



**BOARD OF DIRECTORS MEETING - OPEN**

**February 7, 2024**

**1700-1800**

**Virtual via Teams / C.1.229 Meeting Room**

[Click here to join the meeting](#)

**Or call in (audio only)**

**[833-287-2824](tel:833-287-2824), [27334435](tel:27334435)#** Canada (Toll-free)

Phone Conference ID: 273 344 35#



**AGENDA**

Agenda Item	Page #	Time	Responsibility	Purpose
* indicates attachment / TBC – to be circulated				
<b>1. CALL TO ORDER</b>		1700		
1.1 Territorial Acknowledgement		1701	P. Brasil	
1.2 Welcome		1704	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 this consent agenda and moved to the regular agenda)</i>			N. Melchers	Motion
1.5.1 Minutes of December 6, 2023*	3			
1.5.2 Board Attendance Report*	12			
1.5.3 CMH President & CEO Report*	13			
1.5.4 Board Work Plan*	19			
1.5.5 2023/24 Board of Directors Action Log*	27			
1.5.6 Quality Metrics Scorecard*	28			
1.5.7 2023/24 Events Calendar*	32			
1.6 Confirmation of Agenda			N. Melchers	Motion
<b>2. PRESENTATIONS</b>				
2.1 Accreditation 2023 – FINAL Update*	34	1710	L. Barefoot	Information
<b>3. BUSINESS ARISING</b>				
3.1 None				
<b>4. NEW BUSINESS</b>				
4.1 Chair's Update		1715		
4.1.1 Board Report*	51		N. Melchers	Information
4.1.2 December 2023 Board Evaluation Results*	54		N. Melchers	Discussion
4.1.3 Policy 2-C-40 Capital Projects – Change Order Approval Policy			N. Melchers	Information
4.2 Governance Committee				
4.2.1 No Update – (Next Meeting February 21, 2024)				
4.3 Quality Committee		1725		
4.3.1 Report to the Board of Directors* (January 17, 2024)	56		D. Wilkinson	Information
4.4 Audit Committee		1735		
4.4.1 Report to the Board of Directors* (January 22, 2024)	64		M. Hempel	Information

Board Members: Nicola Melchers (Chair), Sara Alvarado, Paulo Brasil, William Conway, Tom Dean, Julia Goyal, Monika Hempel, Miles Lauzon, Dr. Margaret McKinnon, Jay Tulsani, Diane Wilkinson, Lynn Woeller

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>
4.5 Capital Projects Subcommittee				
4.5.1 No Update – (Next Meeting February 26, 2024)				
4.6 Resources Committee				
4.6.1 No Update – (Next Meeting February 26, 2024)				
4.7 Executive Committee				
4.7.1 No Update – (Next Meeting March 12, 2024)				
4.8 Medical Advisory Committee		1740		
4.8.1 MAC Credentials & Privileging December 2023*	66		Dr. W. Lee	Motion
4.8.2 Report to the Board of Directors* (December 4, 2023)	69		Dr. W. Lee	Information
4.8.3 Report to the Board of Directors* (January 10, 2024)	72			
4.9 PFAC Update		1745	N. Melchers	Information
4.10 CEO Update		1750		
4.10.1 2023-24 Multi-Sector Service Accountability Agreement (M-SAA)*	75		V. Smith-Sellers	Motion
4.10.2 New CMH Website <a href="http://www.cmh.org">www.cmh.org</a>			P. Gaskin	Information
<b>5. UPCOMING EVENTS</b>		1758		
5.1 Amigas Charity Dinner & Dance, February 24, 2024, Oriental Sport Club – Portuguese Community Centre, <a href="mailto:amigasfoundationofcambridge@gmail.com">amigasfoundationofcambridge@gmail.com</a> /519-722-1517				
5.2 CMHReveal, February 29, 2024, Tapestry Hall, <a href="http://cmhfoundation.ca">CMHReveal - Cambridge Memorial Hospital Foundation (cmhfoundation.ca)</a>				
5.3 CMH MRI Walk from Cambridge to Paris, June 9, 2024, <a href="https://www.justgiving.com/fundraising/sara-alvarado">https://www.justgiving.com/fundraising/sara-alvarado</a>				
<b>6. DATE OF NEXT MEETING</b>	Wednesday March 6, 2024 (Generative Session) Location: Hybrid			
<b>7. ADJOURNMENT</b>		1800	N. Melchers	Motion
Link: <a href="#">Board/Committee Evaluation Survey</a>	<i>Following the meeting, please complete within one week.</i>			

Board Members: Nicola Melchers (Chair), Sara Alvarado, Paulo Brasil, William Conway, Tom Dean, Julia Goyal, Monika Hempel, Miles Lauzon, Dr. Margaret McKinnon, Jay Tulsani, Diane Wilkinson, Lynn Woeller

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

Cambridge Memorial Hospital  
BOARD OF DIRECTORS MEETING  
**Wednesday, December 6, 2023**  
**OPEN SESSION**

Minutes of the open session of the Board of Directors meeting, held via hybrid model (video conference and within Cambridge Memorial Hospital, C.1.229) on December 6, 2023 at 1700h.

Present:

N. Melchers, Chair	W. Lee
S. Alvarado	M. McKinnon
B. Conway	I. Morgan
T. Dean (virtual)	S. Pearsall
P. Gaskin	D. Wilkinson
J. Goyal	L. Woeller
M. Lauzon	

Regrets: P. Brasil, M. Hempel, J. Tulsani, V. Miropolsky

Staff Present: S. Beckhoff, M. Iromoto

Guests: D. Boughton

Recorder: K. Hoch

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**1. CALL TO ORDER**

The Chair called the meeting to order at 1700 hours.

