

**BOARD OF DIRECTORS MEETING - OPEN**

January 25, 2023

1700h-1815h

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

[Click here to join the meeting](#)

Or call in (audio only)

(833) 827-2824 Canada (Toll-free)

Phone Conference ID: [616 547 107#](#)**AGENDA**

Agenda Item	Page #	Time	Responsibility	Purpose						
* indicates attachment / TBC – to be circulated										
<b>1. CALL TO ORDER</b>		1700	N. Melchers							
1.1 Territorial Acknowledgement			N. Melchers							
1.2 Welcome			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 November 30, 2022*	3									
1.5.2 CEO Report*	14									
1.5.3 Governance Policy Summary* Policies for Approval: (track changes version found in Package 2)	21									
<table border="1"> <thead> <tr> <th>#</th> <th>Policy Name</th> </tr> </thead> <tbody> <tr> <td>2-A-18</td> <td>Quality Committee Charter</td> </tr> <tr> <td>2-D-16</td> <td>Meeting of Independent Directors and Committee Members</td> </tr> </tbody> </table>	#	Policy Name	2-A-18	Quality Committee Charter	2-D-16	Meeting of Independent Directors and Committee Members	22 27			
#	Policy Name									
2-A-18	Quality Committee Charter									
2-D-16	Meeting of Independent Directors and Committee Members									
1.5.4 Board Work Plan*	28									
1.5.5 Balanced Score Card 2022/23*	36									
1.5.6 Q3 CEO Certification of Compliance*	53									
1.5.7 Tri-Hospital Research Ethics Board (THREB) Annual Report & Terms of Reference*	54									
1.6 Confirmation of Agenda			N. Melchers	Motion						
<b>2. EDUCATION PRESENTATION</b>										
2.1 None										
<b>3. NEW BUSINESS</b>										
3.1 Chairs Update		1705	N. Melchers							
3.1.1 Chairs Report*	64		N. Melchers	Information						
3.1.2 Events Calendar*	68		N. Melchers	Information						
3.2 Governance Committee Meeting Update* (January 12, 2023)	71	1710	J. Stecho	Information						
3.3 Audit Committee Meeting Update* (January 16, 2023)	73	1715	M. Hempel	Information						
3.4 Quality Committee Meeting Update* (January 18, 2023)	75	1720	D. Wilkinson	Information						
3.5 Digital Health Strategy Sub-Committee Meeting Update* (January 19, 2023)	86	1730	S. Alvarado	Information						
3.6 Capital Projects Sub-Committee Meeting Update TBC (January 23, 2023)	88	1735	T. Dean	Information						

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

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

<b>Agenda Item</b> * indicates attachment / TBC – to be circulated	<b>Page #</b>	<b>Time</b>	<b>Responsibility</b>	<b>Purpose</b>
3.7 Resources Committee Meeting Update TBC (January 23, 2023)	89	1740	L. Woeller	
3.7.1 December 2022 Financial Statements*	93		L. Woeller	Motion
3.7.2 Q3 Capital Spending Update*	103		L. Woeller	Information
3.7.3 2023-24 Hospital and Community Accountability Planning Submissions	105		L. Woeller	Motion
3.8 Medical Advisory Committee Meeting Update		1750	Dr. W. Lee	
3.8.1 December Meeting Summary* (December 14, 2022)	117		Dr. W. Lee	Information
3.8.2 November Privileging and Credentialing*	121		Dr. W. Lee	Motion
3.8.3 January Meeting Summary* (January 11, 2023)	128		Dr. W. Lee	Information
3.9 CEO Update		1805	P. Gaskin	
<b>4. ADJOURNMENT</b>		1815	N. Melchers	Motion
<b>5. DATE OF NEXT MEETING</b>	March 1, 2023 Location: Hybrid			

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

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

Cambridge Memorial Hospital  
BOARD OF DIRECTORS MEETING  
Wednesday, November 30, 2022  
**OPEN SESSION**

Minutes of the open session of the Board of Directors meeting, held in hybrid format on November 30, 2022

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	

Regrets:

Ms. J. Stecho, Ms. M. McKinnon

Staff Present:

S. Beckhoff, M. Iromoto, Mr. T. Clark

Guests: L. Short, A. Dhiman

Recorder: Ms. S. Fitzgerald

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**1. CALL TO ORDER**

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

**Territorial Acknowledgement**

Ms. Habicher presented the Territorial Acknowledgement and shared a personal reflection with the Board.

**1.1. Confirmation of Quorum**

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

**1.2. Conflict of Interest**

Board members were asked to declare any known conflicts of interest regarding this meeting. There being none the meeting continued as per usual.

**1.3. Consent Agenda**

Prior to approving the Consent Agenda, the Chair asked if any items required removal for further discussion. There were no items requested to be set aside.

The consent agenda was approved with noted amendments (Wilkinson/Woeller).

1.3.1 Minutes of September 28, 2022

1.3.2 CEO Report

1.3.3 Policies for Approval

- 2-A-18 Quality Committee Charter
- 2-A-28 Role Description for Committee Chair
- 2-C-20 Integrated Risk Management
- 2-C-50 Performance Monitoring
- 2-D-48 Whistleblower Policy
- 1.3.3 Q2 CEO Certificate of Compliance
- 1.3.4 Board Work Plan
- 1.3.5 Balanced Scorecard 2022/23

**CARRIED****1.4. Confirmation of Agenda**

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

**2. Presentations**

Dr. W. Lee & Ms. S. Pearsall provided the Board with key highlights of the presentation that was pre-circulated in the meeting package. Dr. Lee highlighted that the OHA toolkit was released in 2021. Prior to that date there had been no updates in 10 years. The revision updated many of the new process that exist within the current environment. Dr. Lee also highlighted that re-credentialing is an electronic process at CMH. One member asked how CMH compares to other organizations sessional fees. Dr. Lee advised that the fees are set through the MPSA and we are average compared to other organizations within the region. Dr. Morgan also expressed that CMH is on par with other medium sized organizations.

Dr. Lee highlighted that once a member is in the associate pathway there is an expectation that a 6 and 12month review be completed. CMH has revised the evaluation forms to be more consistent with other hospitals. The reviews are used to identify where there are gaps, room for encouragement to do things differently, and expand their interest.

**3. Business Arising****3.1. Chairs Update****3.1.1. Events Calendar/Meeting Dates**

The events calendar was reviewed.

**3.1.2. Chairs Report**

The Chair provided a summary of the board highlights for October and November. Ms. Melchers spoke about the placeholders in the room the “two empty chairs”. These spots indicate the people who are important to the Board/CMH.

Ms. Melchers congratulated and thanked Dr. Winnie Lee for her acceptance of the Chief of Staff position. Ms. Melchers had the privilege of speaking with the Chiefs and was over overwhelmed with the positive feedback that was received.

The Board participated in the adopt a family program for the holidays. The Chair thanked all those that contributed and help make the event a success.

**3.2. Audit Committee**

The Committee Chair provided the Board with highlights from the November 21, 2022 meeting as outlined in the pre-circulated briefing note summary. The committee reviewed the Audit Committee Charter and has made some enhancements and recommendations. This will be brought forward at the next Governance Committee meeting for review. The Chair noted that the committee continues to meet with Risk Management. Many of the identified risks will carry forward into next year. HIROC has recommended better documentation. CMH is moving away from the manual process

and using the risk management tool that HIROC has provided. The Board had no questions.

### 3.3. Resources Committee

The Committee Chair provided the Board with highlights from the November 21, 2022 meeting as outlined in the pre-circulated briefing note summary. Trevor Clark provided the committee with a Hospital Finances 101 education session. The presentation provided a lot of background on how the CRP funding is completed by the Ministry, and where CMH stands financially in the project.

**ACTION:** Presentation will be uploaded to the Board resources portal.

The Chair noted that the Investment Policy was brought to the Resources Committee for review at the recommendation of the Governance Committee. The Resources Committee will be taking the policy off line to complete a more in depth review to better reflect what CMH is doing. Once completed it will be taken back to Governance and then the Board of Directors for final approvals. There were no further questions.

### 3.4. Capital Projects Sub-Committee

The Committee Chair provided the Board with highlights from the November 29, 2022 meeting as outlined in the pre-circulated briefing note. The chair highlighted that the Phase 3 construction project continues to progress well to the schedule with a substantial completion date of October 2024. The new staff entrance project is now complete. There were no further questions.

### 3.5. Digital Health Strategy Sub-Committee

The Committee Chair provided the Board with highlights from the November 17, 2022 meeting as outlined in the pre-circulated briefing note. The Clinical Solutions RFP was issued on September 16, 2022 and will close on December 2, 2022. Currently there are 3 vendors expected to bid. Preparation work is being completed in advance by CMH to help speed up the process. Evaluators and presenters are currently being identified. The preferred vendor is expected to be selected in June 2023. There were no further questions.

As it relates to the ERP (enterprise resource planning) system, CMH is collaborating with Grand River Hospital and St. Mary's Hospital on the engagement of the professional services firm. This has created about a 1 month delay to the overall schedule. Management advised that if this process creates many delays CMH is prepared to moved forward solo. A decision of the preferred vendor is expected in December of 2022 with the decision of procurement approach in Spring of 2023. There were no further questions.

### 3.6. Quality Committee

The Committee Chair provided the Board with highlights from the October and November 16, 2022 meetings as outlined in the pre-circulated briefing notes.

At the October meeting the committee received two presentations from the perioperative program and health information management and technology. The chair recommended that the board read the briefing note included in package 2. An update was provided by the Privacy department regarding past breaches and the work towards an educational program this is currently underway.

At the November meeting the committee received two presentations, one from mental health services, and the other from food services. The chair highlighted that The joint CMH/OHT Indicator of first contact for mental health and addictions is the emergency department continues to be a work in progress for data collection. ALC days are reported on the Corporate Scorecard. Total Vacancy Rate is reported on the Corporate Scorecard. A webinar is being conducted mid-November regarding 2023 QIP indicators and further updates will be provided as information becomes available.

The Quality Committee still has a staff member vacancy. Stephanie Pearsall and Diane Wilkinson will be interviewing 4 candidates. There were no further questions.

### 3.7. Governance Committee

MS. Habicher provided the Board with highlights from the November 10, 2022 meeting.

#### 3.7.1. New Committee Member Appointment

At the September 28, 2022 the Chair requested that the Board of Directors reach out to their networks to fill two fill a vacancy on the Audit and Resource Committees. Members of the Board referred two individuals to fill these spots.

**MOTION:** (Woeller/Lauzon) **that**, the Board of Directors approve the appointment of Janet Ritcher - Resources Committee, Chris Whiteley - Audit Committee  
**CARRIED**

**MOTION:** (Wilkinson/Woeller) **that**, the Board of Directors approve the appointment of Colleen Bulla – PFAC representative of the Quality Committee  
**CARRIED**

#### 3.7.2. Recommendations for the 2023 Interview Team

**MOTION:** (Alvarado/Hempel) **that**, the Board of Directors appoint the following individuals as part of the interview team for the 2023 Board and committee member recruitment:

1. Jody Stecho
2. Andrew Stewart
3. Wajma Attayi
4. Elaine Habicher
5. Milena Protich **CARRIED**

### 3.8. Medical Advisory Committee

#### 3.8.1. October Meeting Summary

The Chief of Staff provide a fulsome update from the October 12, 2022 MAC meeting as outlined in the pre-circulated briefing note. A discussion was had around the evolving situations with the Fall/Winter surge.

#### 3.8.2. September Privileging and credentialing

**MOTION:** That the applications for privileges as displayed be approved.  
(Dean/Habicher) **CARRIED**

### CREDENTIALING FILES FOR REVIEW – SEPTEMBER 2022

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended
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Dr. Stephanie Ma	Surgery	Plastic Surgeon	Active	Resigning privileges effective September 30, 2022	Dr. Ingrid Whitehead	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Jordan Doherty	Medicine	Medical Oncology	Active	Resigning privileges effective Oct 14, 2022	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Mitchell Fox	Radiology	Radiologist	Locum	Requesting locum privileges from Aug 1 – Dec 31, 2022	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Nicholas Arrotta	Emergency		Locum	Requesting locum privileges as a restricted registration resident from July 14, 2022 – May 31, 2023	Dr. Matthew Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Winny Li	Emergency		Locum	Requesting locum privileges as a restricted registration resident from July 14, 2022 – Jan 31, 2023	Dr. Matthew Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Ornella Lam	Surgery	Urology	Locum	Requesting locum privileges from July 21, 2022 – July 20, 2023 for Regional on-call	Dr. Ingrid Whitehead	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Duncan Cushnie	Surgery	Surgical Assist	Locum transitioning to Affiliate	Requesting locum privileges until June 30, 2023 and then transitioning to Affiliate Staff	Dr. Ingrid Whitehead	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Duncan Cushnie	Surgery	Orthopedics	Locum	Requesting an extension of locum privileges from Aug 3 – 31 and Sept 16 –	Dr. Ingrid Whitehead	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

				30, 2022		
Dr. Vivian Ng	Women's & Children's	Pediatrician	Locum	Requesting locum privileges from Aug 1, 2022 – July 31, 2023	Dr. M. Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Brigitte Courteau	Pathology	Pathologist	Associate	New hire effective Aug 1, 2022	Dr. Jacqueline Bourgeois	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Trevor Semplonius	Medicine	Internal Medicine	Locum	Requesting locum privileges from Aug 2, 2022 – January 18, 2022	Dr. Jenny Legassie	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Brett Brownlee	Medicine	Internal Medicine Nephrology	Associate	New hire effective Aug 25, 2022	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Yuan (Helen) Zhao	Surgery	Surgical Assist	Locum	Requesting an extension of locum privileges from Sept 23, 2022 – June 30, 2023	Dr. Ingrid Whitehead	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Jason Ding	Medicine Oncology	Radiation Oncology	Locum	Requesting an extension of locum privileges from Sept 2, 2022 to June 30, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Lawrence "Todd" Walters	Family Medicine HSW		Locum	Requesting locum privileges in HSW from Aug 1, 2022 – Aug 1, 2023	Dr. Mekalai Kumanan	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Andrea Munn	Surgery	Orthopedics	Locum	Requesting locum privileges from Sept 1 – Dec 31, 2022	Dr. Ingrid Whitehead	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended



Dr. Kathleen Logie	Surgery	General Surgery	Locum	Requesting locum privileges from Aug 28 – Nov 30, 2022	Dr. Ingrid Whitehead	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Alexandra Budure	Surgery	Surgical Assist	Locum	Requesting locum privileges from Sept 6 – Dec 31, 2022	Dr. Ingrid Whitehead	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Heather MacKenzie	Medicine	Endocrinology	Associate	New hire effective Oct 1, 2022	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Vivian Ho	Hospital Medicine	Hospitalist	Locum	Requesting an extension of locum privileges from Sept 13 – Oct 2, 2022	Dr. Jenny Legassie	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Sivakumar Raghavan	Anesthesia	Anesthesiologist	Locum	Requesting locum privileges from Sept 19-23, 2022	Dr. Laura Puopolo	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Satish Rangaswamy	Surgery	Urology	Courtesy with Admitting	Retiring effective Dec 6, 2022	Dr. Ingrid Whitehead	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Andrea Hunt	Women's & Children's	OBGYN	Locum	Requesting an extension of locum privileges from Sept 6 – Dec 31, 2022	Dr. Kristin Wadsworth	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Genevieve Dostaler	Surgery	Plastic Surgeon	Locum	Requesting locum privileges from Sept 1 – Dec 31, 2022	Dr. Ingrid Whitehead	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Kazim Mirhadi	Psychiatry		Locum	Requesting locum privileges as a restricted registration resident from Sept 23, 2022 – Sept 22, 2023	Dr. Anjali Sharma	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Dr. Norwynne Frape	Medicine	GPO	Active	Requesting Senior Emeritus status	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Ms. Kristen Ingram	Women's & Children's Midwifery	Midwife	Locum	Requesting privileges to be MRP for oxytocin inductions of labour	Corine Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Ms. Jessica Martin	Women's & Children's Midwifery	Midwife	Locum	Requesting privileges to be MRP for oxytocin inductions of labour and epidural management in labour	Corine Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Nancy Moran	Anesthesia	Anesthesiologist	Locum	12 month evaluation received, ready to transition to Active staff	Dr. Laura Puopolo	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Carla Geurtjens	Surgery	Surgical Assist	Locum	Requesting an extension of locum privileges from June 10 – Nov 1, 2022	Dr. Ingrid Whitehead	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Shahzad Shahmalak	Mental Health	Psychiatrist	Active	Resigning from Active privileges effective Sept 30, 2022, transitioning to locum effective Oct 1, 2022 – June 30, 2023	Dr. Anjali Sharma	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Anna Rozenberg	Anesthesia	Anesthesiologist	Locum	Requesting an extension of locum privileges from Oct 2, 2022 – April 2, 2023	Dr. Laura Puopolo	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Shelley Kuang	Medicine	Medical Oncology	Locum	Requesting locum privileges from Oct 17, 2022 – Oct 16, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

1.1.1. **November Meeting Summary**

The Chief of Staff provide a fulsome update from the November 2, 2022 MAC meeting.

1.1.2. **October Privileging and credentialing**

**MOTION:** That the applications for privileges as displayed be approved.  
(Lauzon/Wilkinson) **CARRIED**

**CREDENTIALING FILES FOR REVIEW – OCTOBER 2022**

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended / Not Recommended
Dr. Nouf AIOtaiby	Surgery	General Surgeon	Locum	Requesting locum privileges from Oct 9, 2022 – Jan 8, 2023	Dr. Ingrid Whitehead	<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Leigh Bishop	Surgery	Oncoplastic Breast Surgery	Locum	Requesting locum privileges from Oct 12, 2022 – Oct 11, 2023 to assist Dr. Sawa	Dr. Ingrid Whitehead	<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Kirby Ding	Emergency		Locum	Requesting locum privileges as a restricted registration resident from Oct 17, 2022 – July 1, 2023	Dr. Matthew Runnalls	<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Omar Ghadieh	Medicine	Internal Medicine	Locum	Requesting locum privileges from Oct 17, 2022 – June 30, 2023	Dr. Augustin Nguyen	<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Adrienne Vraets	Anesthesia	Anesthesiologist	Locum	Requesting locum privileges from Nov 28, 2022 – May 31, 2023	Dr. Laura Puopolo	<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Phillip Amoabeng	Emergency		Locum	Requesting locum privileges as a restricted registration resident from Nov 1, 2022 – June 30, 2023	Dr. Matthew Runnalls	<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended / Not Recommended
Dr. Omar Al-Aqidi	Emergency		Locum	Requesting an extension of locum privileges from Dec 1 – 31, 2022	Dr. Matthew Runnalls	<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Steven Wong	Emergency		Locum	Requesting an extension of locum privileges from Jan 1 – June 30, 2023	Dr. Matthew Runnalls	<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Carla Guertjens	Surgery – Surgical Assist		Locum	Requesting an extension of locum privileges from Nov 2, 2022 – June 30, 2023	Dr. Ingrid Whitehead	<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Rebecca Skillen	Surgery – Surgical Assist		Locum	Requesting an extension of locum privileges from Nov 2, 2022 – June 30, 2023	Dr. Ingrid Whitehead	<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Stephanie Herman	Surgery – Surgical Assist		Locum	Requesting an extension of locum privileges from Nov 2, 2022 – June 30, 2023	Dr. Ingrid Whitehead	<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

### 3.9. Foundation Update – MRI & Trees Update

Executive Director, Lisa Short from the Cambridge Memorial Foundation provided the committee with a presentation highlighting the Trees of Caring campaign to help bring a new MRI to Cambridge Memorial Hospital. Sara Alvarado will be walking from Cambridge to Paris to raise funds for the new MRI. To date she has raised over \$2K.

Ms. Short provided the board with some information regarding the upcoming CMHF Revel fundraiser event to be held on March 3, 2023

Ms. Short left the meeting

### 3.10. CEO Update

#### 3.10.1. Waterloo Wellington Regional Cancer Program

The CEO brought attention to the letter received from the VP of the Waterloo Regional Cancer Program.

#### 3.10.2. Innovation Fund

Over the past several months, the framework for the Innovation Fund has developed. Avneet Dhiman, CMH's co-op student from the University of Waterloo, has led this work, with support from the Senior Director, Strategy & Performance/CIO and the President & CEO. In developing the framework,

Avneet has consulted with the Directors' Council, the Senior Executive Committee, Lisa Short from the CMH Foundation as well as Diane Wilkinson, Chair, Quality Committee. The Foundation has offered to support this fund as well – so the available funding for this work is \$40,000.

The plan is to launch the fund in early December – with the goal to recruit interested staff by the end of January. For 2022-23, the timetable has been adjusted, given our “late” start. In future years, solicitation for staff ideas would occur in October.

3.10.3. **Closing the Loop – MyChart**

The Board reviewed the pre-circulated briefing note circulated in the meeting package.

**2. ADJOURNMENT**

The meeting adjourned at 1647h. (Melchers/Alvarado)

**3. DATE OF NEXT MEETING**

The next scheduled meeting is January 25, 2023

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Nicola Melchers  
Board Director  
CMH Board of Directors

Patrick Gaskin  
Board Secretary  
CMH Board of Directors



**CMH President & CEO Report  
February 2023  
for CMH (Jan.), CMHF (Jan.), CMHVA (Jan.), MAC (Feb.)**

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.

**Innovation fund Launched**

- On January 9, I was pleased to announce the Innovation Fund to staff, which was a collaboration between the CMH Board of Directors and the Foundation.
- As Innovation is one of our core values and with the introduction of our new strategic plan, the time was right to nurture and grow this potential within our Hospital! It is also a way for staff to develop their leadership skills and enhance their careers.
- Innovation is rarely the one BIG transformative idea that changes the world. Most times, innovation is that creative way to tackle an everyday issue, solving the one thing that makes things better. It's about making things better – improving what we do at CMH. Over the years that I've been here, I have seen staff initiate incredible small and big projects that helped enrich the CMH patient experience and enhance work environments for the better - from as complex starting a new service at CMH to more straightforward as an improved process for providing offer letters for people we want to recruit to CMH.
- As a new program, the Innovation Fund is for staff to pursue projects that are important to them, reflecting the unique perspectives they offer. Resources, both in funding and internal expertise, have been set aside for projects that enhance work processes and the patient experience.
- The first deadline for submissions is at the end of January and we are looking forward to hearing the staff's ideas!

**New mental health benefit**

- Over the past two years, staff shared with us that access to mental health resources is vital to their well-being. They said that at times, “fee for service” options and the added costs to access these supports can be challenging.
- Our vision of '*Creating Healthier Communities, Together*' is inclusive of the people who work hard to provide care for our patients. We want them to have the supports they need to be the best they can be. It strongly aligns to the *Increase Joy in Work* pillar of our 2022-2027 strategic plan to improve the well-being our teams, supporting their physical, psychological and spiritual health.

- Starting January 1, 2023, all staff and their eligible dependents have access to a new Mental Health Benefit. It is a one-time benefit of \$1500 can be used for mental health services at any time the entire year, until December 31, 2023 at no additional cost to them.
- This has been extended to members of the medical/professional staff as well.

### **Government rolls out initiative to reduce wait times**

- The government announced (Jan. 16) a new initiative to leverage community-based surgical and diagnostic centres to reduce wait times at hospitals. As a first step, the government is focusing on cataract surgery because this procedure has one of the longest waits.
- CMH's partnership with Clear Vision that was announced in March 2022 is in line with this plan. Since then, about two-thirds of cataract surgeries have been transferred to our community partner, shortening wait times for many patients and providing the hospital with the means to focus on other cases.
- Some data was shared with media to highlight the number of procedures performed and current wait times (as of April 1, 2022):
  - 694 - the number of cataract surgeries performed at CMH
    - The hospital transferred 1294 cataract surgeries to the community, which represent almost 65% of cataract cases.
    - A total of 1685 ophthalmic procedures (all eye surgeries) has been performed at CMH since April 1, 2022.
  - 755 - the current wait list for ophthalmic surgery (i.e., all eye surgeries, including cataract surgery).
    - By contrast, we had 1337 cataract surgeries alone waiting to be performed in February 2022.
- There is cautious optimism that any future changes to send cases into the community will be done in partnership with the hospital system and that it will not disrupt an already stretched human health resources. If the goal is for hospitals to focus on more complex, acute care cases, the system requires a robust workforce to take on lengthier, higher risk surgeries.

### **Wellness Loop introduced**

- The Wellness Loop is a program designed to encourage staff to participate in activities that align with key wellness dimensions. Activities can be CMH led or activities done outside of work. These can be, for example, going for a jog, reading a book, meal planning, going to a museum/gallery, or creating a budget - anything that contributes to a healthy lifestyle.
- Every month, a different area of focus will be shared on one the following dimensions of wellness:
  - Physical
  - Emotional
  - Social
  - Environmental
  - Intellectual
  - Financial

- Monthly gift card draws will be made for all eligible participants and with consistent participation, staff will be entered into quarterly draws for wellness-related gift cards and CMH branded items.

### **Health Care Heroes: Dr. Winnie Lee and Kate Cressman**

- Congratulations to our very own Chief of Staff, Dr. Winnie Lee, who was given the Healthcare Hero award at the Cambridge Chamber Community Awards on November 28, 2022. Dr. Lee was recognized for her dedication throughout the pandemic and outstanding service at the hospital.
- Likewise, Kate Cressman, the CMH Foundation Board Chair, was also presented with the Lifetime Achievement Award for her significant contributions to the community through her work with the Foundation and her "passion for seeing our community thrive and become an even better place to live."
- We are grateful to have these two outstanding leaders supporting our hospital and community.
- Also noteworthy are Victoria Dilello, a RPN in our Surgery unit and Julia Ropotyn, who has since moved into an academic role, for their Health Care Hero award nominations.

### **Valerie Smith-Sellers, Director of Finance**

- We were very pleased to announce that Valerie Smith-Sellers, Interim Director, Finance since August 2022, accepted the permanent position of Director, Finance effective January 2, 2023.
- Val is a CPA/CA with more than 30 years of management experience in the not-for-profit and hospital sectors.
- She joined CMH in the position of Controller in 2016 and is intimately familiar with CMH's financial challenges, working closely with our management team to develop capital and operating budget processes and business plans.
- She is a proven and effective team leader that builds collaborative relationships with internal and external stakeholders.
- With her unique skillsets, Val will be instrumental to help us achieve our strategic goals and objectives, while improving quality and efficiency of services within the Finance Department.
- The interview team comprised the Vice President Finance and Corporate Services, Director Clinical Programs, Manager Clinical Scheduling and Ambulatory Services, Director of Operational Excellence, and Director Human Resources. All were impressed with Val's strong analytical, decision-making and strategic financial management skills.
- In her free time, Val enjoys travel, camping with family and friends, and plays golf. She is a member of the Ayr Curling Club.

### **David Parker, Director Support Services**

- On January 9, we welcomed David Parker as our Director of Support Services at CMH.



- David comes to us with 30 years of unique and varied international experiences in building services and facilities management, starting his career with British Nuclear Fuels as an engineer. He also brings a wide range of experience within the sector, is a strong people leader, has a wealth of knowledge, is a motivator and that ability to adapt to job demands, while providing excellent service.
- Before accepting this role with CMH, David worked in the healthcare sector for Carillion Canada on the P3 project with Halton Healthcare and more recently with Honeywell Business Solutions on the P3 healthcare DBFM Project in Hamilton Ontario. He brings a lot of knowledge to CMH following his long career in Building Facilities.
- David hails from Glasgow, Scotland. A passionate professional within the Engineering, Building Services and Facilities Management industry with many years' experiences, whilst working in the UK, the Caribbean and since 2011, Canada.
- Since becoming a proud Canadian citizen, David resides in the Golden Horseshoe area of Ontario. His interests include: music (listening, attending concerts and playing the drums); classic cars – having owned and worked on many classic cars in the UK and Canada, and car shows that seem to pop into his calendar!
- Of course, he also enjoys soccer and is a lifelong Glasgow Celtic Football Club fan. Regardless of where he is, David can be found cheering on his favorite team, even if it is thousands of miles away from the match!

