BRIEFING NOTE

CAMBRIDGE MEMORIAL HOSPITAL

Date: April 24, 2024
Issue: Operational Excellence Corporate Plan
Prepared for: Board of Directors
Purpose: ☒ Approval ☐ Discussion ☐ Information ☐ Seeking Direction
Prepared by: Kyle Leslie, Director Operational Excellence, Decision Support, PMO, HIM, Registration
Approved by: Mari Iromoto, Senior Director of Strategy, Performance & CIO

Attachments/Related Documents:
Appendix A: Operational Excellence Corporate Plan Draft

Alignment with CMH Priorities:

2022-2027 Strategic Plan No ☐		2024/25 CMH Priorities No ☐		2024/25 Integrated Risk Management Priorities No ☐	
☒	Elevate Partnerships in Care	☒	Improve Patient Flow (PIA, Time to Bed, ALC)	☒	Access to Care
☒	Advance Health Equity	☒	Embrace Diversity, Build a Culture of Inclusion	☒	Business Continuity
☒	Increase Joy In Work	☒	Increase Staff Engagement Through Improved Staffing	☒	Workforce Planning
☒	Reimagine Community Health	☒	Prepare for Digital Health Transformation	☒	Change Management
☒	Sustain Financial Health	☒	Earn the Maximum Eligible PCOP Funding	☒	Revenue & Funding

Recommendation/Motion

That, the board of directors approve the 5-year Operational Excellence Corporate Plan

Executive Summary

This briefing note is to provide an update and seek approval from the Board of Directors for the 2022-27 Operational Excellence Corporate Plan.

The Operational Excellence Corporate Plan will serve as a road map with actions to increase organizational capability to deliver exceptional patient care through innovation and data driven decision making.

Consultation into the development of this plan has occurred with Senior Executive, Director's Council, Medical Advisory Committee and Digital Health Subcommittee.

Below is a short video on some of the work underway to advance CMH's analytic capability:
Harnessing Artificial Intelligence for Operational Excellence At CMH

The full Operational Excellence Corporate Plan can be found in **Appendix A.**

Background

There are currently 19 corporate plans housed within our five Strategic Pillars of our 2022 -2027 Strategic Plan. Each Corporate Plan aligns the work of the respective lead departments to the execution of the Strategic Pillar.

The Operational Excellence Plan is one of our 19 Corporate Plans aligned to the Reimagine Community Health Strategic Pillar. This Strategic Pillar demonstrates how we will use innovation and embrace transformation to improve the way we deliver healthcare.

Over the next five years, the Operational Excellence Plan will guide our efforts to increase organizational capabilities to gain the greatest insight from our data assets for operational and strategic decision making.

In 2023, CMH completed the Healthcare Information Management Systems Society (HIMSS) Adoption Model for Analytics Maturity (AMAM) assessment. This assessment measures the analytic capabilities of healthcare organizations and provides a gap analysis for advancing analytic maturity. The AMAM model has seven stages for measuring analytic capabilities of an organization. Based on the 2023 assessment, CMH is currently at Stage 3 of 7. One of the measures of success for this Corporate Plan will be to advance our analytic maturity from a Stage 3 to stage 5 or greater. Achieving this level would mean that CMH is fully capable of using predictive and prescriptive analytics utilizing artificial intelligence and machine learning in operational solutions to enhance decision making.

Analysis

Below is a summary of the AMAM stages:

Stage 1: Fragmented Solution, Beginning of Analytic Journey
Stage 2: Beginning of core data warehouse and analytics team
Stage 3: Efficient internal and external reporting
Stage 4: Measuring Evidence Based Care and Waste Reduction
Stage 5: Enhancing Quality of Care and Population Health
Stage 6: Predictive Analytics and risk intervention
Stage 7: Prescriptive Analytics and personalized care

More information on the HIMSS AMAM Model can be found here: HIMSS AMAM

The AMAM assessment was used to help inform the Operational Excellence Plan's four Priority Themes and Objectives. The four Priority Themes for the Operational Excellence Plan are:

1) **Data Governance and Quality**: Guarantee Information used in decision making is accurate, reliable and secure
2) **Analytic Capabilities**: Advance skills and knowledge to enable predictive and prescriptive analytics to unlock new insight for decision making
3) **Data Integration**: Ensure all data assets are sorted, cleaned and available to show a complete picture of our micro and macro system for enhanced decision making and planning.
4) **Operational Insight and Action**: Innovate how to provide access to the right data, at the right time to the right people to make the best decisions resulting in better outcomes

Additional details and description of the four Priority Themes and Objectives can be found in the within the plan in **Appendix A**

Next Steps:
- Seek consultation and endorsement from Senior Executive, Director's Council and Medical Advisory Council **(Complete)**
- Seek endorsement from Digital Health Subcommittee (**Complete)**
- Seek official approval from CMH Board of Directors in May 2024 **(Pending)**

DRAFT

2022-27
Operational Excellence Plan

Cambridge Memorial Hospital

Plan Owner: Kyle Leslie, Director of Operational Excellence

Approval Date: May 2024

CMH 2022-27 Operational Excellence Plan

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The Operational Excellence Corporate plan will serve as a road map for Cambridge Memorial Hospital (CMH) to enable exceptional patient care through innovation and data driven decision making.

