virtually.



BRIEFING NOTE

Date: April 24, 2023
Issue: Meeting Summary – Resources Committee April 24, 2023 - OPEN
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Bonnie Collins, Administrative Assistant
Approved by: Lynn Woeller – Chair, Valerie Smith-Sellers - Director Finance

Attachments/Related Documents:

2023-24 Hospital Service Accountability Agreement (Agenda Item 4.6.2)
2023-24 Multi-Sector Service Accountability Agreement (Agenda Item 4.6.3)

A meeting of the Resources Committee took place on Monday, April 24, 2023 at 1700h

Present: Lynn Woeller (chair), Sara Alvarado, Nicola Melchers, Lori Peppler-Beechey, Janet Richter

Regrets: Mr. T. Dean, Ms. E. Habicher, Ms. G. West

Staff: Liane Barefoot, Lisa Coast, Patrick Gaskin, Dr. W. Lee, Stephanie Pearsall, Linda Rodrigues, Valerie Smith-Sellers, Susan Toth

Guests:

Committee Recommendations/Reports – Board Approval Sought

THAT, the Board of Directors approves a balanced 2023-24 Hospital Accountability Planning Submission (HAPS) and the 2023-24 Hospital Service Accountability Agreement (H-SAA).

Approved Committee Recommendations/Motions:

THAT, following review and discussion of the information provided, the Resources Committee of the Board recommends to the Board the approval of a balanced 2023-24 Hospital Accountability Planning Submission (HAPS) and the 2023-24 Hospital Service Accountability Agreement (H-SAA). (Woeller/Richter) **CARRIED**.

Committee Motions/Recommendations/Report – Board Approval Not Sought

THAT, the minutes of the February 27, 2023 meeting be adopted as presented. (Peppler-Beechey/Alvarado) **CARRIED**.

Committee Matters – For information only**1. Action Log**

The 2023-24 updated operating budget was addressed at the April 24 meeting and the balance of the items will be addressed at a future meeting.

2. 2023-24 Hospital Service Accountability Agreement

With the additional bed funding confirmed for the 2023-24 fiscal year, management was able to balance the 2023-24 budget with no bed closures and submit a balanced Hospital Accountability Planning Submission (HAPS) to OH. Following OH review of the HAPS, CMH was required to respond on March 31, 2023 confirming the hospital's intent to sign the Hospital Service Accountability Agreement (H-SAA) pending Board approval. Management recommended the approval and signing of the 2023-24 H-SAA. (Agenda Item X.X)

3. 2023-24 Multi-Sector Service Accountability Agreement

OH West completed its review and approved CMH's balanced Community Accountability Planning Submission (CAPS) submitted in November 2022. On March 30, 2023, CMH received notice that the 2022-23 M-SAA would be extended to June 30, 2023, and OH required CMH to affirm its support for the M-SAA extension and submit the M-SAA extension letter by April 11, 2023. Management provided the signed M-SAA extension letter to the Resources Committee for information. Management will keep the Committee and Board apprised of the discussions with OH related to the 2023/24 M-SAA and any changes proposed. (Agenda Item X.X)

4. HIS Procurement – Clinical Solution RFP

Refer to Digital Health Strategy Subcommittee briefing note.

5. HIS Procurement – Corporate Solution RFP

Refer to Digital Health Strategy Subcommittee briefing note.

6. CEO Certification of Compliance

The CEO's attestation of CMH's Q4 financial obligations was presented for the Committee's information.

7. Resources Committee Work Plan

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



BRIEFING NOTE

Date: April 18, 2023
Issue: 2023-24 Hospital Accountability Planning Submission (HAPS) and Hospital Service Accountability Agreement (H-SAA)
Prepared for: Resources Committee
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Valerie Smith-Sellers, Director Finance
Approved by: Patrick Gaskin, President and CEO

Attachments/Related Documents:

**Hospital Accountability Planning Submission (HAPS)
 Hospital Service Accountability Agreement (H-SAA)**

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 checked="" type="checkbox"/> Sustain Financial Health	<input checked="" type="checkbox"/> Grow Ministry Revenue	<input checked="" type="checkbox"/> Revenue & Funding

Recommendation/Motion

Following review and discussion of the information provided, the Resources Committee of the Board recommends to the Board the approval of a balanced 2023-24 Hospital Accountability Planning Submission (HAPS) and the 2023-24 Hospital Service Accountability Agreement (H-SAA).

Executive Summary

On March 30, 2023, Cambridge Memorial Hospital received confirmation of the funding for the 2023-24 incremental acute care beds from Ontario Health West (OH). With this additional funding, CMH was able to balance the 2023-24 budget and submit a balanced HAPS to OH. Following OH review of the HAPS, the H-SAA agreement was provided to CMH on March 31, 2023 for review and signature.

Background

Health service providers (HSPs) are required to submit Accountability Planning Submissions (APS) to Ontario Health on an annual basis. During the pandemic period, HSPs were not required to submit APS. OH has reintroduced this requirement for fiscal 2023-24. APS are detailed operating plans, including financial and statistical budget and performance indicators that inform and align with Service Accountability Agreements (SAAs), which HSPs are required to enter into with OH on an annual basis. SAAs include budget and performance targets that the HSP is

required to achieve. SAAs need to be finalized and approved by the Board/OH before the start of each fiscal year.

Cambridge Memorial Hospital (CMH) is required to submit the Hospital Accountability Planning Submission (HAPS) for hospital operations. The HAPS informs the Hospital Service Accountability Agreement (H-SAA).

Analysis

CMH submitted a preliminary HAPS to OH at the end of November. The preliminary HAPS showed a deficit budget for fiscal 2023-24 to highlight the impact that the loss of incremental bed funding for 22 acute care beds and inflationary pressures would have on hospital operations. CMH's approach was consistent with other hospitals in the WW region. Hospitals in the region have been working collaboratively to advocate for the continuation of incremental bed funding in fiscal 2023-24.

On March 30, 2023, CMH received confirmation from OH on the 2023-24 incremental bed funding for 22 acute care beds, increasing the budgeted revenue by \$11.2M. This funding was incorporated into the 2023-24 operating budget to achieve a breakeven budget with total revenue and expenses of \$181.1M. The incremental bed funding allows CMH to maintain the current bed capacity and achieve a balanced budget for 2023-24.

A revised balanced HAPS submission has been prepared and submitted to OH. The H-SAA agreement was then provided by OH on March 31, 2023. CMH was required to respond on March 31, 2023, confirming our intent to sign the H-SAA pending Board approval.

Management is recommending the approval and signing of the 2023-24 H-SAA.