**1.1. Territorial Acknowledgement**

B. Conway presented the Territorial Acknowledgement and shared personal reflections.

**1.2. Welcome**

N. Melchers welcomed the Board members to the meeting.

**1.3. Confirmation of Quorum (7)**

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

**1.4. Declarations of Conflict**

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

**1.5. Consent Agenda**

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

The consent agenda was approved as presented:

- 1.5.1 Minutes of November 1, 2023
- 1.5.2 Board Attendance Report
- 1.5.3 Governance Policy Summary
- 1-A-05 Board Statement of Culture

- 2-D-02 Board Policy Development, Review and Approval
- 2-D-30 Board and Board Committee Orientation
- 2-A-15 Capital Projects Sub-Committee Terms of Reference
- 2-C-40 Capital Projects – Change Order Approval Policy
- 1.5.4 CEO Certification of Compliance
- 1.5.5 ABCDE Goals for Board of Directors 2023/24 Update
- 1.5.6 Corporate Strategic and Operational Priorities Q2 Update
- 1.5.7 CMH President & CEO Report
- 1.5.8 Board Work Plan
- 1.5.9 2023/24 Board of Directors Action Log
- 1.5.10 2023/24 Events Calendar
- CARRIED** (Goyal/Wilkinson)

*Comments regarding the consent agenda:*

- Item #1.5.3: A member suggested that language be adjusted in the change order approval process (policy #2-C-40). Where a change order value is \$1M+, signing authority to be noted as aggregate.
- **ACTION:** Polices 2-A-15 and 2-C-40 to be brought back to the Board for review and revision if, upon completion of the Capital Redevelopment Project, the Capital Projects Sub-Committee is disbanded as of June 2024.
- Item #1.5.6: Under the description of falls, correct the error in narrative on a go-forward basis.

1.6. **Confirmation of Agenda**

**MOTION:** (Lauzon/Conway) **that** the agenda be approved as amended. **CARRIED**

2. **PRESENTATIONS**

2.1. **IRM Mid-Year Executive Sponsor Update**

The Board reviewed the pre-circulated presentation provided in the agenda package. M. Iromoto highlighted the organizational change management update.

*1709h D. Boughton joined the meeting.*

M. Iromoto noted that the four risks have been integrated into the in-year priorities. Updates on change management: in the process of undergoing major projects; ongoing concerns have been raised that CMH not underestimate the change management impacts related to the various initiatives. Actions focus on change management were highlighted including the recruitment of a HIS Change and Communications lead.

*Board discussion:*

A member inquired if tactics are in place to address potential negative nay-sayers of HIS implementation. M. Iromoto reported that there will be a heavy focus on this; she added that the many staff and physicians are ready for the implementation. Information will be provided to assist with change. The HIS team is consistently closing the loop to address all questions and concerns and provide reassurance to those who have concerns around implementation.

2.2. **Accessibility Plan Update**

The Board reviewed the pre-circulated information provided in the agenda package. D. Boughton highlighted note-worthy initiatives that have been achieved by the Accessibility Committee. D. Boughton shared a video demonstrating the use of video translation service and the benefits of this service for deaf/hard of hearing patients as well as patient requiring translation services for other languages.

As per the targets noted in the Annual Accessibility Plan Update 2023, a member inquired whether plans been formulated to ensure delayed items are achieved. D. Boughton noted that formalized plans to meet past due and upcoming initiatives will be discussed at the next Accessibility Committee meeting (scheduled January 2024).

*1728h D. Boughton exited the meeting.*

3. **BUSINESS ARISING**

3.1. **WSIB**

P. Gaskin informed the Board that agency and overtime costs will not impact WSIB rates.

4. **NEW BUSINESS**

4.1. **Chair's Update**

4.1.1. **Chairs Report**

The Board reviewed the Board report that was pre-circulated in the meeting package. N. Melchers thanked L. Woeller as she is the new representative on the CMH Volunteer Association Board.

4.1.2. **October/November 2023 Board Evaluation Results**

The Board reviewed the feedback that was provided from the November 1, 2023 meeting. N. Melchers thanked the members for their input. The survey link is now also embedded in the agenda. N. Melchers reminded the members to please complete the survey after each meeting.

4.1.3. **OHA Governance Essentials Course Reflections**

B. Conway provided the Board with reflections from the OHA Governance Essentials Course that he attended.

4.1.4. **Guiding Organizational Change**

L. Woeller provided the Board with reflections from the CMH Learning Lab course, Guiding Organizational Change.

4.2. **Governance Committee**

4.2.1. **Report to the Board of Directors**

M. Lauzon provided the Board with highlights from the November 7, 2023 Governance Committee meeting as outlined in the pre-circulated briefing notes.

4.2.2. **Dissent of Director Process**

After receiving feedback from the Chair of the Governance Committee and information provided at a recent OHA Governance Essentials course, management has an increased understanding of the provision within the By-Law. Registration of dissent is not required at a committee level. Although motions are passed, the motions are usually only recommendations for Board approval, not a resolution of the Board. Directors who are not present at a committee meeting will

be made aware of the motion at the Board level and have the opportunity at that time to register their dissent. The Governance Committee considered two options:

1. Keep the process that was introduced in September at a committee level but include both Directors and non-Directors as a good practice.
2. Remove the process at a committee level. Registration of dissent would only be practiced at the Board of Directors to comply with the provisions of the By-law.

The Committee agreed that the best approach would be to remove the requirement for registration of dissent at a committee level and only be required at the Board of Directors level.

**MOTION:** That, the Board approve that registration of dissent will only be required at the Board of Directors level. (Lauzon/Woeller) **CARRIED.**

#### 4.2.3. **Recommendations for 2024 Interview Team**

At the meeting of the Governance Committee on November 7, 2023, all members of the Governance Committee volunteered for the interview team for the 2024 Board and committee member recruitment. This will provide capacity to conduct, if necessary, many interviews and permit having a broad range of perspectives in the evaluation process.

**MOTION:** That, the Board of Directors appoint the following individuals as the interview team for the 2024-25 Committee member recruitment:

Miles Lauzon  
Margaret McKinnon  
Jody Stecho  
Julia Goyal  
Bill Conway  
Milena Protich  
Andrew Stewart  
Community Member – TBD (Lauzon/McKinnon) **CARRIED.**

#### 4.2.4. **Board Education**

At the November 7, 2023 Governance meeting, the Committee discussed the importance of future education for Board and Committee members to support the journey of developing a more diverse Board. The education is to help create a more inclusive, diverse, and equitable environment and foster an inclusive board meeting culture. Options are outlined in the briefing note provided in the circulated agenda package, which initiated various suggestions regarding next steps to attend training.

**ACTION:** Send a doodle poll to members with various date options for all day Board education (focus on options 2 and 3 as outlined in the BN). Provide various date options in April, May & June 2024, including weekend choices.