A key measure of success for the plan will be to advance CMH's Analytic Maturity from a stage 3 to stage 5 or greater on the Healthcare Information Management Systems Society's (HIMSS) seven stage Adoption Model for Analytic Maturity (AMAM). Achieving this level of analytic maturity would mean CMH is fully capable and using predictive and prescriptive analytics utilizing artificial intelligence and machine learning to enhance operations and decision making. (see slide five for details)

In 2023, CMH completed a full AMAM assessment to establish current stage of analytic maturity. The Priority Themes and Key Objectives in this plan were informed by the gap analysis completed from the 2023 AMAM assessment. Pursuing these Priority Themes and executing the Key Objectives will enable CMH to gain the greatest insight from our data assets to enhance decision making and patient care.

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Deliver exceptional patient care through innovation and data-driven decision making. By advancing our analytic capability with cutting edge artificial intelligence and machine learning we will empower healthcare professionals across the organization to make more informed decisions, enhance patient outcomes and optimize operational efficiency. We will use data-driven insights to enable transformative change in healthcare delivery.

Success Measures

1. Achieve stage five or greater on the Healthcare Information and Management Systems Society's (HIMSS) Adoption Model for Analytics Maturity (AMAM) by March 31, 2027

2. Advance on the traditional Analytics Maturity Model from Descriptive / Diagnostic to Predictive / Prescriptive analytics with a stronger focus on foresight vs. hindsight

3. Maximize funding through strengthening decision making, operational efficiency and data quality

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See Appendix C for strategic alignment.

HIMSS Adoption Model for Analytics Maturity (AMAM) HIMSS

The Analytic Maturity Adoption Model is a framework developed by the Healthcare Information and Management Systems Society (HIMSS) to help healthcare organizations assess and improve their analytics capabilities. Each stage builds upon the previous with increasing complexity and sophistication. As higher stages are achieved, more advanced analytics are made possible such as prescriptive and predictive analytics. As shown below our goal is to reach above stage 5 which would require utilization of artificial intelligence and machine learning to enable advance analytics.

G O A L

AI/ML

Stage 7	Prescriptive Analytics and Personalized Care
Stage 6	Predictive Analytics and Risk Intervention
Stage 5	Enhanced Quality of Care and Population Health
Stage 4	Measuring Evidence-Based Care and Waste Reduction

Cognitive Analytics	Combines machine learning (ML) and artificial intelligence techniques to simulate human like thought and reasoning to develop greatest insights
Prescriptive Analytics	Not only forecasts what may happen but also suggests an optimal course of action
Predictive Analytics	Forecasts what may happen in the future based on past data and trends

Stage 3	Efficient Internal and External Reporting
Stage 2	Beginning of Core Data Warehouse and Data Analytics Teams
Stage 1	Fragmented Solution/Start of Analytic Journey

| **Diagnostic Analytics** | Analyzing historical data and uses basic statistical analysis to determine why something happened |
| **Descriptive Analytics** | Analyzing and displaying historical data and patterns, shows you what happened in the past |

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Priority Themes – Overarching Areas of Focus to Advance Analytic Maturity

Data Governance and Quality

Guarantee information used in decision making is accurate, reliable and secure.

Analytics Capabilities

Advance skills and knowledge to enable predictive and prescriptive analytics to unlock new insights for decision making.