Hospital Accountability Planning Submission
Hospital Name: Cambridge Memorial Hospital
HAPS- 2023-24

Revenue and Expense Form
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Category	Line #	Reference	Unit of Measure	2019-20 YE Actual	2020-21 YE Actual	2021-22 YE Actual	2023-24 Budget	Variance 2023-24 Budget to 2021-22 YE Actual
REVENUE								
Global Allocation	1	From Revenue Detail → L17	\$	46,882,908	50,540,163	58,696,061	91,627,406	41,087,243
GEM Allocation	2	From Revenue Detail → L18	\$	29,322,655	29,322,655	29,322,655	2,483,340	(26,839,315)
Quality Based Procedures (QBP)	3	From Revenue Detail → L19	\$	13,083,204	14,231,733	13,207,937	15,510,381	1,278,648
Post Construction Operating Plan (PCOP)	4	From Revenue Detail → L20	\$	7,281,369	6,159,165	2,475,570	9,338,000	3,178,835
Ontario Health One-Time payments	5	From Revenue Detail → L21	\$	740,160	12,219,533	7,691,672	0	(12,219,533)
MOH One-Time payments	6	From Revenue Detail → L22	\$	1,492,120	14,277,684	22,130,040	12,842,160	(1,435,524)
Ontario Health/MOH Recoveries	7	From Revenue Detail → L23	\$	350,826	2,863,580	286,143	0	(2,863,580)
Other Revenue from MOH	8	From Revenue Detail → L24	\$	5,684,391	6,553,791	6,118,395	5,840,014	(713,777)
Paymaster	9	From Revenue Detail → L25	\$	0	0	0	0	0
Subtotal Ontario Health/MOH	10		\$	104,837,633	136,168,304	139,928,473	137,641,301	1,472,997
Cancer Care Ontario	11	From Revenue Detail → L45	\$	10,689,131	10,490,169	12,954,925	12,145,365	1,655,196
Recoveries and Misc. Revenue	12		\$	12,031,074	5,971,132	8,137,038	8,798,744	2,827,612
Amortization of Grants/Donations Equipment	13		\$	1,468,943	2,332,205	2,399,493	2,968,294	636,089
OHIP Revenue and Patient Revenue from Other Payors	14		\$	11,982,908	10,264,052	12,375,072	11,639,626	1,375,574
Differential & Copayment Revenue	15		\$	3,032,001	2,568,337	3,104,919	2,731,670	163,333
TOTAL REVENUE	16		\$	144,041,690	167,794,199	178,899,920	175,925,000	8,130,801
EXPENSES								
Salaries and Wages (Worked+Benefit+Purchased)	17		\$	65,723,247	76,940,549	77,923,925	77,565,762	625,213
Benefit Contributions for Employees	18		\$	17,130,624	19,973,198	19,992,367	21,855,500	1,882,302
Employee Future Benefits Costs	19		\$	85,784	82,500	84,600	315,500	233,000
Medical Staff Remuneration	20	From MSR Form	\$	19,857,104	23,905,833	25,873,497	18,872,704	(5,033,129)
Nurse Practitioner Remuneration	21		\$	674,557	785,179	762,275	754,238	(30,941)

Hospital Accountability Planning Submission
Hospital Name: Cambridge Memorial Hospital
HAPS- 2023-24

Revenue and Expense Form
[Return to Main Page](#)

Category	Line #	Reference	Unit of Measure	2019-20 YE Actual	2020-21 YE Actual	2021-22 YE Actual	2023-24 Budget	Variance 2023-24 Budget to 2021-22 YE Actual
Supplies and Other Expense (excl. M/S, Drugs)	22		\$	16,460,637	18,758,632	20,172,997	26,610,055	7,851,423
Amortization. of Software Licenses and Fees	23		\$	1,188	0	0	0	0
Medical /Surgical Supplies	24		\$	9,098,933	9,539,356	10,647,062	12,535,000	2,995,644
Drugs & Medical Gases	25		\$	8,108,575	8,984,608	9,479,385	9,727,000	742,392
Interest - short term	26		\$	79,490	61,020	72,775	82,337	21,317
Interest on Major Equipment Loans	27		\$	0	0	0	0	0
Amortization of Equipment	28		\$	3,486,007	4,929,365	5,174,092	5,732,000	802,635
Rental/Lease of Equipment	29		\$	179,278	373,075	347,791	187,142	(185,933)
Bad Debts	30		\$	90,372	150,702	135,065	80,000	(70,702)
TOTAL EXPENSES	31		\$	140,975,796	164,484,017	170,665,831	174,317,238	9,833,221
SURPLUS/(DEFICIT) FROM HOSPITAL OPERATIONS	32		\$	3,065,894	3,310,182	8,234,089	1,607,762	(1,702,420)
Financial Instruments Held for Trading								
Unrealized Gain/Loss on Financial Instruments held for trading	33		\$	0	0	0	0	0
SURPLUS/(DEFICIT) FUND TYPE 1	34		\$	3,065,894	3,310,182	8,234,089	1,607,762	(1,702,420)

Hospital Accountability Planning Submission
Hospital Name: Cambridge Memorial Hospital
HAPS- 2023-24