#### **Katrina Graham RN, Indigenous Patient Navigator**

- While in the role for a few months, a profile of our new Indigenous Patient Navigator was share to staff in January.
- Katrina Graham, RN is a dedicated helper in our Indigenous community. She is of mixed ancestry with Cree, Scottish and Irish heritage. Katrina has spent most of her life living in the Kitchener-Waterloo area and now resides in a nearby County.
- In 2012, she graduated from McMaster University's BScN program, focusing her nursing career on community care, palliative care and, Indigenous health and wellness. Eventually she gained valuable experiences as an Indigenous Seniors case manager, home visiting nurse, long-term care nurse, hospice staff nurse, and more recently a Hospice Clinical Resource Nurse.
- With a special interest in complementary therapies and studies completed in energy therapies, Katrina integrates these therapies into her nursing practice.
- Her passions include spending time with her family and community, drumming, singing, being on the land, and practicing and learning holistic modalities.
- When asked what it meant to be CMH's first Indigenous Patient Navigator: *"I am honoured be a part of the SOAHAC team and I look forward to working with the community and community partners as an Osh-Ka-Be-Wis (helper) and Patient Navigator."*
- A few questions were asked to help illustrate the role she plays at CMH:

- *What is an Indigenous patient navigator?*  
A navigator guides and supports First Nations, Inuit and Métis people in their healthcare journey.
- *Why is this service available?*  
Advancing health equity is a pillar of our strategic plan, which includes ensuring our patients feel safe, accepted, and empowered at each step of their healthcare journey. The Indigenous Patient Navigator will help remove barriers to accessing quality, equitable healthcare for our Indigenous community. It is a collaborative role that advocates for a culturally safe environment and assist in identifying needs and areas for improving the quality of care for Indigenous people in hospitals.
- *What does an Aboriginal patient navigator do in a hospital?*  
They provide in-person and over-the-phone support to patients by enhancing communication, attending rounds, making referrals to the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) services for additional services, and helping patients understand their healthcare plan, including discharge plans.
- *How do staff make a referral?*  
The referral process can be done by contacting Katrina directly. Consent from the patient or Substitute Decision Maker is required. Hours of service are between 8:30am-4:30 pm Monday-Friday (except for holidays).

#### **VRE outbreak declared on Med. B**

- On January 19, CMH declared a Vancomycin-resistant Enterococcus (VRE) outbreak on Medicine B (Wing C, Level 4).
- At this time, six patients have been identified as healthcare-acquired positive cases (only one of these remains hospitalized at this time). A hospital outbreak is declared when there is an increase of cases of VRE over baseline rate from one month to another.
- VRE is an antimicrobial-resistant organism (ARO) of concern within hospitals. It colonizes patients' intestinal tract, and is transmitted via direct contact (person-to-person) and indirect contact (environment-to-person).
- Patients are routinely monitored as part of the hospital's routine ARO surveillance program. Risk to staff is low, if PPE is used properly and hand hygiene is performed according to the 4 Moments of Hand Hygiene.
- On-going surveillance of staff is not required. In response to the outbreak, these precautions have also been added to enhance safety:
  - All patients on Med B are isolated in contact precautions (at a minimum)
  - Bolstered hand hygiene observations and monitoring of equipment cleaning, including noco-spray
  - Enhanced environmental cleaning, including terminal cleans of the entire unit and following discharge of isolated patients

- Hand hygiene packets provided on patient food trays for patients to use BEFORE consuming their meal.
- Cohorting VRE positive patients to an area of the unit, as we are able.
- Care partners will not be restricted to the unit, though we will require their compliance with PPE. They will be given information about VRE and how to protect against getting infected.
- Testing for VRE occurs weekly and two negative prevalence screens are required before a VRE outbreak can be declared over. The earliest possible date this outbreak can be declared over is Thursday, February 3, 2023.
- The safety and wellbeing of our staff, providers and patients is our top priority. Continue to wear the appropriate PPE as anyone can be infectious, even when a person is asymptomatic. Practice physical distancing when you are not wearing PPE (i.e., when on breaks) and continue to practice hand hygiene for the safety of all.
- VRE outbreaks are not reportable to Public Health.

### **Safety first: Hotel accommodations offered during the 'Holiday' storm**

- The week of Dec. 19, media reported a looming winter storm that predicted a major disruption to all travel. It was set to hit our area on December 23 and 24.
- In recognition of some staff's longer commutes that could be challenged by this weather, the hospital acted quickly and arranged to cover hotel accommodations at the nearby Cambridge Hotel and Conference Centre on Hespeler Road.
- Communication was shared to staff that if they felt unsafe to go home or come back the next day for a shift, they may contact the hotel to book a room by showing their badge only. They were also instructed that if the hotel did not have a room, they could book at another hotel to a maximum of \$150 for reimbursement.
- Ten staff took advantage of this offer over the weekend.

### **Donate Blood as part of the CMH team**

- Did you know that CMH is a Canadian Blood Services' "Partner for Life?"
- For the past four years, CMH has been part of an initiative that brings people together with the common goal of supporting the most vulnerable in our community when they need blood.
- In 2022, CMH staff donated 46 times in the hospital's name in 2022, smashing our now puny pledge of 20. It was our highest count since we became a "Partner for Life" in 2019.
- Our pledge challenge for 2023 is to donate 40 units!! Anyone, whether they work at CMH, is a relative or just wants to participate, can be part of our team.
- It's easy to do. When scheduling an appointment online at Canadian Blood Services, do the following:
  - Sign in (or create a profile)
  - Look for the "partners" link in the left menu section and click it to open
  - Search for Cambridge Memorial Hospital or use the ID# CAMB16809. Follow prompts to join and become part of the CMH team!

- Book the appointment. Your donation will automatically count to CMH's overall total.
- Thank you!

**A yummy tradition continues on Christmas Day.**

- Davin Persad Mahajari lost his mother in 2006 on boxing day as she was being treated for kidney disease in the hospital. During this time, Davin and his family realized that hospital staff did not have access to coffee or food as the coffee shop was closed for the holidays.
- So he spent the \$60 he had in his pocket at a local Tim Hortons and brought back coffee for the staff. This act of kindness kicked off this tradition that has spanned more than a decade and is appreciated by those working Christmas at our hospitals. it each and every year.
- This donation serves as a way of paying homage to his parents, Kaiso and Phulmattee Pearl Persad Maharaj who enjoyed feeding and celebrating with others- especially over the holidays.



# BRIEFING NOTE

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**Date:** January 20, 2023  
**Issue:** Policy Review  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Stephanie Fitzgerald  
**Approved by:** Patrick Gaskin

**Attachments/Related Documents:** Policies with Track Changes

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### Recommendation/Motion

Following review and discussion of the information provided, the Governance Committee of the Board recommends to the Board of Directors that the following policies be approved with amendments:

*2-A-18 Quality Committee Charter*

*2-D-16 Meeting of Independent Directors and Committee Members*

*(\*Track changes version can be found in package 2)*

### Background

The following policies will be reviewed at the November 10, 2022 Governance Committee meeting:

*\*Note only policies with tracked changes are attached to the package*

Policy No.	Policy Name
2-A-18	Quality Committee Charter
2-D-16	Meeting of Independent Directors and Committee Members

## BOARD MANUAL

<b>SUBJECT: Quality Committee Charter</b>		<b>NUMBER: 2-A-18</b>
<b>SECTION: Structure, Roles and Responsibilities</b>	<b>APPROVED BY: Board of Directors</b>	
<b>DATE: September 28, 2011</b>	<b>REVISED/REVIEWED: May 29, 2013, October 30, 2013, May 27, 2015, May 24, 2017, January 29, 2020, May 26, 2021, Nov 30, 2022</b>	

### 1. Application

This Charter shall apply to the Quality Committee (the “**Committee**”) of the Board of the Cambridge Memorial Hospital (the “**Corporation**”). All capitalized terms not defined herein have the meaning set out in the Corporation’s By-Laws.

### 2. Definitions

The “Quality Committee” operates under the authority of the Board and is the Quality Committee for the purposes of the *Excellent Care for All Act, 2010* (“the Act”).

"Critical incident" means any unintended event that occurs when a patient receives treatment in the hospital that, (a) results in death, or serious disability, injury or harm to the patient, and (b) does not result primarily from the patient's underlying medical condition or from a known risk inherent in providing the treatment.

“Performance Metrics” means the Board approved organization performance metrics that provide an overview of the organization’s performance in achieving quality, workplace safety as it relates to a quality metric, patient and staff satisfaction and such other performance metrics that the Board may approve from time to time.

### 3. Composition

- (a) The Committee shall consist of the following voting members:
- (i) up to five (5) voting members of the Board to ensure, pursuant to the regulations under the *Excellent Care for All Act* that one third of the

- members of the Quality Committee are voting members of the hospital board, one of whom shall be appointed Chair;
- (ii) up to four (4) members from the broader community who are resident, employed or carrying on business in the Region of Waterloo, appointed by the Board upon the recommendation of the Governance Committee;
  - (iii) a member of the Patient Family Advisory Committee (PFAC), appointed annually by PFAC;
  - (iv) the President and Chief Executive Officer (CEO);
  - (v) one member of the Medical Advisory Committee;
  - (vi) the Chief Nursing Executive; and
  - (vii) Up to two hospital employee(s) who are not members of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario.

Subject to the approval of the Board, the members of the Quality Committee referenced at paragraphs (iv) and (vi) may appoint a delegate to sit as a member of the Quality Committee in their stead.

- (b) Non-voting resources to the Committee will include:
  - (i) Senior Director, Strategy, Performance & CIO; and
  - (ii) any other staff resources identified by the CEO in consultation with the Committee Chair.
- (c) Members will be appointed annually by the Board with consideration given to re-appointing some members each year for the benefit of their knowledge and experience gained on the Committee.

#### 4. **Meetings**

The Committee shall:

- (a) meet at least four (4) times annually, or more frequently as circumstances dictate
- (b) conduct all or part of any meeting in the absence of management, and it is the Committee's policy to include such a session on the agenda of each regularly-scheduled Committee meeting
- (c) invite to its meetings any Director, member of management or such other persons as it deems appropriate in order to carry out its duties and responsibilities
- (d) exclude from its meetings any persons it deems appropriate in order to carry out its responsibilities.

#### 5. **Specific Duties and Responsibilities**

(a) *Excellent Care for All Act, 2010*

The Committee, in accordance with its responsibilities under the Act, shall:

- (i) monitor and report to the Board on quality issues and on the overall

quality of services provided in the Corporation, with reference to appropriate data including:

- (a) Performance Metrics and other performance indicators used to measure quality of care and services and patient safety;
  - (b) reports received from the Medical Advisory Committee identifying and making recommendations with respect to systemic or recurring quality of care issues;
  - (c) publicly reported patient safety indicators;
  - (d) critical incident; and
  - (e) annual program reviews of quality.
- (ii) consider and make recommendations to the Board regarding quality improvement initiatives and policies;
  - (iii) receive information and reports on the implementation of best practices and scientific evidence to support practice changes and encourage innovation and the promotion of continuous quality improvement in all areas to improve patient care, the patient experience and the operations of the hospital;;
  - (iv) oversee the preparation of the Corporation's annual quality improvement plans;
  - (v) review and report to the Board on progress in achieving the goals of the quality improvement plan and the quality and safety plan;
  - (vi) oversee the establishment and monitoring of the patient declaration of values in collaboration with the Patient and Family Advisory Council;
  - (vii) oversee that a process is in place to collect and monitor patient and employee satisfaction (including staff and other persons working for or providing services within the organization), monitor the results of such surveys and, where applicable, the incorporation of the findings into the quality improvement targets;
  - (viii) develop and oversee the implementation of a policy that requires the posting of Board approved quality Performance Metrics and targets on the Corporation's public website; and
  - (ix) perform such other responsibilities as may be provided under regulations under the Act.
- (b) Accreditation



The Committee shall:

- (i) oversee the Corporation's plan to prepare for hospital-wide accreditation and, as relevant, for department/program specific accreditations; and
  - (ii) review accreditation reports and any plans required to be implemented to improve performance and correct deficiencies.
- (c) Critical Incidents

The Committee shall:

- (i) in accordance with Regulation 965 under the *Public Hospitals Act* receive from the Chief Executive Officer, at least twice a year, aggregate critical incident data related to the critical incidents occurring at the hospital since the previous aggregate data was provided to the Committee and the actions taken to mitigate the risks associated with any such incidents; and
  - (ii) annually review and report to the Board on the Corporation's system for ensuring that, at an appropriate time following the disclosure of a critical incident, there be disclosure as required by Regulation 965 under the *Public Hospitals Act* of the systemic steps, if any, the Corporation is taking or has taken to avoid or reduce the risk of further similar critical incidents.
- (d) Oversight of Risk

The Committee shall:

- (i) oversee risk management in the following assigned categories: accreditation, care, regulatory and teaching; and
  - (ii) oversee the appropriate progress and completion of plans to mitigate risks identified through the integrated risk management priority setting process and report annually to the Audit Committee.
- (e) Organ Donation

The Committee shall:

- (i) ensure that procedures are in place to encourage the donation of organs and tissues in accordance with the Board's responsibilities in the regulations under the *Public Hospitals Act*.
- (f) Professional Staff Process

The Committee shall:

- (i) Review at least every 3 years with the Chief of Staff the appointment and re-appointment process for the professional staff, including:
  - Criteria for appointment;
  - Application and re-application forms;
  - Application and re-application process; and
  - Processes for periodic reviews

## 6. General

The Committee shall have the following additional general duties and responsibilities:

- (a) assisting the Board in the performance of the Board's governance role for the quality of patient care and service and reporting to the Board at each of its meetings;
- (b) as and when requested by the Board, providing advice to the Board on the implications of budget proposals on the quality of care and services;
- (c) as and when requested by the Board, providing advice to the Board on the quality and safety implications of the Hospital Annual Operating Plan and quality indicators proposed to be included in the Hospital's Service Accountability Agreement or in any other funding agreement;
- (d) suggesting Board education and development relating to quality topics appropriate for Board level discussion and oversight;
- (e) maintaining minutes or other records of meetings and activities of the Committee;
- (f) having the authority, upon approval by the Board, to engage independent legal counsel, consultants or other advisors with respect to fulfilling its responsibilities and the Hospital corporation shall provide appropriate funding;
- (g) conducting an annual evaluation of the Committee in which the Committee (and/or its individual members) reviews the Committee's performance for the preceding year for the purpose, among other things, of assessing whether it fulfilled the purposes and responsibilities stated in this Charter;
- (h) providing an orientation for new committee members;
- (i) assessing the adequacy of this Charter at least every three (3) years and submitting any proposed amendments to the Governance Committee and the Board for approval; and
- (j) performing such other functions and tasks as may be assigned from time to time by the Board.

## BOARD MANUAL

<b>SUBJECT: Meeting of Independent Directors and Committee Members</b>		<b>NUMBER: 2-D-16</b>
<b>SECTION: Board Processes</b>	<b>APPROVED BY: Board of Directors</b>	
<b>DATE: February 23, 2011</b>	<b>REVISED/REVIEWED: April 23, 2014, January 25, 2017, July 28, 2020</b>	

### **Purpose**

To set the parameters for meetings of independent Directors of the Board/committee members and to ensure that the Board/committee oversees management and is satisfied with the quality of material and information provided by management. Best practice encourages the ability for the independent Directors/committee members to meet separately without management.

### **Policy**

The independent Directors/committee members shall meet without management at a minimum at the end of each Board/committee meeting, for the purpose of evaluating the Board/committee's relationship with management, as well as its oversight of, and the quality, adequacy and timeliness of information provided by management.

Such meetings may be used to provide feedback about Board/committee processes. At times, such meetings might also focus on substantive issues that may be more difficult for some Directors/committee members to discuss with management present. They may also provide opportunities for the Chair to discuss areas where the performance of the Directors/committee members could be strengthened.

Meetings will include Directors/committee members who are independent and external to the Hospital. The CEO, Chief of Staff (COS), Chief Nursing Executive, other senior executives, officers of the Medical/Professional Staff Association and administrative support staff will not attend.

Such meetings shall not be considered to be meetings of the Board/committee but rather will be information meetings only. No minutes of the meeting shall be recorded other than by the Chair so that discussion can be further convened at the appropriate committee, Board or with management.

The Chair of the Board shall communicate with the CEO and/or COS any relevant matters raised during the meeting on a timely basis. Committee Chairs shall communicate with their senior staff representative any relevant matters raised during the meeting on a timely basis.

Where appropriate, it is recommended that items for discussion at these meetings be forwarded to the Chair of the Board/committee in advance.

**BOARD WORK PLAN – 2022-23**

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

## 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"> <li>➤ Review and approve the Hospital Services Accountability Agreement (H-SAA)</li> <li>➤ Review and approve Multi-Sector Accountability Agreement (MSAA)</li> <li>➤ Review and Approve Community Annual Planning Submission (CAPS)</li> <li>➤ Review and Approve Hospital Accountability Planning Submission (HAPS)</li> </ul>	Resources, Quality					√	√		
b-iii-C	<ul style="list-style-type: none"> <li>➤ Monitor performance indicators and progress toward achieving the quality improvement plan</li> </ul>	Quality			C	√			√	
c-i-B	<ul style="list-style-type: none"> <li>➤ 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>)</li> </ul>	Quality			C				√	
c-i-B	<ul style="list-style-type: none"> <li>➤ Monitor, mitigate, decrease and respond to principal risks</li> </ul>	Audit							√	
c-i-E	<ul style="list-style-type: none"> <li>➤ Review the functioning of the Corporation, in relation to the objects of the Corporation the Bylaw, Legislation, and the HSAA</li> </ul>	Governance			C	√			√	√
	<ul style="list-style-type: none"> <li>➤ Receive and review the Corporate Scorecard</li> </ul>	Board	C	D	C	√	√	√	√	√
	<ul style="list-style-type: none"> <li>➤ Declaration of Compliance with M-SAA Schedule F (due 90 days after fiscal year end)</li> </ul>	Resources	C							√
c-i-F	<ul style="list-style-type: none"> <li>➤ Declaration of Compliance with BPSAA Schedule A (due May 31 to the OH)</li> </ul>	Resources							I	√
c-i-F	<ul style="list-style-type: none"> <li>➤ Receive and review quarterly the CEO certificate of compliance regarding the obligations for payments of salaries, wages, benefits, statutory deductions and financial statements</li> </ul>	Resources	C		C		√	√		
c-i-F	<ul style="list-style-type: none"> <li>➤ Procedures to monitor and ensure compliance with applicable legislation and regulations</li> </ul>	Audit							√	

Agenda Item 1.5.4  
**BOARD WORK PLAN – 2022-23**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
c-ix-G	➤ Board Education Topics <ul style="list-style-type: none"> <li>○ Medical/Professional Staff Credentialing</li> <li>○ Health Human Resources</li> <li>○ Risk Management at CMH</li> </ul>	Board	D		C C					
	➤ Board Generative Discussion Topics <ul style="list-style-type: none"> <li>○ DEI – What’s the Boards Role</li> <li>○ Partnerships in Cambridge and Beyond</li> <li>○ Digital Health 2.0</li> </ul>	Board	C	C			√ √	√		
e-i-A	Receive a summary report on: <ul style="list-style-type: none"> <li>• CEO succession plan and process</li> <li>• COS succession plan and process</li> <li>• Succession plan for executive management and professional staff leadership</li> </ul>	Executive Executive Executive							√ √	√
<b>Professional Staff</b>										
f-i-A	➤ 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	√	√	√	√	√
f-i-B/C										
f-i-C	➤ 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	√	√	√	√	√
		COS	C	D	C	√	√	√	√	√
<b>Build Relationships</b>										

Agenda Item 1.5.4  
**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"> <li>➤ Build and maintain good relationships with the Corporation’s key stakeholders               <ul style="list-style-type: none"> <li>➤ 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.</li> </ul> </li> <li>➤ Present Annual Volunteer Association Presentation</li> </ul>	Board			D					
<b>Financial Viability</b>										
h-i-A,C	<ul style="list-style-type: none"> <li>➤ Review and approve multi-year capital strategy</li> <li>➤ Review and approve multi-year information technology strategy</li> </ul>	Resources Resources					√		√	
h-i-A,C	<ul style="list-style-type: none"> <li>➤ Review and approve annual operating plan – service changes, operating plan, capital plan, salary increases, material amendments to benefit plans, programs and policies</li> </ul>	Resources/ Quality				√	√			
h-i-A, B	<ul style="list-style-type: none"> <li>➤ Approve the year-end financial statements</li> </ul>	Board							√	
h-i-A	<ul style="list-style-type: none"> <li>➤ Approve key financial objectives that support the corporation’s financial needs (including capital allocations and expenditures) (<i>assumptions for following year budget</i>)</li> </ul>	Resources				√	√			
i-i-C	<ul style="list-style-type: none"> <li>➤ Review of management programs to oversee compliance with financial principles and policies</li> </ul>	Resources							√	
	<ul style="list-style-type: none"> <li>➤ Affirm signing officers for upcoming year</li> </ul>	Board								√
	<ul style="list-style-type: none"> <li>➤ Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding</li> </ul>	Resources	C					√		
<b>Board Effectiveness</b>										

**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	√	√	√	√	
	➤ Review Progress on ABCDE Goals ( <i>Director &amp; Chair meet during July/August to establish goals for upcoming Board cycle</i> )	Board			C		√			√
	<b>Fundraising</b>									
k	➤ Support fundraising initiatives including donor cultivation activities. ( <i>through Foundation Report and Upcoming Events</i> )	Foundation	C	D	C	√	√	√	√	√
	<b>Public Hospitals Act required programs</b>									
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								√



Agenda Item 1.5.4  
**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					
<b>Recruitment</b>										
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)									

Agenda Item 1.5.4  
**BOARD WORK PLAN – 2022-23**

**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"> <li>o financial</li> <li>o quality</li> <li>o patient/workplace safety</li> </ul>	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:** January 19, 2023  
**Issue:** Corporate Scorecard December Update  
**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 Scorecard and Action Plans

**Alignment with 2022/23 CMH Priorities:**

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

## Executive Summary

The Cambridge Memorial Hospital (CMH) Corporate Scorecard is a performance monitoring tool that is updated annually to track progress and outcomes on CMH's most important in year priorities. **Appendix A** includes the corporate scorecard and action plans as well as our “watch” Indicators.

## Background

The CMH Corporate Scorecard has been updated for fiscal year 2022-23 to reflect indicators that are aligned to the most important in year strategic initiatives. Indicators on the scorecard are either aligned to the in-year Quality Improvement Plan (QIP) / Collaborative QIP (cQIP) or the highest in year risks identified through the Integrated Risk Management (IRM) process.

The scorecard indicators are aligned to the 2022-2027 strategic pillars:

- Elevate Partnerships in Care
- Reimagine Community Health
- Sustain Financial Health
- Advance Health Equity
- Increase Joy in Work

## Analysis

### Quality Committee Indicators (QIP/c-QIP):

- **Percent ALC Days-** This indicator measures the Alternative Level of Care (ALC) days expressed as a percentage of all inpatient days. This indicator is a priority for the hospital and the CND OHT to reduce the number of days' patients spend in hospital unnecessarily. "ALC" refers to care that would be better provided in a setting other than the hospital such as long term care or home with support. If we are successful at reducing this percentage, it indicates patients are receiving better more appropriate care by being in the right care setting more often. This indicator is currently at a "Red" status. There was a significant increase in ALC patient days due to health system pressure throughout the pandemic. In November data we had a slight improvement on this indicator.
- **Mental Health and Addictions Related Care-** This indicator is intended to measure rates of emergency department visits as first point of contact for mental health and addictions related care. The goal is to establish a baseline understanding of people's ability to access supports in the community and or early support before the need for emergency department care. To establish a baseline understanding we have begun monitoring repeat emergency department visits for mental health and addictions related care for patients with four or more visits in a 365-day period. A lower number for this indicator is better as it means patients have access to the support they need in the community to prevent the need for emergency care. Currently this indicator is at a "Green" status as it has improved compared to previous fiscal year- however we are still investigating and learning the trends with this indicator.
- **Vacancy Rate-** This indicator monitors total vacancies for permanent full-time and part-time positions as a rate of our total permanent full-time and part-time positions. A lower rate means that we have a lower number of permanent full-time and part-time positions that are vacant. Our goal is to ensure appropriate staffing levels by constantly monitoring and working to reduce vacancies. This indicator has improved since the start of this fiscal year and is currently at a "Green" status.

### Watch Indicators

Currently our flow indicators are at a "Red" Status.

- **Time to Provider Initial Assessment (PIA)-**This is the wait-time from triage to initial assessment by a physician or Nurse Practitioner.
- **ED Length of stay for Admitted Patients-** This is the length of stay from Triage to IP bed
- **Time to In-patient Bed-** This is the length of stay from decision to admit to when the patient arrives in the IP bed on the IP care unit.

**Resource Committee Indicators:**

- **Conservable Bed Days** – This indicator measures the total acute patient days over the benchmark length of stay by Case Mix Group (CMG). For example, if a patient grouped to the CHF CMG had an acute LOS of ten days and the benchmark for the CHF CMG is five days, five conservable bed days would be associated with the case. The goal for this initiative is to ensure we are maintaining an appropriate acute length of stay for our patients based on care needs. Currently this indicator is at a “red” status meaning we are not meeting our performance target.
- **Post Construction Occupancy Plan (PCOP) Growth-** The PCOP is our planned growth for clinical activity. The indicators on the scorecard aligned to PCOP measure the growth over our 16/17 base volumes. Every patient discharged has an associated weighted case. The weighted case assigned to the discharge reflects the resource intensity of the case. For Acute IP, Day Surgery and Emergency Department, PCOP growth is measured by growth in weighted cases. IP Mental Health Care is measured differently and measured by growth in in-patient days. The weighted cases targets set initially for fiscal year 2022-23 assumed full COVID recovery. Year to date we have not achieved our weighted cases target for Acute IP or Day Surgery. This is due to surgical capacity not reaching full capacity and reduced weighted cases and discharges from medical programs due to high ALC rates.

For the Acute IP PCOP bucket, year to date we are short approximately 868 weighted cases from meeting initial budgeted growth for 2022-23. We will not achieve our full weighted case target for this fiscal year; our goal is to strive to meet the monthly weighted case target by end of fiscal as this will be the weighted cases we want to be achieving monthly for 2023-24 to achieve our budgeted PCOP growth for acute IP activity.

Day surgery activity has ramped up significantly compared to 2021-22. YTD we are 396 weighted cases short of initial 2022-23 target. This is due to capacity and health human resource pressures preventing us from reaching full OR capacity. The replacement of flooring in the OR suite is another factor that impacted ability to reach full capacity. The goal is to rebuild health human resources capacity and to complete flooring replacement by the end of March to position the hospital to operate at full capacity by April 1, 2023.

Emergency department weighted cases have been down compared to last fiscal year. We had a drop in weighted cases in August and September however we anticipate weighted cases will start to go up for the remainder of the fiscal year and we will be close to achieving budgeted weighted cases for 2022-2023.

- **Quality Based Procedures-** The QBP indicators monitor our completed QBP volumes compared to our total funded QBP volumes. Currently year to date we are exceeding our bundle care volumes, on track for CCO volume and short in our Ministry QBP volumes primary in our urgent QBPs (COPD, CHF, Pneumonia).
- **Staff Wellness-** This indicator is monitored through our staff pulse surveys. We are in the process of reviewing and analyzing Worklife Pulse results.

### Resource Committee Watch Indicators

Currently two watch indicators aligned to Resource Committee are at a “Red” Status.

- **Overtime Hours Per Pay Period-**This indicator monitors the average overtime hours per pay period per month. When the average number of hours per pay period goes down, staff will be working less overtime. The driver to overtime is vacancies and sick-time. Currently this indicator is at a “red” status.
- **Sick Hours Per Pay Period-** This indicator monitors the average sick hours per pay period per month. When the average sick hours per pay period goes down, there will be less staff off unable to work due to illness. Currently this indicator is at a “red’ status.