Operational Insight and Action

Innovate how to provide access to the right data, at the right time to the right people to make the best decisions resulting in better outcomes.
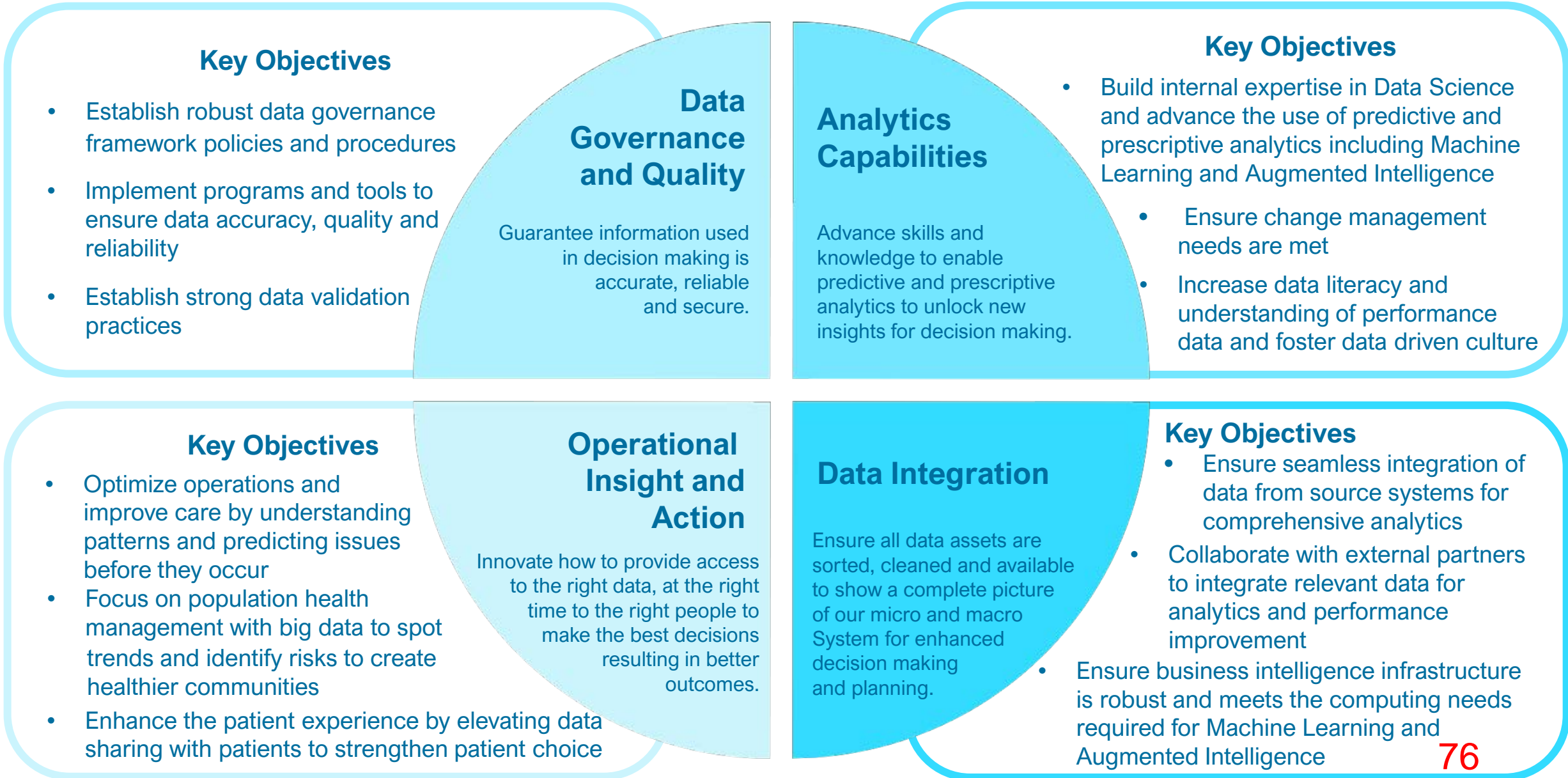
Data Integration

Ensure all data assets are sorted, cleaned and available to show a complete picture of our micro and macro System for enhanced decision making and planning.

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Priority Themes and Key Objectives

Together, the Priority Themes and Key Objectives below will guide our efforts towards achieving our goal of advanced analytic maturity

Key Objectives

- Establish robust data governance framework policies and procedures

- Implement programs and tools to ensure data accuracy, quality and reliability

- Establish strong data validation practices

Data Governance and Quality

Guarantee information used in decision making is accurate, reliable and secure.

Analytics Capabilities

Advance skills and knowledge to enable predictive and prescriptive analytics to unlock new insights for decision making.

Key Objectives

- Build internal expertise in Data Science and advance the use of predictive and prescriptive analytics including Machine Learning and Augmented Intelligence

- Ensure change management needs are met

- Increase data literacy and understanding of performance data and foster data driven culture

Key Objectives

- Optimize operations and improve care by understanding patterns and predicting issues before they occur
- Focus on population health management with big data to spot trends and identify risks to create healthier communities
- Enhance the patient experience by elevating data sharing with patients to strengthen patient choice

Operational Insight and Action

Innovate how to provide access to the right data, at the right time to the right people to make the best decisions resulting in better outcomes.

Data Integration

Ensure all data assets are sorted, cleaned and available to show a complete picture of our micro and macro System for enhanced decision making and planning.

Key Objectives

- Ensure seamless integration of data from source systems for comprehensive analytics
- Collaborate with external partners to integrate relevant data for analytics and performance improvement
- Ensure business intelligence infrastructure is robust and meets the computing needs required for Machine Learning and Augmented Intelligence

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#1
Data Governance and Quality

Guarantee information used in decision making is accurate, reliable and secure.

Why does this matter?