Revenue and Expense Form
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Category	Line #	Reference	Unit of Measure	2019-20 YE Actual	2020-21 YE Actual	2021-22 YE Actual	2023-24 Budget	Variance 2023-24 Budget to 2021-22 YE Actual
Other Amortization and Interest on Long Term Liabilities FUND TYPE 1								
Amortization of Grants/Donations of Land Improvements, Building and Building Service Equipment	35		\$	2,933,842	5,615,075	5,724,590	5,947,962	332,887
Amortization of Land Improvements, Building and Building Service Equipment, Leasehold Improvements	36		\$	3,522,440	6,217,086	6,701,178	7,555,724	1,338,638
Interest on Long Term Liabilities (Excl Facilities)	37		\$	0	0	0	0	0
Interest on Long Term Liabilities (Facilities)	38		\$	0	0	0	0	0
Total Interest on Long Term Liabilities	39		\$	0	0	0	0	0
SURPLUS/(DEFICIT) FROM ITEMS ABOVE	40		\$	(588,598)	(602,011)	(976,588)	(1,607,762)	(1,005,751)
SURPLUS/(DEFICIT) INCL'G OTHER ITEMS IN FUND TYPE 1	41		\$	2,477,296	2,708,171	7,257,501	0	(2,708,170)
OTHER VOTES (FUND TYPE 2)								
Other Votes - Revenues excluding line 43	42		\$	3,586,728	3,591,644	3,589,949	3,364,353	(227,291)
Amortization of Grants/Donations of Land Improvements, Building and Building Service Equipment	43		\$	0	0	0	0	0
Total Revenue - Other Votes	44		\$	3,586,728	3,591,644	3,589,949	3,364,353	(227,291)
Other Votes - Expenses excluding line 46 and 49	45		\$	3,586,728	3,591,644	3,589,949	3,364,353	(227,291)
Other Votes: Amortization of Land Improvements, Building and Building Service Equipment, Leasehold Improvements	46		\$	0	0	0	0	0
Other Votes: Interest on Long Term Liabilities (Excl Facilities)	47		\$	0	0	0	0	0
Other Votes: Interest on Long Term Liabilities (Facilities)	48		\$	0	0	0	0	0
Other Votes: Total Interest on Long Term Liabilities	49		\$	0	0	0	0	0
Total Expenses - Other Votes	50		\$	3,586,728	3,591,644	3,589,949	3,364,353	(227,291)
Surplus/(Deficit) from Activities	51		\$	0	0	0	0	0
Less: Amount to be Returned to Ontario Health/MOH	52		\$	0	0	0	0	0
SURPLUS/(DEFICIT) FROM OTHER VOTES	53		\$	0	0	0	0	0
OTHER FUNDING SOURCES (FUND TYPE 3,8& 9)								
Other Funding Sources - Revenues excluding line 55	54		\$	100,531	111,413	78,260	72,734	(38,679)
Amortization of Grants/Donations of Land Improvements, Building and Building Service Equipment	55		\$	0	0	0	0	0
Total Revenue - Other Funding Sources	56		\$	100,531	111,413	78,260	72,734	(38,679)
Other Funding Sources - Expenses excluding line 58 and 61	57		\$	100,531	112,468	79,218	72,734	(39,734)
Other Sources: Amortization of Land Improvements, Building and Building Service Equipment, Leasehold Improvements	58		\$	0	0	0	0	0
Other Sources: Interest on Long Term Liabilities (Excl Facilities)	59		\$	0	0	0	0	0
Other Sources: Interest on Long Term Liabilities (Facilities)	60		\$	0	0	0	0	0

Hospital Accountability Planning Submission
Hospital Name: Cambridge Memorial Hospital
HAPS- 2023-24

Revenue and Expense Form
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Category	Line #	Reference	Unit of Measure	2019-20 YE Actual	2020-21 YE Actual	2021-22 YE Actual	2023-24 Budget	Variance 2023-24 Budget to 2021-22 YE Actual
Other Sources: Total Interest on Long Term Liabilities	61		\$	0	0	0	0	0
Total Expenses - Other Funding Sources	62		\$	100,531	112,468	79,218	72,734	(39,734)
Surplus/(Deficit) from Activities	63		\$	0	(1,055)	(958)	0	1,055
Financial Instruments Held for Trading								
Unrealized Gain/Loss on Financial Instruments held for trading	64		\$	0	0	0	0	0
TOTAL SURPLUS/(DEFICIT) FROM OTHER FUNDING SOURCES	65		\$	0	(1,055)	(958)	0	1,055
SURPLUS/(DEFICIT) - ALL FUND TYPES	66		\$	2,477,296	2,707,116	7,256,543	0	(2,707,115)
Total Margin (consolidated – all sector codes and fund types)	67		\$	3,065,894	3,309,127	8,233,131	1,607,762	(1,701,365)
Total Margin (consolidated – all sector codes and fund types) percent	68		\$	2.08%	1.93%	4.51%	0.90%	-5.14%
Total margin (hospital sector only)	69		\$	3,065,894	3,310,182	8,234,089	1,607,762	(1,702,420)
Total margin (hospital sector only) percent	70		\$	2.13%	1.97%	4.60%	0.91%	-20.94%



BRIEFING NOTE

Date: April 18, 2022
Issue: 2023-24 Multi-Sector Service Accountability Agreement (M-SAA) Extension
Prepared for: Resources Committee
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Valerie Smith-Sellers, Director Finance
Approved by: Patrick Gaskin, President and CEO

Attachments/Related Documents: Multi-Sector Service Accountability Agreement (M-SAA) Extension Letter

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 checked="" type="checkbox"/> Sustain Financial Health	<input checked="" type="checkbox"/> Grow Ministry Revenue	<input checked="" type="checkbox"/> Revenue & Funding

Background

Annually, CMH is required to submit a Community Accountability Planning Submission (CAPS) to Ontario Health (OH). The CAPS is a detailed operating plan, including financial and statistical budgets and performance indicators that informs the Multi-Sector Service Accountability Agreement (M-SAA). The M-SAA needs to be finalized and approved by the Board/OH before the start of each fiscal year.

Analysis

CMH submitted a balanced CAPS in November 2022. OH West completed its review and approved the CAPS submission.

On March 30, 2023, OH West advised that the 2023-24 M-SAA was not yet approved. As a result, OH informed us that the current M-SAA will be extended to June 30, 2023. To that end, OH asked CMH to affirm its support for the M-SAA extension and required submission of the M-SAA extension letter by April 11, 2023.

All terms and conditions of the 2022/23 M-SAA will remain in full force and effect. All regular reporting requirements will continue.

The signed M-SAA extension letter is included with this briefing note.

Next Steps

Management will keep the Resources Committee and Board apprised of the discussions with OH related to the 2023/24 M-SAA and any changes proposed.



BRIEFING NOTE

Date: March 8, 2023
Issue: Meeting Summary – MAC Meeting Summary March 8, 2023 - OPEN
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 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 type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Manage COVID Response & System Recovery	<input type="checkbox"/> Clinical Services, Recovery, Growth & Transformation
<input type="checkbox"/> Advance Health Equity	<input type="checkbox"/> Support Staff and Physicians Wellbeing & Engagement	
<input type="checkbox"/> Increase Joy In Work		<input type="checkbox"/> Staff Wellbeing
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> Undertake the HIS Evaluation	<input type="checkbox"/> Retention & Recruitment
<input type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Execute CRP Phase 3	<input type="checkbox"/> Operational Excellence

meeting of the Medical Advisory Committee took place on Wednesday March 8, 2023 at 4:30 pm.