Appendix A- Corporate Scorecard

CMH Corporate Scorecard FY 2022-2023

Strategic Pillar	Description	Indicator	Alignment	Unit of Measure	Prior Year	YTD	Target	Trend	Yend Proj	Period		
	Elevate Partnerships in Care highlights the importance of collaboration across all levels to ensure the highest quality and safest care experience.	Conservable Bed Days	IRM	%	35.2	36.2	30.0			Nov-22		
		Percent ALC Days (closed cases)	Qip/cqip	%	18.8	28.5	27.0			Nov-22		
	Reimagine Community health demonstrates how we will use innovation and embrace transformation to improve the way we deliver healthcare.	<b>Interim PCOP Growth Estimate:</b>										
		Acute Inpatient	IRM	Weighted Cases	4,888.0	4,683.5	5,552.0			Nov-22		
		Day surgery	IRM	Weighted Cases	1,153.9	1,563.6	1,960.0			Nov-22		
		Emergency Department	IRM	Weighted Cases	1,787.8	1,651.1	1,672.0			Nov-22		
	Sustain Financial Health shows our dedication to not only keeping a balanced budget but also building a strong foundation for investment and growth.	<b>Quality Based Procedure:</b>										
		Bundled Care Volumes	IRM	Procedures	440.0	606.0	539.3			Nov-22		
		Cancer Care Ontario Volumes	IRM	Procedures	324.0	312.0	258.3			Nov-22		
	Advance Health Equity promotes the need for diversity, equity, and inclusion to increase equitable access to healthcare and support a work culture where every individual can reach their full potential.	Ministry of Health Volumes	IRM	Procedures	1,729.0	2,646.0	2,742.3			Nov-22		
		Repeat emergency department visits for Mental Health Care (Average patients per month with four or more visits in 365 days )	Qip/cqip	Patients	15.2	13.3	13.0			Oct-22		
	Increase Joy in Work reflects our commitment to improving the well-being of our team by creating meaningful and enabling work environments.	Organization Wide Vacancy Rate	IRM/QJP	%	12.5	11.0	12.0			Dec-22		
		Staff Wellness	IRM	%positive	40.0	35.0	40.0			Feb-22		

On Target 5  
 At Risk 2  
 Not likely to meet year end target 5



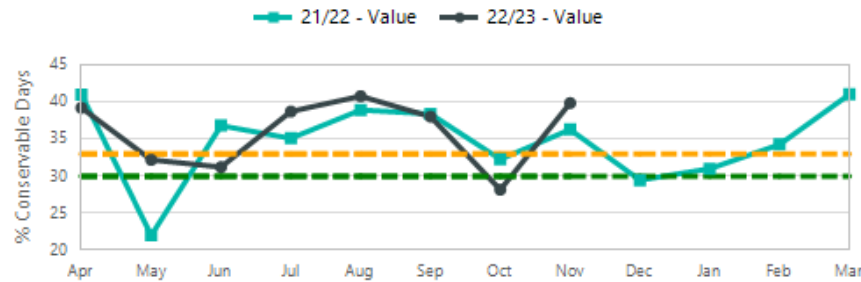


## Elevate Partnerships in Care



Executive Sponsor: Winnie Lee  
Operations Leads: April McCulloch

### Conservable Bed Days



Previous Fiscal Year	Target	Current (FYTD Nov 22)	YearEnd Projection
35.2	30.0	36.2	◆
<b>Definition</b>		The total patient days over the benchmark LOS by HIG (conservable days) as a percentage of the total acute patient days for patients discharged from MEDA, MEDB, MEDC	
<b>Formula</b>		Total conservable bed days per month divided by the total acute patient days in a month multiplied by 100	
<b>Data Source</b>		Discharge Abstract Database (DAD)	

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	39.2	32.2	31.2	38.7	40.8	38.0	28.2	39.9				
21/22	41.0	22.0	36.8	35.1	38.9	38.4	32.3	36.3	29.5	31.0	34.3	41.1

[Edit Commentary](#)

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
Hospital Inpatient Groups (HIG) with the highest conservable bed days include: 1) Heart failure without coronary angiogram 2) Chronic Obstructive Pulmonary Disease 3) Other / unspecified sepsis shock	Tactics being worked on: 1 Sub-committee / working group formed to execute tactics 2 Identified top HIG for focused review, CHF without angiogram 3 Recirculation of TOP HIGs with LOS to nursing, plan to print for physicians on in-patient units	1 Refresh work at the sub-committee with a focus on LOS, EDD and re-establishing bedside rounds with physicians if possible -development of ALC tool (Meeting with us and HCC (Lucy)) 2 Review of patients on surgery that are changed to ALC due to inability to discharge home, as discussed these are surgical patients that move to med/ALC

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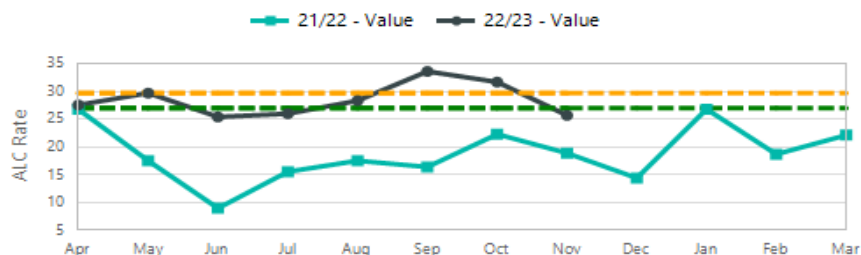
**Elevate Partnerships in Care**

**Percent ALC Days (closed cases)**



Executive Sponsor: Stephanie Pearsall

Operations Leads: April McCulloch



Previous Fiscal Year	Target	Current (FYTD Nov 22)	YearEnd Projection
18.8	27.0	28.5	◆
<b>Definition</b>		The Alternate Level of Care (ALC) rate for closed cases is the sum of ALC patient days for discharged patients over the total patient days for patients discharged in the period. An ALC day is a day accrued by a patient who originally was admitted for acute care, and has now completed the acute care phase of their care plan and is waiting for a more appropriate level of care placement while continuing to occupy an acute care bed.	
<b>Formula</b>		The total number of ALC patient days divided by total patient days (excluding newborn/obstetrics), multiplied by 100	
<b>Data Source</b>		Discharge Abstract Database (DAD)	

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	27.6	29.7	25.4	26.0	28.4	33.6	31.7	25.7				
21/22	26.8	17.5	9.0	15.6	17.5	16.4	22.3	18.9	14.4	26.8	18.7	22.1

[Edit Commentary](#)

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
ALC Patient days to total patient days continues to be higher this fiscal year compared to last fiscal year. Currently the largest volume for ALC is for home care and long term care which accounts for over 50 Percent of our ALC volume.	Tactics currently being worked on: 1) Continued review of Long Stay patients without ALC coding, this tactic will increase ALC days as there are currently long stay patients that were missed being identified as ALC, long term this will improve our discharge process and utilization of beds  2) Work to improve communication between HCCSS Coordinators and CMH team regarding discharge planning with focus on cases that could be discharged from hospital but remain in hospital because of no support in the community. 3) Continued weekly ALC rounds with HCCSS team at CMH	increase in numbers recently again -need to review the definition of ALC and that at time of change in designation to ALC the patient should be deemed ready for discharge -review of impact of Bill 7 and development of education for staff

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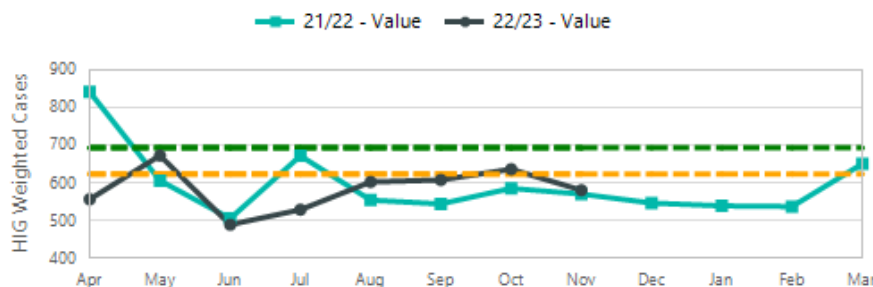
## Reimagine Community Health

### Acute Inpatient



Executive Sponsor: Trevor Clark

Operations Leads: Kyle Leslie



Previous Fiscal Year	Target	Current (FYTD Nov 22)	YearEnd Projection
4888.0	5552.0	4683.5	◆
Definition		The total weighted cases for Acute inpatients	
Formula		Sum of total HIG weighted cases for patients discharged from Acute inpatients	
Data Source		DAD (CIHI)	

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	557.7	673.7	490.2	530.0	603.7	609.0	637.5	581.8				
21/22	842.3	607.3	506.7	672.9	555.3	545.4	586.6	571.5	547.6	540.3	538.6	651.7

[Edit Commentary](#)

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
Acute weighted cases reached initial budgeted Weighted cases in May. YTD weighted cases have been lower than initial budgeted weighted cases due to: surgical ramp-up, ALC volume	<ol style="list-style-type: none"> <li>1) Clinical Operational Excellence Committee working to review audited cases that impact weighted cases</li> <li>2) Weighted Cases and QBP leadership meetings have restarted monthly in September to monitor performance and to identify action items</li> <li>3) Clinical services growth planning underway, this work will identify areas of growth for weighted cases</li> <li>4) Finance and decision support beginning to forecast weighted case activity for 23/24</li> <li>5) Computer assisted coding fully implemented</li> </ol>	<ol style="list-style-type: none"> <li>1) Incomplete record notification process trial to clinicians was successful, spreading to all clinicians (Complete)</li> <li>2) Continue with data quality audits</li> <li>3) Continue with planning for 23/24 weighted cases budget with input from clinical services growth plan</li> </ol>

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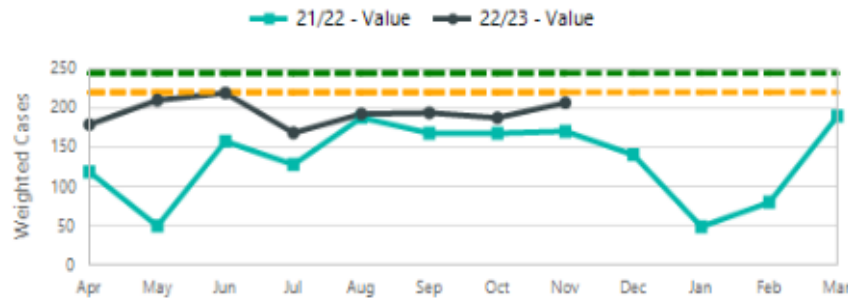
Reimagine Community Health



Executive Sponsor: Trevor Clark

Operations Leads: Kyle Leslie

Day surgery



FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	179.8	210.8	220.0	169.1	193.3	194.7	188.4	207.5				
21/22	119.5	50.4	158.3	128.7	188.5	168.8	168.6	171.2	141.1	49.6	80.6	190.3

Previous Fiscal Year	Target	Current (FYTD Nov 22)	YearEnd Projection
1153.9	1960.0	1563.6	◆
Definition		This indicator measures the Day Surgery weighted cases for completed in a given month	
Formula		Total Day Surgery weighted cases divided by number of months	
Data Source		DAD (CIHI)	

[Edit Commentary](#)

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
1) Currently operating rooms are running at 78 Percent of pre-pandemic capacity 2) As ramp-up continues and capacity increases Day surgery weighted cases will continue to increase	1) Focus has been on completing QBP volumes with current OR capacity and addressing long waiters from the surgical wait list 2) Continued focus on surgical ramp-up 3) Successful move to new space Nov 5	1) Settling into new space with increased joy for staff and patients

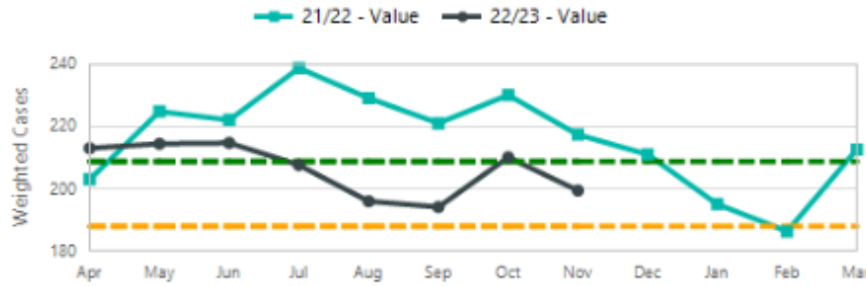
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Reimagine Community Health

Emergency Department



Executive Sponsor: Trevor Clark  
Operations Leads: Kyle Leslie



FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	213.2	214.6	214.9	207.8	196.2	194.3	210.3	199.7				
21/22	203.2	225.0	222.2	239.0	229.3	221.2	230.3	217.6	211.2	195.2	186.5	212.9

Previous Fiscal Year	Target	Current (FYTD Nov 22)	YearEnd Projection
1787.8	1672.0	1651.1	▲
Definition	This indicator measures the ED weighted cases for completed in a given month		
Formula	Total ED weighted cases divided by number of months		
Data Source	DAD (CIHI)		

[Edit Commentary](#)

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
Emergency Department weighted cases saw a decline to yellow status in July and August.	During this timeframe, ED was experiencing significant staffing challenges. A banner and explanation on increased wait times were added to the CMH website. We fear we are over correcting now.	Communications and ED leadership will remove the banner on the CMH website as well as add additional information regarding options for care similar to our partner hospitals. We expect we will return the visit volume to green levels.

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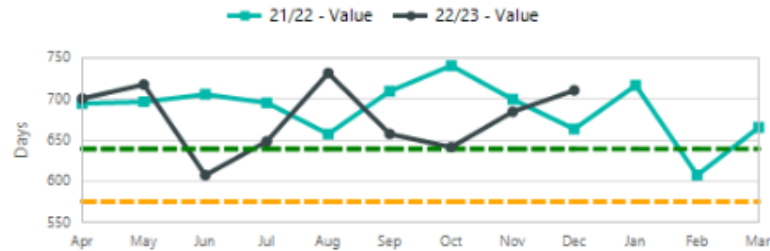
## Reimagine Community Health

### IP Mental Health



Executive Sponsor: Rita Sharratt

Operations Leads: Stephanie Pearsall



Previous Fiscal Year	Target	Current (FYTD Dec 22)	YearEnd Projection
6267.0	5760.0	6104.0	●
Definition		The number of patient days in the mental health inpatient department	
Formula		The number of patient days in the mental health inpatient department	
Data Source		Meditech(GL)	

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	701	718	608	649	732	658	642	685	711			
21/22	695	697	706	696	658	710	741	700	664	717	608	666

[Edit Commentary](#)

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
IP MH saw a dip in patient days in August. CMH saw a drop in the ability to assist partner hospitals with patient admissions. We had been very successful in keeping this metric green by accepting transfers from partner hospitals. Please note, most acute patients commence their stay on IPMH utilizing the Psychiatric Care Unit (PCU) initially. There are 5 beds in this area, and as patients stabilize they are moved to the general unit.	Due to some very complex and aggressive patient admissions - 3 of these 5 psychiatric care unit beds are now ALC patients awaiting complex permanent care in the community. Therefore, MH is not able to offer admissions to partner hospitals as easily as prior months.	It is hoped that through stabilization of these patients, that may allow some movement of these 3 patients to the main unit. However, at present, this does not look promising. The unit staff and psychiatrists continue to work with community partners to move these patients as soon as possible. We remain hopeful to move this metric back to the green status.

Last Updated: 10/11/2022 8:55:13 AM

## Sustain Financial Health

Year End Projection: ●

Executive Sponsor: Stephanie Pearsall

Operations Leads: Irene Harder

Quality Based Procedure	YTD Volume	YTD Current Target	YTD Variance	YE Projected Volume	YE Target Volume	YTD Dollar Variance	YE Dollar Variance
Shoulder (Arthroplasties)	38	27	11	57	41	\$86,837.33	\$130,256.00
Unilateral Hip Replacement	228	193	35	342	290	\$309,053.33	\$463,580.00
Unilateral Knee Replacement	340	319	21	510	478	\$173,120.00	\$259,680.00
<b>Total</b>	<b>606</b>	<b>539</b>	<b>67</b>	<b>909</b>	<b>809</b>	<b>\$569,010.67</b>	<b>\$853,516.00</b>

YTD Period: 2022-11-01

Indicators Details/Components

Action Plan Updated: 2023-01-13 10:38

**Definition**      Number of Ministry of Health Quality Based Procedures performed

**Formula**        Number of Ministry of Health Quality Based Procedures performed

**Target**            Performance target varies per Quality Based Procedure

[Edit Commentary](#)

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
OR Continues at 78 Percent pre-pandemic capacity. Bundled care cases continue to exceed targets in all three categories. Continued Human Health resource challenge impact continuing at 78 Percent	1) Hip and Knee volume exceeded target. 2) American Operating Room Nurses Certified OR Course (AORN) course continues with the 3 RNs in their clinical placement. 3) Anesthesia HHR stabilizing 4) PACU staffing stabilizing 5) OR floor repairs continue ahead of schedule with no impact to OR capacity.	1) Continue to focus efforts on Stabilize HHR pressures to proceed with surgical ramp-up 2) Maintain 78 Percent and move to 85 Percent as HHR continues to stabilize 3) Execute strategies to increase QBP - Extending OR blocks -Potentially some weekend work  Barrier / Risk -OR floor repairs low risk to impact. - un-known HHR and sick-time impacting resumption to 100 Percent capacity

## Sustain Financial Health

Cambridge Memorial Hospital  
Corporate Scorecard FY 2022/2023  
Quality Based Procedure - Bundled Care Volumes

Executive Sponsor: Stephanie Pearsall

Year End  
Projection: 

Operations Leads: Irene Harder

Quality Based Procedure	YTD Volume	YTD Current Target	YTD Variance	YE Projected Volume	YE Target Volume	YTD Dollar Variance	YE Dollar Variance
Abdominal (Other)	10	3	7	15	5	\$21,933.10	\$32,899.64
Breast – Delayed Reconstruction	19	17	2	29	25	\$8,314.55	\$12,471.82
Breast – Immediate Reconstruction	13	11	2	20	16	\$22,041.63	\$33,062.45
Breast – No Reconstruction	97	89	8	146	134	\$23,841.75	\$35,762.62
Colorectal	40	55	(15)	60	83	(\$182,434.10)	(\$273,651.15)
Endocrine (Other)	6	1	5	9	1	\$21,095.52	\$31,643.28
Gastric	2	2	0	3	3	\$0.00	\$0.00
Genitourinary (GU)	12	19	(7)	18	28	(\$63,231.78)	(\$94,847.67)
Gynae (Other)	36	22	14	54	33	\$60,146.38	\$90,219.57
Gynae (Prophylactic Oophorectomy)	3	3	(0)	5	5	(\$965.33)	(\$1,447.99)
HNK (DC)	4	0	4	6	0	\$28,141.56	\$42,212.34
HNK (Other)	13	10	3	20	15	\$10,775.15	\$16,162.72
Prostate	4	3	1	6	5	\$5,610.53	\$8,415.80
Skin (Lymph Node)	12	7	5	18	10	\$14,827.67	\$22,241.51
Soft Tissue	28	11	17	42	16	\$31,088.43	\$46,632.64
Thyroid	13	23	(10)	20	34	(\$41,565.07)	(\$62,347.61)
<b>Total</b>	<b>312</b>	<b>275</b>	<b>37</b>	<b>468</b>	<b>413</b>	<b>(\$40,380.02)</b>	<b>(\$60,570.02)</b>

YTD Period: 2022-11-01

Indicators Details/Components

Action Plan Updated: 2023-01-13 10:38

**Definition** Number of Ministry of Health Quality Based Procedures performed  
**Formula** Number of Ministry of Health Quality Based Procedures performed  
**Target** Performance target varies per Quality Based Procedure

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
OR Continues at 78 Percent pre-pandemic capacity. Bundled care cases continue to exceed targets in all three categories. Continued Human Health resource challenge impact continuing at 78 Percent .	1) Hip and Knee volume exceeded target. 2) American Operating Room Nurses Certified OR Course (AORN) course continues with the 3 RNs in their clinical placement. 3) Anesthesia HHR stabilizing 4) PACU staffing stabilizing 5) OR floor repairs continue ahead of schedule with no impact to OR capacity.	1) Continue to focus efforts on Stabilize HHR pressures to proceed with surgical ramp-up 2) Maintain 78 Percent and move to 85 Percent as HHR continues to stabilize 3) Execute strategies to increase QBP - Extending OR blocks - Potentially some weekend work  Barrier / Risk - OR floor repairs low risk to impact. - un-known HHR and sick-time impacting resumption to 100 Percent capacity



## Sustain Financial Health

Cambridge Memorial Hospital Corporate Scorecard FY 2022/2023							
Quality Based Procedure - Ministry of Health				Executive Sponsor: Stephanie Pearsall			
Year End				Operations Leads: Irene Harder			
Projection:							
Quality Based Procedure	YTD Volume	YTD Current Target	YTD Variance	YE Projected Volume	YE Target Volume	YTD Dollar Variance	YE Dollar Variance
Cataract Bilateral	110	0	110	165	0	\$72,270.00	\$108,405.00
Cataract Non-Routine	3	4	(1)	5	6	(\$1,099.00)	(\$1,648.50)
Cataract Routine	1,633	1,443	190	2,450	2,165	\$92,557.33	\$138,836.00
CHF	130	197	(67)	195	295	(\$513,466.67)	(\$770,200.00)
COPD	119	248	(129)	179	372	(\$871,008.00)	(\$1,306,512.00)
Hip Fracture	93	98	(5)	140	147	(\$57,605.00)	(\$86,407.50)
Knee Arthroscopy (Degenerative Meniscus and	67	145	(78)	101	217	(\$109,199.33)	(\$163,799.00)
Knee Arthroscopy (Ligament and Patella)	12	32	(20)	18	48	(\$62,880.00)	(\$94,320.00)
Knee Arthroscopy (Other Meniscus and Joint)	34	69	(35)	51	104	(\$48,654.00)	(\$72,981.00)
Non-Cancer Hysterectomy (Laparoscopic (via	16	19	(3)	24	28	(\$12,981.33)	(\$19,472.00)
Non-Cancer Hysterectomy (Laparoscopically	2	13	(11)	3	20	(\$54,842.00)	(\$82,263.00)
Non-Cancer Hysterectomy (Open Abdominal)	22	47	(25)	33	71	(\$126,844.00)	(\$190,266.00)
Non-Cancer Hysterectomy (Outpatient)	37	1	36	56	1	\$182,793.00	\$274,189.50
Non-Cancer Hysterectomy (Vaginal)	24	32	(8)	36	48	(\$38,952.00)	(\$58,428.00)
Non-Emergent Spine (Non-Instrumented)	50	0	50	75	0	\$141,150.00	\$211,725.00
Pneumonia	63	155	(92)	95	232	(\$634,516.67)	(\$951,775.00)
Shoulder (Other)	4	21	(17)	6	31	(\$45,733.33)	(\$68,600.00)
Shoulder (Repair)	148	125	23	222	188	\$67,161.33	\$100,742.00
Shoulder (Reverse Arthroplasty)	23	19	4	35	28	\$42,323.67	\$63,485.50
Stroke, Hemorrhagic	5	1	4	8	1	\$44,425.33	\$66,638.00
Stroke, Ischemic & Unspecified	10	12	(2)	15	18	(\$6,174.00)	(\$9,261.00)
Stroke, TIA	2	5	(3)	3	8	(\$8,813.33)	(\$13,220.00)
Tonsillectomy	39	107	(68)	59	161	(\$107,898.33)	(\$161,847.50)
<b>Total</b>	<b>2,646</b>	<b>2,793</b>	<b>(147)</b>	<b>3,969</b>	<b>4,189</b>	<b>(\$2,057,986.33)</b>	<b>(\$3,086,979.50)</b>
YTD Period: 2022-11-01	Indicators Details/Components		Action Plan Updated: 2023-01-13 10:38				
<b>Definition</b>	Number of Ministry of Health Quality Based Procedures performed						
<b>Formula</b>	Number of Ministry of Health Quality Based Procedures performed						
<b>Target</b>	Performance target varies per Quality Based Procedure						

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
1) Cataracts exceeding target 2) urgent QBPs- COPD, HIP fracture, pneumonia - short of target 3) Knee Arthroscopy - short and OH reviewing as no longer best practice	1) Clear Vision Partnership live going well- contributing to exceeding targets 2) Ongoing data quality checks through coding software to pick-up missed urgent QBPs 3) 4 "long waiter" patients requiring Oral Maxillofacial surgery had their surgeries completed. They had been delayed during the pandemic, with one waiting 1179 days. Great to have these patients finally get their procedures done.	1) Maintain additional cataract volumes 2) Continue to monitor data quality for urgent QBPs



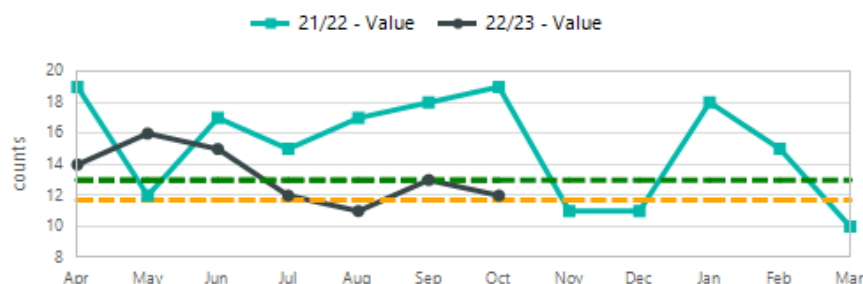
**Advance Health Equity**

**Repeat emergency department visits for Mental Health Care (Average patients per month with four or more visits in 365 days )**



Executive Sponsor: Stephanie Pearsall

Operations Leads: Rita Sharratt



Previous Fiscal Year	Target	Current (FYTD Oct 22)	YearEnd Projection
15.2	13.0	13.3	●
<b>Definition</b>		Number of patients who have four or more repeat unscheduled visits to the emergency department in the last 12 months	
<b>Formula</b>		Sum of the number of the number of patients who visited the ED in the current month who had four our more visits in the last 12 months	
<b>Data Source</b>		National Ambulatory Care Reporting System (NACRS) (ICD-10-CA Mental Health or Substance Abuse Condition)	

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	14.0	16.0	15.0	12.0	11.0	13.0	12.0					
21/22	19.0	12.0	17.0	15.0	17.0	18.0	19.0	11.0	11.0	18.0	15.0	10.0

[Edit Commentary](#)

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
This indicator measures the number of patients that visit each month that have had more than four visits for mental health related care in 365 days. For fiscal year 22/23 from April to October we have average 13.3 patients per month who visit the ED with four or more MH related ED visits. This is a slight improvement from 21/22 which was 15.2.	The indicator was developed in collaboration with the CND OHT and with feedback from other OHTs on proxy measures that are being used.	<ol style="list-style-type: none"> <li>1) Decision Support has developed the internal dashboard to track cases to be audited by the clinical team.</li> <li>2) A meeting with CND OHT is scheduled with the clinical team to identify a themes template for the the audits.</li> </ol>

Last Updated: 1/13/2023 9:14:33 AM



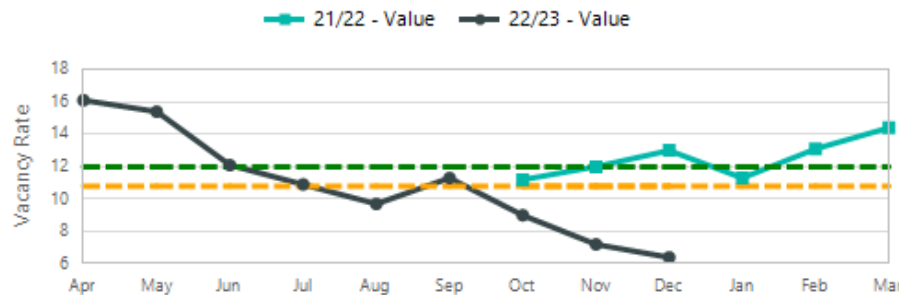
Increase Joy at Work

Organization Wide Vacancy Rate



Executive Sponsor: Trevor Clark

Operations Leads: Susan Toth



Previous Fiscal Year	Target	Current (FYTD Dec 22)	YearEnd Projection
12.5	12.0	11.0	<span style="color: green;">●</span>
<b>Definition</b>		This indicator measures the organization wide vacancy rate for permanent full time and part time staff	
<b>Formula</b>		Vacancy Rate for FT & PT Permanent Positions = [FT & PT permanent positions vacancies / (FT & PT permanent positions vacancies + FT & PT permanent employee headcount)] * 100	
<b>Data Source</b>		ICIMs Vacancy Report and Meditech Payroll	

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	16.1	15.4	12.1	10.9	9.7	11.3	9.0	7.2	6.4			
21/22						11.2	12.0	13.0	11.3	13.1	14.4	

[Edit Commentary](#)

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
Continued improvement in our vacancy rate. As of December 31, 2022 vacancies were down to 92. We have engaged in Ministry programs to support recruitment and retention.	1) A small working group come together to work with DS to analyze turnover data and using an A3 process improvement methodology to identify root cause and develop change tactics 2) Work underway to extract additional HHR data sets, total out of count numbers added to leader staffing dashboards 3) Additional staff tracking dashboards have created for leaders 4) Review of current vs required staffing complements and increasing staffing complements	1) Continued work with Emergency and Operating Room to support reducing turnover and implementing strategies 2) Review of recruitment support structure and engage stakeholder 3) improvements to corporate and clinical onboarding 4) Student conversion strategy to engage 287 students currently at CMH over winter, 2023 (increase from total of 158 students in 2022)

Last Updated: 1/12/2023 5:00:50 PM



### CMH Watch Indicators, FY2022/2023

1-13-2023 9:31:04 AM

Quality Quadrant	Indicator	Alignment	Unit of Measure	Prior Year	YTD	Target	Trend	Yend Proj	Period
Patient and People Focused	Patient Experience- Enough Information at Discharge	QC	%	51.3	51.1	54.0			Jan-22
	Patient Experience- Would you recommend CMH?	QC	%	69.7	64.6	61.2			Jan-22
Prove Patients Matter Most	ED - Time To PIA, 90th percentile	QC	hours	4.2	5.5	3.0		◆	Nov-22
	ED LOS- Admitted Patients, 90th Percentile	QC	hours	36.2	44.3	27.0		◆	Nov-22
Safe, Effective, Accessible	30 Day Readmission Rate for CHF patients	QC	%	13.2	14.7	14.0		▲	Oct-22
	30 Day Readmission Rate for COPD patients	QC	%	15.0	20.3	15.5		▲	Oct-22
	Hospital Standardized Mortality Ratio (HSMR all cases)	QC	Ratio	89.6	85.6	100.0		●	Nov-22
	Medication errors incidence per 1000 patient days	QC	Ratio	6.3	2.5	4.0		●	Dec-22
	Medication Reconciliation at Admit	QC	%	96.0	92.0	100.0		▲	Dec-22
	Medication Reconciliation at Discharge	QC	%	91.0	91.0	100.0		▲	Dec-22
	ED LOS- Time To IP bed 90th Percentile	QC	hours	26.9	35.2	19.0		◆	Nov-22
	Rate of fall incidence per 1000 patient days	QC	Ratio	4.6	2.2	4.0		●	Dec-22
Increase Joy in Work	Overtime Hours - Average per Pay Period	RC	hours	2,548.0	3,368.3	837.0		◆	Dec-22
	Sick Hours -Average per pay period	RC	hours	2,980.1	4,011.7	1,940.0		◆	Dec-22
	Workplace Violence Reported Incidents - Ensure safety of staff, physician and patients	RC	%	3.2	3.6	12.0		●	Dec-22

QC = Quality Committee

RC= Resource Committee

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



## MEMORANDUM

**TO:** Board of Directors, Cambridge Memorial Hospital

**DATE:** January 18, 2023

**REPORTING PERIOD:** October 1, 2022 – December 31, 2022

**FROM:** Patrick Gaskin  
President and CEO

**RE:** CEO Certificate of Compliance

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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 that reads "Patrick M. Gaskin" with a stylized flourish at the end.