### 4.3. **Quality Committee**

#### 4.3.1. **Report to the Board of Directors**

D. Wilkinson provided the Board with highlights from the November 15, 2023 Quality Committee meeting as outlined in the pre-circulated briefing notes. D. Wilkinson highlighted:

- Annual review of emergency preparedness; reminder to members of the Board that they should know what to do in the event of a code call when they are in the hospital
- Presentations: IPAC (hand hygiene); EVS (challenges + details of their work)
- Accreditation: kudos to all for their participation

#### 4.4. **Audit Committee**

##### 4.4.1. **Report to the Board of Directors**

M. Hempel was unable to attend the meeting to provide the Board with highlights from the November 20, 2023 Audit Committee meeting, as outlined in the pre-circulated briefing notes. N. Melchers asked members to present their questions which can later be taken away to M. Hempel or P. Brasil. There were no questions.

#### 4.5. **Capital Project Sub-Committee**

##### 4.5.1. **Report to the Board of Directors**

T. Dean provided the Board with highlights from the November 27, 2023 Capital Projects Sub-Committee meeting as outlined in the pre-circulated briefing notes. T. Dean highlighted that:

- The project remains on time and on budget
- There are currently twelve active work areas
- Work is finishing on Wing B roof

There was a robust discussion around the October 2023 fire. It was noted that both CMH and EllisDon's insurance policies are under review.

#### 4.6. **Resources Committee**

##### 4.6.1. **Report to the Board of Directors**

L. Woeller provided the Board with highlights from the November 27, 2023 Resources Committee meeting as outlined in the pre-circulated briefing notes. L. Woeller highlighted that management is forecasting a balanced budget by the end of this year.

##### 4.6.2. **October 2023 Financial Statements**

L. Woeller highlighted that In October, CMH reported a \$1.9M year-to-date deficit position after building amortization and related capital grants. The major drivers of the deficit were the unfavourable variance in salaries and benefits (\$8.1M) and lower PCOP revenue achieved than planned (\$2.4M). This was partially offset by the favourable variances in the unused portion of the budgeted contingency (\$2.3M), QBPs (\$2.1M), interest income (\$2.1M), Bill 124 ONA Reopener Awards (\$2.0M), recovery of Cancer Care Ontario (CCO) reimbursement of oncology drugs (\$1.3M), Billable Patient Services (\$1.0M) and Wait-Time CT / MRI (\$0.4M). Management is forecasting a balanced budget by the end of the fiscal year, based on the assumption that the Ministry will fully offset the incremental impact of Bill 124.

**MOTION:** That, following review and discussion of the information provided, the Board receives the October 2023 financial statements as presented by management. (Woeller/Alvarado) **CARRIED.**

4.7. **Executive Committee**  
No open matters for discussion

4.8. **Medical Advisory Committee**

4.8.1. **MAC Credentials & Privileging October 2023**  
Credentialing files were pre-circulated in the package.

**MOTION:** Whereas due diligence was exercised in reviewing the following privileging applications from the October 2023 Credentials Committee and upon the recommendation of the MAC, that the Board approves the following privileging applications. (Melchers/Goyal) **CARRIED.**

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Shawn Vasdev	Psychiatry		Associate	New associate physician starting September 23, 2023	Dr. Anjali Sharma	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Lok Sang Lam	Internal Medicine		Associate	New Hire starting October 16, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Helen Zhao	Surgery	Surgical Assist	Locum	Requesting extension of locum privileges from July 7, 2023 – July 6, 2024	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Prima Moinul	Surgery	Ophthalmology	Locum	Requesting locum privileges from July 22, 2023 – July 21, 2024 for regional on-call	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Mazin Al-Batran	Psychiatry		Locum	Requesting extension of locum privileges from November 3,	Dr. A. Sharma	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments



				2023 – May 30, 2024		<input type="checkbox"/> Not Recommended
Dr. Yeshale Chetty	Emergency		Locum	Requesting extension of locum privileges from November 3, 2023 – December 31, 2023	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Laura Duncan	Emergency		Locum	Requesting extension of locum privileges from November 3, 2023 – December 31, 2023	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Jithin Varghese	Emergency		Locum	Requesting extension of locum privileges from November 3, 2023 – December 31, 2023	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Ashifa Jiwa	Emergency		Locum	Requesting extension of locum privileges from November 3, 2023 – May 30, 2024	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Julia Heyens	Women & Children	Midwife	Active	Requesting parental leave from October 2, 2023, for undetermined length of time	C. Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Mitra Sadeghipour	Women & Children	Midwife	Active	Resignation of privileges effective September 29, 2023	C. Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Krysta Barclay	Women & Children	Midwife	Active	Requesting leave of absence from February 1, 2024 – January 31, 2024	C. Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Brenda Dong	Women & Children	Midwife	Associate	Resignation of privileges effective February 5, 2024	C. Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Anupam Batra	Internal Medicine	Oncology	Active	Resignation of privileges effective December 30, 2023	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. L. Green	Surgery		Active	Requesting medical leave from call effective October 20, 2023 for approximately 6-8 weeks.	Dr. W. Lee	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

4.8.2. **Report to the Board of Directors**

Dr. Lee provided the Board with highlights from the November 8, 2023 MAC meeting as outlined in the pre-circulated briefing notes. Dr. Lee highlighted that:

- CMH has received *Choosing Blood Wisely* designation.
- MAC has supported incorporating an e-learning B2L module on blood.
- CCO performance recognition: Ontario Health recognized CMH for meeting target for Ontario breast screening wait times; and for meeting targets from cancer surgery wait times from decision to treat.

4.9. **PFAC Update**

N. Melchers provided highlights from the December 5, 2023 PFAC meeting. The Connect-My-Health link will be circulated to members, who are encouraged to register and provide their feedback on the process.

4.10. **CEO Update**

4.10.1. **Accreditation Update**

M. Iromoto provided the Board with an update on Accreditation. Many strengths of the Board were noted by the survey team. One suggestion by the survey team was the inclusion of a PFAC member on the Board.

The Board held a robust discussion around patient involvement in the governance processes. It was noted that, through connecting with other hospitals, most organizations have PFAC member(s) sit on their Quality committees but very few had PFAC members at the Board meeting.

4.10.2. **Staff Innovation Fund**

The Board reviewed the presentation pre-circulated in the agenda package. M. Iromoto shared the application process has been opened, the deadline is December 29, 2023. On behalf of the selection committee, M. Iromoto invited a member(s) of the Board: T. Dean offered to join the Staff Innovation Selection Committee. More information will be presented at the February 2024 Board meeting.

**5. UPCOMING EVENTS**

The Chair highlighted the upcoming events and encouraged the Board members to participate if available.