- Reliable data is the foundation for effective analytics
- Robust governance ensures data accuracy, consistency and security
- Data validation processes ensure and enhances the analytical output and effectiveness of decisions based on data
- Standard approaches to data management strengthen data quality and security

Key Objectives

- Establish robust data governance framework policies and procedures
- Implement programs and tools to ensure data accuracy, quality and reliability
- Establish strong data validation practices

Success Measures

- We will achieve over 100% on stages one to five of the "Data Governance" section of the HIMSS Adoption Model for Analytics Maturity (AMAM)
- We will have mechanisms and tools in place to address data quality of source systems
- Unit specific data stewards will be established to increase data quality and literacy within unit
- Data governance committee(s) will be defined and actively involved in increasing data literacy organization wide
- Data governance committee(s) will actively participate in ensuring accuracy of data and metrics that underpin quality-based performance and measurements for clinical care
- Framework and policies are established to guide deployment of AI / ML solutions

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See Appendices E and F for potential change ideas and achievements.

#2
Analytics Capabilities

Advance skills and knowledge to enable predictive and prescriptive analytics to unlock new insights for decision making.

Priority Theme #2: Analytics Capabilities

- Focusing on advancing skills sets for advanced analytics will allow us to extract the most value from our data assets
- Focusing on data literacy will ensure decision makers understand and interpret performance data accurately leading to enhanced decision making and quality improvement and risk mitigation
- Prepare for future and build road map for AI / machine learning adoption
- Patient care will be enhanced through machine learning and artificial intelligence by enabling faster analysis, trend recognition and early identification of potential risks
- Strong change management focus and supports will help with the adoption and use of advanced analytics

Success Measures

- We will achieve over 100% on stages one to five of the "Analytics Competency" section of the HIMSS Adoption Model for Analytics Maturity (AMAM)
- Internal expertise will be developed and established to develop and educate teams on advanced analytics such as Machine Learning and Generative Artificial Intelligence
- Unit leaders / data stewards will understand and confidently be able to explain performance metrics, methodologies and performance trends
- Predictive analytics are integrated into strategic planning, Quality Improvement and Patient Care
- Prescriptive analytics are integrated into strategic planning, Quality Improvement and Patient Care

Key Objectives

- Build internal expertise in Data Science and advance the use of predictive and prescriptive analytics including Machine Learning and Augmented Intelligence
- Ensure change management needs are met
- Increase data literacy and understanding of performance data and foster data driven culture

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See Appendices E and F for potential change ideas and achievements.

#3 Operational Insight and Action

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Innovate how to provide access to the right data at the right time to the right people to make the best decisions resulting in better outcomes.

Priority Theme #3: Operational Insight and Action

Why does this matter?

- Access to the right data at the right time will allow for prompt and timely decision making to improve patient care and operational efficiently
- Real-time analytics enables close performance monitoring to optimize operations and makes trends visible leading to prompt interventions and more proactive decision making
- Access to real-time analytics enhances resource allocation by providing insights into patient flow, occupancy rates, scheduling and ensures alignment to service demand

- We will achieve over 100% on stages one to five of the "Analytics Competency" section of the HIMSS Adoption Model for Analytics Maturity (AMAM)
- Organizational performance data will be easy to access and will align to strategic goals and will cascade across the organization
- Patients will have access to relevant information to enhance partnerships and decision making
- Strategic planning, Quality Improvement, Risk Management and Population Health analytics will be enhanced through the use of machine learning and AI
- Real-time decision-making tools will be established to enhance patient care, safety and operational decision making
- Process improvement teams will have access to analytics and will coordinate with teams to improve performance

Key Objectives

- Optimize operations and improve care by understanding patterns and predicting issues before they occur
- Focus on population health management with big data to spot trends and identify risks to create healthier communities
- Enhance the patient experience by elevating data sharing with patients to strengthen patient choice

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See Appendices E and F for potential change ideas and achievements.

**#4
Data
Integration**

Ensure all data assets are sorted, cleaned and available to show a complete picture of our micro and macro system for enhanced decision making and planning.

Priority Theme #4: Data Integration

- Data needs to seamlessly flow and integrate in an environment were it can be analyzed and used to enhance patient care and operational efficiency
- Investing in advanced tools and technologies enables the hospital to extract meaningful insights from data and maximize the return on investment from data assets
- Supports interoperability and data sharing

Key Objectives

- Ensure seamless integration of data from source systems for comprehensive analytics
- Collaborate with external partners to integrate relevant data for analytics and performance improvement
- Ensure business intelligence infrastructure is robust and meets the computing needs required for Machine Learning and Augmented Intelligence

Success Measures

- We will achieve over 100% on stages one to five of the "Data Content and Infrastructure" section of the HIMSS Adoption Model for Analytics Maturity (AMAM)
- We will be able to deploy advanced machine learning algorithms and artificial intelligence applications
- We will be able to share performance data seamlessly internally and externally
- Required external data needed for population health planning and strategic planning will be integrated seamlessly
- Data needed to show a complete picture of our operations and health system will be fully integrated

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See Appendices E and F for potential change ideas and achievements.