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

Regrets: Dr. A. Rowe, Dr. M. Gill

Staff: Mr. P. Gaskin, Ms. S. Pearsall, Ms. M. Iromoto, Ms. J. Visocchi, Ms. T. McMurdo (Recorder)

Guests: Ms. D. Wilkinson

Committee Matters – For information only

- Welcome:** Dr. W. Lee welcomed committee members.
- M&T Report:** The February M&T report was approved by MAC (Legassie, Rajguru)
- COVID 19 and Infectious Disease Update:** Dr. Nuri provided an update on COVID-19 and overall infectious disease update. COVID-19 positivity rate is 11.9% but this reflects only eligible population for testing. XBB.1.5 sub variant of Omicron is the dominant circulating strain. Flu activity is less than 1% and RSV activity has decreased to approximately 3%. CMH is experience a mixture of respiratory viruses, including COVID-19. There is a current COVID-19 case in the ICU at CMH. Guidance from the MOH and

Public Health is expected for standard practice for screening, return to work, masking and physical distancing.

4. **Digital Health Update:** Mr. Rob Howe and Dr. Taseen provided an update on the HIS initiative. Stage 1, 2 and 3 evaluations have been completed. Two vendors remain in the process, shortlisted on February 24. Stage 4 of the RFP involves clinical evaluations that start in March 2023 and continue until May. 35% of the RFP has been completed to date. There has been strong participation by the medical professional staff. However, there is significant clinical preparation that is still required, including documentation standards and standardization, workflow mapping, policy inventory, patient care orders, code documentation, and medical records.
5. **Medical Directives and Policies Approved –**

Medical Directive	Motion	Second
Medical Directive 213: Urine Collection	Green	Wadsworth
Medical Directive 204: Assessment ECG – Emergency Department	Wadsworth	Legassie
Policy 2-415: On-call Sleep Room (<i>Request was submitted by Dr. L. Puopolo to discuss Anesthesia Dept. being allotted a room due to increased staff usage – will be discussed at a future Credentials Committee meeting and brought back for amended approval at MAC after discussion</i>)	Runnalls	Puopolo
Policy 2-406: Medical Professional Staff Privileges	Bourgeois	Kumanan

6. **Diagnostic Imaging Update -** Dr. Isupov provided a Diagnostic Imaging update. Since the end of the IV contrast shortage last month, the DI department has been working to align the current IV CT contrast practices to the best practice guidelines from the 2023 American College of Radiologists (ACR) recommendations. A draft memo summarizing the new best practices was shared with MAC. Upcoming changes for CT IV contrast best practices will include: (a) utilization of a recent eGFR within 3 months of the examination; (b) removal of several contraindications which include pheochromocytoma, multiple myeloma, and sickle cell trait/disease; (c) myasthenia gravis or patients undergoing IL-2 treatment can receive IV contrast; (d) breast-feeding can continue; and (e) new IV contrast allergy pre-medication protocols. The WW Regional CT requisition has been updated to reflect these changes. The new best practices are planned to be shared widely at the end of March. Feedback from MAC suggests that the new best practice guidelines will be a welcomed change for referrers. Education was offered to the Chiefs and their departments if required.

Dr. W. Lee also highlighted the work to formalize the new scope of practice for NPs to order CT/MRIs in the organization. Work between Professional Practice and Diagnostic Imaging and ED have helped outline an algorithm/workflow for the NPs when ordering CT/MRI. The Briefing Note will be circulated to MAC for feedback. Dr. W. Lee will follow-up with Chiefs of Medicine, Hospitalists and Surgery for dedicated feedback from the briefing note, which was developed largely for ED patients, since that is where most CMH NPs are currently working.

7. **Lab APT Test Discontinuation -** Dr. Bourgeois provided an update for the discontinuation of APT testing, which is uncommonly ordered. The test can still be accessed, if required, at McMaster University Medical Centre/St. Joseph’s Healthcare Hamilton Regional Laboratory Medicine Program. No concerns raised by the Pediatric and Obstetrical groups.
8. **Chiefs Corner – MAC Learning Lab -** Dr. W. Lee reminded the MAC of the upcoming MAC Learning Lab series, which is scheduled for April 3, 2023. The session is on Supporting Change and will be led by Linda Rodrigues.

9. **Chiefs Corner – Franklin Covey All-Access Pass** - The Franklin Covey All-Access Pass was offered to MAC members, which allows for on-site training (CMH Learning Lab), webinars, and on-demand digital learning. There were six MAC members who signed up for the all-access pass. Dr. W. Lee has asked each of the six who signed up to provide a learning to MAC from their all-access pass over the next year.
10. **Chiefs Corner – Credentialing File Reviews by Chiefs** - Dr. J. Legassie chaired the Credentials Committee in March 2023. She highlighted the goal for Chiefs to complete their department credentialing by the end of March, to ensure that there is time for review by the Credentialing Committee for recommendation by MAC and approval by the Board by June 2023. Outstanding medical professional staff that are missing documentation will be contact by the COS office and the Chiefs will be engaged in this process. Dr. Legassie will follow-up with those who have not applied for reappointment to confirm if there is a retirement or change of privilege status (i.e. locum).
11. **The Proof – with Kate Dewhirst** - Dr. J. Legassie and Dr. W. Lee recently enrolled in a new learning series offered by healthcare lawyer, Kate Dewhirst, called “The Proof”. It is a new community of practice series for credentialing officers of Ontario hospitals, including medical affairs leaders, credentialing committee members, and COS. A combination of workshops, discussion forums, and “ask me anything” sessions are offered to members in “The Proof”. Dr. J. Legassie provided reflections from the first session on “How to run a credentialing committee meeting” which included the recognition that CMH credentialing processes are robust but would benefit from updates shared at “The Proof” session. This will be work for the Credentialing Committee over the next year. Upcoming sessions include the following topics: “How to address chronic incomplete charting and failure to complete mandatory training without becoming a big deal”; “How to address fairly leaves of absence, retirements, and resignations of professional staff; and “what is a professional staff association and how to help the President, Vice-President and Secretary understand their roles”.
12. **Chair Update** - Dr. W. Lee thanked all those who completed the MAC survey. Everyone is encouraged to complete the surveys and to provide feedback or ideas on ways to enrich the meeting.
13. **Quality Presentation – Return to ED** - Dr. M. Runnalls provided an update on the ED Return Visit Quality Program which focuses on quality of care in emergency departments. The aim of the program is to build a culture of continuous improvement. For the first time since having the program at CMH, the audit of 50 ED charts was shared by the ED physician group (rather than only the Chief), to identify opportunities for quality improvements related to the audits. Having a shared approach to reviewing the cases allowed for individual and collective learning through the program. Dr. M. Runnalls highlighted that the majority of the audits were conducted on mental health and addictions population. Examples of some of the work to address this opportunity include working with Addiction therapies organizations to support a Peer Navigator for substance use patients; introduction of an OHT-led initiative to support those with recurring ED visits of greater than 4x per year; and working with the OHT regarding the lack of availability of primary care which is gap for follow-up care than impacts the return to ED frequency. There is additional work by the ED leadership team to find strategies for improving flow within the ED.
14. **Standing Monthly Reports: CNE Report** -CEO update briefing note was pre-circulated. Mr. P. Gaskin provided an update on each of the Strategic Pillars of the 2022-2027 Strategic Plan, as shown below.