**6. DATE OF NEXT MEETING**

The next scheduled meeting is February 7, 2024

**7. ADJOURNMENT**

The meeting adjourned at 1842h. (Conway)

Nicola Melchers Board Chair CMH Board of Directors	Patrick Gaskin Board Secretary CMH Board of Directors
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Date of Meeting

Last 12 Months

1/30/2023 - 1/29/2024

Date of Meeting	Bill Conway	Diane Wilkinson	Jay Tulsani	Julia Goyal	Lynn Woeller	Margaret McKinnon	Miles Lauzon	Monika Hempel	Nicola Melchers	Paulo Brasil	Sara Alvarado	Tom Dean
Wednesday, December 06, 2023	P	P	P	P	P	P	P	R	P	R	P	T
Wednesday, November 01, 2023	T	T	T	T	R	R	T	T	T	T	T	T
Wednesday, October 04, 2023	P	P	P	T	T	T	P	T	P	P	P	T
Tuesday, July 18, 2023	T	T	T	T	T	T	T	T	T	T	T	T
Wednesday, June 28, 2023		P		P	P	T	P	P	P		P	P
Wednesday, May 24, 2023		T		T	T	T	T	T	T		T	T
Wednesday, April 26, 2023		T		T	P	P	T	T	P		P	R
Wednesday, March 01, 2023		T		T	T	R	T	T	T		T	T

Name	Attendance Rate
Bill Conway	100%
Diane Wilkinson	100%
Jay Tulsani	100%
Julia Goyal	100%
Lynn Woeller	88%
Margaret McKinnon	75%
Miles Lauzon	100%
Monika Hempel	88%
Nicola Melchers	100%
Paulo Brasil	75%
Sara Alvarado	100%
Tom Dean	88%

Committee

- Audit Committee
- Board of Directors
- Capital Projects Sub-Com...
- Digital Health Sub-Comm...
- Executive Committee
- Quality Committee
- Resource Committee

Legend

- T-Conference
- R-Regrets
- P-Present



## CMH President & CEO Report February 2024

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.

### Accreditation redux

- Staff, physicians, midwives, and volunteers came prepared. They were engaged. They shone. They did it and all showed they deserved to be designated exemplary!
- In the lead-up to November, it was remarked that the nervousness of Accreditations past was simply not there. Over three in-depth days of interviews and table top exercises, only four out of over 1700 standards did not quite meet the bar.
- It means the CMH team met 99.7% of standards. This is as close to 100% as you can get. It cannot get any better.
- Some observed strengths noted by the Accreditors:
  - Using our strategic plan to align operational, clinical, and service planning.
  - Being forward thinking and innovative
  - Nurturing collaborative working relationship between CMH and community partners.
  - Seeing strong leadership across the organization.
  - Rooting engagement into our values-based culture
  - Using a well-developed ethics framework – YODA.
- Of course, when provided with the gift of feedback there are opportunities to glean improvement ideas, such as:
  - Expanding the scope of patients and family members' involvement
  - Being more vocal about all the great work that is being done.
  - Considering succession planning, ensuring critical roles have a redundancy plan in place.
  - Supporting more training on incident management (large scale codes) for leaders
- In all, everyone proved that quality matters to them. Safety is a must, and they want the community they serve to know our hospital can be relied upon.
- I thank everyone for being amazing representatives of CMH. You are truly an exceptional team keeping people at the heart of all you do.

## **Ontario Health recognizes CMH for meeting wait time targets**

- We are so proud of the Laboratory, Diagnostic Imaging and Surgery teams for their phenomenal work in 2022-23. They were recently recognized by Ontario Health for achieving significant cancer care performance indicators.
- Their efforts resulted in successfully meeting, 100% of the time, the Province's improvement targets to reduce wait times for these indicators:
  - Between an abnormal screen and diagnosis, for OBSP clients requiring a tissue biopsy within seven (7) weeks.
  - For treating surgical oncology patients within "Priority 2-4" categories within targets
- Patients can rest assured that they are supported at every step of their journey and will receive the necessary intervention when it is required.
- These recognitions are a testament to CMH's strategic priority to elevate partnerships in care while keeping people at the heart of all we do.

## **Amanda Thibodeau, Director Construction**

- I am very pleased to announce that Amanda Thibodeau has been promoted to the role of Director, Construction effective December 2023.
- Amanda first joined us in January 2018 working in Facilities, before moving to the CRP department. She quickly gained the confidence of her team, successfully handling progressively larger and more complex construction projects. She gained immense knowledge of the hospital and with that, a reputation of being calm in tough situations. This came to good use in October when a fire broke out. Not only did she first sound the alarm, but she also took the initiative to shut down the oxygen supply to Wing C as the Fire Department was ready to order a hospital-wide shutdown of this volatile gas.
- Armed with a BA in History from Brock University, the then-recent graduate found her calling in health care construction at Niagara Health Systems in 2009. Since then, Amanda added to her experience through Joseph Brant's redevelopment project and Grand River Hospital's planning department before coming to CMH almost a decade later.
- When asked what she is most proud of during her time at CMH, she immediately cites the relationships she has built with clinical leaders, teams, and staff. She notes it was through collaboration and trust in one another's abilities that major disruptions were overcome throughout the project. However, when pressed, it is her connection to community that resonates: I live in Cambridge and it makes me proud that I am helping the CMH team build a beautiful new space, not only for them, but for our community. This makes me smile."
- When she is not at work, Amanda enjoys the company of her partner Joe and their frisky 1-yr. old lab Darla. She finds peace though when she has dirt on her hands. Amanda is an avid gardener and will spend countless hours outside, the entire summer if she can, tending to elaborate flower gardens and a large vegetable garden plot.
- Please join me in congratulating Amanda on her well-earned promotion.

## Health Elliott, Patient Experience Lead

- On January 2, 2024 we welcomed Heather as our Patient Experience Lead.
- Heather is a Registered Nurse by training, having completed a Bachelor of Health Sciences from Western University in 2012 before going into nursing. She completed Bachelor of Science in Nursing in 2014 from the University of Toronto that preceded a Master of Public Health in 2018 from the University of Waterloo.
- Heather is interested in serving vulnerable and equity deserving populations. She provided direct patient care in an adult mental health inpatient unit, led health promotion efforts in an academic setting, practiced in a nurse-practitioner led clinic that served marginalized populations, and promoted sexual health and harm reduction as part of Public Health
- Most recently, Heather has managed the COVID-19 Case & Contact Management and Infectious Disease & TB Control teams at Public Health.
- As a Patient Experience Lead Heather indicated she is looking forward to using direct patient/caregiver feedback to help influence positive organizational changes.
- The interview team was particularly impressed with Heather's willingness to engage with, and incorporate, the end-users voice in the co-development of strategies.
- Heather has a dog named Luna and a cat named Bellows. Always active, she skis in the winter and golfs in the summer, but shamelessly watches reality TV all year round!