Appendix

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Artificial Intelligence (AI): The overarching field of computer science aimed at creating machines that are capable of intelligent behavior that simulate human-like cognitive functions.
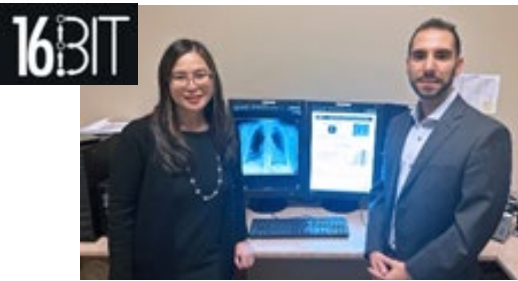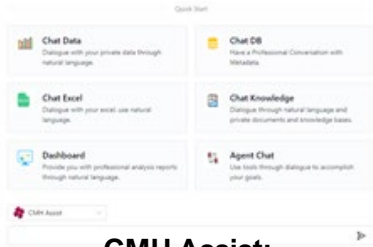
Generative AI is a specific type of AI that focuses on creating new content like text and images.

|			**Generative Pre-trained Transformer (GPT)/Large Language Models (LLM):**
Machine Learning (ML): A subset of AI that focuses on developing algorithms and models that enable computers to learn from data.	**Deep Learning (DL):** A type of machine learning where the computer learns to perform tasks directly from the data and learns to represent complex patterns and features in the data.	**Natural Language Processing (NLP):** A subfield of AI that focuses on the interaction between computers and human language. This enables computers to understand, interpret and generate human like responses.	A type of AI model based on DL that combines NLP with pre-trained LLM, meaning trained on vast amounts of diverse text. The "transformer" architecture enables generative human – like text responses.

Examples			
Recommendation engines such as the one used by Netflix. The model learns from historical patterns and predicts future outcomes and recommendations.	Medical imaging analysis or apps like Google Photos (e.g., identifies which photos contain your pet dog).	Outlook Spam filter where AI is used to learn and improve detection of Spam emails and NLP is used to understand context of emails.	Open-AI's Chat GPT which can simulate dynamic human conversation.

CMH Examples			
Classification algorithm to predict potential CDU cases	**AI powered x-ray screening tool**	**CMH Resume Screening AI:** Advanced NLP + ML for resume screening	**CMH Assist:** Generative AI GPT / LLM virtual assistant / knowledge center

These examples demonstrate how advanced analytics are being integrated into Operations to improve decision making at all levels.

Virtual Huddle Board
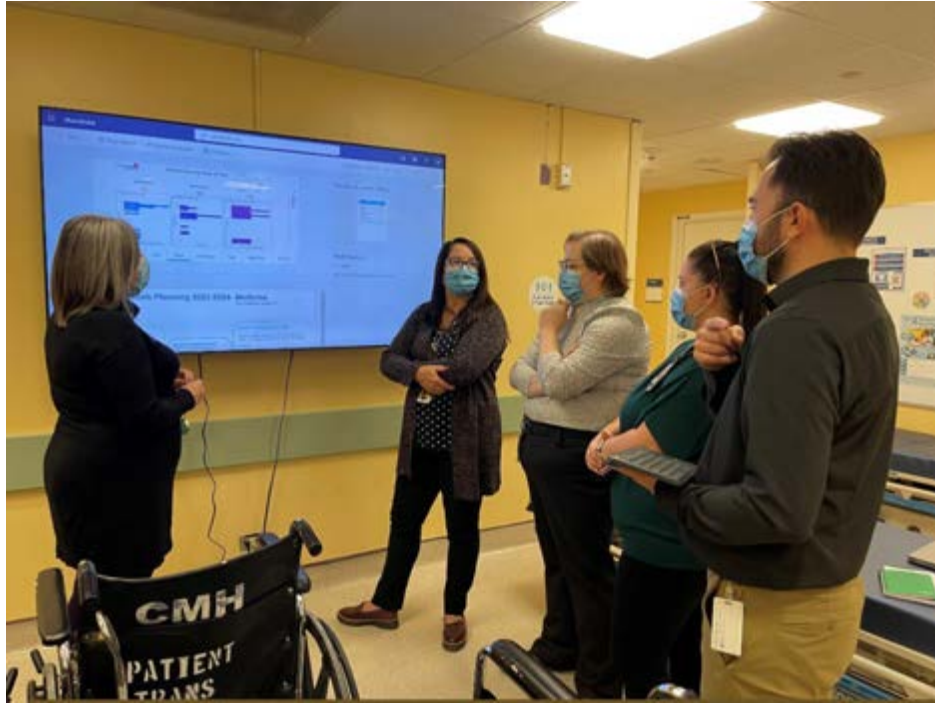
Operational Excellence Dashboards