Patrick Gaskin  
President and CEO

## TRI-HOSPITAL RESEARCH ETHICS BOARD (THREB)

(A shared service for Cambridge Memorial Hospital, Grand River Hospital and St. Mary's General Hospital)

### Annual Report July 2021-December 31, 2022

Prepared by Dr. Alison Williams, THREB Chair

#### Introduction

The Tri-Hospital Research Ethics Board (THREB) receives its authority from and reports to the Board of Directors of the three member hospitals – Cambridge Memorial Hospital, Grand River Hospital, and St. Mary's General Hospital - through an administrative liaison person for each site. The purpose of this report is to provide the Board of Directors with an overview of the THREB's activities and achievements from the appointment of the new THREB Chair on July 1, 2021 – December 31, 2022, with metrics on the THREB's activities reported for both the 2021 and 2022 calendar years.

#### Executive Summary

At the end of the 2022 calendar year, the THREB provides oversight of 72 open studies at one or more of the member hospitals.

Highlights of the 2021-22 reporting period include:

- New study amendment form
- New annual renewal request form
- New change in study personnel form
- New Administrative Review form
- New Research Study Submission Checklist
- New Confidentiality and Conflict of Interest Declaration forms for THREB members
- New THREB members
- New THREB reviewer checklist
- Revised THREB Terms of Reference
- Revised information on the THREB website

#### Mandate and Scope

The THREB works to ensure that all research activities involving human participants, including their data and biological samples, being conducted at one or more of the three member hospitals, meet current scientific, regulatory and ethical standards for the protection of human research participants. The THREB operates in compliance with, and is constituted in accordance with, the requirements of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2); the International Conference on Harmonization Good Clinical Practice Consolidated Guideline (ICH GCP); Part C, Division 5 of the Food and Drug Regulations; the provisions of the Ontario Personal Health Information Protection Act (PHIPA 2004) and its applicable regulations. The THREB is also registered with the U.S. Department of Health and Human Services (DHHS) Office for Human Research Protection (OHRP).

The THREB is responsible for:

- Ensuring that all research proposals involving human participants, their data and/or human biological materials, being conducted at one or more of the member hospitals meets the highest ethical and scientific standards throughout the lifecycle of a research study;
- Making determinations to approve, require changes to, or reject research studies or proposed changes to approved studies, and to monitor, place restrictions on, suspend or terminate any ongoing research;
- Acting as a resource and authority on matters of research ethics for the member hospitals.

### **THREB Operations**

An REB must operate independently in its decision making, at arms-length from the institution(s) that delegate decision making authority to it (TCPS 2 Article 6.2). Given the innovative structure of the THREB serving not one but three hospitals, each hospital has appointed an administrative liaison person who historically would serve as a voting member on the THREB. The administrative liaison people are:

- Carla Girolametto, Director of Research, Innovation and Clinical Trials, GRH
- Stephanie Pearsall, Vice President of Clinical Services, Chief Nursing Executive, CMH
- Nicole Johnson, Interim Vice President, Human Resources, Risk and Legal/Chief Privacy Officer, SMGH

In this reporting period, in order to be compliant with governance requirements of TCPS 2 Article 6.4 which states “to ensure the independence of REB decision making, institutional senior administrators shall not serve on the REB”, the THREB has been working with existing administrative liaison people at the VP level to transition off of the THREB and to identify new approaches to facilitating this relationship. These efforts will continue into the next reporting period. In order to create a forum for discussion and to harmonize practices across the three member hospitals, the THREB Chair initiated quarterly meetings with the 3 administrative liaison people.

All research requiring review by the THREB must first undergo an administrative review at the hospital(s) where the research will be conducted. This administrative review is intended to address any institutional concerns related to such things as hospital privacy and risk, IT, pharmacy, contracts and clinical operations to ensure that the study meets institutional requirements before the submission is submitted for ethics review. In this reporting period, the Chair of the THREB made revisions to the Administrative Review form and created a new Research Study Submission Checklist to harmonize these reviews across the 3 hospitals and to ensure that all required documents for research review are received and reviewed by the applicable hospital(s) prior to submission to the THREB.

The THREB now meets monthly, virtually. Special meetings may also be called at the request of the Chair.

All hospitals make equal yearly contributions to support THREB operations, currently in the amount of \$18,000 each. Additional funding is obtained through the review of industry-supported studies. GRH provides the THREB with office space, some operating equipment, IT support and web-hosting. SMGH provides the financial administration of the THREB budget.

The THREB office has 2 paid positions: A Chair who is paid as a contract position, receiving a consulting fee based on 30 hours per month, and an administrative coordinator, paid for up to 2 days/week.

## Membership and Recruitment

In compliance with TCPS 2 Article 6.4, the THREB has a majority of members who are Canadian citizens or permanent residents under the Immigration and Refugee Protection Act, and consists of at least 5 members, including persons of various genders, of whom:

- At least two members have expertise in relevant research disciplines, fields, and scientific methodologies covered by the REB;
- At least one member is knowledgeable in ethics;
- At least one member is knowledgeable in relevant Canadian laws relevant to biomedical research;
- At least one member is knowledgeable in relevant privacy issues;
- At least one member has no affiliation with the study sponsor, institution, investigator – who is not part of the immediate family of a person who is affiliated with the institution and preferably, is recruited from the community served by one of the 3 hospitals.

Identifying potential THREB members from within the 3 member hospitals with the necessary expertise to review research has been a long-standing challenge. To address this need, the Chair attempted to recruit new members from the wider community, with some success. These efforts will continue into next year, and the hospitals are reminded to identify staff with the scientific knowledge to serve on the board. In the interim, as part of the review of the THREB Terms of Reference, members voted to reduce the previous number of 3 members from each hospital on the THREB, to one. All THREB members are required to complete their TCPS 2 CORE training and sign Conflict of Interest Declaration and Confidentiality forms. The Chair also circulated a new reviewer checklist for members to use when completing their reviews of studies.

<b>THREB membership as of December 31, 2022</b>	
<b>THREB Chair</b>	
<b>Alison Williams</b> PhD	<b>Chair/Ethics Member</b> Ethics, Non-Scientific, Non-affiliated
<b>Scientific Members</b>	
<b>Kevin Stinson</b> PhD	Scientific, Affiliated (SMGH)
<b>Keith Miller</b> BEng, BScPharm, ACPR, PharmD	Scientific, Affiliated (GRH)
<b>Carla Girolametto</b> MA, MSc.	Scientific, Affiliated (GRH) (Administrative liaison)
<b>Shekhar Pandey</b> BSc (CL), MD, FRCPC, ABIM, CBNC	Scientific, Affiliated (CMH)
<b>Stephanie Pearsall</b>	Scientific, Affiliated (CMH) (Administrative liaison)
<b>Legal Members</b>	
<b>Amy Stahlke</b> LL.B	Privacy/Legal, Non-Scientific, Non-affiliated



<p><b>Alice Raynard</b> LL. B., M.Ed., CRM</p>	<p>Privacy/Legal, Non-Scientific, Non-affiliated</p>
<p><b>Community Members</b></p>	
<p><b>Roy Cameron</b> PhD</p>	<p>Community, Scientific, Non-Affiliated</p>
<p><b>Non-Voting Members</b></p>	
<p><b>Shelley Croth</b></p>	<p>THREB Administrative Coordinator</p>

**Coordinated Review of Research Studies with the University of Waterloo**

Several years ago, the THREB Chair and research ethics administration staff at the University of Waterloo developed a process to coordinate the review of research studies that involve university researchers wishing to conduct research at one or more of the member hospitals. The current THREB Chair and UW research ethics administration are now working to identify ways to further streamline this review process as the potential for new research relationships between the 2 entities increases. There are currently 7 active studies approved through the coordinated review process.

**THREB Terms of Reference** (attached)

The THREB members undertake an annual review of the THREB Terms of Reference. This year’s review led to revisions to improve clarity and to address compliance issues. The revised document was then shared with the 3 administrative liaison people for feedback.

**Changes, Challenges and Complexities**

Not surprisingly, the appointment of a new Chair in July, 2021 has led to a number of changes to existing practices, as well as the identification of areas for improvement. For the first several months, the Chair was allocated a maximum of 20 hours/month to fulfil the responsibilities of chairing this REB. This time was spent learning about how the THREB operates, reviewing new studies and submissions related to open studies, as well as coming to understand the infrastructure in place to support research at each member hospital. Over time, it became apparent that there were a number of changes that needed to be made to enhance the THREB’s ability to provide ethical oversight of research, to navigate the complexities that come with chairing an REB that supports 3 different hospitals, and to bring the THREB more in line with REB best practices. To address this, the Chair requested, and was granted, an increase in hours to a maximum of 30 hours/month.

In particular, the Chair identified the need to revise some of the THREB’s submission forms, such as amendment and annual renewal request forms, in order to obtain more information from local Principal Investigators about the status and conduct of their studies. The request for this level of detail and accountability has led to a better understanding of how various research studies are being conducted at each hospital, as well as the identification of any issues that needed to be addressed within particular studies. With time, as research teams become more aware of the level of detail that the THREB requires to provide oversight and the expectations around the conduct of ethical research, the process of making submissions and obtaining approval should become more efficient.

Some of the differences across the 3 hospitals in terms of the infrastructure, capacity, researcher-training and institutional oversight in place to foster and support ethical research have become evident over the past year and a half. Grand River Hospital has built a solid foundation and infrastructure in research over many years, which help to support researcher awareness of the regulations and policies that must apply to the conduct of research and an understanding of what a submission for ethics review requires. CMH and SMGH appear to be working to identify and implement processes to support research at their institutions, and to increase their oversight of compliance and researcher training. This will be essential for supporting any future research and innovation collaborations in the future. The THREB will continue to work with each of the administrative liaison people to identify any gaps and strengths.

One issue that has been identified at both SMGH and CMH is in relation to research conducted by physicians in their private offices/private corporations, the need for the necessary contracts/agreements for this research, and the jurisdiction of the THREB over this research. The apparent lack of formal agreements raises potential legal issues for the institutions, for the physicians, as well as possible risk for research participants. While this issue has been addressed in relation to a specific research study at CMH, the THREB has requested a resolution at SMGH which it hopes to learn in the new year. Ideally, a formal agreement between the member hospitals and THREB that describes the research ethics review arrangement, the THREB jurisdiction over research, and indemnification of the THREB members, will be developed.

#### **THREB activities:**

During the 2021 calendar year, THREB received a total of 22 new studies and reviewed 168\* submissions.

During the 2022 calendar year, THREB received a total of 15 new studies and reviewed 123\* submissions.

\*Please note: These numbers do not reflect the total number of reviews completed. For every submission that is reviewed, comments are sent to the local PI, who must then submit a response that includes a PI response letter, and tracked changes and clean versions of all documents requiring revision. This response must then be reviewed by the THREB Chair until the submission can be approved. Taking this into account, the number of submissions reviewed in a given year is more than double the number that is actually tracked.

<b>THREB Activities in 2021:</b>		
New Studies		22
Full Board	9	
Delegated	13	
Amendments		48
Full Board	19	
Delegated	22	
Annual Renewals		71
Full Board	48	
Delegated	23	
Serious Adverse Event		1
Studies Completed		26
<b>Total Reviews</b>		<b>168</b>

<b>THREB Activities in 2022:</b>		
New Studies		15
Full Board	6	
Delegated	9	
Amendments		24
Full Board	4	
Delegated	20	
Annual Renewals		61
Full Board	1	
Delegated	60	
Protocol Deviation		1
Studies Completed		22
<b>Total Reviews</b>		<b>123</b>
<b>Total Active studies</b>		<b>72</b>

**Study Distribution by hospital:**

CMH 8

GRH 42

SMGH 24

(a few THREB-approved studies are conducted at more than 1 member hospital)

(Delegated reviews are completed by the THREB Chair)

**New studies submitted to THREB (full board and delegated review):**

	<b>Industry-supported</b>	<b>Non-industry supported</b>	<b>Total</b>
2004	8	13	21
2005	14	13	27
2006	13	15	28
2007	9	22	31
2008	8	29	37
2009	11	19	30
2010	11	21	32
2011	6	20	26
2012	5	24	29
2013	10	21	31
2014	4	22	26
2015	6	14	20
2016	5	31	36
2017	3	25	28
2018	1	25	26
2019	2	18	20
2020	1	28	29
2021	4	18	22
2022	2	13	15



**TERMS OF REFERENCE  
FOR  
TRI-HOSPITAL RESEARCH ETHICS BOARD (THREB)  
CAMBRIDGE MEMORIAL HOSPITAL  
GRAND RIVER HOSPITAL  
ST. MARY'S GENERAL HOSPITAL**

**MANDATE and SCOPE**

The primary mandate of the Tri-Hospital Research Ethics Board (THREB) is to ensure that research involving the participation of humans meets current scientific and ethical research standards for the protection of human research participants. The THREB has the authority to independently approve, reject, propose modifications to, suspend, or terminate any proposed or ongoing research involving human participants, their data and/or biological materials. This mandate extends to all research conducted at Cambridge Memorial Hospital, Grand River Hospital and St. Mary's General Hospital, with the exception of research reviewed by an alternate Research Ethics Board of Record for the hospital(s) (for example, The Ontario Cancer Research Ethics Board (OCREB), where necessary agreements are in place.

The THREB complies with the Tri-Council Policy Statement (TCPS 2) requirements for activities that require review by an REB. These activities include:

- Research involving living human participants;
- Research involving human biological materials, as well as human embryos, fetuses, fetal tissue, reproductive materials and stem cells. This applies to materials derived from living and deceased individuals and includes secondary use of biological materials; and
- Research that relies exclusively on the secondary use of data or human biological materials.

The THREB also complies with the International Conference on Harmonization Good Clinical Practice Consolidated Guideline (GCP), Part C Division 5 of the Food and Drug Regulations of Health Canada, the provisions of the Ontario Personal Health Information Protection act (PHIPA) and where applicable, the United States Food and Drug Administration regulations and other applicable laws and guidelines.

**RESPONSIBILITIES:**

1. To provide research ethics review and oversight to ensure the ethical acceptability of research prior to initiation and throughout the lifecycle of a research study.

2. To approve, require changes to, or reject research studies or proposed changes to approved research studies, and to monitor, suspend or terminate any ongoing research;
3. To place restrictions on a research study;
4. To take any actions considered reasonably necessary to ensure the protection of the rights, safety and wellbeing of participants in research;
5. To recommend policies and procedures governing ethical conduct of research at the 3 hospitals;
6. To act as a resource on matters of research ethics for the 3 hospitals;
7. To provide education regarding research guidelines to the membership of the THREB in order to promote adherence by researchers to the TCPS2 and other accepted standards, as applicable.

### **AUTHORITY OF THE THREB**

The THREB receives its authority from and reports to the Board of Directors of Cambridge Memorial Hospital, the Board of Directors of Grand River Hospital and the Board of Trustees of St. Mary's General Hospital.

In order for the THREB to retain the independence required of it by the TCPS 2, a decision made by the THREB may not be overruled by member hospitals except for reasons other than research ethics.

The decisions of the THREB related to initial study reviews are open to appeal through an appeal mechanism established by the member hospitals.

### **MEMBERSHIP**

The THREB will be comprised of at least five members represented by the following categories:

- At least two members who have broad expertise in the relevant research disciplines, fields and methodologies reviewed by the board;
- At least one physician representative(s);
- At least one member knowledgeable in ethics;
- At least one external community member who has no current employment affiliation with the institutions;
- At least one member affiliated with each hospital who is not a senior institutional administrator member(s);
- At least one member knowledgeable in Canadian law relevant to the research;
- At least one member(s) knowledgeable in privacy issues;
- ad-hoc reviewers as necessary (non-voting).

Membership will be renewable 3 year term based on mutual agreement between the member and the THREB Chair. Members will complete relevant training and education as required by the Chairperson. Members are expected to attend a minimum of 70% of scheduled meetings. Members who cannot attend a meeting are expected to provide written comments to THREB for each of the studies under review at the respective meeting. THREB may have observers attend meetings at the discretion of the Chair.

### **CHAIRPERSON**

The Chairperson is appointed by the Boards of the three hospitals for a renewable three year term(s).

### **CONFLICT OF INTEREST**

All THREB members are required to sign a Conflict of Interest Declaration form, and to declare any conflicts prior to the review of a submission. If there is any doubt concerning conflict of interest, the member is expected to discuss the matter with the THREB Chair. If a member has a conflict with a submission under review, they will be absent for the review and vote, and this will be noted in the meeting minutes.

### **DECISIONS**

Decisions made by THREB are based on scientific and ethical merits of a research study, and are made independently of other interests of CMH, GRH or SMGH. THREB is guided by the following core ethical principles as defined in Article 1.1 of the Tri-Council Policy Statement, "Ethical Conduct for Research Involving Humans":

- Respect for Persons,
- Concern for Welfare,
- Justice

For studies that do not qualify for a delegated review process carried out by the Chair and/or a qualified member of THREB, a full board review will occur. Although attempts will be made to reach consensus on decisions, a vote of the majority present will be taken as the Tri-Hospital Research Ethics Board's decision provided there is a quorum. Written positions are encouraged to facilitate discussion when a member cannot attend. THREB is entitled to invite researchers to a meeting to discuss a study under review or for which THREB provides oversight. THREB is also entitled to seek input from ad hoc reviewers at its discretion.

### **QUORUM**

At minimum, the THREB will follow the quorum requirements of TCPS 2 and will apply additional quorum requirements as necessary based on applicable regulations and guidelines that may apply to the study under review.

### **MEETINGS**

Meetings will be held monthly. At the discretion of the Chairperson, scheduled meetings may be cancelled or additional meetings called.

### **CONFIDENTIALITY**

The THREB meeting agenda and related discussion, minutes, and information contained in study submissions are all confidential. Official copies of reviewed documents will be retained by the THREB Office for as long as legally required. All THREB members and observers of THREB meetings must sign a Confidentiality Agreement Form.



# BRIEFING NOTE

**Date:** January 25, 2023  
**Issue:** Chairs Report  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Stephanie Fitzgerald  
**Approved by:** Nicola Melchers

**Attachments/Related Documents:** None

## Board Highlights

### November 2022 Board Meeting Video.

At the November 2022 Board of Directors meeting it was decided that the OPEN session of the meeting would be posted for 30 days following the meeting for members of the general public to view. Here are some statistics from the first posting.

- ✚ Posted Dec. 1 – taken down Dec. 28 (four weeks)
- ✚ Promotion done through CMHnet, a media release and social media posts (LinkedIn, Twitter and Facebook, 1x each) that included link and where to find the agenda (cmh.org)
- ✚ 31 views
- ✚ Average viewing duration – 6’ 16”
- ✚ Audience retention highest at the ~35’ (IRM/HIROC Discussion) and ~1 36’ minute marks (president’s report). This suggests people skipped through and rewind sections.

### Board Adopted Family

As mentioned at our November Board of Directors meeting our Board participated in the Adopted Family program. This year the Board donated to a family of 3, Mom, Daughter (16) and Son (10). A big thank to Lynn Woeller for organizing the event and all the Board members who participated in making the event successful through shopping and donations.





### CMH Staff Holiday Lunch

On December 15, 2022 the CMH Innovation team hosted the annual staff holiday lunch. Despite the unsettling weather conditions, the staff enjoyed a delicious meal catered by the local Portuguese Club of Cambridge, complete with desert, and some fun interactive activities that brought back the famous spinning wheel and a photo booth. Our Board members, Tom Dean, Miles Lauzon, and Paul Martinello all volunteered their time to join CMH and lend a helping hand. Even though Miles and Tom were not able to attend due to the weather (at CMH's recommendation), on behalf of the Board of Directors, thank you for taking time to offer a helping hand! Thanks to Paul Martinello who ignored the recommendation and came in to help for the dinner shift.



### CMH Staff Holiday Cards

Thank you all who participated in providing some handwritten holiday cards with personal messages of gratitude. This year we mailed cards to all of our individual executives, directors, managers and chiefs, as well as provided all of the departments with a card also. In total there was over 100 cards distributed throughout the organization.

### ICCAR Award

In June 2022 the Staff Recognition Task Force suggested that members of the CMH Board join CMH in presenting their Staff with the ICCAIR award. On December 20, Miles Lauzon joined the CMH staff and leadership in presenting a special double ICCAR award to two staff members of the Mental Health In-patient department.



### **CPR Phase 3 Construction Tour**

Tom Dean, Chair of the Capital Project Sub-Committee approached the CMH Leadership with the suggestion of offering a tour of the current construction activities happening within the hospital walls. On January 18, 2023 CMH Board and Committee members joined members of the CMH CRP department for an informative tour. Board members; Tom Dean, Diane Wilkinson, Miles Lauzon, Nicola Melchers, Julia Goyal, Lynn Woeller, Julia Goyal, Monika Hempel and Committee members; Chris Whiteley, Gerry West, Horst Wohlgemut, Jim Gates, Janet Richter, Shannon Maier, Janet Huber, Patrick Simmons, Suzanne Sarrazin are pictured below. Fully dressed in their PPE and ready to go. SAFETY FIRST!



### **CMH Kitchen Visit**

On January 9, 2023 Miles Lauzon visited CMH for a tour of the kitchen facilities. Joined by Manager of Food and Environmental services, Nicole Evans, Miles spent an hour with the food services team. CMH arranged the visit so that it would take place during the meal tray assembly to experience the action. The CMH team was happy to show Miles around and was happy to have Miles experience their daily routines.

### **Educational Opportunities for the CMH Board Spring Courses 2023 CMH Learning Lab**



CMH has released their lineup of educational courses for Spring 2023. The CMH Board has been sent this list of courses that will be offered. If you are interested in participating in any of the opportunities, reach out to Stephanie Fitzgerald [sfitzgerald@cmh.org](mailto:sfitzgerald@cmh.org)

### **ICD Board Membership**

I am happy to announce that the CMH Board is being offered memberships to the Institute of Corporate Directors (ICD). The membership provides access to governance education and member-only content and resources, designed to enhance our board's effectiveness through a director's lens and peer to peer networking opportunities and events.

I highly encourage you all to take some time to look around the ICD website <https://www.icd.ca/>. This will be a valuable tool for us all. If you are interested in a membership or have any questions, please reach out to Stephanie Fitzgerald and she will work with you to get you set up.

### **Cyber Education**

Rob Howe, Director, Digital Health and Mari Iromoto, CIO, wanted you all to be aware of free sources of cyber education and to share the link below. It's free education material created by the Canadian Centre for Cyber Security which is part of the Canadian Government. It's a great resource with lots of accurate and appropriate information and could be shared with those who do not have another learning platform.

Information for individuals - Canadian Centre for Cyber Security

<https://cyber.gc.ca/en/individuals>

From the main link you can access the GetCyberSafe platform for learning.

Get Cyber Safe <https://www.getcybersafe.gc.ca/en>

### **HIROC Board of Directors Application**

In December of 2022, Lynn Woeller applied to join the HIROC Board of Directors. Congratulations Lynn on your decision to pursue this opportunity. CMH and the Board of Directors wish you the best through the process. Keep us posted!

Agenda Item 3.1.2 20 January 2023  
**Events Calendar 2022-23**

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

**Events Calendar 2022-23**

<b>Board/Committee Meetings and Event Dates</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>July</b>	<b>Sep (2023)</b>
➤ <b>OHT Joint Board Committee</b> 5:30pm – 7:30pm – Virtual Zoom meeting												
<b>2022-23 Events</b>												
➤ 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 <a href="https://cmhfoundation.ca">CMH INVITATIONAL - Cambridge Memorial Hospital Foundation (cmhfoundation.ca)</a>	26											
➤ CMH Reveal Springtime In Paris March 3, 2023 @ Tapestry Hall <a href="https://cmhfoundation.ca/event/reveal-2/">https://cmhfoundation.ca/event/reveal-2/</a>							3					
➤ CMH Phase 3 Construction Tour – January 18, 2023 @ 5:00pm					18							
<b>Board Education Opportunities</b>												
<b>Governors Education Sessions</b>												
➤ Governance Essentials for New Directors – <i>Monika Hempel/Miles Lauzon</i>		17										
➤ Governance Building Blocks		24										
➤ Governance Roles and Responsibilities		31										
➤ Governance and Management												

Agenda Item 3.1.2 20 January 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"> <li>• <i>CMH Leadership Learning Lab –</i> <ul style="list-style-type: none"> <li>○ <i>Project Management for the Unofficial PM</i></li> <li>○ <i>Crucial Conversations – Lynn Woeller</i></li> <li>○ <i>7 Habits of Highly Effective People – Nicola Melchers</i></li> <li>○ <i>Me2You DISC Profile – Diane Wilkinson</i></li> <li>○ <i>Guiding Organizational Change</i></li> <li>○ <i>5 Choices</i></li> </ul> </li> </ul> <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:** January 12, 2023  
**Issue:** Meeting Summary – Governance Committee January 12, 2023  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Stephanie Fitzgerald  
**Approved by:** Patrick Gaskin, Jody Stecho

**Attachments/Related Documents:** None

A meeting of the Governance Committee took place on Thursday January 12, 2023 at 1630h

**Present:** Jody Stecho, Elaine Habicher, Julia Goyal, Andrew Stewart

**Regrets:** Milena Protich, Wajma Attayi

**Staff:** Patrick Gaskin, Stephanie Fitzgerald

**Guests:** Stephanie Pearsall

### Committee Recommendations/Reports – Board Approval Sought

*Proposed Board Motion:*

**THAT** Board of Directors approve the following policies as amended:

*2-A-18 Quality Committee Charter*

*2-D-16 Meeting of the Independent Directors and Committee Members*

### **Approved Committee Recommendations/Motions:**

**THAT** the Governance Committee recommends to the Board of Directors that the following policies be approved with amendments; 2-A-18 Quality Committee Charter, 2-D-16 Meeting of the Independent Directors and Committee Members (Habicher/Goyal) **CARRIED**.