## Three Wishes Project Celebrated

- The Three Wishes Project focuses on enhancing patient experiences receiving advanced end-of-life support in the intensive care unit (ICU). For some, end-of-life care can be a very impersonal experience, for patients, families, and clinicians. It is through this project that our staff helps to enhance the experiences of patients and their families during a difficult time.
- The program helps to dignity and honour patients while allowing the family to take part in an end-of-life process that will hopefully provide positive memories for them.
- The Three Wishes Project can bring patients some comfort and peace in their final days, helping to ease the grieving process for their family members.
- Additional supports are offered and as the project name implies, three wishes are granted to patients and the family. It is a holistic program bringing comfort to both patients and families.
- In addition to the wishes, the ICU team helps to support a positive experience and create a comfortable environment by offering:
  - Homemade quilts made and donated by community volunteers for use in the and offered to families to take home (see '*Busy Hands*' story)
  - Putting flameless candles at the bedside

- Playing music to create positive atmospheres
- Providing a key chain with a fingerprint and similar keepsakes
- Giving heart rhythm strips that are inserted into a mini glass bottle
- CMH has been offering this project since 2019. Its inception was adopted from the ICU at St. Joseph's Healthcare Hamilton where it was started in 2013. CMH staff visited to assess how it could be implemented at our hospital to better support our patients' and family's care experience.

### **CMH Innovation shared at SIMExpo, Ottawa**

- Liane Barefoot and Krysta Garton shared a poster presentation at the SIMExpo in Ottawa.
- The presentation described the development of Virtual Reality (VR) fire and evacuation training program that was created in partnership with HIROC and College Conestoga. It helps to maintain a person's fire and evacuation competence in the event of fire.
- This program brings important safety training to busy clinicians on the floor rather than putting them into a classroom.
- Thank you, Liane and Krysta, sharing this amazing idea!

### **Mental Health Benefit extended to 2024**

- We were very happy to extend the \$1500 Mental Health Benefit top-up into calendar year 2024. Staff, physician, and midwives anecdotally shared feedback saying this was a valuable benefit enhancement when first implemented in 2023.
- This top-up is in addition to the regular benefits that are currently offered, and it extends to their family members. The top-up is available to all staff, physicians, and midwives, including those not enrolled in the CMH Group Benefits Program.

### **Season two of the Staff Innovation Fund has started!**

- With the successful launch of the Staff Innovation Fund in 2023, the second iteration has proven to resonate with many staff and teams.
- Launched on November 29, over 20 bright ideas were quickly submitted by the end of December. The projects are being reviewed for feasibility and are looking forward to learning about those that are moving ahead.
- Three projects were selected in 2023, including an on-line process for requesting health records, an education enhancement to providing CPR in the ED and a refinement to the Patient Registration process that reduced wait times.
- The Staff Innovation Fund is a joint project of the CMH Foundation and CMH Board of Directors.
- More will be shared once the projects are accepted.



## **New website published**

- The hospital launched a new website (cmh.org) on December 21, replacing one that was built on a platform at end-of-life and no longer supported.
- The design of the site was based on a 'discovery phase' with local vendor Mad Hatter Technology that sought input from various stakeholders including PFAC, Patient Experience, partner organizations and internal groups.
- The resultant site is 'lighter' in design, much easier to customize, boasts many features that were unavailable, including embedded video. It offers a better mobile experience for those with smartphones and is fully accessible. Further, it can be further customized and scaled through plug-ins like e-commerce if there is a need in the future.
- This launch is the first of many changes planned with a goal of having a brand new web presence with CMH-centric photographs, at the completion of the capital redevelopment project later this year.

## **"Busy Hands" quilts donated to ICU and Pediatrics**

- In late November, ICU's leadership team - April McCulloch, Angela Schrum, and Pauline Chapeskie - were very pleased to accept five bags of handmade quilts and a bag of knitted hats/bonnets from the *Busy Hands Quilters Guild of Cambridge*.
- It has become a much anticipated yearly tradition to receive these beautiful handmade pieces, which get distributed to the ICU and Pediatric Unit.
- The quilts have become a significant way to enhance patient and visitor experiences, while bringing some comfort of home to end-of-life patients in the ICU and their visiting families.
- We are grateful for their continued support and is a wonderful example of incredible support and generosity we have from our community.

## **International Volunteer Day – Dec. 5**

- Volunteerism is an enormously valuable resource for many different aspects of our society. It is an important part of our history, one that can be traced to the very beginning of its existence.
- Arguably, it is because of volunteers that our hospital first opened its doors in 1888, making it the first within the Region of Waterloo.
- The first organized association was founded in 1891 as the Women's Hospital Aid Society, comprising 126 local women that fundraised for the then named Galt Hospital.
- After many iterations, millions of dollars raised and millions of hours worked, 9our current CMH Volunteer Association is 208 members strong.
- On behalf of the hospital, I wish to thank our dedicated volunteers for their collaborative partnership and their commitment to supporting our patients, visitors and CMH staff.

## All about food

- While it might seem odd to speak about food in an organizational setting, food is something that binds us together, provides sustenance and comfort. It has always been an important topic with our staff along with a means to help celebrate special events and accolades. And a few stories have popped up warranting a mention in this update:
  - *Kitchenmate goes live*: In response to the many suggestions to have more food options at CMH, the hot and cold, fresh food vending system went into operation in early December. Located in the Wing A, Level 0 elevator lobby, *KitchenMate* is the new go-to: eat real, eat fresh with chef-curated goodness available 24/7, with foods that are made locally. To help promote the event, the first 100 staff that downloaded the app received \$5 off. It has been a hit with much positive feedback from staff, especially those working after hours.
  - We had our Holiday Meal on Dec. 7, the first sit-down meal organized since 2019! The event was organized by a team of Operations Leadership and attended by Board of Directors that assisted to help make it a great experience for all. What made this year special was the overwhelming support to donate 100's of new warm clothing items (hats, mittens, scarves, etc.) that was collected for internal programs serving patients and clients that might need them and like-services in our broader community.
  - Acting on staff feedback to a 2023 survey, the Volunteer Association's Tim Hortons franchise extended its hours in January to better accommodate staff schedules and those called into work at the last minutes but could not prepare a meal. The new expanded hours are Mon.-Fri. from 0630 – 2000h and weekends from 0900 – 1700h. Staff were reminded of the many convenient ordering features of the Tim Hortons app and that profits go to purchase medical equipment for the hospital.