15. **Standing Monthly Reports: CNE Report** - A CNE briefing note was pre-circulated. Ms. S. Pearsall highlighted a number of items: (a) March is liver health month and there will be education occurring about the program, (b) CCRT is now providing 24/7 coverage with a nurse-led model; (c) CRRT training has been complete; (d) work on opportunities for improvement in the ICU; (e) anticipated P4R funding reductions with dedicated work in this area; (f) challenges in staffing particularly in ED; (g) dedicated Endoscopy team and Cytology Technician to support the EUS program; (h) work on the transition away from the Oncology Patient Information System (OPIS) which will be sun setting 2024; (i) operational direction regarding the Pediatric Surgical recovery from Ontario Health (included in MAC package); (j) professional practice work on a strategic plan that includes policy/medical directive tracking and compliance, a new model of care for nursing, and recruitment/retention strategies through education and training.
16. **Board Update-** Ms. D. Wilkinson provided a Board update. Board meeting was held on March 1, 2023 where they received a presentation by Dr. Morgan and Dr. Miropolsky on the MPSA which helps to increase the connection and partnership of the Board with the MPSA. Board received the annual Quality Improvement Plan (QIP) and the Accessibility Plan for approval. The annual Budgets (operating and capital) and change requests for CRP were also approved. The Board is currently seeking new members. Quality Committee received annual reports from Professional Practice, Clinical Informatics, Food Services, and updates from the Digital Steering and Capital Project Committees. Inquiries on the HIS initiative and the projected cost that may be a risk for completion of the project. Ms. D. Wilkinson and Mr. P. Gaskin provided reassurance that there has been due diligence to understand the total cost of ownership for a new HIS, and the Board is committed to this project.



BRIEFING NOTE

Date: April 12, 2023
Issue: Meeting Summary – MAC OPEN Meeting 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 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 Wednesday April 12, 2023 at 4:30 pm.

Present: Dr. W. Lee, Dr. A. Sharma, Dr. J. Legassie, Dr. L. Green, Dr. K. Wadsworth, Dr. M. Kumanan, Dr. A. Nguyen, Dr. M. Rajguru, Dr. J. Bourgeois, Dr. M. Runnalls, Dr. L. Puopolo, Dr. I. Isupov

Regrets: Dr. A. Rowe, Dr. M. Gill, Dr. V. Miropolsky, Dr. K. Nuri, Dr. I. Morgan, Ms. C. Witteveen, Mr. P. Gaskin

Staff: Ms. S. Pearsall, Ms. M. Iromoto, Ms. J. Visocchi, Ms. M. Iromoto, Ms. S. Fitzgerald, Ms. N. Grealy (Recorder)

Guests: Ms. D. Wilkinson

Committee Matters – For information only

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

2. COVID-19 and Infectious Disease Update

Dr. Nuri provided a written update for COVID and infectious disease update:

- a) COVID-19 positivity rate is as low as 9.3%, noting that COVID assessment centers are now closed. The most prevalent COVID-19 subvariant lineage is XBB.1.5 followed by BQ.1.1. There has been a decrease in number of hospital/ICU admissions.
- b) Influenza % positivity (influenza A and B combined) is as low as 1.7%
- c) Enterovirus activity at week 13 was 7.1% positivity which has been stable.

- d) Positivity for Respiratory Syncytial Virus (RSV) is declining to 0.9%
- e) In the Region of Waterloo, last week's number of confirmed COVID cases declined to 49 cases. Cambridge wastewater signal report on April 2, 2023 has been declining (16.5 copies/ml).
- f) As the number of COVID-19 and other respiratory viruses are declining, there are plans from IPAC forthcoming that outline a phased approach to lifting practice measures that prevent viral transmission in the upcoming weeks. Indications of changes forthcoming at other regional hospitals, and there will be attempts to do a regional approach if possible.

3. Operating Room Booking Guidelines, Policy 2-200

Dr. L. Green presented an updated Operating Room booking guideline that has been endorsed by the Surgical Council. It provides clarity on arranging urgent/semi-urgent cases in the operating room. The work was done in collaboration with Dr. Puopolo, Chief of Anesthesia. Implementation will be monitored. The aim is to ensure optimal use of resources and access to care for patients.

4. CPSO News Release

On April 4, 2023, CPSO announced removal of barriers for internationally educated physicians, making it easier for physicians trained outside of Canada to practice in Ontario. CPSO removed supervision and assessment requirements for physicians who are trained, and Board certified in the US, allowing them to begin their practice in Ontario immediately. The changes were possible due to the similarities in training programs between the US and Canada and historic experience with existing assessment process. CPSO has also introduced a new pathway for US physicians who are Board-eligible and has completed their residency training in the last five years. These individuals can come to Ontario and practice under supervision as they complete their US Board Exams. Similar approved changes were announced to make it easier for family physicians from Australia, Ireland, United Kingdom and the United States to practice in Ontario. The changes remove supervision and assessment requirements for physicians who obtain certification from the College of Family Physicians of Canada (CFPC) without further examination allowing them to start independent practice.

5. Chief's Corner

Dr. W. Lee and several chiefs who attended the April MAC Learning Lab shared positive learnings from the session on change management, led by Linda Rodrigues. Next MAC Learning Lab will be on Crucial Conversations on May 15, 2023.

6. CEO Report

CEO report briefing note was pre-circulated in the MAC package.

7. CNE Report

Ms. S. Pearsall provided an update on staffing in key areas, including the Emergency Department and Medicine to support flow in the organization. There is parallel work to transition medicine nursing to a Coordinated Care Team model that focuses on an interprofessional, collaborative approach with care providers practicing to their top of scope to provide quality safe care. Staffing continues to be a challenge and risk but a number of quality improvement initiatives were shared to reduce barriers to discharge and improve patient experience. Program-specific activities were shared in the pre-circulated CNE report.

8. Board Update

Ms. Diane Wilkinson provided a Board update, highlighting the MPSA presentation to the Board which provided information on the role and activities of the MPSA. The Accessibility Plan and annual Quality Improvement Plan (QIP) was also approved by the Board in March.