Virtual Huddle Boards like the one above are being deployed to share real-time analytics and insights, they enable us to also deploy ML / AI alerts such as the CDU flag

Virtual Huddle Boards like the one above are being deployed to share real-time analytics and insights, they enable us to also deploy ML / AI alerts such as the CDU flag

Vision

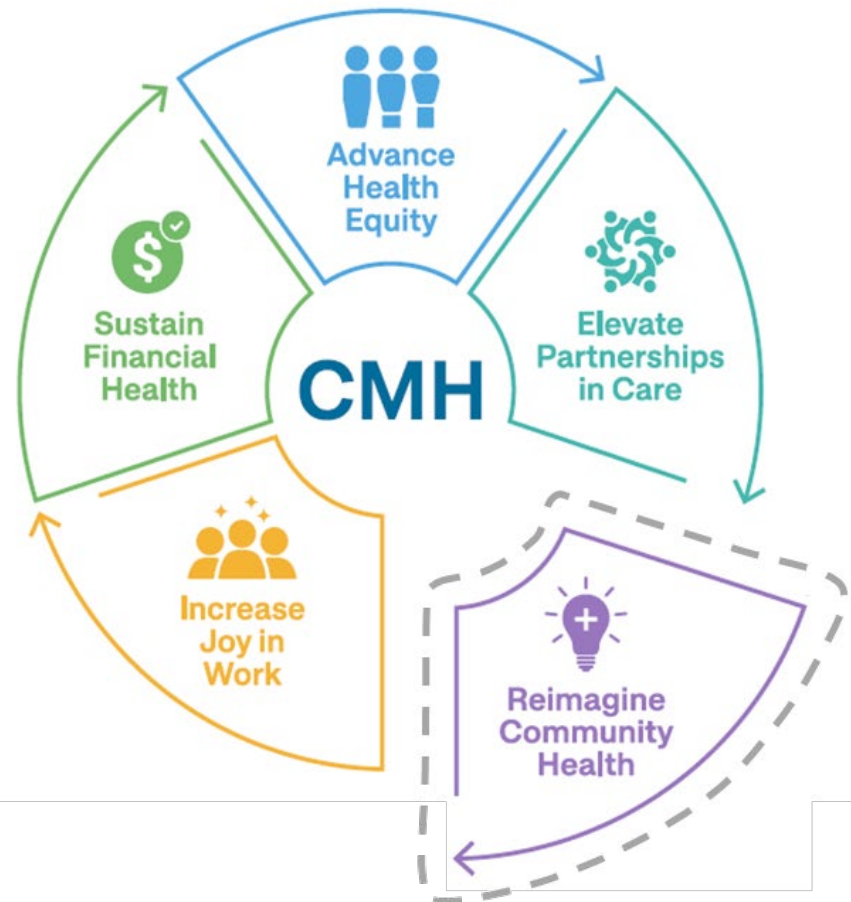Creating healthier communities, together.

Mission

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

Values

Caring
Collaboration
Accountability
Innovation
Respect

Strategic Pillars

- The Operational Excellence Plan is housed under the Reimagine Community Health strategic pillar

- Other corporate plans under this strategic pillar include the Ontario Health Team Plan, Innovation Plan, Digital Health Plan, and Environmental Sustainability Plan

- The Operational Excellence Plan has strong alignment to many other plans and strategic priorities. The ability to extract insight from data to make evidence informed decisions is critical to success and helps to enhance Joy in Work

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#1: Data Governance and Quality	#2 Analytics Capabilities	#3 Data Integration	#4 Operational Insight and Action
• Implement standard guides for data entry i.e. refreshed guides for registration and clerical, establish e-learning program • Implement dashboards to monitor data quality with follow-up and education • Implement data stewardship program i.e. unit specific data owners to support education and monitoring of compliance to standards for data entry • Implement data Quality and Governance Committee(s)- responsible for oversight of metrics, monitoring performance and ensuring accuracy in documentation and coding • Implement automated tools to enhance data quality and accuracy • Ensure policies align to changing landscape for responsible use and deployment of artificial intelligence	• Build skills of the analytics team with expertise in data science, clinical data sets and machine learning • Increase collaborations and partnerships with universities and colleges to keep up to date with latest knowledge with respect to data analytics, AI and ML • Establish data analytics training and education program to boost data literacy and understanding of performance data and how to use it to improve care and decision making • Create interactive dashboards that allow users to interact and explore data • Emphasize the importance of storytelling with data focusing on narrative to support insights extracted from raw data • Embed real-time analytics and education on performance metrics through huddles and Quality and Operations Councils • Create standardized data acquisition and intake process to confirm methodologies as part of dashboard / metric design with requestor	• Continue to integrate new data sets from core source systems to bridge data content gaps i.e. Materials Management, nursing interventions, pharmacy, staffing, scheduling, Human Resources, population health, social determinates of health, bed side devices, real-time monitoring • Invest in technology to support advanced analytics and machine learning computational demands, including server and GPU and cloud analytic tools • Establish cloud environment for deployment and sharing of real-time analytics through various user interphases i.e. web applications, SharePoint • Invest and build tools to oversee performance of Data Warehouse electronic load and transfer processes to optimize query performance and performance of dashboards and analytic tools	• Innovate how real-time data is shared with teams- i.e virtual huddle boards • Innovate how relevant data is shared with patients- i.e. virtual patient whiteboards with estimated date of discharge, Most Responsible Nurse / Physician, goals of care • Implement real-time patient wait-time clock • Utilize predictive analytics for resource planning, forecasting patient volumes, disease trends and resource needs enabling proactive operational planning • Develop dashboards to monitor population heath and health equity • Incorporate social determinates of health into data analytics • Use predictive analytics to identify population health trends to enable targeted interventions to improve outcomes and wait-times • Enhance real-time quality / safety monitoring with real-time analytics and clinical decision support