### Committee Motions/Recommendations/Report – Board Approval Not Sought

That the minutes for the Governance Committee meeting of November 10, 2022 be approved as circulated. (Stecho/Stewart). **CARRIED**

### Committee Matters – For information only

1. **Welcome:** The Chair welcomed the Committee to the meeting and introduces Stephanie Pearsall who will be joining the Governance meetings as a guest for educations and part of her professional development.

2. **Policies:** The Committee reviewed and updated a number of the Board policies. Those were presented in the Consent Agenda section of the Board package. The following policies were removed and further review and amendments will be made based on the feedback from the committee. These policies will be brought back to the Governance Committee at a later date. 1-A-14 Code of Conduct, 2-A-10 Audit Committee Charter, 2-A-10 Resources Committee Charter, 2-D-09 Procedure for Members of the Public Addressing the Board.
3. **Action Log:** The Committee reviewed the action log.
4. **Board/Committee Feedback/Attendance Report:** The committee reviewed the results of the Committee's feedback reports. There committee discussed the response rate of the Board of Directors meeting being lower than normal.  
**ACTION:** Stephanie Fitzgerald to remind the administrative support for the committees to drop the link to complete the survey directly in the chat before the end of the meeting in addition to the email.
5. **CMHF & CMHVA Operational Service Agreements:** The CMHF and CMHVA will be reviewing the operational agreements at their January meetings. At this time CMH has no concerns with the agreements. Upon their review the Governance Committee will review the agreements and this work will be added to the work plan for review at least every 3 years.
6. **2022-23 Committee Work Plan and Policy Review Schedule.** The Committee the work plan and policy review schedule for 2022-23.





## BRIEFING NOTE

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**Date:** January 17, 2023  
**Issue:** Meeting Summary – Audit Committee January 16, 2023 - OPEN  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Bonnie Collins  
**Approved by:** Trevor Clark

**Attachments/Related Documents:** None

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A meeting of the Audit Committee took place on Monday, January 16, 2023 at 1700h

**Present:** Monika Hempel (chair), David Beaudoin, Miles Lauzon, Scott Merry, Brian Quigley, Chris Whiteley

**Regrets:**

**Staff:** Liane Barefoot, Trevor Clark, Michelle D'Souza, Patrick Gaskin, Valerie Smith-Sellers

**Guests:** Brian Edmonds, Kim Haley (KPMG), Pream Luckhoo (KPMG)

### Committee Recommendations/Reports – Board Approval Sought

None

### Committee Motions/Recommendations/Report – Board Approval Not Sought

**THAT** the minutes of the November 29, 2022 meeting be adopted as presented.

### Committee Matters – For information only

**1. Action Log**

The action log was reviewed.

**2. Audit Plan Review**

Representatives from KPMG presented the audit plan for the Committee's information. The audit approach, strategies for areas of significant risk and other areas of focus were highlighted.

The proposed 2022-23 audit fees were reviewed, and the Committee found the proposed fees to be acceptable.

The Audit Committee confirmed to the auditor that it was not aware of any instances of fraud, suspected fraud or non-compliance with laws and regulations at CMH.

- 3. Review and Discuss External Auditor’s Potential Conflict**  
The auditor confirmed that it has no potential conflicts in providing audit services to CMH.
- 4. Audit Committee Fiscal 2022-23 Goals Review**  
Management provided an analysis of the goals and objectives for the fiscal 2022-23 Board cycle, approved by the Audit Committee at its May 2022 meeting.
- 5. Audit Committee Work Plan**  
The work plan for 2022-23 was reviewed and the January requirements were complete.



## BRIEFING NOTE

**Date:** January 19, 2023  
**Issue:** Meeting Summary - Quality Committee, January 18, 2023 – OPEN  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Iris Anderson  
**Approved by:** Stephanie Pearsall

**Attachments/Related Documents:** CNE Report

A meeting of the Quality Committee took place on Wednesday January 18, 2022 at 0700h.

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

**Regrets:** Ms. T. Mohtsham

**Staff:** Ms. M. Iromoto, Ms. L. Barefoot, Mr. S. Beckhoff, Ms. J. Visocchi, Mr. T. Clark,  
 Ms. A. McCulloch

**Guests:**

### Committee Recommendations/Reports – Board Approval Sought

None

### Committee Motions/Recommendations/Report – Board Approval Not Sought

**That**, the minutes for the Quality Committee meeting of November 16, 2022 be approved as circulated. (McKinnon/Gandhi). **CARRIED**

**That**, the appointments of Mr. Howe and Mr. Abogadil, as Staff Members to the Quality Committee, be approved. (Gandhi/Pyper). **CARRIED** Refer to Committee Matters #1.

### Committee Matters – For information only

#### 1. Employee Position on the Quality Committee

Ms. Wilkinson introduced Mr. Howe to the Committee members. Mr. Howe was the successfully selected candidate as staff member to join the Quality Committee. The caliber of the candidates was impressive. As a result, a second candidate was also selected – Mr. Kenneth Abogadil. Following discussions with Management and support from the Chair of Governance Committee, approval for a second Employee Position on the Quality Committee will be tabled at the February Board of Directors meeting. See package 2 for reference documents.

2. **Pharmacy:** A program overview was provided. Two patient stories were presented, regarding 1) access to therapy and 2) transitions in care. The scenarios showed collaboration of the Pharmacy staff, as well as the transitions in care and how that process is supported. Other highlights included: Antimicrobial stewardship, pharmacist support for Medication Reconciliation on discharge, 5-FU chemotherapy drug protocol development, and controlled substance diversion prevention. The presentation can be found in package 2.
3. **Medical Day Care (MDC):** A program overview was given. Key items were highlighted: Care Support Partners back on-site to support patients in first rounds of chemo, partnership with McKesson to support education and on-going support to patients receiving Oral Chemotherapy, full-time Drug Access Navigator, welcomed new medical oncologist Dr. S. Huang, Goals of Care discussions underway (a working group has been established with GRRCC), and sunset of OPIS (electronic system to standardize medication orders linking to GRRCC) - timing and replacement strategy not yet confirmed. The briefing note can be found in package 2.
4. **THREB Annual Report and Terms of Reference:** The THREB Annual Report and Terms of Reference are appended. This item was approved within the consent agenda.
5. **CMH Senior Friendly Report Plan 2019-2023:** The CMH Senior Friendly Report of 2019-23 displays work focused on senior friendly hospital (SFH) care. Refer to package 2.
6. **CIHI Report:** Ms. Barefoot spoke to overall results for CMH. Despite the pandemic and all its impacts, CMH has shown improvement per CIHI indicators. The CIHI report can be found in package 2.
7. **Corporate Scorecard:** Ms. Iromoto provided an update on the Corporate Scorecard.
8. **CNE Report:** The December 2022 and January 2023 CNE reports were previously circulated. Ms. Pearsall summarized the reports, focusing on clinical program updates. Further information can be found as an attachment to this briefing note.
9. **MAC Report:** Dr. Lee provided a brief report on MAC.
10. **OHT Update:** Mr. Gaskin provided an update on the activities of the OHT.
11. **QIP:** Staff is in communication with Ontario Health on the plan for the QIP for 23-24. A special QIP meeting is scheduled for February 1 at 0800.



# BRIEFING NOTE

**Date:** December 7, 2022  
**Issue:** CNE Report – December 2022 update  
**Prepared for:** Quality Committee of the Board  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Stephanie Pearsall, Vice President Clinical Programs & CNE

**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 checked="" type="checkbox"/> Support Staff and Physicians Wellbeing & Engagement	<input checked="" type="checkbox"/> Staff Wellbeing
<input checked="" type="checkbox"/> Increase Joy In Work		<input checked="" type="checkbox"/> Retention & Recruitment
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> Undertake the HIS Evaluation	<input checked="" type="checkbox"/> Retention & Recruitment
<input type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Execute CRP Phase 3	<input type="checkbox"/> Operational Excellence

## Clinical Program Updates

### Clinical Informatics

A Real Time Locating Service (RTLS) briefing report has been completed and will be presented at Directors Council for feedback and then brought to Executive for approval to move forward. If approved to move forward, Project Charter to be developed with formal Sponsor etc. included in the plan would be to use revamped Clinical Informatics Working group as the Steering Committee for this work. Informatics Specialist has been seconded 1 day/week to St. Joseph's Health Centre in Guelph to assist them with their RTLS implementation until the end of January 2023

### HIS RFP

The RFP was posted on September 16 and closed December 2. Evaluators/observers for vendor demonstrations have been identified. Currently drafting a plan for pre-work that can be completed such as current state process mapping for key workflows in all areas. A briefing note for additional Informatics resources is in development. Initially will utilize the Informatics Specialist currently on our team to get started on this pre-work. The Informatics Council is being re-initiated which will help guide some of this work.

### Endoscopy

There was the official launch of the Endoscopic Ultrasound (EUS) program officially launched. For more than a decade, Waterloo Wellington has had the second lowest use of EUS in the province and local patients have had to travel a great distance to receive this service, thus affecting equity and access. It is very exciting to see Cambridge Memorial Hospital offer EUS on

a regional basis to ensure that the collective use of resources is used wisely to improve medical care, increase patient experience and outcomes, support the designated hepato-pancreato-biliary (HPB) program at GRH, decrease the use of other diagnostic modalities, and decrease costs to the health care system. We are currently completing 10 EUS procedures per day twice per day. Dedicated Endoscopy staff on call will start January 2023. In partnership with EUS, the Liver Health clinic has experienced an increase in volume and is now operating 4 days per week. The referral list is rapidly increasing.

### **Medical Day Care (MDC)**

Dr. Shelley Kuang, Medical Oncologist has joined WW Cancer Program and will be working in a joint capacity with GRRCC and CMH Oncology Programs, supporting Thoracic, Breast and Lung disease sites.

### **Obstetrics**

Staffing in this portfolio is stabilizing and as a result there were no periods of redirect in November. The program is currently working with the Risk department to develop a list of criteria for high risk cases requiring report to HIROC to ensure appropriate reporting as well as identifying areas of opportunity in the provision of quality care.

### **Pediatrics**

CMH has been challenged as elsewhere in the province, with our volume of pediatric patients related to RSV and other respiratory illnesses. With the release of the OH directive which indicated organizations were required to increase to 150% pediatric capacity, CMH may need to surge to 11 beds. We currently share this surge space with Postpartum. There has been continued focus on staffing as numerous pediatric staff are off sick, or on leaves. As it is a small team a strategy that we have incorporated is increasing education to other units in the program such as NICU to increase capacity. Leadership participates in an OH West call daily to review capacity and work together from a regional and system capacity perspective.

### **Perioperative Program**

There was a successful move into the new space for Surgical Day Care (SDC), Post Anesthetic Care Unit(PACU) as well as a portion of the Endoscopy unit November 5, 2022. There has been a recent roll out of pediatric education as SDC staff will assume care for postoperative pediatric day surgery cases. This will also expand scope, and align patient satisfaction with a more streamlined pre and post patient flow process. Currently reviewing accreditation standards to identify areas of opportunity as well as a focus on re-education such as improving the transfer of information process for after hour cases. This is a required organizational practice (ROP)

The operating room (OR) continues at 78% capacity. QBP and CCO cases above target as these continue to be prioritized. The OR floors that required re-finishing are currently ahead of schedule with a completion time of early Feb. Staffing continues to be a challenge with high sick time. The AORN course has 3 RN's training with onboarding of this staff in early Feb.

### **Professional Practice**

Leadership is continuing to develop a 5-year work plan aligned to the new strategic plan related to practice and informatics initiatives:

- Will aim to collaborate with DS to develop metrics that objectively demonstrate value of Practice/Education and Informatics

### **Model of Care work**

- Presented results from GEMBA walks on Med A, Med B, ICU, TCU, ED, Women and Children, Inpatient Surgery, and Mental Health

- Met with peers at Guelph General to discuss our plans and opportunities for future collaboration. Also discussed via email with St. Mary's CNE who is sharing with their Director of Professional Practice.
- Next steps are to identify pilot unit, engage stakeholders (labour partners, PFAC), utilize the Patient Care Needs Assessment Tool to determine appropriate staffing model, and to develop the framework for role clarity

#### **Policy & Medical Directive tracking/compliance**

- Meetings set with Directors to review Policies/MDs under their area
- Will improve from only 21% (n=15/69) medical directives up to date in early Nov to bring us to 68% (n=47/69) up to date by the end of this calendar year
- Reviewing process barriers for obtaining feedback and signatures on medical directives in a timely fashion
- Reviewing and revising Education/Tuition Reimbursement policy in collaboration with Organizational Development

#### **Reviewing MOH programs that support recruitment and retention:**

##### Enhanced extern program (EEP):

- Revamp existing program with focus on recruitment/education/retention
- Recommending that we introduce extern mentor/coordinator role who will dedicate time to education of externs while working on the floor and also help with recruitment
- Business case underway

##### Supervised practice experience (SPEP)

- Expanding intake to include non-employees as a recruitment strategy

##### CCPN

- Plan to work with HR on onboarding some of our Level 4 students via this program. HR has reported that they have been approved for 17 nursing positions under this program

##### New Graduate Guarantee (NGG)

- Have met with HR to review application process and plan to initially bring a RN and RPN via this program to the medicine program
- Have engaged labour partners and discussion is ongoing (requires LOU)
- Goal is to onboard 2 new staff members via this program by the end of December 2022

#### **Nursing Development/Retention/Recruitment**

- Starting to look at some programs that may help with retention of nurses/training of new nurses. Michael Garron Hospital has an innovative program that we are interested in possibly replicating
- Nursing Rotation Program – provides early career nurses with an opportunity to experience nursing in multiple areas of acute care. Provides nurses with extended, sequential placements in clinical programs through a series of 12-week extended placements. During this time, nurses receive area specific orientation and quickly join the team to work independently. Nurses are supported with ongoing mentorship, learning plans, and development opportunities such as research and quality improvement initiatives
- Nursing Pathways Program – provides nurses with an opportunity to gain experience nursing in multiple areas curated to prepare them for specialty nursing (such as ED, ICU, Women and Children, Paediatrics) through a series of 12-week extended placements across specialty areas during which time they receive area-specific orientation and quickly join the team to work independently

**Professional Practice Committees/Councils***Restructuring committee endorsement vs. approval and accompanying membership*

- Nursing Advisory Council Terms of Reference reviewed and approved at December meeting
- Call for volunteers went out for 2023 year received enthusiastic interest
- Professional Advisory Council Terms of Reference to be reviewed at next meeting
- Will move towards adding an Inter-Professional Practice Council (IPPC) with representation from NAC and PAC
- Will re-engage the Informatics Committee to support HIS planning

**Code White/CPI training**

- Currently, this training was completed via contract with an external organization
- Briefing report created for Directors Council to bring this training in-house via a train the trainer model. Expected to save the hospital \$36,000/year and is a leadership opportunity for our staff to lead this training
- Will move to self-registration for this course through our new LMS (Bridge2Learning) hybrid delivery (online & in-person)

**Practice/Regulation**

- Continue to work on scope change for NP ordering CT/MR; NPs assigned education, collaborating with DI and ED on implementation: Process flow decision making document created and reviewed by NPs working in ED. To be circulated to ED Chief and Chief of Staff for feedback
- Attending IRMA meetings with Risk as part of environmental scan
- Attending HAC & labour partner meetings for practice support

**Best Practice Spotlight Organization**

- Confirmed that we have been re-designated as a BPSO for 2022-2024. Awaiting contract from RNAO
- Leadership including a clinical educator attended Virtual Clinical BPG Institute (weekly September 13 through October 11)
- Plan to re-energize the work around BPSO through our NAC committee with a working group that will report into the committee
- Committed to implementing two further BPGs over the next two years:
- SLGBTQUI+ Health Equity which will align with our new Strategic plan
- Adopting eHealth Solutions: Implementation Strategies (or a new one under development entitled Clinical Practice in a Digital Health Environment) which will align with our HIS work

**Evaluating Clinical Educator Facilitator (CEF) Resources**

- Reviewing the CEF role and any activities they're performing that aren't in alignment with practice/education; need to protect CEF time as upstream approach to recruitment and retention and limiting pulling CEFs to provide patient care.
- Successfully on boarded new CEFs for OR/Endo and PACU/SDC CEF mid-November
- Requested permanent Medicine CEF ongoing as part of the budgeting for 23/24 fiscal year (0.6 FTE with remaining 0.4 FTE to be covered via government funding initiatives)

**Professional Practice Education****Bring your Child to Work day**

- Well attended by staff member's Grade 9 children – 21 children attended



**Staff Lunch and Learns**

Fall lunch and learns completed and well attended by staff:

- Care and management of chest tubes
- RACE
- Professional Practice

Future scheduled Lunch and Learns:

- December 13, 2022 – Suboxone PPO/COWS assessment
- January – respiratory assessments/support (collaboration with RT)
- February – cardiac focus for Heart Month
- March – Best practice fair (see below)
- April – TGLN for Be a Donor Month

Scheduling lunch and learns for our interprofessional staff

- future sessions that are not nursing focused through the winter
- Positive feedback from Pharmacy, Lab, and Social Work on understanding role clarity

Best practice fair

- Next session March 20-31, 2023 (will endeavor to have staff scheduled to attend)

**Student Placement**

Refining process for nursing student placements (collaboration w\with HR, IT, DS, HSW)

- Refining process for allied health student placements
- discovered some stipends for allied health student placements (collaboration with Finance to ensure visibility of this benefit)
- Continuing to work to shift culture on precepting to align with CNO standards
- Using Benner's model to identify ideal candidates for preceptorship
- Preceptor tracking in place and will use a rotational model (reduce the burden of continuously teaching students/new staff)
- First preceptor workshop to build preceptor capacity held on site and was well attended by staff
- Paid training (staff's time) provided by Conestoga at no cost to us
- Continuing to work towards developing comprehensive preceptor program, including recognition – building our preceptor pool is our first step
- Excellent feedback from staff who felt the session was very informative
- Working with Conestoga College to offer a preceptor workshop for non-clinical staff who take students as well
- Other delivery methods available include online-synchronous (Conestoga), online-asynchronous (Western), in addition to live, in-person (Conestoga)

**Learning Management System (LMS):**

- Working with Laboratory to support them with mandatory eLearning compliance to support their accreditation
- Work fully underway on our new LMS with Bridge2Learning (vendor DualCode). Planned go live January 2023
  - Implementation Services - ongoing
  - Workshop - completed
  - Training - ongoing
  - Theme Design & Development – this is done
  - HRIS Integration – this is done
  - Active Direction Integration – this is done
  - Program & course shell mapping - underway

- Course content review/development - in progress
- Drop-in sessions planned for staff in Jan/Feb 2023
- Using the new LMS backend automation to enroll nursing staff in Elsevier. With staff being enrolled in accounts, CEFs can create and assign multi-course modules based on learning needs (including learning plans and performance management issues) and track completion, competencies etc.
- Elsevier is focused on competency management/clinical skills
- Continue to work with Decision Support and IT on formatting data
- Next steps involve admin training and educator training
- Evaluating current content portfolio and Elsevier content to ensure we have access to the resources/specialties that CMH provides services for
- Re-launch of Elsevier later December to staff through communications

### **Scheduling**

The Blackberry Adhoc scheduling software will be launching January 2023. There will be a staff survey pre and post launch to understand how staff view the current shift replacement process as well as after the launch. This will allow a fulsome evaluation of the software.



# BRIEFING NOTE

**Date:** January 6, 2023  
**Issue:** CNE Report – January 2023 update  
**Prepared for:** Quality Committee of the Board  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Stephanie Pearsall, Vice President Clinical Programs & CNE

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

**Clinical Program Updates**

**Clinical Services Growth Plan (CSGP)**

A clinical service growth plan identifies the clinical services that will be required in the future to support the residents of Cambridge and North Dumfries. This plan will help identify the direction of future infrastructure requirements and health human resource requirements that are required to enable change to service provision and as a result outline our path forward. This path forward will align with the new strategic plan for CMH. The Chief of Staff and the Vice President of Clinical Programs/CNE are working with decision support to understand the current market share of clinical services and community needs as well seeking stakeholder engagement from clinicians, staff, community partners, patients and their families to understand where they see the direction of their program in the future. The feedback will be collated, priority themes identified and this information will inform the CSGP. A University of Waterloo student is assisting with collating feedback in a process that mirrors the strategic plan. The target date for completion is March 31, 2023.

**Emergency**

The visit volume for year to date is 125 visits per day. In December there was 115 visits per day. To maximize available funding our target goal is 130 visits per day. The month of December saw an average of 15 admit to no bed patients in ED each day.

Below is the October P4R Report and Funding Projections. This period represents the 11th month of the annual P4R cycle for December 2021-November 2022. The estimated funding for 2023/24 currently projects to be **\$712,254**. This represents a significant decrease in funding (-38.7% or ~\$449k) from the previous annual cycle. The performance rank for most indicators

decreased relative to our peer hospitals this period. CMH finished the cycle with a cumulative performance rank of **57** out of 74 qualifying hospitals. A subacute zone working group, led by the ED Chief and Manager has been launched, and the group has had several meetings to look at improvements to the flow of the department.

P4R Indicator	YTD Performance Rank – Last Period (September 2022)	YTD Performance Rank - Current Period (October 2022)
ED LOS for Admitted Patients, 90th percentile	45	44
ED LOS for Non-Admitted, High Acuity Patients, 90th percentile	38	37
ED LOS for Non-Admitted, Low Acuity Patients, 90th percentile	53	56
Time to Physician Initial Assessment (PIA), 90th percentile	61	61
Time to Inpatient Bed, 90th percentile	45	46
Ambulance Offload Time, 90th percentile	39	40

Staffing levels continue to be challenging. New staff continue to be hired and trained. There remains a 10% vacancy rate in Full Time RN roles coupled with the lack of skilled RNs cause significant staffing gaps on certain shifts. ED has 15 Agency RNs who work regularly in the department. The department is utilizing RN internship positions to ED utilizing our Clinical Aid roles as an entry point as they are often nursing students. The ED Waiting Room Attendant role is functioning very well. This role monitors the waiting room and serves as a resource to the triage nurse.

The long stay pediatric patient in ED was discharged on December 12, 2022 after 156 days in ED. We have requested a debrief from our OHT and MCSS partners to understand how this may be avoided in the future.

**Mental Health**

The average Inpatient MH Occupancy for year to date is 87% or 22 patients with the past month averaging 23 patients. There are currently 2 ALC patients on this unit who have been located in the PCU. We continue to help our partner hospitals as needed to keep census at 22 or higher.

Staffing for inpatient MH continues to be challenged due to short term incidental sick calls which many of the hospital units are experiencing however there has been demonstrated improvement through the December month.

The Out Patient MH wait list is currently at 181 individuals waiting an average of 35 days for intake. Out Patient MH staff and psychiatrists continue to discharge patients back to the community after treating the patient’s acute illness. Recruitment for the psychiatry vacancy continues. The 2 inpatient unit psychiatrists assist with seeing some outpatients keeping the list stable.

ECT planning continues with plans to open in the new PACU space on February 1<sup>st</sup>, 2023. The retiring manager moved to an interim role on October 17<sup>th</sup>. She is working on re-establishment of the ECT program, outpatient department smoothing of wait list and setting the team up for 2023 Accreditation.

Michelle Berry (previous Clinical Coordinator for MH) was the successful applicant to the Manager of MH services. Megan Rowe (previous an OP MH Clinician) was the successful applicant to the Clinical Coordinator role. She starts this position on January 9, 2023. An RN clinician was hired to the Day Hospital in November. This clinician is assisting half-time with Clinical Liaison (CL) coverage for the hospital. This clinician works very closely with the CL psychiatrist assigned for the week.

### **Pediatrics**

Due to the surge guidelines and that the capacity to care for pediatric patients has exceeded available resources in our province, Ontario West Hospitals that manage pediatric patients participate in a daily touchpoint to manage flow and care of pediatric patients. CMH has supported and received several patient transfers to support partner hospitals. OH West providing ongoing support and guidance to hospitals including resources for staff education re: assessment and care management for critical children as well as team based model of care to support during surge situations, CMH admitting 1-2 pediatric patients a week that require higher level of respiratory High Flow oxygen support.

Based on provincial guidance, CMH has reduced the number of surgical pediatric cases that will require inpatient beds however we have continued with urgent cases on a case by case basis. The team has built capacity within the surgical day care space for pediatric same day surgeries, such as myringotomy tubes.

Staffing challenges are improving by training internal float pool staff, modified worker returning to work, collaborating with Magnus, a second staffing agency that provides longer term 3 month commitments



## BRIEFING NOTE

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**Date:** January 20, 2023  
**Issue:** Meeting Summary – Digital Health Strategy Subcommittee  
 January 19, 2023 - OPEN  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Bonnie Collins  
**Approved by:** Trevor Clark

**Attachments/Related Documents:** None

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A meeting of the Digital Health Strategy Subcommittee took place on Thursday, January 19, 2023 at 1700h

**Present:** Sara Alvarado (chair), Masood Darr, Rodney Dobson, Jim Gates, David Pyper, Diane Wilkinson, Suzanne Sarrazin

**Regrets:** Iain Klugman, Paul Martinello

**Staff:** Trevor Clark, Patrick Gaskin, Rob Howe, Dr. W. Lee, Stephanie Pearsall

**Guests:**

### Committee Recommendations/Reports – Board Approval Sought

None

### Committee Motions/Recommendations/Report – Board Approval Not Sought

THAT the minutes of the November 17, 2022 meeting be adopted as presented.

### Committee Matters – For information only

#### 1. Corporate Solution RFP

CMH has been working in partnership with GRH and SMGH to engage professional services for the corporate services RFP, and an agreement has recently been signed with Deloitte to provide these advisory services. CMH, GRH and SMGH met December 20 to ensure alignment of goals and options for consideration within the scope of services being requested. The kickoff meeting between Deloitte and the CMH Corporate Applications Steering Group has been scheduled.

The Subcommittee inquired about the affordability of a corporate solution in light of the estimated TCO for the clinical solution. Management is hopeful that a corporate solution

could be within reach if the Ministry of Health responds favourably to ongoing advocacy for funding increases. A TCO estimate for the clinical and corporate solutions should be available by early fall 2023.

**2. CMH Staff Innovation Fund**

The new CMH Staff Innovation Fund was formally launched on January 9. The Innovation Fund will engage staff at all levels to initiate improvement projects that will enhance work processes, work environments, and/or the patient experience. The CMH Board and Foundation have pledged \$40k/year to backfill staff to work on innovation projects. An annual innovation fair will be held in the fall to celebrate the successes of and learning from the projects. The Digital Health Strategy Subcommittee congratulated management on the launch of the Innovation Fund.



## BRIEFING NOTE

**Date:** January 23, 2023  
**Issue:** Meeting Summary – Capital Projects Sub Committee, January 23, 2023 - OPEN  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Kristen Hoch – Project Coordinator, Admin Assistant  
**Approved by:** Tom Dean – Chair, David Boughton – Senior Director Capital Projects & Chief Redevelopment Officer

**Attachments/Related Documents:** None

A meeting of the Capital Projects Sub Committee took place on January 23, 2023 at 1600.

**Present:** Tom Dean (Chair), Miles Lauzon, Shannon Maier, Patrick Simmons, Diane Wilkinson, Lynn Woeller, Horst Wohlgemut

**Regrets:** Janet Huber, Andrew McGinn, Patrick Gaskin

**Staff:** David Boughton, Trevor Clark, Bill Prokopowich, Kristen Hoch

**Guests:**

### Committee Recommendations/Reports – Resources Committee Approval Sought

*Proposed Resources Motions:*

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

**THAT** the minutes for the Capital Projects Sub Committee meeting of November 29, 2022 be approved as circulated. (Simmons / Lauzon). **CARRIED**

### Committee Matters – For information only

1. **Welcome:** The meeting was conducted in a hybrid format: 3 committee members attended in-person, 4 committee members attended virtually.





## BRIEFING NOTE

**Date:** January 24, 2023  
**Issue:** Meeting Summary – Resources Committee January 23, 2023 - OPEN  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Bonnie Collins, Administrative Assistant  
**Approved by:** Lynn Woeller – Chair, Trevor Clark - VP Finance & Corporate Services,

### Attachments/Related Documents:

December 2022 Financial Statements (Agenda Item 3.7.1)

Q3 Capital Spending Update (Agenda Item 3.7.2)

2023-24 Hospital and Community Accountability Planning Submissions (Agenda Item 3.7.3)

A meeting of the Resources Committee took place on Monday, January 23, 2023 at 1700h

Present: Lynn Woeller (chair), Sara Alvarado, Tom Dean, Elaine Habicher, Lori Pepler-Beechey, Janet Richter, Gerry West

Regrets:

Staff: Trevor Clark, Michelle D'Souza, Patrick Gaskin, Dr. W. Lee, Stephanie Pearsall, Valerie Smith-Sellers, Susan Toth

Guests:

### Committee Recommendations/Reports – Board Approval Sought

**THAT**, the Board of Directors receives the December 2022 financial statements as presented by management.

**THAT**, the Board of Directors approves a balanced 2023-24 Hospital Accountability Planning Submission (HAPS) and 2023-24 Community Accountability Planning Submission (CAPS) after feedback has been received from Ontario Health (OH).