9. PFAC Update

Dr. W. Lee shared an update provided by Ms. L. Barefoot from the March PFAC meeting. Highlights from the Beryl Institute Elevate conference which provided inspiration for PX Office process improvements. Draft options for PX Office data sharing including representing data as per 1000 visits or 1000 patient days to allow comparison over time, between programs and with other organizations. Feedback was also sought for draft power point slides for sharing PX info at Department Quality & Ops. Ms. M. Iromoto shared that a Patient Experience Plan is forthcoming, in alignment with the introduction of the Clinical Services Growth Plan.



BRIEFING NOTE

Date: March 10, 2023
Issue: Meeting Summary – MAC Credentials & Privileging Feb. 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: MAC Credentials & Privileging Feb. 2023

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 type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Manage COVID Response & System Recovery	<input type="checkbox"/> Clinical Services, Recovery, Growth & Transformation
<input type="checkbox"/> Advance Health Equity	<input type="checkbox"/> Support Staff and Physicians Wellbeing & Engagement	
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Undertake the HIS Evaluation	<input type="checkbox"/> Staff Wellbeing
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> Execute CRP Phase 3	<input type="checkbox"/> Retention & Recruitment
<input type="checkbox"/> Sustain Financial Health		<input type="checkbox"/> Operational Excellence

A meeting of the Medical Advisory Committee took place on Wednesday March 8, 2023 at 4:30 pm.

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

Regrets: Dr. A. Rowe, Dr. M. Gill

Staff: Mr. P. Gaskin, Ms. S. Pearsall, Ms. M. Iromoto, Ms. T. McMurdo (Recorder)

Guests: Ms. D. Wilkinson

Committee Recommendations/Reports – Board Approval Sought

Proposed Board Motion:

THAT the Board of Directors *approve the standard credentialing files and reapplication files from the February 2023 Credentials Committee meeting.*

Approved Committee Recommendations/Motions:

THAT the Medical Advisory Committee recommend to the Board of Directors that the following credentialing files be approved by the Board of Directors:

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

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

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

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

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

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

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

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

MOTION: (Wadsworth, Witteveen) that the Department of Internal Medicine 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.**

Credentialing Files for Review:

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. Paulo DeGouveia	Emergency Medicine		Locum → Associate	Requesting to change status from Locum to Associate privileges	Dr. Matthew Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	Has been interviewed to come on as Associate staff.
Dr. Yen Foong	Women & Children's	Pediatrics	Locum	Requesting locum privileges from June 1, 2023 to August 31, 2024	Dr. Manjulata Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Marinela Grabovac	Women & Children's	OBGYN	Locum	Requesting locum privileges for Feb 15 – Dec 31, 2023	Dr. Kristin Wadsworth	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Michelle Kuang	Emergency Medicine		Associate → Locum	Requesting to retain privileges after an absence	Dr. Matthew Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	In Nov 2022 Medical Admin was advised by Dr. M. Runnalls that Dr. Kuang was no longer working at CMH and reached out to Dr. Kuang to confirm if she was resigning privileges. There was no response until Jan. 28/23 when Dr. Kuang responded that Dr. Runnalls had agreed to Dr. Kuang keeping her Associate status. No official resignation was received. Would like to move her to Locum status moving forward as she would like to do a few shifts.

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. Joy Kuncheria	Hospital Medicine		Active→ Locum	Requesting to change status from Active to Locum effective July 1, 2023.	Dr. Jenny Legassie	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Kenneth Leung	Internal Medicine	Liver Clinic	Locum	Requesting to extend Locum privileges from March 1, 2023 to December 31, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Kedar Patil	Diagnostic Imaging		Locum	March 1, 2023 – June 30, 2023	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Praveen Saroey	Women & Children's	Pediatrics	Associate→ Locum	Requesting to change status from Associate to Locum effective February 1, 2023	Dr. Manjulata Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Jaskarn Sahota	Community and Family Medicine Surgical Assist		New Hire	Requesting Associate privileges + Surgical Assist	Dr. Mekalai Kumanan	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	New family physician in Cambridge that has been interviewed to come on as Associate staff to do day/evening surgical assist
Dr. Jessica Smith	Women & Children's	OBGYN	Locum	Requesting locum privileges from March 1, 2023 – December 31, 2023	Dr Kristin Wadsworth	<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. Ahmad Tarakji	Internal Medicine	Nephrology	Locum	Requesting locum privileges from February 1, 2023 – December 31, 2023.	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Mylene Ward	Surgery Surgical Assist	Breast Recon.	Locum	Requesting locum privileges from February 1, 2023 – December 31, 2023.	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Paul Joongchul Yoon	Diagnostic Imaging		Locum	March 1, 2023 – June 30, 2023	Dr. Inga Isupov	<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, Asa	Active
Barclay, Krysta	Active
Barillas, Ana Maria	Active
Chidiac (Payne), Alexa	Active
Sadeghipour, Mitra	Active
Strauss, Paul	Active
Raftermann, Stacey	Active
Vazac, Pamela	Active
Arnew-Austin, Tuesday	Active
Wadsworth, Kristin	Active
Hart, Lise	Active
Martinez Motta, Jose Carlos	Active
Paikatt, Santosh	Affiliate
Purser, Matthew	Associate

Saroey, Swarnlata	Associate
Stoltz, Tasha	Associate
Butler, Deborah	Active

DEPARTMENT OF COMMUNITY & FAMILY

Arora, Harpreet	Affiliate
Bennett, Kathryn	Affiliate
Costin, Ioana	Affiliate
Crosby, John	Active
Morgan, Kate	Active
Zhu, Ningfu (Cindy)	Associate
Delorme, Alison	Affiliate
Main, Jeff	Affiliate
Oey, Audrey	Affiliate
Schurter, Melissa	Active
Smith, Andrew	Affiliate
Morar, Champak	Affiliate
Morar, Shaheen	Affiliate
Parker, Elaine	Active
Riesberry, Martha	Affiliate
Siddall, Laura	Affiliate
Arnott, David	Active
Arora, Shefali	Affiliate
Benjamin, Prabhu	Affiliate
Callaghan, Siobhan	Active
Cekan, Daniel	Affiliate
Carere, Paula	Courtesy with Admitting
Davis, Randy	Affiliate
Dissanayake, Chris	Active
Germano, Mark	Active
Herrera, Christine	Associate
Hondubrata, Linda	Active
Klomfass, Matthias	Active
Light, Thurairajan	Active
Matsuda, Maria	Affiliate
McMurrich, James	Affiliate
Pengelly, Sarah	Active
Pichna, Brian	Affiliate