#1: Data Governance and Quality	#2 Analytics Capabilities	#3 Data Integration	#4 Operational Insight and Action
• Established Clinical Operational Excellence Committee, committee has responsibilities for monitoring data quality in clinical documentation and coding • Implemented artificial intelligence data quality and documentation tool to flag discrepant cases • Implemented computer assisted coding to streamline information received by coders and to highlight critical components of health record important for coding • Implemented front end speech dictation tool to enhance quality of dictations through physician self editing and sign off as well as to improve turnaround time of documentation – need to continue to spread • Create lead role to monitor coding and documentation • Through this work there has been over $5M of weighted case funding recoveries counted by the resubmitted cases and change in weight to CIHI	• Established Data Science role responsible for building and deploying predictive / prescriptive Machine Learning / Artificial intelligence models • Quality Improvement Course enhancements now cover basics in data analysis for quality improvement and the various tools used to monitor key performance metrics • Unit Quality and Operations Council Terms of Reference refreshed with enhanced language around role of Decision Support to present performance data and the role of Quality and Ops members as data stewards	• Integrated new datasets into data warehouse including Materials, Management and Human Resource data / employee health and absent calls • Enabled PowerBi Cloud Servers to enhance ability to share PowerBI dashboards and embed live dashboards into Webpages • Procured advanced device to train Machine Learning algorithms • Established requirements for server to host and deploy AI and Machine Learning Algorithms	• Implemented HOMRs machine learning algorithm to predict cases at risk of mortality • Refreshed department scorecards to align to new strategic pillars • Implemented Strategic and Operational Priorities' tracker • Implemented machine learning algorithm to predict patient wait-times • Enabled cloud hosting of PowerBi dashboards to integrate dashboards into SharePoint • Implemented real-time electronic huddle board pilot in ED • Developed and testing large language model that can be used for multiple applications and integrated into chat bot / virtual assistant

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BRIEFING NOTE

Date: April 22, 2024
Issue: Staff Innovation Fund –Projects Status 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: Innovation Fund Project – 2nd Edition

Alignment with 2022/23 CMH Priorities:

2022-2027 Strategic Plan No ☐		2024/25 CMH Priorities No ☐		2024/25 Integrated Risk Management Priorities No ☐	
☒	Elevate Partnerships in Care	☒	Improve Patient Flow (PIA, Time to Bed, ALC)	☒	Access to Care
☒	Advance Health Equity	☒	Embrace Diversity, Build a Culture of Inclusion	☒	Business Continuity
☒	Increase Joy In Work	☒	Increase Staff Engagement Through Improved Staffing	☒	Workforce Planning
☒	Reimagine Community Health	☒	Prepare for Digital Health Transformation	☒	Change Management
☒	Sustain Financial Health	☒	Earn the Maximum Eligible PCOP Funding	☒	Revenue & Funding

Executive Summary

After extreme success of the initial launch of the Innovation Fund in 2023 which resulted in the successful execution of four staff projects, the program was relaunched in January 2024. Five projects were shortlisted for the second edition. Four of the five projects have been fully scoped and are now in the execution phase. These four projects are:

1) Enhancing our Emergency Department Tracking Board to automatically identify patients from Retirement Homes, Long Term Care Homes, Continuing Complex Care, Rehab, those from out of catchment and those eligible for Clinical Decision Unit (CDU) to support discharge planning
2) Development of an Acuity Calculator for our Intensive Care Unit to support the identification of staffing needs
3) Improving Histology specimen tracking within our Operating Room, Surgical Day Clinic and Endoscopy Rooms
4) Development of a process to reduce lost patient belongings during their hospital stay

In addition to the above four projects, there is a fifth project that is still in the pre-approval phase as the budget has yet to be fully determined. This project is:

5) Tracking small devices in the Emergency Department to avoid loss / re-purchase. For this project we are exploring a solution that is within the scope of the Innovation Fund budget and will evaluate against other projects, such as the RTLS.