### Approved Committee Recommendations/Motions:

**THAT**, following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors receives the December 2022 financial statements as presented by management. (Habicher/West) **CARRIED**.

**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 2023-24 Community Accountability Planning Submission

(CAPS) after feedback has been received from Ontario Health (OH). (Woeller/Peppler-Beechey) **CARRIED**

### **Committee Motions/Recommendations/Report – Board Approval Not Sought**

**THAT**, the minutes of the November 29, 2022 meeting be adopted as presented. (Habicher/Peppler-Beechey) **CARRIED**.

### **Committee Matters – For information only**

#### **1. Director of Finance Appointment**

The Committee Chair welcomed Valerie Smith-Sellers to the meeting and congratulated Val on her recent appointment to Director of Finance.

#### **2. Action Log**

The action log was reviewed. Follow up to the outstanding item from the September 19, 2022 meeting (Multi-Year Financial Plan Update) and outstanding items from the November 29 meeting (Q2 Capital Spending Update and Liability and Crime Insurance Policy Renewal) was provided at the January 23, 2023 meeting.

#### **3. December 2022 Financial Statements and Year-End Forecast**

Cambridge Memorial Hospital (CMH) is in a \$2.6M year-to-date surplus position at the end of December after building amortization and related capital grants. Actual results are \$3.6M favourable to budget. The major drivers of the favourable budget variance are the unused budgeted contingency \$3.2M, interest income \$1.2M, the timing of other supplies and other expenses \$1M, the receipt of one-time funding to offset the 2021-22 deficit in the Assessment Centre \$0.9M and \$0.8M in one-time Pandemic Prevention and Containment funding announced by the Ministry of Health (MOH) in December 2022 to offset operational pressures. This is partially offset by the loss of Post Construction Operating Plan (PCOP) revenue (\$2.6M). CMH is forecasting a surplus for 2022-23 of \$1.1M. The forecast assumes that CMH will earn \$3.9M in PCOP revenue, \$4.7M less than budget. The \$4.2M budgeted contingency offsets the majority of this revenue loss.

CMH is expecting a one-time funding source of up to \$6.3M from the Ministry's reconciliation of 2019-20 and 2020-21 PCOP funding, which will be invested in the capital redevelopment project, building infrastructure, and service recovery and growth planning.

Risks to the forecast surplus include incremental bed funding, the province-wide shortage of health human resources, the increase in Alternate Level of Care (ALC) patients which create bed flow pressures, generate low weighted cases and jeopardize volume targets, inflationary pressures (particularly with respect to utilities), and the MOH pending reconciliation of incremental COVID funding.

The Committee inquired about the financial impact of the government's proposed privatization of healthcare services. Management confirmed that there would be no impact to this year's financial position, and acknowledged the possibility of a negative impact to hospital sector revenue streams province-wide; there is currently not enough information available to make a determination. The Committee inquired about the impact of Bill 7 (More Beds, Better Care Act, 2022) on CMH's financial position, and management advised that neither CMH, nor any other hospital in the region, has enacted Bill 7. The Committee inquired why the deferred revenue reported on the Statement of Financial Position had not changed from the previous fiscal year;

management will investigate and report back to the Committee at the next meeting. (Agenda Item 3.7.1)

**4. Q3 Capital Spending Summary**

Actual spending on the Medical Equipment Plan, IT Plan and Major Capital Projects excluding the Capital Redevelopment Project is \$6.6M year to date. \$1.6M of approved purchase orders were outstanding at the end of December, bringing total capital commitments made through Q3 to \$8.2M. The outstanding approved amount as of December 31 is \$12M. The outstanding approved balance will be reviewed as part of the capital budgeting process, to identify and either bring forward or eliminate items that will not be purchased in 2023-24.

\$14.9M in working capital was available as of the end of December. Unrestricted working capital at the end March 2023 is forecast to be \$3.2M. Unrestricted working capital will be used to fund CRP owner-initiated change orders and the new health information system.

The Committee inquired about the -\$60k year-to-date actual spending for the kitchen. Management will provide clarification at the next meeting. (Agenda Item 3.7.2)

**5. 2023-24 HAPS and CAPS Submissions**

CMH submitted the preliminary Hospital Accountability Planning Submission (HAPS) and Community Accountability Planning Submission (CAPS) to Ontario Health (OH) at the end of November 2022. The preliminary HAPS showed a deficit budget for fiscal 2023-24 to highlight the impact that the loss of incremental funding for 22 acute care beds and inflationary pressures will have on hospital operations; this is also the approach of the other WW region hospitals, which are working collaboratively to advocate for the continuation of incremental bed funding in fiscal 2023-24.

The final HAPS submission will be based on a balanced budget with achievable volume-based funding targets for Post Construction Operating Plan funding and Quality Based Procedures, without incremental bed funding, and will highlight budget risks and system pressures that will result from the closure of 10 of the 22 incremental beds. The final HAPS and CAPS will not be submitted until discussions with OH have taken place, and more clarity on incremental bed funding is provided. As 2023-24 is a transition period out of the pandemic, Ontario Health will not require Board approval for the HAPS and CAPS submissions, but for the sake of transparency, management has requested Board approval of the submissions.

The Committee inquired if the 2% budgeted for salaries would be sufficient given the current inflationary environment. Management confirmed that other regional hospitals have budgeted 2-3% for salaries on their 2023-24 budgets. Also, more than 80% of staff is unionized, and hospitals are required to follow collective agreements concerning salary increases. The Committee inquired about the 25% decrease in medical remuneration from 2021-22 to 2032-24, and management advised that the decrease was due to the discontinuation (as of March 31, 2023) of the one-time COVID funding offered to some physicians. (Agenda Item 3.7.3)

**6. HIS Procurement – Clinical Solution RFP**

Refer to Digital Health Strategy Subcommittee briefing note.

**7. HIS Procurement – Corporate Solution RFP**

Refer to Digital Health Strategy Subcommittee briefing note.

**8. Q3 CEO Certification of Compliance**

The CEO's attestation of CMH's Q3 financial obligations was presented for the Committee's information.

**9. Resources Committee Fiscal 2022-23 Goals Review**

A correction to page 1 of the briefing note was noted: change "Audit Committee" to "Resources Committee".

Management provided an update of the goals and objectives for the fiscal 2022-23 Board cycle, approved by the Resources Committee at its May 2022 meeting. Each of the eight goals is on track to be achieved.

**10. Resources Committee Work Plan**

An addition to section 4.d Investments / Debt of the work plan was noted: Advise the Board with regard to donations, bequests, endowments, investments, banking, borrowing and long-term financial forecasts as needed.

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



# BRIEFING NOTE

**Date:** January 11, 2023  
**Issue:** December 2022 Financial Statements  
**Prepared for:** Resources Committee  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Valerie Smith-Sellers, Director of Finance  
**Approved by:** Trevor Clark, VP Finance and Corporate Services/CFO

**Attachments/Related Documents:** Financial Statements – December 2022

### Alignment with CMH Priorities

2022-2027 Strategic Plan No <input type="checkbox"/>	2022/23 CMH Priorities No <input checked="" type="checkbox"/>	2022/23 Integrated Risk Management Priorities No <input checked="" 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 checked="" type="checkbox"/> Sustain Financial Health		<input type="checkbox"/> Operational Excellence

### Recommendation/Motion

Following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors receives the December 2022 financial statements as presented by management.

### Executive Summary

Cambridge Memorial Hospital (CMH) is in a \$2.6M year-to-date surplus position at the end of December after building amortization and related capital grants. Actual results are \$3.6M favourable to budget. The major drivers of the favourable budget variance are the unused portion of the budgeted contingency \$3.2M, interest income \$1.2M, the timing of other supplies and other expenses \$1M, the receipt of one-time funding to offset the 2021-22 deficit in the Assessment Centre \$0.9M and \$0.8M in one-time Pandemic Prevention and Containment funding announced by the MOH in December 2022 to offset operational pressures. This is partially offset by the loss of Post Construction Operating Plan (PCOP) revenue (\$2.6M).

CMH is forecasting a surplus for 2022-23 of \$1.1M. The forecast assumes that CMH will earn \$3.9M in PCOP revenue, \$4.7M less than budget. The \$4.2M budgeted contingency offsets the majority of this revenue loss.

The MOH is currently reconciling the PCOP funding for fiscal 2019-20 and fiscal 2020-21. The hospital is expecting a favourable result (up to \$6.3M) that will create a one-time funding source to be invested in the capital redevelopment project, building infrastructure, service recovery and growth planning.

## Risks

- The primary reason that the hospital is in a surplus position is due to the receipt one-time incremental bed funding. If this funding had not been received, and the hospital used PCOP funding to operate the incremental beds, a (\$4.4M) deficit would have been reported December YTD, due to lower weighted case volumes than budgeted for in fiscal 2022-23.
- Due to the shortage of health human resources in the Perioperative Services program and replacement of flooring in the operating rooms, surgical volume programs are lower than budget. CMH did not meet PCOP targets from April to December and is not expected to meet budgeted volumes in the third or fourth quarter. The replacement of flooring in the operating rooms is scheduled to be completed in January 2023. PCOP funding tied to surgical volume growth will not be achieved in fiscal 2022-23.
- The number of ALC patients in the hospital has grown year over year. On average there have been 38 ALC patients in fiscal 2022-23 compared to 23 ALC patients in fiscal 2021-22. ALC patients create bed flow pressures and generate low weighted cases putting volume targets at risk.
- Inflationary pressures are being experienced across all expense lines. Blackstone Energy Services has advised of a significant increase in natural gas costs and electricity. The annual forecast cost for natural gas is \$0.8M and electricity \$0.3M higher than budget. Through December, actual utility costs were \$0.7M greater than budget. Effective November 1, 2022, CMH locked in 50% of its budgeted consumption of natural gas at a fixed rate to limit the hospital's exposure to price fluctuations, based on a recommendation from Blackstone Energy Services.
- The Ministry of Health (MOH) has not completed broad base funding reconciliations for incremental COVID funding the hospital received in fiscal 2021-22. The Finance department has followed MOH guidelines for incremental funding, but there is a risk that MOH will apply rules associated with the guidelines differently, leading to the claw back of some of this funding. If the MOH applies the same methodology to reconcile PCOP funding as in fiscal 2019-20 and 2020-21, the hospital will be able to recognize some one-time funding to support operations.

## Summary

CMH has a \$2.3M year-to-date surplus position at the end of December after building amortization and related capital grants. Actual results are \$3.6M favourable to budget. The YTD budget variance is driven by:

- \$3.2M allocation of the budgeted contingency to the end of December;
- \$1.2M in employee benefits savings due to the use of agency staffing and the full-time / part-time staffing mix, partially offset by higher staffing costs due to increased overtime, sick time and the use of staffing agencies;
- \$1.2M in interest income;
- \$1.0M savings in other supplies and expenses due to the timing of expenditures;
- \$900K COVID Assessment Centre one-time revenue for 2021-2022 deficit settlement
- \$759K Pandemic Prevention & Containment Funding one-time revenue for 2022-2023
- \$534K in Quality Based Procedures (QBP) revenue due to increased hip, shoulder, spine and Cancer Care Ontario surgeries.
- \$304K Medical Surgical Supplies driven by the gradual ramp up of elective surgeries in the Perioperative Services program.

The positive variance has been partially offset by:

- Loss of \$2.6M in expected PCOP revenue due to the gradual resumption of procedures of elective procedures;

- \$1.2M unfavourable variance in salaries and wages due to higher overtime and sick time than budget and use of staffing agencies;
- \$755K in increased maintenance repairs.
- \$648K in increased utility costs for natural gas and electricity;
- \$647K variance in other revenue due to lower parking revenue, technical fees and preferred accommodation than budget;

### **PCOP & Quality Based Procedures Volumes**

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

#### PCOP

PCOP acute inpatient weighted cases has the biggest funding implication for the hospital. Each weighted case generates \$4,517 in funding. The 869 weighted case shortfall through November represents a \$3.9M loss in funding. Under performance in day surgery weighted cases has been caused by a shortage of health human resources and the closure of operating rooms on a rotating basis to replace flooring. The reduction in volumes equates to a \$1.8M loss in funding year to date. YTD weighted cases for the Emergency Department are very close to target and Inpatient Mental Health days have exceed target through December.

#### QBP

The hospital is exceeding performance for bundled care and Cancer Care Ontario QBPs. Actual MOH volumes are very close to budget. However, each QBP is funded at a different rate and the hospital entered into a relationship with Clear Vision Surgical to increase the number of procedures performed improving access for this much needed service. Cataracts are funded at a much lower rate than urgent QBPs which include chronic obstructive pulmonary disease (COPD) and pneumonia. Through December, \$2.4M less MOH QBP funding has been received than the hospital is eligible to receive.

Indicator	Unit of Measure	Prior Year	YTD	Target	Trend	Yend Proj	Period
<b>Interim PCOP Growth Estimate:</b>							
Acute Inpatient	Weighted Cases	4,888.0	4,683.5	5,552.0			Nov-22
Day surgery	Weighted Cases	1,153.9	1,563.6	1,960.0			Nov-22
Emergency Department	Weighted Cases	1,787.8	1,651.1	1,672.0			Nov-22
IP Mental Health	Days	6,267.0	6,104.0	5,760.0			Dec-22
<b>Quality Based Procedure:</b>							
Bundled Care Volumes	Procedures	440.0	606.0	539.3			Nov-22
Cancer Care Ontario Volumes	Procedures	324.0	312.0	258.3			Nov-22
Ministry of Health Volumes	Procedures	1,729.0	2,646.0	2,742.3			Nov-22

On Target 4  
At Risk 3  
Not likely to meet year end target 5

## Revenue

### **MOH Funding**

#### Key Highlights

The MOH confirmed \$12.8M in one-time incremental bed funding for fiscal 2022-23 to continue additional bed capacity. CMH is receiving funding for 22 acute medical / surgical beds and 2 critical care beds. The budget was revised at the beginning of the fiscal year to reflect this funding and is the main reason the hospital is in a year to date surplus position through December.

In fiscal 2022-23, the MOH is funding the Assessment Centre based on a cost reimbursement model. YTD expenses were \$685K, 100% offset by incremental revenue. In September, the hospital's Assessment Centre was closed when the Regional Centre opened.

CMH submitted and was awarded a year end settlement claim for \$900K to cover the 2021-22 Assessment Centre deficit.

The MOH confirmed one-time funding of Pandemic Prevention and Containment of \$759K to offset a portion of the ongoing pandemic-related operating expenses.

#### Favourable Variances

The MOH stopped funding COVID incremental operating expenses as of July 1, 2022. CMH has recorded \$1.7M in incremental revenue, offset by expenses in screening, incremental staffing costs and the enhanced nurse training program.

CMH recognized \$1.3M in temporary one-time funding for physician-related pandemic costs. This funding is 100% offset by expenses in medical remuneration. This funding is scheduled to end on March 31, 2023.



Elective & Non Elective QBP revenue was \$341K favourable to budget due to increased hip, shoulder, and spine surgeries.

Cancer Care Ontario QBP revenue was \$194K favourable to budget, due to higher numbers of breast surgeries and endoscopy procedures, partially offset by lower volumes in colorectal cancer surgeries.

### Unfavourable Variances

The hospital has budgeted to receive \$8.6M in PCOP clinical funding in fiscal 2022-23, just over 50% of the available \$16.1M PCOP funding allocation. Funding recognition is dependent on meeting volume targets. \$3.2M of PCOP revenue associated with clinical volumes has been recognized YTD. The YTD shortfall is attributed to the decline in surgical volumes and lower patient acuity in medicine creating a \$2.7M unfavourable variance.

### **Billable Patient Services**

The \$960K year to date favourable variance is primarily due to a \$1.1M favourable variance in professional fees (partially offset by higher medical remuneration costs), \$444K favourable variance in revenue for uninsured residents of Ontario and \$151K insured self pay. The favourable variance is partially offset by unfavourable variances in technical fees (\$372K), non-resident provincial plans (\$227K), preferred accommodation (\$116K) and funding from the Workplace Safety and Insurance Board (WSIB) (\$16K).

### **Recoveries and Other Revenues**

The \$1.7M year to date favourable variance is driven by \$1.2M favourable variance in interest income and \$1M payment received for the Temporary Retention Incentive for Nurses (TRIN). TRIN revenue is fully offset by increased compensation costs. The positive variance is partially offset by the loss of visitor parking revenue (\$159K) and Sleep Disorders Clinic (\$226k). The contract with the Sleep Disorders Clinic was previously volume based but was moved to a rental agreement in November 2022.

### Expenses

#### **Salaries and Wages**

The shortage of health human resources in Ontario has created staffing pressures in many areas across the organization. Salaries and wages were (\$1.2M) unfavourable to budget year to date. There has been a \$6.7M favourable variance in worked salaries year to date, driven by staffing shortages and high number of vacancies. The favourable variance in worked salaries is offset by unfavourable budgeted variances in overtime (\$3.1M), agency staffing costs (\$1.6M), staff training costs (\$1.4M), sick time (\$963K), one-time TRIN payment (\$898K) and modified work (\$428K).

Overtime costs were (\$410K) unfavourable to budget in December, increasing the year to date unfavourable variance to (\$3.1M). Sick time costs were (\$97K) unfavourable to budget, increasing the year to date unfavourable variance to (\$963K).

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

	December 2022			YTD 2022-23		
HOURS	Actual	Budget	Variance	Actual	Budget	Variance
Overtime	8,187	1,890	(6,297)	67,434	16,761	(50,673)
Sick	8,760	4,644	(4,116)	80,318	40,891	(39,427)

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

Other variances in Salaries and Wages include:

- The Assessment Centre had a favourable variance of \$1.3M due to lower service volumes than budget and closure of the centre.
- The COVID cost centre had a \$67K favourable variance year to date driven by the hospital screening function ending earlier than budgeted.

Both of these favourable variances are offset by the loss of COVID incremental funding.

### Employee Benefits

The YTD favourable variance of \$1.2M is primarily due to fewer maternity leaves, lower percent in lieu of benefits and HOOPP due to the full-time and part-time staff mix.

### Medical Remuneration

The (\$780K) unfavourable year to date variance is due to additional professional services for CT (computerized tomography) and MRI (magnetic resonance imaging) (\$616K), Infection Prevention and Control (IPAC) (\$348K) and Oncology Associates (\$220K). The MOH has provided one-time funding to offset the IPAC costs. These higher costs were partially offset by \$272K in savings due to the reduction of COVID stipends paid to the hospitalists, YTD vacancies for a psychiatrist and pathologist \$132K, and the vacancy in the VP Medical Affairs position \$116K.

### Medical and Surgical Supplies

\$304K of the \$406K YTD favourable variance has been driven by the gradual ramp up of elective surgeries in the Perioperative Services program.

### Drug Expense

The (\$33K) YTD unfavourable variance is driven by higher spending on drugs for the Oncology program (\$147K) and the Emergency Department (\$71K), partially offset by positive variances on the Medicine B unit \$64K, Intensive Care Unit (ICU) \$59K, and Inpatient Surgery Unit \$33K due to lower than budget volumes. Oncology drug costs are 94% reimbursed by Cancer Care Ontario.

### Other Supplies and Expenses

The \$2.7M YTD favourable variance is due to:

- the unused contingency allocation (\$3.2M);
- the timing of expenditures across programs and services of (\$1M);
- partially offset by building maintenance repairs (\$0.8M) and higher utilities costs due to natural gas prices and electricity usage (\$0.7M).

**Balance Sheet and Statement of Cash**

CMH's current cash position is \$95.2M, consisting of \$72.6M of unrestricted cash and \$22.6M of restricted cash. The hospital's cash position will be reduced as the MOH reconciles prior year funding allocations and capital projects are completed during the year and. Accounts payable balance at the end of December was \$44.7M, consisting of (MOH) Payable \$14.1M and \$30.6M General Accounts Payable. Unrestricted working capital available at the end of December is \$10.7M, which is mainly due to the prior and current year surpluses.

The working capital ratio is 1.14 and meets the requirements of the Hospital Service Accountability Agreement (H-SAA) target.

**Forecast**

CMH is forecasting a surplus for 2022-23 of \$1.1M. The forecast assumes that CMH will earn \$3.9M in PCOP revenue, \$4.7M less than budget. The \$4.2M budgeted contingency offsets the majority of this revenue loss.

The primary reasons for the projected surplus are higher QBP volumes than budget (\$1.5M), savings in employee benefits (\$1.6M), higher interest income than budget (\$1.7M), Assessment Centre funding provided by the MOH to offset losses incurred during fiscal 2020-21 \$0.9M, Pandemic Prevention and Containment funds \$0.8M and wait time funding \$0.3M. These favourable variances are partially offset by loss of PCOP funding (\$4.7M) and higher salaries and wages than budgeted (\$2.4M).

The MOH is currently reconciling the PCOP funding for fiscal 2019-20 and fiscal 2020-21. The hospital is expecting a favourable result (up to \$6.3M) that will create a one-time funding source be invested in the capital redevelopment project, building infrastructure, service recovery and growth planning.

**Cambridge Memorial Hospital  
Statement of Operations  
For the Period Ending December 31, 2022**

Confidential  
(Expressed in thousands of dollars)

Month of December 2022				Year to Date				2022-23	2022-23	2021-22 Prior Year Actuals			
Actual	Plan	Variance	% Variance	YTD Actual	YTD Plan	YTD Variance	% Variance	Forecast	Plan	Variance	Dec. 2021	YTD Dec. 21	2021-22 YE
<b>Revenue:</b>													
Operating Funding:													
\$ 7,731	\$ 7,731	\$ -	0%	\$ 68,577	\$ 68,577	\$ -	0%	\$ 91,021	\$ 91,021	\$ -	\$ 7,012	\$ 62,208	\$ 88,020
1,606	1,621	(15)	(1%)	16,592	16,058	534	3%	22,841	21,314	1,527	1,650	14,452	19,730
232	936	(704)	(75%)	3,156	5,799	(2,643)	(46%)	3,895	8,567	(4,671)	371	3,288	2,476
2,414	1,988	426	21%	20,022	19,212	810	4%	25,249	24,983	266	2,364	27,294	35,923
11,983	12,276	(293)	(2%)	108,347	109,646	(1,299)	(1%)	143,006	145,885	(2,879)	11,397	107,242	146,149
1,372	1,215	157	13%	11,739	10,779	960	9%	15,586	14,306	1,280	1,398	11,631	15,477
1,180	1,178	2	0%	12,113	10,454	1,659	16%	16,313	14,919	1,393	1,296	10,002	14,954
314	252	62	25%	2,526	2,236	290	13%	3,354	2,968	386	191	1,730	2,399
300	313	(13)	(4%)	2,671	2,542	129	5%	3,581	3,364	217	315	2,584	3,590
<b>15,149</b>	<b>15,234</b>	<b>(85)</b>	<b>(1%)</b>	<b>137,396</b>	<b>135,657</b>	<b>1,739</b>	<b>1%</b>	<b>181,840</b>	<b>181,443</b>	<b>397</b>	<b>14,597</b>	<b>133,189</b>	<b>182,569</b>
<b>Operating Expenses:</b>													
7,061	6,727	(334)	(5%)	60,670	59,499	(1,171)	(2%)	81,366	79,001	(2,365)	6,419	57,162	78,597
1,549	1,669	120	7%	15,320	16,535	1,215	7%	20,794	22,370	1,576	1,487	15,136	20,242
1,953	1,601	(352)	(22%)	16,255	15,475	(780)	(5%)	21,208	20,168	(1,040)	1,936	18,841	25,873
906	1,016	110	11%	8,707	9,011	304	3%	11,554	11,960	406	887	8,259	10,647
698	816	118	14%	7,269	7,236	(34)	(0%)	9,648	9,603	(44)	800	6,992	9,479
2,027	2,348	321	14%	18,054	20,784	2,730	13%	24,910	27,636	2,726	1,614	13,595	20,733
544	487	(57)	(12%)	4,572	4,318	(254)	(6%)	6,069	5,732	(338)	405	3,672	5,174
300	306	6	2%	2,671	2,525	(146)	(6%)	3,581	3,364	(217)	316	2,584	3,590
<b>15,038</b>	<b>14,970</b>	<b>(68)</b>	<b>(0%)</b>	<b>133,518</b>	<b>135,382</b>	<b>1,864</b>	<b>1%</b>	<b>179,131</b>	<b>179,835</b>	<b>704</b>	<b>13,864</b>	<b>126,241</b>	<b>174,335</b>
<b>111</b>	<b>264</b>	<b>(153)</b>	<b>(58%)</b>	<b>3,878</b>	<b>275</b>	<b>3,603</b>	<b>(1,310%)</b>	<b>2,709</b>	<b>1,608</b>	<b>1,101</b>	<b>733</b>	<b>6,948</b>	<b>8,234</b>
(634)	(642)	8	(1%)	(5,673)	(5,693)	20	(0%)	(7,529)	(7,556)	27	(519)	(4,671)	(6,701)
489	505	(16)	(3%)	4,431	4,481	(50)	(1%)	5,881	5,948	(67)	469	4,223	5,725
<b>\$ (34)</b>	<b>\$ 127</b>	<b>\$ (161)</b>	<b>(127%)</b>	<b>\$ 2,636</b>	<b>\$ (937)</b>	<b>\$ 3,573</b>	<b>381.5%</b>	<b>\$ 1,060</b>	<b>\$ (0)</b>	<b>\$ 1,060</b>	<b>\$ 683</b>	<b>\$ 6,500</b>	<b>\$ 7,258</b>

**Cambridge Memorial Hospital  
Statement of Financial Position  
As at December 31, 2022**

(Expressed in thousands of dollars)

	December 2022	March 2022
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and Short-term Investments	\$ 72,658	\$ 63,068
Due from Ministry of Health/Ontario Health	2,337	7,381
Other Receivables	4,425	3,920
Inventories	2,574	2,453
Prepaid Expenses	3,336	1,724
	85,330	78,545
<b>Non-Current Assets</b>		
Cash and Investments Restricted - Capital	22,570	16,439
Due from Ministry of Health - Capital Redevelopment	4,760	4,760
Due from CMH Foundation	472	472
Endowment and Special Purpose Fund Cash & Investments	187	187
Capital Assets	271,108	262,601
	<b>\$ 384,427</b>	<b>\$ 363,006</b>
<b>LIABILITIES &amp; NET ASSETS</b>		
<b>Current Liabilities</b>		
Due to Ministry of Health/Ontario Health	14,119	6,309
Accounts Payable and Accrued Liabilities	30,551	34,386
Deferred Revenue	29,982	29,982
	74,652	70,677
<b>Long Term Liabilities</b>		
Capital Redevelopment Construction Payable	693	1,114
Employee Future Benefits	4,354	4,118
Deferred Capital Grants and Donations	262,251	247,256
	267,298	252,488
<b>Net Assets:</b>		
Unrestricted	11,682	7,873
Externally Restricted Special Purpose Funds	187	187
Invested in Capital Assets	30,608	31,781
	42,477	39,841
	<b>\$ 384,427</b>	<b>\$ 363,006</b>
Working Capital Balance	10,678	7,868
Working Capital Ratio (Current Ratio)	1.14	1.11

**Cambridge Memorial Hospital  
Statements of Cash Flows  
For the Month Ending December 31, 2022**

(Expressed in thousands of dollars)

	December 2022	March 2022
<b>Cash Provided By (used in) Operations:</b>		
Excess (deficiency) of Revenue over Expenses	\$ 2,636	\$ 7,257
Items not involving cash:		
Amortization of capital assets	10,244	11,875
Amortization of deferred grants and donations	(6,956)	(8,124)
Change in Non-Cash Operating Working Capital	6,781	26,945
Change in Employee Future Benefits	237	85
	12,942	38,038
<b>Investing:</b>		
Acquisition of Capital Assets & CRP	(18,750)	(31,846)
Capital Redevelopment Construction Payable	(422)	1,114
	(19,172)	(30,732)
<b>Financing:</b>		
Capital Donations and Grants & CRP	21,952	14,947
	21,952	14,947
<b>Increase (Decrease) In Cash for the Period</b>	15,722	22,253
<b>Cash &amp; Investments - Beginning of Year</b>	79,507	57,254
<b>Cash &amp; Investments - End Of Period</b>	<b>\$ 95,229</b>	<b>\$ 79,507</b>
<b>Cash &amp; Investments Consist of:</b>		
Unrestricted Endowment and Special Purpose Investments	30	30
Cash & Investments Operating	72,629	63,038
Cash & Investments Restricted	22,570	16,439
<b>Total</b>	<b>\$ 95,229</b>	<b>\$ 79,507</b>



# BRIEFING NOTE

**Date:** January 18, 2023  
**Issue:** Q3 Capital Spending Update  
**Prepared for:** Resources Committee  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Valerie Smith-Sellers - Director, Finance  
**Approved by:** Trevor Clark - VP Finance and Corporate Services / CFO

**Attachments/Related Documents:**

**Appendix A – Capital Spending Summary- December 31, 2022**

2022-2027 Strategic Plan No <input type="checkbox"/>	2022/23 CMH Priorities No <input checked="" type="checkbox"/>	2022/23 Integrated Risk Management Priorities No <input checked="" 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"/> Staff Wellbeing
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Undertake the HIS Evaluation	<input type="checkbox"/> Retention & Recruitment
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> Execute CRP Phase 3	<input type="checkbox"/> Operational Excellence
<input checked="" type="checkbox"/> Sustain Financial Health		

## Background

The Capital Spending Summary provides an updated reconciliation for all approved capital projects reflecting all changes, additions, deletions and savings to date.