## 'CMH Smiles' project launched

- As a project stemming from organizational efforts to positively promote diversity, equity and inclusivity, the purpose of the *CMH Smiles* is to capture the spirit of all CMH personnel.
- The yet to be published repository of staff-shot photos will show accomplishments, successes, and those heartfelt moments as experienced by those on the floor, in the moment.
- The submitted photos will be curated and used in other communications, reducing the reliance on stock photos and replace, reflecting our community and celebrating the wonderful diversity of those who work, practice and volunteer at CMH.

Agenda Item 1.5.4  
**BOARD WORK PLAN – 2023-24**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	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>   <li>➤ Mid-year CEO assessment input from Board</li> <li>➤ Mid-year COS assessment input from Board</li>   <li>➤ Mid-year/Year-end CEO report and assessment</li> <li>➤ Mid-year/Year-end COS report and assessment</li>   <li>➤ CEO evaluation/feedback – mid-year</li> <li>➤ COS evaluation/feedback – mid-year</li> </ul>	<p>Executive</p>  <p>Board</p>  <p>Executive</p>  <p>Executive</p>			C			√	√	
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							√	√
	<ul style="list-style-type: none"> <li>➤ Reviewing the performance assessments of the VPs – summary report provided to the Board (as per policy 2-B-10)</li> </ul>	Executive			C					
b	<ul style="list-style-type: none"> <li>➤ Strategic Plan: approve process, participate in development, approve plan (done in 2022, will be done again in 2027)</li> </ul>	Board								
b	<ul style="list-style-type: none"> <li>➤ Progress report on Strategic Plan – Updates completed through the corporate scorecard</li> </ul>	Board	C		C			√		√
b-iii-c	<ul style="list-style-type: none"> <li>➤ Approve annual Quality Improvement Plan (QIP)</li> </ul>	Quality					√			

**BOARD WORK PLAN – 2023-24**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	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	√		√	√	√
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		C	√		√		√
	<ul style="list-style-type: none"> <li>➤ Receive and review the Corporate Scorecard</li> </ul>	Board	C		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							√	
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							√	

**BOARD WORK PLAN – 2023-24**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	Jun
c-ix-G	<ul style="list-style-type: none"> <li>➤ Board Generative/Education Discussions                             <ul style="list-style-type: none"> <li>○ Emergency Department</li> <li>○ Digital Health</li> <li>○ TBD</li> </ul> </li> </ul>	Board		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	<ul style="list-style-type: none"> <li>➤ Ensure the effectiveness and fairness of the credentialing process</li> <li>➤ Monitor indicators of clinical outcomes, quality of service, patient safety and achievement of desired outcomes</li> </ul>	MAC/Quality MAC	C	C	C	√	√	√	√	√
f-i-B/C	<ul style="list-style-type: none"> <li>➤ Make the final appointment, reappointment and privilege decisions for Medical/Professional Staff</li> <li>➤ Oversee the Medical/Professional Staff through and with the MAC and COS</li> </ul>	Board	C	C	C	√	√	√	√	√
f-i-C		COS	C	C	C	√	√	√	√	√
<b>Build Relationships</b>										

Agenda Item 1.3.8  
**BOARD WORK PLAN – 2023-24**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	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>➤ Invite 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> </ul>	Resources			C					
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				√			√	
<b>Board Effectiveness</b>										

**BOARD WORK PLAN – 2023-24**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	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 ➤ Director Consent to Act	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	C	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 - TBD	Audit								
I-i-B	➤ Ensure that policies are in place to encourage and facilitate organ procurement and donation	Quality								√

**BOARD WORK PLAN – 2023-24**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	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 team membership (noted in By-law)	Governance			C					
	➤ Review recommendations for new Directors, non-director committee members (2-D-20)	Governance							√	
	➤ Conduct the election of officers (2-D-18)	Governance								√
	➤ Review evaluation results and improvement plans for the Board, the Board Chair (by the Governance Chair), Board committees, committee chairs (2-D-40)	Governance Governance							√	
	➤ Review committee reports on work plan achievements (2-A-16)									√



**ON GOING AS NEEDED**

Charter Section #4	Charter Item	Action ( <i>Italics-comments</i> )	Committee Responsible	Current Year
				2022-23
i-i-E	Board Effectiveness	Compliance with the By-Law	Governance	
c-i-A, B	Corporate Performance	Ensure there are systems in place to identify, monitor, mitigate, decrease and respond to the principal risks to the Corporation: <ul style="list-style-type: none"> <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	Governance/ Executive	
d-ii-D, E	CEO and COS	Select the COS, delegate responsibility and authority, and require accountability to the Board	Executive	
d-ii-F	CEO and COS	Policy and process for the performance evaluation and compensation of the COS	Governance/ Executive	
h	Financial Viability	Approve collective bargaining agreements	Board	
h	Financial Viability	Approve capital projects	Resources	

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

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

Meeting Date	Agenda # / Item Description	Action Item	Owner	Status
25-01-2023	3.1.1 – Committee and Staff appointments	Governance to complete a policy review/update as it relates to staff & Community appointments, specifically when they occur outside of the regular appointment process	P. Gaskin	Will be brought to Governance at a future meeting
01-03-2023	3.9 – Foundation Events	Management to review and include the recommendation in the Board Policies	P. Gaskin	Will be brought to Governance at a future meeting
26-04-2023	4.10 – CND OHT Mental Health & Addictions Clinic	Management to review the data points that will be reviewed through the CND OHT evaluation process	P. Gaskin	In progress
06-12-2023	1.5.3 Policy Approvals	2-A-15 & 2-C-40 to be brought back to the Board for review and revision if, upon completion of the Capital Redevelopment Project Sub-Committee is disbanded as of June 2024	P. Gaskin	Will be brought to the Board if needed for review June 2024
06-12-2023	1.5.6 Corporate Scorecard	Under the description of falls, correct the error in narrative on a go-forward basis	P. Gaskin	Completed
06-12-2023	4.2.4 Board Education	Poll members with date options for April, May & June	P. Gaskin	Completed – Date has been added to the Events Calendar, Calendar invite has been sent to all Directors & Independent Directors.
06-12-2023		ABCDE Goals to track by % complete	P. Gaskin	Management will look to update the process / tracking systems

*\*Action logs are to be sent electronically to CMH Management after each meeting*

*\*Action logs should be included in the consent agenda of Committee meetings*

*\*Action logs should only contain items identified with an action for follow up or further work identified in the meeting minutes (not for regular meeting updates)*



# BRIEFING NOTE

**Date:** January 11, 2024  
**Issue:** Quality Monitoring Metrics  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Kyle Leslie, Director Operational Excellence  
**Approved by:** Mari Iromoto, Senior Director of Strategy, Performance & CIO

**Attachments/Related Documents:** Appendix 1 – Quality Monitoring Scorecard

## Alignment with 2022/23 CMH Priorities:

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

## Executive Summary

Included in **Appendix 1** is the CMH 2023/2024 Quality Monitoring Scorecard.