Schuster, Martin	Associate
Vallieres, Beth	Affiliate
Williams, Taryn	Active
Yakoub, Emad	Affiliate
Bal, Sharon	Active
Albrecht, Craig	Active
Alavi, Shazia	Affiliate
Bulanski, Emily	Active
Eskandar, Maria	Affiliate
Fonseka, Gayani	Active
Holling, Tamara	Affiliate
Hollowell, Jill	Affiliate
Jakda, Almas	Active
Mehan, Upender	Active
Cherniak, Victor	Active
Pennell, Alexandra	Affiliate
Pennell, Dana	Affiliate
Walker, Kathryn	Affiliate
Whan, Deborah	Active
Misra, Amit	Affiliate

DEPARTMENT OF ANESTHESIA

Biswas, Iqbal	Active
Chen, Xiao Xu (Cathy)	Active
El Alfy, Ahmed	Active
Leone, Karen	Active
Ling, Alison	Active
Westacott, Paul	Active
Chettle, Crystal	Active
Hindle, Ada	Active
Hindle, Mark	Active
Klahsen, Andrew	Active
Moran, Nancy	Active
Puopolo, Laura	Active

DEPARTMENT OF DIAGNOSTIC IMAGING

Isupov, Inga	Active
Jan, Edgar	Active
Lee, Winnie	Active

Visscher, Kari	Active
Marriott, Christopher	Courtesy without Admitting
Zukotynski, Katherine	Courtesy without Admitting

DEPARTMENT OF HOSPITAL MEDICINE

Sabieh, Sadia	Active
Swekla, Michelle	Active
Feloiu, Florin	Courtesy without Admitting
Mathew, Jasmine	Active
Patel, Minta	Active
Ponoran, Tudor	Active
Sehl, John	Active

DEPARTMENT OF SURGERY

Green, Lawrence	Active
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DEPARTMENT OF PATHOLOGY

Bourgeois, Jacquie	Active
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DEPARTMENT OF INTERNAL MEDICINE

Nguyen, Augustin	Active
Legassie, Jenny	Active

DEPARTMENT OF MENTAL HEALTH

Xu, Shuang	Active
Nosheen, Saadia	Active
Esan, Fola	Active
Awoniyi, Olubunmi	Associate



BRIEFING NOTE

Date: April 12, 2023
Issue: Meeting Summary – MAC Credentials & Privileging March 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: MAC Credentials & Privileging March 2023

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 Wednesday April 12, 2023 at 4:30 pm.

Present: Dr. W. Lee, Dr. A. Sharma, Dr. J. Legassie, Dr. L. Green, Dr. K. Wadsworth, Dr. M. Kumanan, Dr. A. Nguyen, Dr. M. Rajguru, Dr. J. Bourgeois, Dr. M. Runnalls, Dr. L. Puopolo, Dr. I. Isupov

Regrets: Dr. A. Rowe, Dr. M. Gill, Dr. V. Miropolsky, Dr. K. Nuri, Dr. I. Morgan, Ms. C. Witteveen, Mr. P. Gaskin

Staff: Ms. S. Pearsall, Ms. M. Iromoto, Ms. J. Visocchi, Ms. M. Iromoto, Ms. S. Fitzgerald, Ms. N. Grealy (Recorder)

Guests: Ms. D. Wilkinson

Committee Recommendations/Reports – Board Approval Sought

Proposed Board Motion:

THAT the Board of Directors *approve the standard credentialing files from the April 2023 Credentials Committee meeting.*

Approved Committee Recommendations/Motions:

THAT the Medical Advisory Committee recommend to the Board of Directors that the standard credentialing files be approved. (Moved by, Seconded by Dr.) **CARRIED.**

The attached Briefing Note provided to the Committee will be noted as well as any further commentary or discussion that is necessary.

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

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

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

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

MOTION: (Rajguru/Runnalls) that the Department of Surgery Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

MOTION: (Sharma/Wadsworth) that the Department of Pathology Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

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

Credentialing Files for Review:

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. James Easo	Internal Medicine	Anesthesia – Division of GP Anesthesia / Limited to Tri-City Colonoscopy	Locum	Requesting extension of Locum privileges from April 1, 2023 through December 31, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Laura Pellow	Surgery	Surgical Assist	Locum	Requesting extension of Locum privileges from April 15, 2023 through October 31, 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Sola Sogbein	Internal Medicine	Nephrology	Locum	Requesting extension of Locum privileges from April 1, 2023 through June 30, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Stefan St. George	Surgery	Orthopedics	Locum	Requesting locum privileges from April 1, 2023 – March 31, 2024December 31, 2023	Dr. Lawrence Green / Dr. Glynn Martin	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Joyce Daly	Surgery	Orthopedics	Active	Retiring from Orthopedics March 31, 2023, requesting transition to surgical assist April 1, 2023	Dr. Lawrence Green	<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 MIDWIFERY

Witteveen, Corine Active

DEPARTMENT OF COMMUNITY & FAMILY

Pandey, Annada Affiliate

DEPARTMENT OF ANESTHESIA

Elghamudi, Abdulhakim Active

Lukitto, Karolinah Active

DEPARTMENT OF DIAGNOSTIC IMAGING

Miropolsky, Vladislav Active

DEPARTMENT OF SURGERY

Barrett, Keith	Courtesy with Admitting
Bindlish, Vinita	Courtesy with Admitting
Desai, Nimesh	Active
Gallagher, Michael	Affiliate
Hafidh, Maky	Courtesy with Admitting
Penner, Scott	Active
Pook, Benjamin	Active
Stapleton, Kelly (John)	Affiliate
Trudel, Phil	Affiliate
Whitehead, Ingrid	Active
Worster, Andrew	Affiliate
Harvey, Miln	Affiliate
Hirshberg, Eric	Courtesy with Admitting
MacLeod, Heather	Active
Martin, Glynn	Active

Mathew, Paul	Active
McFarlane, Nicholas	Courtesy with Admitting
Nateghifard, Kayvan	Active
Nayan, Smriti	Active
Ramakrishna, Jayant	Courtesy with Admitting
Roth, Kirk	Active
Trudel, Phil	Affiliate
Banerjee, Avik	Courtesy with Admitting
Bhojani, Faizal	Affiliate
Chamberlain, Debbie	Affiliate
Chesney, Amy	Active

DEPARTMENT OF PATHOLOGY

Hall, Ann	Courtesy without Admitting
Cyr, Pam	Active
Matea, Florentina	Active
Taher, Altaf	Active

DEPARTMENT OF INTERNAL MEDICINE

Brownlee, Brett	Associate
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Scorecard Reporting Cadence

As of April 21, 2023

Agenda Item 4.8.1

	Q1			Q2			Q3			Q4			Q1 (24/25)		
	April	May	June	July	August	September	October	November	December	January	February	March	Apr	May	June
Coded Data Available			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
SLT Scorecard Review and Action Plan Updates	11-Apr	09-May	13-Jun	11-Jul	08-Aug	12-Sep	10-Oct	07-Nov	12-Dec	09-Jan	13-Feb	12-Mar	TBD	TBD	TBD
Quality Monitoring Scorecard (Watch Metrics) in Board and Board Committee Packages	x	x	x			x	x	x		x	x		x	x	x
Scorecard In Board and Board Committee Packages						Q1 Package			Q2 Package			Q3 Package			Q4 Package

Strategic Plan At a Glance

2023 – 2027

Our Purpose

Serving Ontario's hospitals to build a better health system.