For all capital needs that arise during the year, the Directors’ Council, a multi-discipline working group comprised of key stakeholders, makes recommendation to the Executive Team on how to prioritize new requests. In order to approve a new request, item(s) must be removed from the existing capital list to ensure that the total value of capital purchases remains within the approved capital budget allocation.

## Analysis

The Capital Spending Summary for the quarter ending December 31, 2022 is provided in Appendix A. Actual spending on the Medical Equipment Plan, IT Plan and Major Capital Projects excluding the Capital Redevelopment Project is \$6.6M year to date. \$1.6M of approved purchase orders were outstanding at the end of December, bringing total capital commitments made through Q3 to \$8.2M.

Medical Equipment and IT Plan

- Medical equipment major purchases include, Omnicell cabinets (\$939K), fluoroscopy floor replacement (\$129K), liner scopes (\$77K) and gastroscopes/colonoscopes (\$66K). Commitments have also been made to complete the Omnicell Cabinets refresh (\$338K), fluoroscopy floor replacement (\$507K), the purchase of a spect CT in nuclear medicine (\$161K), Intellivue MP30 Monitors (\$78K) and stretchers (\$38K).
- Major purchases on the IT Plan include corporate backup infrastructure (\$116K), wireless infrastructure (\$100K) and single sign-on (\$35K). Commitments have also been made for VPN infrastructure (\$21K) and additional wireless infrastructure (\$10K).

Major Projects

- The Wing B roof replacement has been moved forward from 2025-26 to fiscal 2022-23 and 2023-24 to align this planned work with Wing B CRP renovations. By doing this work at this time, it will minimize operational disruption as patient floors are already closed due to CRP.

**Forecast Unrestricted Working Capital – March 31, 2023**

\$14.9M in working capital is available as of the end of December. Unrestricted working capital at the end March 2023 is forecast to be \$3.2M. Unrestricted working capital will be used to fund CRP owner-sinitiated change orders and the new health information system.

	<b>\$M</b>
<b>Unrestricted Bank Balance – December 31, 2022</b>	<b>72.7</b>
Add: Other Current Assets	12.7
Less: Current Liabilities (\$6.0M due to MOH)	(74.7)
Add: Vacation Bank Accrual (consistent with MOH working capital calculation)	4.2
<b>Working Capital Available – December 31, 2022</b>	<b>14.9</b>
Add: CMH Foundation Capital Funding	1.7
Add: Federal Grant – Staff Entrance	0.2
Add: MOH Health Infrastructure Renewal Funding	0.1
Less: Outstanding Capital Budget Commitments	(12.1)
Fiscal 2022-23 Projected Q4 Deficit	(1.6)
<b>Forecast Unrestricted Working Capital – March 31, 2023</b>	<b>3.2</b>





# BRIEFING NOTE

**Date:** January 18, 2023  
**Issue:** 2023-24 Hospital and Community Accountability Planning Submissions  
**Prepared for:** Resources Committee  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Valerie Smith-Sellers, Director - Finance  
**Approved by:** Trevor Clark - VP Finance & Corporate Services

**Attachments/Related Documents:** 1) 2023-24 Hospital Accountability Planning Submission (HAPS)  
 2) 2023-24 Community Accountability Planning Submission (CAPS)

## Alignment with CMH Priorities

2022-2027 Strategic Plan No <input type="checkbox"/>	2022/23 CMH Priorities No <input checked="" type="checkbox"/>	2022/23 Integrated Risk Management Priorities No <input checked="" 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"/> Staff Wellbeing
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Undertake the HIS Evaluation	<input type="checkbox"/> Retention & Recruitment
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> Execute CRP Phase 3	<input type="checkbox"/> Operational Excellence
<input checked="" type="checkbox"/> Sustain Financial Health		

## Recommendation/Motion

Following review and discussion of the information provided, the Resources Committee of the Board recommends to the Board the approval of the 2023-24 Hospital Accountability Planning Submission (HAPS) and 2023-24 Community Accountability Planning Submission (CAPS).

## Background

Health service providers (HSPs) are required to submit Accountability Planning Submissions (APS) to Ontario Health (OH) 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.

## Analysis

OH launched the 2023-24 APS development process in early November. HSPs were given a month to complete the initial submission, to be followed by discussions and engagement between OH regional team members and HSPs prior to the final submission by January 31, 2023.

Cambridge Memorial Hospital (CMH) is required to submit two APS to OH – the HAPS for hospital operations and the CAPS for the “Other Votes” program for which the hospital receives funding for Outpatient Mental Health services.

CMH submitted the CAPS and 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 will have on hospital operations. CMH’s approach was consistent with most hospitals in the Waterloo Wellington region. Hospitals in the region are working collaboratively to advocate for the continuation of incremental bed funding in fiscal 2023-24.

The final HAPS submission is based on budget scenario 1 – a balanced budget based on achievable volume based funding targets for Post Construction Operating Plan funding and Quality Based Procedures, without incremental bed funding. The hospital will highlight budget risks and system pressures that will result from the closure of 10 of the 22 incremental beds that the hospital has been operating.

A balanced budget for the CAPS submission has been provided. Outpatient Mental Health is a stable program with limited year over year changes.

**Next Steps**

CMH is waiting for feedback on the preliminary HAPS and CAPS submitted to OH in November. The final HAPS and CAPS will not be submitted until discussions with OH have taken place, and more clarity on incremental bed funding is provided.

**Health Service Provider Name: Cambridge Memorial Hospital**

**Facility Number (if applicable): 661**

**Material Program Changes Reflected in the HAPS submission**

*Please briefly describe significant proposed changes that shift the organization outside of the current SAA's financial and service performance corridors (below or above), particularly those that could impact the advancement of the province's 5-point strategy ([Plan to Stay Open: Health System Stability and Recovery | ontario.ca](https://www.ontario.ca))*

**MOH Funding Increase**

The hospital is budgeting for a 2% funding increase from the Ministry of Health (MOH). A 1% base funding increase has been budgeted for as per direction from the (MOH). The hospital is also budgeting to receive a 1% funding increase through the Growth and Efficiency Model (GEM). The hospital has received funding increases through GEM for the past two years.

**Incremental Bed Funding**

For the past three years, CMH has received incremental bed funding to support system pressures. In fiscal 2022-23 CMH received \$11.2M in funding to operate 22 acute care beds. There has been no indication whether this funding will continue in fiscal 2023-24 and the funding has been removed from the budget. Costs to operate these beds continues to be budgeted for. The closure of these beds would significantly impact patient flow, creating regional pressure. With these beds open, the hospital currently has many admitted patients in the Emergency Department (ED) waiting for a bed.

**Post Construction Operating Plan (PCOP) Funding**

The shortage of health human resources and ALC pressures has impacted the hospital's ability to grow clinical volumes to earn PCOP funding. The hospital is budgeting to earn \$14M in PCOP funding in 2023-24, \$5.4M less than the maximum available amount.

**ALC Pressures**

There have been, on average, 38 ALC patients at the hospital in fiscal 2022-23, compared to 23 in fiscal 2021-22. These patients do not require acute care and should be discharged to a more appropriate healthcare setting. ALC pressures have impacted growth plans, stopping the hospital from serving patients with more acute needs.

**Quality Based Procedures (QBP)**

Volumes for urgent QBP's - chronic obstructive pulmonary disease, pneumonia and hip fracture continue to be below funded levels.

**Wait Lists**

CMH has been receiving one-time MRI and CT funding on an ongoing basis to reduce wait list pressures. This funding has not been budgeted for.

**Liver Clinic**

To meet community need, CMH operated a Liver Clinic four days per week for the first six months in fiscal 2022-23 and five days per week for last six months of the year. The hospital is requesting to the MOH that PCOP funding be allowed to fund this growth.

**EEG Clinic**

An EEG Clinic opened in April 2022. The EEG Clinic operates twice a week servicing on average five patients per operational day.

**EUS**

EUS started in November 2022. The EUS program is anticipated to complete 300 cases annually.

**Rehabilitation Unit**

In 2021-22 14 beds were temporarily closed and transferred to Grand River Hospital due to CMH's Capital Redevelopment Project. Services for an expanded program are scheduled to resume in late 2024 after the renovation for the hospital's Wing B has been completed.

**Inflationary Pressures**

The hospital is operating in a period of hyper-inflation. Costs are expected to increase by 3% - 5% for major expense categories.

**Risks**

*Please briefly describe key risks for your organization as they relate to the information described in this Annual Planning Submission.*

**Major Risks**

The following key risks have been identified for the fiscal 2023-24 budget:

**Loss of Incremental Bed Funding**

Incremental bed funding has sustained hospital operations for the past three fiscal years. The MOH has not confirmed whether the funding for 22 acute care incremental beds (\$11.2M) will continue in fiscal 2023-24, creating a significant potential financial pressure.

**Achieving Weighted Cases Targets to Earn PCOP and QBP Funding**

The shortage of health human resources and ALC pressures has created challenges meeting volume and weighted targets required to recognize PCOP and QBP funding in Medicine and Perioperative Services programs.

**ALC Pressures**

There have been on average 38 ALC patients at the hospital in fiscal 2022-23, compared to 23 in fiscal 2021-22. These patients do not require acute care and should be discharged to a more appropriate healthcare setting. ALC patients usually have a long-length of stay and generate low a number of weighted cases on discharge. ALC pressures are stopping the hospital from serving patients with more acute needs who generate higher weights per case. The higher ALC rates have led to increasing numbers of admitted patients in ED, waiting for a bed to open up on one of the clinical units.

**Health Human Resources (HHR) Shortage**

There are currently over 100 vacancies at the hospital. Due to staffing shortages, the Perioperative Services Program has not been able to fully utilize operating room blocks during fiscal 2022-23. The Emergency Department (ED) also has staffing shortages impacting on patient flow and patient experience.

Staffing shortages are putting a greater demand on existing resources who are being asked to work additional shifts and overtime. This is impacting staff well-being and leading to high staff turnover. The hospital is also increasingly relying on agency staff to cover vacant shifts. Over \$1M in agency staff costs are forecast for fiscal 2022-23.

**Inflationary Pressures**

Expected inflationary cost pressures in fiscal 2023-24 (\$4.2M) are significantly higher than the forecast 1% MOH base revenue increase (\$600K). Utilities are expected to increase by over \$1M due to the current global conflict.

**Collective Agreement Wage Settlements**

A 3% increase in compensation is being budgeted for. Compensation is the largest expense for the hospital and wage increases are negotiated through collective bargaining.

The following collective agreements expire and possible wage settlements unknown at this time.

- ONA expires on March 31, 2023
- SEIU expires on December 31, 2023

The financial impact of the ruling that Bill124 is unconstitutional is unknown.

**Ongoing COVID-19 Pandemic Response Pressures**

The hospital continues to operate in a pandemic environment but societal attitudes and government priorities are shifting. The hospital is continuing to incur pandemic related costs and the MOH is giving no indication that any form of pandemic funding will be provided to hospitals in fiscal 2023-24.

**Aging Infrastructure**

The hospital has an aging infrastructure leading to unforeseen expenses.

It is assumed that the MOH will continue to fund two incremental critical care beds (\$1.6M), maintaining ICU capacity at 14 beds. It is expected that this funding will become base funding as part of the MOH's commitment to increase critical care bed capacity.

**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
<b>REVENUE</b>								
Global Allocation	1	From Revenue Detail → L17	\$	46,882,908	50,540,163	58,696,061	88,637,027	38,096,864
GEM Allocation	2	From Revenue Detail → L18	\$	29,322,655	29,322,655	29,322,655	5,473,719	(23,848,936)
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	14,011,787	7,852,622
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	1,732,207	(12,545,477)
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
<b>Subtotal Ontario Health/MOH</b>	<b>10</b>		<b>\$</b>	<b>104,837,633</b>	<b>136,168,304</b>	<b>139,928,473</b>	<b>131,205,135</b>	<b>(4,963,169)</b>
Cancer Care Ontario	11	From Revenue Detail → L45	\$	10,689,131	10,490,169	12,954,925	12,282,190	1,792,021
Recoveries and Misc. Revenue	12		\$	12,031,074	5,971,132	8,137,038	8,096,026	2,124,894
Amortization of Grants/Donations Equipment	13		\$	1,468,943	2,332,205	2,399,493	4,397,294	2,065,089
OHIP Revenue and Patient Revenue from Other Payors	14		\$	11,982,908	10,264,052	12,375,072	11,682,617	1,418,565
Differential & Copayment Revenue	15		\$	3,032,001	2,568,337	3,104,919	2,731,670	163,333
<b>TOTAL REVENUE</b>	<b>16</b>		<b>\$</b>	<b>144,041,690</b>	<b>167,794,199</b>	<b>178,899,920</b>	<b>170,394,932</b>	<b>2,600,733</b>
<b>EXPENSES</b>								
Salaries and Wages (Worked+Benefit+Purchased)	17		\$	65,723,247	76,940,549	77,923,925	74,947,659	(1,992,890)
Benefit Contributions for Employees	18		\$	17,130,624	19,973,198	19,992,367	20,684,798	711,600
Employee Future Benefits Costs	19		\$	85,784	82,500	84,600	315,500	233,000

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
Medical Staff Remuneration	20	From MSR Form	\$	19,857,104	23,905,833	25,873,497	19,095,927	(4,809,906)
Nurse Practitioner Remuneration	21		\$	674,557	785,179	762,275	770,847	(14,332)
Supplies and Other Expense (excl. M/S, Drugs)	22		\$	16,460,637	18,758,632	20,172,997	23,469,488	4,710,856
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	12,180,506	2,641,150
Drugs & Medical Gases	25		\$	8,108,575	8,984,608	9,479,385	9,657,455	672,847
Interest - short term	26		\$	79,490	61,020	72,775	72,337	11,317
Interest on Major Equipment Loans	27		\$	0	0	0	0	0
Amortization of Equipment	28		\$	3,486,007	4,929,365	5,174,092	7,225,649	2,296,284
Rental/Lease of Equipment	29		\$	179,278	373,075	347,791	115,003	(258,072)
Bad Debts	30		\$	90,372	150,702	135,065	80,000	(70,702)
<b>TOTAL EXPENSES</b>	31		\$	140,975,796	164,484,017	170,665,831	168,615,169	4,131,152
<b>SURPLUS/(DEFICIT) FROM HOSPITAL OPERATIONS</b>	32		\$	3,065,894	3,310,182	8,234,089	1,779,763	(1,530,419)
<b>Financial Instruments Held for Trading</b>								
Unrealized Gain/Loss on Financial Instruments held for trading	33		\$	0	0	0	0	0
<b>SURPLUS/(DEFICIT) FUND TYPE 1</b>	34		\$	3,065,894	3,310,182	8,234,089	1,779,763	(1,530,419)

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
<b>Other Amortization and Interest on Long Term Liabilities</b>								
<b>FUND TYPE 1</b>								
Amortization of Grants/Donations of Land Improvements, Building and Building Service Equipment	35		\$	2,933,842	5,615,075	5,724,590	5,983,962	368,887
Amortization of Land Improvements, Building and Building Service Equipment, Leasehold Improvements	36		\$	3,522,440	6,217,086	6,701,178	7,763,725	1,546,639
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
<b>Total Interest on Long Term Liabilities</b>	39		\$	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SURPLUS/(DEFICIT) FROM ITEMS ABOVE</b>	40		\$	<b>(588,598)</b>	<b>(602,011)</b>	<b>(976,588)</b>	<b>(1,779,763)</b>	<b>(1,177,752)</b>
<b>SURPLUS/(DEFICIT) INCL'G OTHER ITEMS IN FUND TYPE 1</b>	41		\$	<b>2,477,296</b>	<b>2,708,171</b>	<b>7,257,501</b>	<b>0</b>	<b>(2,708,171)</b>
<b>OTHER VOTES (FUND TYPE 2)</b>								
Other Votes - Revenues excluding line 43	42		\$	3,586,728	3,591,644	3,589,949	3,370,776	(220,868)
Amortization of Grants/Donations of Land Improvements, Building and Building Service Equipment	43		\$	0	0	0	0	0
<b>Total Revenue - Other Votes</b>	44		\$	<b>3,586,728</b>	<b>3,591,644</b>	<b>3,589,949</b>	<b>3,370,776</b>	<b>(220,868)</b>
Other Votes - Expenses excluding line 46 and 49	45		\$	3,586,728	3,591,644	3,589,949	3,370,776	(220,868)
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
<b>Other Votes: Total Interest on Long Term Liabilities</b>	49		\$	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Expenses - Other Votes</b>	50		\$	<b>3,586,728</b>	<b>3,591,644</b>	<b>3,589,949</b>	<b>3,370,776</b>	<b>(220,868)</b>
<b>Surplus/(Deficit) from Activities</b>	51		\$	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Less: Amount to be Returned to Ontario Health/MOH	52		\$	0	0	0	0	0
<b>SURPLUS/(DEFICIT) FROM OTHER VOTES</b>	53		\$	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER FUNDING SOURCES (FUND TYPE 3,8&amp; 9)</b>								
Other Funding Sources - Revenues excluding line 55	54		\$	100,531	111,413	78,260	107,251	(4,162)
Amortization of Grants/Donations of Land Improvements, Building and Building Service Equipment	55		\$	0	0	0	0	0
<b>Total Revenue - Other Funding Sources</b>	56		\$	<b>100,531</b>	<b>111,413</b>	<b>78,260</b>	<b>107,251</b>	<b>(4,162)</b>
Other Funding Sources - Expenses excluding line 58 and 61	57		\$	100,531	112,468	79,218	107,251	(5,217)
Other Sources: Amortization of Land Improvements, Building and Building Service Equipment, Leasehold Improvements	58		\$	0	0	0	0	0



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

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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: 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
<b>Other Sources: Total Interest on Long Term Liabilities</b>	61		\$	0	0	0	0	0
<b>Total Expenses - Other Funding Sources</b>	62		\$	100,531	112,468	79,218	107,251	(5,217)
<b>Surplus/(Deficit) from Activities</b>	63		\$	0	(1,055)	(958)	0	1,055
<b>Financial Instruments Held for Trading</b>								
Unrealized Gain/Loss on Financial Instruments held for trading	64		\$	0	0	0	0	0
<b>TOTAL SURPLUS/(DEFICIT) FROM OTHER FUNDING SOURCES</b>	65		\$	0	(1,055)	(958)	0	1,055
<b>SURPLUS/(DEFICIT) - ALL FUND TYPES</b>	66		\$	2,477,296	2,707,116	7,256,543	0	(2,707,116)
<b>Total Margin (consolidated – all sector codes and fund types)</b>	67		\$	3,065,894	3,309,127	8,233,131	1,779,763	(1,529,364)
<b>Total Margin (consolidated – all sector codes and fund types) percent</b>	68		\$	2.08%	1.93%	4.51%	1.02%	-4.98%
<b>Total margin (hospital sector only)</b>	69		\$	3,065,894	3,310,182	8,234,089	1,779,763	(1,530,419)
<b>Total margin (hospital sector only) percent</b>	70		\$	2.13%	1.97%	4.60%	1.04%	-58.85%

**Health Service Provider Name: Cambridge Memorial Hospital**

**Facility Number (if applicable): 661**

**Material Program Changes Reflected in the HAPS submission**

*Please briefly describe significant proposed changes that shift the organization outside of the current SAA's financial and service performance corridors (below or above), particularly those that could impact the advancement of the province's 5-point strategy ([Plan to Stay Open: Health System Stability and Recovery | ontario.ca](#))*

The client population served for the programs in this plan are primarily from the region of Cambridge and North Dumfries. The client populations are generally 18 years and older. We will report some youth volumes in these patient statistics if there is overflow from the Child and Youth program target volumes under the Ministry of Child and Youth Social Services.

The location of services is 700 Coronation Blvd, Cambridge ON. The hours of operation of Outpatient Services and Day Hospital is 0900-1700 hours Monday to Friday (excluding statutory holidays). Extended hours are offered on Tuesday evenings in the Outpatient Service area. The Psychiatric Assessment and Admission Nursing Service is available in the Cambridge Memorial Hospital Emergency department 24 hours per day, 7 days per week. A psychiatrist is always available either on-site or on-call, 24 hours per day, 7 days per week.

The client population is primarily English speaking. Our data shows that Francophone and Aboriginal patients are rare. We have language services available via teleconference for conversations less than 15 minutes. We utilize translation / interpreter services workers on-site for longer and more formal client interactions if required.

After many months of working together in 2021, Cambridge Memorial Hospital and the Canadian Mental Health Association successfully transferred psychogeriatric mental health services. This has been a positive step for this population in the Cambridge and North Dumfries area modelling the same program in the surrounding areas. The financials associated with this program should be transferred from Cambridge Memorial Hospital to the Canadian Mental Health Association of Waterloo-Wellington.

**Risks**

*Please briefly describe key risks for your organization as they relate to the information described in this Annual Planning Submission.*

Key risks for these programs are threefold:

1. Ability to hire psychiatrists in all parts of the program. We are currently recruiting for 2 FTE's or any part thereof. This is particularly difficult in the outpatient programming of the services. The Chief of Psychiatry is continually working on this.
2. Ability to recruit and retain qualified Mental Health nurses and clinicians particularly for the psychiatric assessment and admission nurses located in the Emergency Department. This is due to an overall shortage of nursing staff. While we have been able to recruit social workers and other allied health to our programs – these staff come with less experience than previous. Training times are longer and it takes a longer time for staff to be fully onboard.
3. Due to the 2 risks described above, the risk to our community continues with long wait times for outpatient care potentially resulting in detrimental effects or resulting in crisis care through emergency services.

Ontario Health Program: Revenue & Expenses	2019-20 YE Actual	2020-21 YE Actual	2021-22 YE Actual	2019-20 Budget	2023-24 Budget	Change from 2019-20 Budget	Change from Prior Budget %	Comments Explanations are required for all Budget Adjustments
<b>Revenue</b>								
Global Base Allocation	\$3,150,646	\$3,150,646	\$3,150,646	\$3,123,245	\$2,919,309	-\$203,936	93.5%	
MOHLTC Base Allocation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
MOHLTC Other funding envelopes	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Ontario Health One Time	\$0	\$7,766	\$0	\$0	\$0	\$0	0.0%	
MOHLTC One Time	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<b>Paymaster Flow Through (Row 79)</b>	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Service Recipient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<b>Subtotal Revenue Ontario Health/MOHLTC</b>	<b>\$3,150,646</b>	<b>\$3,158,412</b>	<b>\$3,150,646</b>	<b>\$3,123,245</b>	<b>\$2,919,309</b>	<b>-\$203,936</b>	<b>93.5%</b>	
Recoveries from External/Internal Sources	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Donations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Funding Sources & Other Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<b>Subtotal Other Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0%</b>	
<b>TOTAL REVENUE FUND TYPE 2</b>	<b>\$3,150,646</b>	<b>\$3,158,412</b>	<b>\$3,150,646</b>	<b>\$3,123,245</b>	<b>\$2,919,309</b>	<b>-\$203,936</b>	<b>93.5%</b>	
<b>EXPENSES</b>								
<b>Compensation</b>								
Salaries (Worked hours + Benefit hours cost) (Row 90+101)	\$2,068,015	\$2,057,015	\$1,882,864	\$2,025,298	\$1,864,179	\$161,119	92.0%	
Benefit Contributions (Row 91+102)	\$468,183	\$479,396	\$475,168	\$511,113	\$469,222	\$41,891	91.8%	
Employee Future Benefit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physician Compensation (Row 128)	\$0	\$0	\$0	\$0	\$15,000	-\$15,000	100.0%	
Physician Assistant Compensation (Row 129)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Nurse Practitioner Compensation (Row 130)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Physiotherapist Compensation (Row 131)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Chiropractor Compensation (Row 132)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
All Other Medical Staff Compensation (Row 133)	\$15,213	\$15,000	\$15,000	\$15,000	\$0	\$15,000	0.0%	
Sessional Fees	\$572,365	\$580,131	\$565,721	\$544,964	\$551,387	-\$6,423	101.2%	
<b>Service Costs</b>								
Med/Surgical Supplies & Drugs	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Supplies & Sundry Expenses	\$26,870	\$26,870	\$26,870	\$26,870	\$19,521	\$7,349	72.6%	
Community One Time Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Personal Protective Equipment Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Equipment Expenses	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Contracted Out Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Buildings & Grounds Expenses	\$3,150,646	\$3,158,412	\$3,150,646	\$3,123,245	\$0	\$3,123,245	0.0%	
<b>TOTAL EXPENSES FUND TYPE 2</b>	<b>\$6,301,292</b>	<b>\$6,316,824</b>	<b>\$6,116,270</b>	<b>\$6,246,490</b>	<b>\$2,919,309</b>	<b>\$3,327,181</b>	<b>46.7%</b>	
<b>NET SURPLUS/(DEFICIT) FROM OPERATIONS</b>	<b>-\$3,150,646</b>	<b>-\$3,158,412</b>	<b>-\$2,965,624</b>	<b>-\$3,123,245</b>	<b>\$0</b>	<b>\$3,123,245</b>	<b>0.0%</b>	
Amortization - Major Equip, Software License & Fees	\$0	\$0	\$185,023	\$0	\$0	\$0	0.0%	
Amortization - Building	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Amortization - Grants/Donations Revenue	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<b>SURPLUS/DEFICIT Incl. Amortization of Grants/Donations</b>	<b>-\$3,150,646</b>	<b>-\$3,158,412</b>	<b>-\$2,780,601</b>	<b>-\$3,123,245</b>	<b>\$0</b>	<b>-\$3,123,245</b>	<b>0.0%</b>	
<b>FUND TYPE 3 - OTHER</b>								
Total Revenue (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 3)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<b>NET SURPLUS/(DEFICIT) FUND TYPE 3</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0%</b>	
<b>FUND TYPE 1 - HOSPITAL</b>								
Total Revenue (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Total Expenses (Type 1)	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<b>NET SURPLUS/(DEFICIT) FUND TYPE 1</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0%</b>	
<b>ALL FUND TYPES</b>								
Total Revenue (All Funds)	\$3,150,646	\$3,158,412	\$3,150,646	\$3,123,245	\$2,919,309	\$203,936	93.5%	
Total Expenses (All Funds)	\$3,150,646	\$3,158,412	\$3,150,646	\$3,123,245	\$2,919,309	-\$203,936	93.5%	
<b>NET SURPLUS/(DEFICIT) ALL FUND TYPES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$407,872</b>	<b>0.0%</b>	
<b>Total Admin Expenses Allocated to the TPBEs</b>								
Undistributed Accounting Centres	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Plant Operations	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Volunteer Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Information Systems Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
General Administration	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Other Administrative Expense	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<b>Admin &amp; Support Services (Excluding: Undistributed)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0%</b>	
Management Clinical Services	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Medical Resources	\$572,365	\$580,131	\$572,365	\$544,964	\$551,387	-\$6,423	101.2%	
<b>Total Admin &amp; Undistributed Expenses</b>	<b>\$572,365</b>	<b>\$580,131</b>	<b>\$572,365</b>	<b>\$544,964</b>	<b>\$551,387</b>	<b>-\$6,423</b>	<b>101.2%</b>	
<b>PAYMASTER AGREEMENTS</b>								
<a href="#">Enter details here</a>	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<a href="#">Enter details here</a>	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<a href="#">Enter details here</a>	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<a href="#">Enter details here</a>	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<a href="#">Enter details here</a>	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<a href="#">Enter details here</a>	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
<b>Total Paymaster/Flow Through (transfers to line 18 above)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0%</b>	
<b>GLOBAL INDICATORS</b>								
% Non-Ontario Health/MOHLTC Global Revenue (Fund Type 2 only)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin & Support	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
% Fund Type 2 Expenses Spent on Admin (Total)	9.1%	9.2%	9.4%	8.7%	18.9%	-10.2%	216.5%	
% Total Benefits / Total Compensation (incl. ben. contr.)	18.5%	18.9%	20.2%	20.2%	20.1%	0.0%	99.8%	
% Total Compensation (MOS & UPP) / Total Expenses	40.2%	40.2%	38.6%	40.6%	79.9%	6.1%	-34.5%	
<b>Ontario Health Program: FTE Planning</b>								
<b>721 FTE- Administration and Support Services</b>								
MOS FTE - Admin & Support (Calculate on 1950 Hours/Year)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
UPP FTE - Admin & Support (Calculate on 1950 Hours/Year)	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
Salaries (Worked hours + Benefit hours cost) - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
Benefit Contributions - Admin & Support	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	
# of Volunteers - Admin & Support	0	0	0	0	0	0	0.0%	
Volunteer Hours - Admin & Support	0.0	0.0	0.0	0.0	0.0	0.0	0.0%	
<b>Total Admin &amp; Support Services FTE</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.0%</b>	
<b>Total Admin &amp; Support Services Total Compensation</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0%</b>	
<b>Average Cost per Admin &amp; Support Services FTE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0.0%</b>	
<b>Admin &amp; Support Services VH as % of Total FTE</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>		
<b>725 FTE- Direct Services</b>								
MOS FTE - Direct (Calculate on 1950 Hours/Year)	4.76	5.16	5.78	4.70	5.60	-0.90	119.1%	
UPP FTE - Direct (Calculate on 1950 Hours/Year)	18.63	18.47	16.33	19.60	16.90	2.70	86.2%	
Salaries (Worked hours + Benefit hours cost) - Direct	\$2,068,015	\$2,057,015	\$1,882,864	\$2,025,298	\$1,864,179	\$161,119	92.0%	
Benefit Contributions - Direct	\$468,183	\$479,396	\$475,168	\$511,113	\$469,222	-\$41,891	91.8%	
# of Volunteers - Direct	0	0	0	0	0	0	0.0%	
Volunteer Hours - Direct	0.0	0.0	0.0	0.0	0.0	0.0	0.0%	
<b>Total Direct Services FTE</b>	<b>23.39</b>	<b>23.63</b>	<b>22.11</b>	<b>24.30</b>	<b>22.50</b>	<b>1.80</b>	<b>92.6%</b>	
<b>Total Direct Services Total Compensation</b>	<b>\$2,536,198</b>	<b>\$2,536,411</b>	<b>\$2,358,032</b>	<b>\$2,536,411</b>	<b>\$2,333,401</b>	<b>\$119,228</b>	<b>92.0%</b>	





# BRIEFING NOTE

**Date:** December 15, 2022  
**Issue:** MAC Meeting Summary –OPEN Meeting December 14, 2022  
**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"/> Staff Wellbeing
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Undertake the HIS Evaluation	<input type="checkbox"/> Retention & Recruitment
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> Execute CRP Phase 3	<input type="checkbox"/> Operational Excellence
<input type="checkbox"/> Sustain Financial Health		

A meeting of the Medical Advisory Committee took place on Wednesday December 14, 2022 at 4:30 pm.