Currently there are fifteen of our thirty-one quality monitoring indicators at a “red” status meaning that the indicator is meeting less than 90% of the performance threshold. Thirteen of the fourteen indicators are currently at a “green” status meaning that they are meeting the performance threshold for the indicator.

There are nine indicators of the thirty-one that have had three periods of “red” performance in a row that we are monitoring to determine if an action plan for improvement is needed. The seven indicators are:

- 1) Conservable Bed Days
- 2) Overtime hours
- 3) Sick hours
- 4) Emergency Department Length of Stay Admitted Patients
- 5) Emergency Department Length of Stay for Complex Patients
- 6) Emergency Department time to Inpatient Bed
- 7) Emergency Department Wait time for Initial Assessment (PIA)
- 8) Surgical Long Waiters
- 9) Medication Errors

## Background

The CMH Quality Monitoring Scorecard tracks performance on key performance indicators aligned to our quality framework. Many of the indicators on the Quality Monitoring Scorecard are reported publicly on an annual basis by the Canadian Institute for Health Information (CIHI). The scorecard monitors the indicators monthly and is used to identify indicators that are trending outside of established performance thresholds.

## Analysis

Below is a summary of the quality monitoring metrics that are currently at a “red” status with three or more periods outside of the target threshold.

- 1) **Conservable Bed Days (Red status with three or more periods outside of performance threshold):**  
This indicator measures the total patient days over the benchmark length of stay as a rate of total acute inpatient days. A lower rate means a more appropriate length of stay. For this indicator we are currently thirteen percent over target. Our conservable bed day rate has trended up in Q3.
- 2) **Overtime Hours (Red status with three or more periods outside of performance threshold):**  
This indicator measures the total number of overtime hours used vs. budgeted overtime hours. Currently we are significantly over budget for overtime hours used. Majority of the overtime variance approximately >60% can be attributed to the Emergency Department, Medicine programs and Intensive Care Unit. A lower number on this indicator means that we are staffing less with OT which has a positive impact to Joy in Work as it is an indication that we have improved staffing levels, leading to reduced staff burnout. In addition to OT, we are monitoring agency usage as this indicator also is representative of our staffing levels, the work we are doing on staffing and OT will also address our agency usage.
- 3) **Sick Hours (Red status with three or more periods outside of performance threshold):**  
This indicator monitors the average sick hours per pay period per month. A lower number is better as that means there are less staff off and unable to work due to illness. Currently, the average number of sick hours per pay period exceeds the target by 52% (YTD Dec). The work we are doing on OT and staffing will help to address staffing pressure from sick hours.
- 4) **ED Length of Stay for Admitted Patients (90% spent less, in hours) (Red status with three or more periods outside of performance threshold):**  
This indicator measures the length of time from Triage to when a patient departs the emergency department to go to an available inpatient bed. Our 90<sup>th</sup> percentile length of stay for admitted patient in the ED is 55 hours (YTD Nov), our target is < 44 hours. A lower number is better as means patients are receiving care in the most appropriate setting. This has been trending upwards since mid-summer, with Oct & Nov exceeding 60 hours.
- 5) **ED Length of Stay Complex (CTAS 1-3) (90% spent less, in hours) (Red status with three or more periods outside of performance threshold):**  
This indicator measures the wait-time from triage to disposition from the ED. Currently, 90% of complex ED patients have a length of stay 9.8 hours (YTD Nov), our target is 8

hours. A lower number is better as it means patients are receiving care in a timely, effective efficient way.

6) **ED Wait time for Inpatient Bed (90% spent less, in hours) (Red status with three or more periods outside of performance threshold):**

This indicator measures the length of time in hours from when a patient is admitted in the emergency department to when they are pulled to the inpatient bed. Our YTD (Nov) wait time for this indicator is 45 hours, our target is 36 hours or less.

7) **ED Wait Time for Physician Initial Assessment (90% spent less, in hours) (Red status with three or more periods outside of performance threshold):**

This indicator measures the wait-time from triage to being seen by a physician or nurse practitioner in the ED. Currently, 90% of ED patients were seen by a physician or nurse practitioner within 6.9 hours (YTD Nov), while our internal target is to see 90% of patients within 4 hours. A lower number is better as it means that patients are seen by a physician or nurse practitioner within an appropriate timeframe in the emergency department. This value has been increasing over the last 12 months and the action plan for this indicator will be addressed within the action plan for the 'Emergency Department Length of Stay for Non-Admitted Complex Patients' indicator.

8) **Medication Error Rate (Red status with three or more periods outside of performance threshold):**

This indicator measures the rate of medication errors that could have been prevented. Our target for the incidence of medication errors for inpatients is 4.0/1000 patient days. A lower number is better as this means fewer medication errors are occurring. Currently our medication error rate is 6.6 (YTD Dec). 60% of incidents are no harm incidents; 21% mild harm; 16% near miss; 1% moderate harm; <1% severe harm. This indicator is monitored closely and is reported at clinical Quality and Operations Council Meetings. This indicator uses our incident reporting data and is impacted by the reporting culture. There is currently work underway to strengthen the reporting, which would contribute to this indicator increasing.

9) **Surgical Long Waiters (Red status with three or more periods outside of performance threshold):**

This indicator monitors the percentage of cases on our current surgical wait-list over the targeted wait time for the procedure vs. the total cases on our wait-list. The lower the rate indicates a more appropriate wait-time for surgery. The work that is currently underway for surgical PCOP and QBPs is addressing the surgical wait-list. Work is also underway to review the surgical wait-list and clean and update to most accurately reflect true cases waiting.