Our Values

Humility

We listen to and respect the views of others.

Discovery

We explore new ideas and possibilities.

Passion

We bring energy and enthusiasm to what we do.

OUR MEMBERS

The OHA will actively support our diverse membership.

Policy and Advocacy

We will ensure that hospitals have a strong and respected voice in their relationship with the Ontario government, partners, and the public.

Labour Relations and Benefits

We will deliver sustainable, sector-wide labour relations and benefits solutions that help hospitals support employees and meet their health human resources needs.

Data and Analytics

We will support hospitals with accurate, timely and insightful data and tools to enable evidence-informed decision-making.

Member Engagement and Knowledge Transfer

We will modernize the ways in which we convene our members and support them in the application of knowledge to their unique environments.

OUR ORGANIZATION

The OHA will ensure that our organization and culture remain inclusive, modern, and relevant.

People

We will strengthen our highly engaged culture with a strong commitment to care for our people while fostering a positive employee experience.

Practices

We will be responsive to the evolving work environment as we continue our relentless pursuit of business-planning excellence.

Relationships

We will continue to cultivate and nurture healthy relationships with our related entities and strategic partners.

OUR SYSTEM

The OHA will be an innovator and catalyst for vital change in Ontario's health system.

High-Performing Health Care System

We will collaborate with our members and partners to build a reliable, high-performing health care system with enough health services capacity to serve all Ontarians.

Hospital-Enabled Research and Education

We will elevate Ontario's health system by more deeply integrating hospital-enabled research and education.

Indigenous Health

We will work to become a trusted ally of Indigenous communities to address inequities in the health system and foster improved health access and outcomes for Indigenous Peoples.

Integrated Health Data

We will optimize the ways in which health data is shared and used by the health provider community to enable collaboration in support of integrated care solutions for patients.

Community Mental Health & Addictions Clinic **NEWSLETTER**



C-MAC staff celebrate the opening of the clinic.

LAUNCH OF CND OHT COMMUNITY MENTAL HEALTH & ADDICTIONS CLINIC

On March 7 2023, the Cambridge North Dumfries Ontario Health Team launched an eight-week Community Mental Health and Addictions Clinic (C-MAC).

This walk in clinic addresses a key need in CND identified by the CND OHT Mental Health & Addictions Working Group. It is intended to improve quick access to mental health and addictions treatment, improve the patient experience in navigating treatment and alleviating system pressures.

PATIENTS VISITING THE CMAC

43

Unique number of patients that have been seen in the first 4 weeks of the clinic.

7

Age of the youngest patient accessing services at the C-MAC.

81

Age of the oldest patient accessing services at the C-MAC.

64

Number of follow up visits complete by C-MAC

109

Number of patient encounters in the first 4 weeks of the clinic

PARTNERING WITH PARAMEDICS TO DECREASE MENTAL HEALTH AND ADDICTIONS EMERGENCY DEPARTMENT VISITS

Beginning on Tuesday, April 4 Region of Waterloo Paramedic Services will begin a pilot of bringing those with appropriate mental health and addictions conditions to the C-MAC. This change is being made in collaboration with the CMH Emergency Department and will allow paramedics to divert mental health and addictions calls. The CND OHT and Paramedic Services are working in partnership to evaluate the impact of this pilot.



100% of patients surveyed indicated that they were very satisfied or very satisfied with the care received at the C-MAC.

Words of Appreciation from a C-MAC Patient

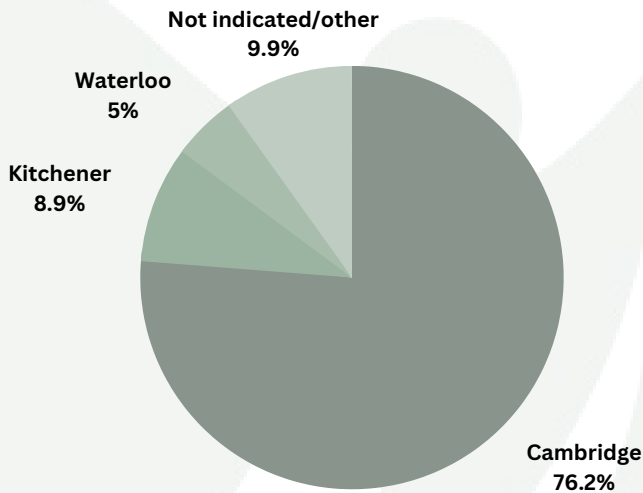
I am so glad I came in today - I didn't know where to start with my mental health. I don't have a family doctor and this help isn't accessible otherwise. For the first time in 3 years, I finally have some hope I can get a handle on mental health. We need places like this to continue.

Community Mental Health & Addictions Clinic At-A-Glance March 2023

CONNECTING CARE TO IMPROVE THE PATIENT, CAREGIVER & CLINICIAN EXPERIENCE

- 8 Number of organizations staffing the C-MAC. See the full list of partners at www.cndoht.com.
- 5 Most common referral sources to the C-MAC include the CMH Emergency Department, primary care, Here 24/7, schools and community engagement officers.
- 5 Number of warm-hand off care pathways developed or in development, to ensure clients are well supported to meet their wholistic needs. Examples include linkages to the Rapid Access Addiction Medicine Clinic and CMHA.

Where CMAC Patients Are Coming From



77% of patients are attached to primary care. Of those, only 15% indicated challenges accessing their primary care provider.



Language Matters

The CND OHT uses "patient" to describe those who access services at the CMAC, but individuals accessing the service may also be referred to as users or participants.

Top Presenting Concerns

- Anxiety and panic attacks
- Addictions
- Self-harm
- Low mood/depression
- Insomnia
- PTSD



Top Referrals for CMAC Patients

- Local counselling/navigation services such as Porchlight Counselling, Langs Health Guides, Here 24/7
- Addiction services
- Referrals to inpatient programs at Cambridge Memorial Hospital