**Present:** Dr. W. Lee, Dr. A. Sharma, Dr. A. Rowe, Dr. J. Legassie, Dr. K. Wadsworth, Dr. I. Morgan, Dr. L. Green, 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. M. Gill, Dr. I. Whitehead, Dr. A. Eugenio

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

**Guests:** Ms. D. Wilkinson, Dr. K. Nuri

## Committee Matters – For information only

- Welcome:** Dr. W. Lee welcomed committee members and wished the group a safe and happy Christmas and New Year's.
- M&T Report:** The October and November 2022 M&T report was approved by MAC (Rajguru, Kumanan)
- COVID 19 and Monkeypox Update:** Dr. K. Nuri provided an update on COVID-19, Monkeypox and Ebola. COVID-19 is still seen within the community, with low number of admissions to hospital. However, this year, the combination of RSV, influenza and COVID-19 has been straining the healthcare system, particularly the pediatric population. Low Monkeypox cases reported to date and no Ebola cases in Ontario.
- Digital Health Update:** Mr. R. Howe and Dr. R. Taseen provided a HIS update. The RFP has now closed with three vendors responding to the RFP. Functional demonstrations,

guided by the patient's journey in each of the programs/departments will begin in the new year. The HIS Medical Advisory Committee had the first inaugural meeting December 9, 2022. Main themes that arose from the discussion include the need of (a) supporting continuity of care – transfer between providers and between facilities (b) integration – with third party tools and provincial platforms (i.e. OLIS) (c) the need for efficient/effective data entry (d) sufficient training before go-live to manage adoption of the HIS and (e) accessing HIS across the organization – having enough workstations/devices to facilitate utilization, which is extremely important as CMH moves towards more electronic order entry, documentation and order sets. Dr. Taseen will provide a more in-depth summary of the discussions and these themes in the new year.

5. **eLearn Modules** - Dr. W. Lee provided a summary of the new 2023-2024 eLearn modules which will include (a) Privacy (b) Accessibility (c) Occupational Health and Safety (d) Respectful Workplace. The Privacy module will be completed yearly. The three additional eLearn Modules are completed on a 3-year cycle. As approved previously at Credentials Committee and MAC, the eLearn module will be incorporated into the upcoming recertification cycle.
6. **Critical Incident Process with Medical Learners** - Dr. W. Lee provided an update that the McMaster Waterloo Regional Campus is undergoing the accreditation process in 2023. One of the areas that WRC will be working on is a process for identifying medical learners who are involved in critical incidences during their rotations at various hospital sites. Dr. Lee reminded Chiefs that any incidences that occur at CMH that involve learners, need to be identified to Medical Administration and Dr. Nayan, CMH's McMaster WRC Education Lead.
7. **Medical Directives Approved –**
  - a. Medical Directive 551: Acute Chest Pain Management (Nguyen, Runnalls)
  - b. Medical Directive 401: Rapid Assessment Critical Event (RACE) Team – Baseline Directives & Ordering of Tests (Nguyen, Runnalls)
  - c. Medical Directive 403: Rapid Assessment Critical Event (RACE) Team – Bronchodilator Therapy (Nguyen, Runnalls)
  - d. Medical Directive 403: Rapid Assessment Critical Event (RACE) Team – Order of Tests (Nguyen, Runnalls)
  - e. Medical Directive 550: Rapid Respiratory Virus Swabs- Medical Day Clinic Bourgeois, Puoppolo)
  - f. Medical Directive 554: Chronic Obstructive Lung Disease – Management of Acute Exacerbation (Green, Rajguru)
  - g. Medical Directive 575: Ordering Chest X-ray for Central Venous Access Device (CVAD) Tip Placement Confirmation (Kumanan, Nguyen)
8. **Primary Care – Diagnostic Imaging Quality Initiative** - Dr. Inga Isupov and Dr. W. Lee shared a new quality initiative with MAC that supports primary care provider access to X-ray services at CMH. Cambridge Primary Care Family Health Organizations (FHOs) are currently challenged with the lack of available X-ray services during their operating hours, particularly during afterhours on weekdays and on weekends. The CMH DI Department took this as an opportunity to elevate partnerships with our primary care providers in the community, helping to bridge the gap in X-ray services within the community. It ensures patients receive seamless care, reduce wait time to access imaging and reduce avoidable emergency (ED) visits. A phased approach implementation will be employed beginning with the Two Rivers Family Health Team (TRFHT), beginning December 23, 2022, when primary care groups within the Cambridge North Dumfries-OHT (CND-OHT) will be opening their clinics 7 days a week. Collaborative stakeholder engagement with CMH DI Leadership and TRFHT and Cambridge FHOs, including Dr. Kumanan and Dr. Sarah Pengelly has led to a workflow that supports X-ray requests during the TRFHT clinic after hours and weekends. The principles of a Plan-Do-Study-Act (PDSA) cycle will be applied

to ensure successful implementation and future scalability to include other primary care group members in the CND-OHT.

9. **Using Blood Wisely – Accreditation** - On behalf of the Transfusion Committee, Dr. Bourgeois provided a Choosing Blood Wisely quality initiative for 2023. The Using Blood Wisely is a national initiative of Choosing Wisely Canada, in collaboration with Canadian Blood Services. The aim is to decrease inappropriate red blood cell (RBC) transfusions in Canada by (a) implementing interventions and measurements to decrease inappropriate RBC transfusions and (b) increasing engagement of hospitals in RBC transfusion quality improvement work. The Using Blood Wisely targets (a) at least 65% of RBC transfusion episodes are single unit at time (b) to reassess after each unit (i.e. CBC) before asking for more blood and (c) at least 80% of inpatient RBC transfusions have a pre-transfusion hemoglobin (Hb) of  $\leq 80\text{g/L}$ . The Using Blood Wisely Campaign expanded in 2019-2020 with the opportunity to achieve Accreditation Canada designation. Currently, there are 237 participating hospitals with 110 hospitals designated, 36 of which are in Ontario. CMH signed up in August 2021 to be accredited as a Choosing Blood Wisely hospital, and took the challenge of spot audits which began in December 2020, and surveying areas of potential improvement in the laboratory and developing and implementing a plan to achieve accreditation. Spot audits to date has demonstrated that we are very close to achieving the benchmark for single blood transfusions and transfusions with  $\text{Hb} \leq 80\text{g/L}$  per instance. Quality improvement implementation at CMH will focus on providing tools to increase ease of ordering, including updating/improving pre-printed orders (PPOs), visual reminders, and education (i.e. Grand Rounds). Improving appropriate use of blood products is important as it minimizes adverse impacts to patients, recognizes that blood products is a precious resource which is costly to collect and administer. Dr. Bourgeois and the Transfusion committee will be increasing awareness in the new year, and will be engaging and educating particular departments/programs that often use blood products, with the aim of achieving Using Blood Wisely designation at CMH.
10. **Physician Job Posting Template** - Working with Communications, Dr. W. Lee presented a template for Chiefs/Programs to use for job opportunities at CMH on social media. Chiefs are asked to complete the relevant job posting information and notify Medical Affairs so that it can be sent to Communications for posting.
11. **Chiefs Corner – New Medical Professional Staff Orientation Manual** – Dr. W. Lee presented a new Chief’s Onboarding Manual which aims to be a comprehensive, “living” document of relevant information for medical leaders, including but not limited to key contacts, committee/department meetings, CMH Medical Professional Staff By-Laws, Rules and Regulations, CMH Strategic Plan, hiring processes, templates for briefing notes and department meetings. It will be posted on the CMH Portal for Chiefs, and will be updated as required. Chiefs were encouraged to review and provide feedback, so it can be updated/improved.
12. **Chiefs Corner – Medical Leadership Opportunity Update** - Dr. W. Lee provided an update on the Deputy Chief of Staff position. The leadership opportunity was presented at the November 2022 MAC and the request for Expressions of Interest closed November 14, 2022. Interviews are being scheduled for December 2022. Announcement of the successful candidate will be made in January 2023.
13. **Chiefs Corner – MAC ‘Learning Lab’ Update – Chief’s 101** - The MAC Learning Lab series begins January 2023, with the first session, “Chiefs 101” scheduled for January 31, 2023. Invites will be sent to all Chiefs.
14. **Chiefs Corner – Influence & Advocacy Highlights** - Dr. W. Lee and Dr. Kumanan attended a Canadian Medical Association Physician Leadership Institute (PLI) course titled “Influence and Advocacy” in December 2022. They shared the highlights from the course, which was led by Dr. Janet Stein (Professor of Conflict Management in the Department of Political Science at the University of Toronto) and Dr. Peter Kuling (former President of the

Saskatchewan Medical Association). Key highlights from the PLI course that was shared with MAC included the importance of doing an environment scan of the healthcare environment that you are in, using the “heart, head and hand” approach to providing an elevator pitch to influence and advocate, and how to define a message, especially in the setting of media. The key takeaways were to keep the message simple, know your audience, stay true to your values, and be yourself.

15. **Chiefs Corner – Absence Notification** - Chiefs were reminded to send Medical Affairs absence notifications during vacations/holidays, particularly important over the upcoming holiday season. A template was provided in the package to Chiefs, to ensure all relevant information is included.
16. **Chiefs Corner – Leadership Updates** - Dr. W. Lee thanked to outgoing Chiefs, Dr. Eugenio (former Chief and Deputy Chief of Emergency Department) and Dr. Ingrid Whitehead (former Chief and Deputy Chief and Medical Director of Chief of Surgery). Both Chiefs have provided leadership during a very difficult time of the pandemic and have been an ongoing source of support for the current Chiefs of both Departments. Both Departments have benefited from quality initiatives that were initiated during their leadership and have made significant positive impacts to their programs/departments despite the challenges of COVID-19.
17. **Chiefs Corner – Celebration** - Dr. Lee wanted to highlight and celebrate Dr. M. Harvey's long term of service and his 90<sup>th</sup> birthday in December 2022. He has been a steadfast member of the Medical Professional Staff since the 1970s in the Surgical Department, currently an active surgical assist physician. On behalf of MAC, Medical Affairs will be sending Dr. Harvey a commemorative painting from Cambridge's Krajewski Gallery to recognize his contributions
18. **Standing Monthly Reports: CEO Report** - Briefing note was pre-circulated. Additional highlights were provided at MAC. Mr. Gaskin recently met with Associate Minister of Mental Health and Addictions, Mr. Michael Tibollo, highlighting the importance of having mental health programs in the community, supported by adequate mental health professionals, including psychiatrists. Mr. Gaskin also recently met with the new Mayor of Cambridge, Jan Liggett, with Vice Chair of the CMH Board, Lynn Woeller, to provide an update of current challenges of the hospital and ongoing initiatives, including HIS and the CRP. There has been ongoing advocacy with OH(West) for ongoing funding for beds for the upcoming year, which has been through a regional submission. Ongoing work for CMH's budget planning process for 2023-2024 with the goal of a balanced budget without impacting programs, but the advocacy for bed funding will be essential. Mr. Gaskin reminded everyone to attend the Holiday Lunch meal on December 15, 2022, and an extension to purchase a CMH CCAIR jacket.
19. **Standing Monthly Reports: CNE Report** - Ms. Pearsall provided a pre-circulated briefing note. Highlights of the update include the official launch of the Endoscopic Ultrasound (EUS) program, a first for our region; ongoing transition of the Diabetic Education program to Lang's beginning with the adult outpatients, and ongoing work for the pediatric outpatients for the spring of 2023; no Obstetric redirects for the month of November; strengthening of Professional Practice to support full scope of practice for staff; investment in training and retention of staff such as lunch and learns for nursing; partnerships with academic institutions to support recruitment of staffing; and ongoing recruitment of the Manager of Medicine.





# BRIEFING NOTE

**Date:** January 4, 2023  
**Issue:** Meeting Summary – MAC Credentials & Privileging Dec. 2022  
**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 Nov. 2022

**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 December 14, 2022 at 4:30 pm.

**Present:** Dr. W. Lee, Dr. A. Sharma, Dr. A. Rowe, Dr. J. Legassie, Dr. K. Wadsworth, Dr. I. Morgan, Dr. L. Green, 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. M. Gill, Dr. I. Whitehead, Dr. A. Eugenio  
**Staff:** Mr. P. Gaskin, Ms. S. Pearsall, Ms. M. Iromoto, Mr. K. Leslie, Ms. T. McMurdo (Recorder)  
**Guests:** Ms. D. Wilkinson, Dr. K. Nuri

**Committee Recommendations/Reports – Board Approval Sought**

*Proposed Board Motion:*

**THAT** the Board of Directors *approve the standard credentialing files from the November 2022 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 Dr. J. Bourgeois, Seconded by Dr. M. Kumanan)  
**CARRIED. The attached BN provided to the Committee** will be noted as well as any further commentary or discussion that is necessary.

## Credentialing Files for Review: November 2022 MAC

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. Raymond Gottschalk	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. Mark Hayward	Radiology	Radiologist	Locum	Requesting locum privileges from Nov 1, 2022 until June 30, 2023	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Steven Wong	Emergency		Locum	Resigning locum privileges effective January 31, 2023	Dr. Matthew Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. George Yuan	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	Comments
Dr. Natalie Kozij	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. Aftab Zafar	Surgery	Ophthalmol ogy	Locum	Requesting locum privileges from Nov 21, 2022 – June 30, 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Jonathan Chung	Radiology	Radiologist	Locum	Relinquishing locum privileges effective Oct 13, 2022	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Arkadij Grigorian	Radiology	Radiologist	Locum	Relinquishing locum privileges effective Oct 13, 2022	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Milton Wybenga	Anesthesia	Anesthesiol oigst	Locum	Requesting an extension of locum privileges from Jan 1 – June 30, 2023	Dr. Laura Puopolo	<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. Brent Guy	Medicine	Internal Medicine	Locum	Requesting an extension of locum privileges from Nov 1, 2022 – June 30, 2023	Dr. Augustin Nguyen  Dr. Jenny Legassie	<input checked="" type="checkbox"/> Recommended  <input type="checkbox"/> Recommended with comments  <input type="checkbox"/> Not Recommended	
Dr. Ali Almhri	Medicine	Internal Medicine	Locum	Requesting an extension of locum privileges from Jan 1 – June 30, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended  <input type="checkbox"/> Recommended with comments  <input type="checkbox"/> Not Recommended	
Dr. Mohammed Farooqi	Medicine	Internal Medicine	Locum	Requesting an extension of locum privileges from Jan 1 – June 30, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended  <input type="checkbox"/> Recommended with comments  <input type="checkbox"/> Not Recommended	
Dr. Jatinder Juss	Medicine	Internal Medicine	Locum	Requesting an extension of locum privileges from Jan 1 – June 30, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended  <input type="checkbox"/> Recommended with comments  <input type="checkbox"/> Not Recommended	
Dr. Mitch Abrams	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	<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. Babak Maghdoori	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Keyur Shah	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Navneet Singh	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Peter Szpakowski	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Silvio Bruni	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	<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. Michael Chan	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Terence Menezes	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Nirav Patel	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Maryann Bushara	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Eric Durrant	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Jun 30ert, 2023	Dr. Inga Isupov	<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. Mei (Lucy) Yang	Surgery	General Surgery	Associate	New hire effective Jan 9, 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	
Dr. Duncan Cushnie	Surgery	Orthopedics	Locum	Requesting locum privilege to cover call Nov 12 & 13, 2022	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended	



# BRIEFING NOTE

**Date:** January 16, 2023  
**Issue:** Meeting Summary – MAC OPEN Meeting January 11, 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:**

**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"/> Staff Wellbeing
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Undertake the HIS Evaluation	<input type="checkbox"/> Retention & Recruitment
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> Execute CRP Phase 3	<input type="checkbox"/> Operational Excellence
<input type="checkbox"/> Sustain Financial Health		

A meeting of the Medical Advisory Committee took place on Wednesday January 11, 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, 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, Dr. M. Rajguru

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

**Guests:** Ms. D. Wilkinson, Dr. K. Nuri, Ms. V. Heldman, Ms. D. Womersley, Ms. D. Mullis

**Committee Matters – For information only**

- Welcome:** Dr. W. Lee welcomed committee members. Dr. W. Lee shared a CCAIR moment with MAC.
- M&T Report:** Deferred to February
- Aboriginal Patient Navigator:** Ms. S. Pearsall provided an introduction to CMH's Indigenous Patient Navigator, Ms. Katrina Graham. She is part of the Southwest Ontario Aboriginal health Access Centre (SOAHAC) team, heling to guide and support First Nations, Inuit and Métis people in their healthcare journey. Access to an Indigenous Patient Navigator will help to remove barriers to accessing quality, equitable healthcare for our Indigenous community. In the hospital, the Navigator will provide in-person and over-the-phone support to patients by enhancing communication, attending rounds, making referrals to SOAHAC for additional services and help patients understand their healthcare



plans. A referral process to Ms. Katrina Graham was shared with MAC, and she will be invited to speak to MAC at a future date.

4. **COVID 19, Monkeypox and Ebola Update**

COVID-19 continues, with 6 current cases in the hospital. Although the US is seeing a new COVID variant dominating their cases, COVID-19 XBB. 1.5, Ontario has not yet seen this strain become dominant yet. Nevertheless, Public Health continues to monitor for spreading of this variant in Canada. Monkeypox has not progressed in the region, with the last case in November 2022

**Digital Health Update:** Mr. R. Howe provide an update on the HIS timeline for the first half of 2023, with focus on demonstrations by the vendors identified through the RFP, particularly through the lens of the patient’s journey through the various clinical departments and pathways. HIS representatives on the Medical Advisory will be asked to participate throughout the demonstrations as required to provide input on specific areas. A summary of the HIS Medical Advisory group meeting in December 2022 will be shared next month by Dr. Taseen.

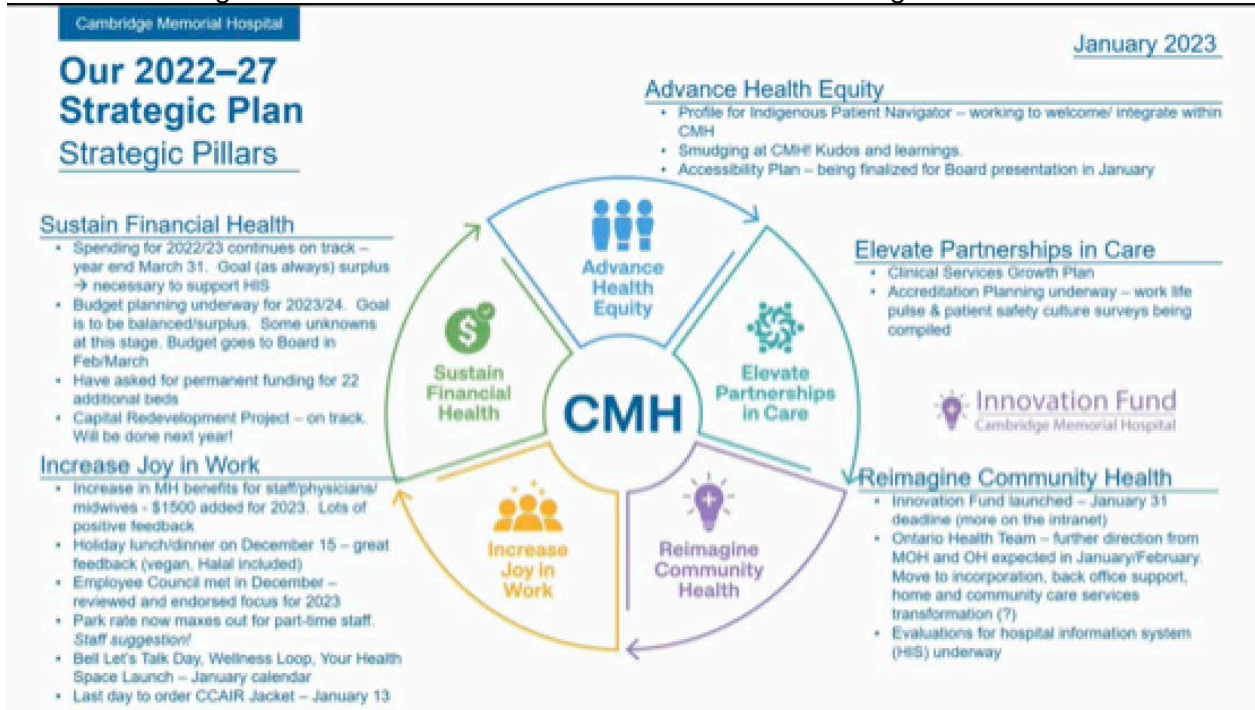
5. **Medical Directives Approved –**

<b>Medical Directive Name</b>	<b>Motion</b>	<b>Second</b>
<b>Medical Directive 556 – Blood Borne Pathogens Exposure Management</b> (Dr. K. Nuri)	Legassie	Kumanan
<b>Medical Directive 557 – Rapid Respiratory – To be Archived</b> (Dr. K. Nuri)	Witteveen	Legassie
<b>Medical Directive 564 – Heparin Lock – Implanted Vascular Access Device (IVAD)</b> (Ms. D. Womersley)	Green	Legassie
<b>Medical Directive 571 – Administrative of Systemic Therapy</b> (Ms. D. Womersley)	Witteveen	Green
<b>Medical Directive 404 – Application of ultrasound for Guided Arterial Line Insertion</b> (Ms. D. Mullis)	Nguyen	Bourgeois
<b>Medical Directive 570 – Tracheal Intubation – Respiratory Therapist</b> (Ms. D. Mullis)	Puopolo	Nguyen
<b>Medical Directive 569 – Mechanical Ventilation (Adult)</b> (Ms. D. Mullis)	Witteveen	Legassie
<b>Medical Directive 568 – Arterial Blood Gases or Emergency Situations</b> (Ms. D. Mullis)	Nguyen	Green
<b>Medical Directive 251 – External Temporary Transcutaneous Cardiac Pacemaker</b> (Ms. V. Heldman)	Legassie	Green
<b>Medical Directive 206 – Defibrillation / AED – Adult</b> (Ms. V. Heldman)	Legassie	Bourgeois
<b>Medical Directive 208 – Epinephrine IV – Adult</b> (Ms. V. Heldman)	Legassie	Witteveen
<b>Medical Directive 205 – Atropine IV – Adult</b> (Ms. V. Heldman)	Nguyen	Puopolo
<b>Medical Directive 203 – Amiodarone IV – Adult</b> (Ms. V. Heldman)	Morgan	Green

6. **Chiefs Corner – Medical Leadership Update** - Dr. W. Lee provided an update on the leadership opportunity for the Deputy Chief of Staff role. Interviews occurred in December

2022 and currently in the final stages of confirming the successful candidate for the position.

7. **Chiefs Corner - Quality Committee Department Presentations:** Dr. W. Lee discussed the value of Quality Committee Department presentations that occur throughout the year. Chiefs have been asked to present highlights from these presentations, sharing the many quality initiatives that occur across all Departments. It will be an opportunity for Chiefs to share the great work from all areas and provide a forum for new ideas and quality initiatives.
8. **Chiefs Corner – MAC ‘Learning Lab’ Update – Chief’s 101** - Dr. W. Lee provided dates for the 2023 MAC Learning Lab, aimed to support leadership development in the medical leadership. The inaugural session starts with “Chief’s 101” which is intended to support Chiefs and to build upon the information provided in the new Chief’s Orientation Package. Additional dates in the February, April and May sessions will be led by Ms. Linda Rodrigues which focus on (a) supporting change (b) crucial conversations and (c) DiSC profiles.
9. **Standing Monthly Reports: CEO Report** - Mr. P. Gaskin provided an update of ongoing activities that align with the five Pillars of the 2022-2027 CMH Strategic Plan.



10. **Standing Monthly Reports: CNE Report** - Ms. S. Pearsall highlighted several areas of focus currently: (a) ED flow with a subacute zone working group, which is particularly important in the context of reduced ED volumes year to date and projected reduced P4R funding (b) ECT planning for the new PACU space in February 2023 and (c) ongoing capacity challenges for pediatric patients in OH (West) hospitals with CMH continuing to support partner hospitals as required while CMH continues to see 1-2 patients per week that require higher level of respiratory oxygen support.
11. **Standing Monthly Reports: PFAC Update** - Ms. C. Kimpson shared that PFAC is currently in the process of recruiting new members for PFAC. CMH has PFAC representation at OH (West) and the Beryl Institute Global Family Advisory Board, bringing the provincial and global perspective to the work we do at CMH. Ms. C. Kimpson will be presenting at the March 2023 Beryl Institute’s Conference in Dallas, TX – all are encouraged to attend!

12. **Roundtable** - Dr. I. Morgan discussed the work of the MPSA, which has been to encourage relationships and to work with Administration and the medical professional staff to host learning sessions on topics such as hospital funding, human resources, and quality. If the Chiefs could please discuss this with their departments and provide feedback to the MPSA Executive if there are areas or topics that staff would like to learn more about.