**Next steps:**

- The full Strategic and Operational Priority Indicator Package including action plans will be shared on a Quarterly Basis. The Q3 package will be available in February 2024
- The Quality Monitoring Scorecard will continue to be included on a monthly basis



# CMH Quality Monitoring Scorecard, FY2023/24

1-8-2024 9:24:01 AM

Quality Dimension	Indicator	Unit of	Prior Year	YTD	Target	Trend	Status	Period
Efficient	Conservable Days Rate	%	33.8	33.9	30.0			Nov-23
	Overtime Hours - Average per pay period	hours	3,369.7	3,532.7	850.0			Dec-23
	Sick Hours - Average per pay period	hours	3,774.2	3,171.8	2,090.0			Dec-23
Integrated & Equitable	ALC Throughput	Ratio	0.9	0.9	1.0			Nov-23
	Percent ALC Days (closed cases)	%	28.0	23.6	20.0			Nov-23
	Repeat emergency department visits for Mental Health Care (Average patients per month with four or more visits in 365 days)	Patients	12.2	10.9	11.0			Nov-23
Patient & People Focused	Organization Wide Vacancy Rate	%	10.4	8.5	12.0			Dec-23
Safe, Effective & Accessible	30 Day CHF Readmission Rate	%	15.3	21.7	14.0			Oct-23
	30 Day COPD Readmission Rate	%	13.0	12.8	15.5			Oct-23
	30 Day In-Hospital Mortality Following Major Surgery	%	2.2	2.1	2.1			Oct-23
	30 Day Medical Readmission Rate	%	10.8	9.3	13.6			Oct-23
	30 Day Obstetric Readmission Rate	%	1.2	0.9	1.1			Oct-23
	30 Day Overall Readmission Rate	%	7.5	6.6	9.1			Oct-23
	30 Day Paediatric Readmission Rate	%	8.4	6.5	6.1			Oct-23
	30 Day Surgical Readmission Rate	%	5.3	5.8	6.9			Oct-23
	ED Length of Stay for Admitted Patients (90% Spent Less, in Hours)	hours	49.1	54.6	44.0			Nov-23
	ED Length of Stay for Non-Admitted Complex Patients (90% Spent Less, in Hours)	hours	9.1	9.8	8.0			Nov-23
	ED Wait Time for Inpatient Bed (90% Spent Less, in Hours)	hours	40.5	45.4	36.0			Nov-23
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)	hours	6.3	6.9	4.0			Nov-23
	Fall Rate	per 1000 PD	5.4	5.2	4.0			Dec-23
	Hip Fracture Surgery Within 48 Hours	%	89.7	86.6	86.2			Oct-23
	Hospital Standardized Mortality Ratio (HSMR)	Ratio	94.0	93.3	100.0			Oct-23
	In-Hospital Sepsis	per 1000 D/C	5.6	4.8	3.9			Oct-23
	Long Waiters Waiting For All Surgical Procedures	%	48.4	30.2	20.0			Dec-23
	Low-Risk Caesarean Sections	%	14.9	16.2	17.3			Nov-23
	Medication Error Rate	per 1000 PD	5.9	6.6	4.0			Dec-23
	Medication Reconciliation at Admit	%	92.0	94.0	95.0			Dec-23
	Medication Reconciliation at Discharge	%	91.0	95.0	95.0			Dec-23
	Obstetric Trauma (With Instrument)	%	15.3	10.3	14.6			Oct-23
	Revenue - Achieve budgeted PCOP growth for 2023/2024 (IRM)	\$	8,411,329.0	\$7,357,588	\$9,231,880			Nov-23
	Revenue - Achieve Quality Based Procedure Funding (IRM)	\$	22,210,690.2	\$17,138,050	\$14,988,760			Nov-23

YTD Meeting Target  
 YTD Within Target Threshold (within 10% of Target)  
 YTD Exceeding Target Threshold

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2024)
<b>Board of Directors Regular Meetings</b>													
5:00pm - 8:00pm		4		6		7			1	26			
<b>Board Generative Discussion Meetings</b>													
Emergency Department			1										
Digital Health							6						
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	20	18	15		17	21		17	15	19			
<b>Quality Committee QIP Meeting</b> 7:00 am – 9:00 am						7							
<b>Resources Committee</b> 7:00pm – 9:00pm	26		27			26		22	27	24			
<b>Capital Projects Sub - Committee</b> 5:00pm – 6:30pm	26		27			26				24			
<b>Digital Health Strategy Sub - Committee</b> 5:00pm – 6:30pm	21		16		18	15		18	16	20			
<b>Governance Committee</b> 5:00pm - 7:00pm	19		7			21	14		9				
<b>Audit Committee</b> 5:00pm - 6:30pm			13		22			22	27				
<b>Executive Committee</b> 5:00pm - 6:30pm	28		14				11		14				
<b>CMHVA Board Meetings</b> 9:30am - 11:15am - In Person / Hybrid	27	25	29		31	28	27	24	29	26			
<b>CMHF Board Meetings</b> 4:30pm - 6:30 - In Person / Hybrid	25	23	27	11	22	26	25	22	27	24			
<b>OHT Joint Board Committee</b> 5:30pm - 7:30pm - Virtual Zoom meeting	25	23	27	11	22	26	25	22	27	24			



Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2024)
<b>2023-24 Events</b>													
Staff Holiday Lunch - December 7, 2023 11am-2pm / 6-8pm				7									
Career Achievement - TBD													
Chamber Business Awards - November 13, 2023			13										
CMHF Diversity Dinner – October 3, 2023		3											
CMH Staff BBQ - TBD													
CMH Golf Invitational - TBD													
CMH Reveal - February 29, 2024						29							
<b>Board Education Opportunities</b>													
<b>Governors Education Sessions</b>													
Governance Essentials for New Directors - <i>Paulo Brasil/Jay Tulsani/Bill Conway</i>													
Hospital Legal Accountability Framework		3											
Hospital Accountability Within the Health System		10											
Governance and Management - The Crucial Partnership		24											
<i>CMH Leadership Learning Lab</i>													
• <i>Project Management for the Unofficial PM</i>									3				
• <i>Crucial Conversations</i>			15/16						14/15				
• <i>7 Habits of Highly Effective People - Nicola Melchers</i>				5/8									
• <i>Me2You DISC Profile - Diane Wilkinson</i>							12						
• <i>Quality Improvement</i>		6											
• <i>Guiding Organizational Change - Lynn Woeller</i>		11											
• <i>5 Choices</i>													
• <i>Unconscious Bias</i>								6					
<i>Mental Health First Aid</i>													