Background:

The CMH Staff Innovation Fund is the result of a collaborative partnership between the Board of Directors and the CMH Foundation. The Innovation Fund is a way to encourage and enable CMH staff to pursue ideas that can enhance patient care and optimize processes. The Innovation Fund's purpose is to provide staff with support, resources, and guidance to help implement staff ideas.

Since first being launched in 2023, the funds supported the successful execution of the following projects:

1) Implementation of Patient Registration Check-in System
2) Electronic Process for Release of Information (ROI) including Secure File Transfer and Electronic Payment Option (note this project was initially submitted as two separate projects but was combined during the execution phase)
3) Improving Resuscitation by using data analytics to inform education to ensure High Quality CPR

Building on the success from the first round of projects, the Innovation Fund was relaunched in January 2024 resulting in 22 staff ideas being submitted.

An evaluation committee with representation from CMH staff, Foundation, Board of Directors, CMH Patient and Family Advisory Council and CMH Leadership (Information Technology, Decision Support, Finance) met to evaluate all 22 submissions. The evaluation committee selected five ideas to shortlist. Shortlisted ideas were all assigned a Project Manager to guide and oversee the scoping phase to determine resource requirements, project schedule and budget for approval. The five shortlisted projects are:

1) Enhancing our Emergency Department Tracking Board to automatically identify patients from Retirement Homes, Long Term Care Homes, Continuing Complex Care, Rehab, those from out of catchment and those eligible for Clinical Decision Unit (CDU) to support discharge planning
2) Development of an Acuity Calculator for our Intensive Care Unit to support the identification of staffing needs
3) Improving Histology specimen tracking within our Operating Room, Surgical Day Clinic and Endoscopy Rooms
4) Development of a process to reduce lost patient belongings during their hospital stay
5) Tracking small devices in the Emergency Department to avoid loss / re-purchase

Analysis:

The five shortlisted ideas with the support of the CMH Project Management Office (PMO) were all advanced to the Project Pre-Approval Scoping Phase. During this phase, the following activities were completed:
1) Identification of key stakeholders
2) Key stakeholder interviews
3) Established detailed Project Scope Statements including projects goals, benefits, key deliverables, project constraints, project resources, project budget and high-level project schedule
4) Completed a Project Risk Assessment

At this stage, all projects with the exception of Project #5-Tracking Small Devices in the Emergency Department, have been advanced to the project execution phase and the full scope and budget have been established.

The project team is continuing to work on establishing a potential solution and final budget for consideration for Project #5. Due to budget constraints, it is possible that Project #5 may need to be put on hold, as it is likely to exceed $5,000 in Net New Project Costs.

Progress on the five innovative projects will be monitored through regular reporting to Director's Council and Senior Executive. The five projects have also been added to our master project tracker, which tracks all corporate projects centrally by the Project Management Office (PMO), the tracker is a standing item review at Director's Council.

Appendix A- provides a summary of the project's timelines, budget and key objectives for each of the five projects as well as any known unmitigated project risks. The budget analysis includes in-kind costs which are incurred from CMH resources supporting the project in-which we are not backfilling or adding new costs for. Net New Costs are costs for backfill and or new minor equipment as a result of the project which is charged to the Innovation Fund. The current projects that are in the execution phase will generate Net New costs of approximately $15,000 of the $20,000 budget for Round Two Projects.

Consultation:

Consultation and guidance for the Innovation Fund Projects has occurred with CMH Board Members through the project evaluation process, CMH Patient and Family Advisory Council and CMH Foundation.

Next steps:

- Continue with the execution of the four approved projects, anticipating completion of all four projects by end of Q2 with the exception of Project #4, Lost Patient Belongings which is anticipated to be completed early Q3.
- Begin planning for an inaugural Innovation Fair, which will showcase the first two rounds of Innovation Fund projects, as well as other innovative projects

Innovation Fund Projects - 2nd Edition

Date: April 2nd, 2024

Overall Status
On Track

Master Project Schedule

Project Name	Q4	Q1	Q2	Q3	Q4
1. ED Tracker Board Improvements (Out of Catchment, LTC/RH/CCC/Rehab, CDU) and Supporting Process	▓	▓			
2. ICU Acuity and Scheduling Calculator and Supporting Process	▓	▓	▓		
3. Small Devices Tracking in ED	▓	▓			
4. Improved Histology Specimen Tracking with OR, SDC and Endo	▓	▓	▓		
5. Develop Process to Reduce Lost Patient Belongings	▓	▓	▓	▓	
Innovation Fair (Oct / Nov)	▓	▓	▓	▓	

Executive Summary

Project Name	Objective	Total Project Cost [1]	Only Net New Costs [2]	Innovation Fund Budget Allocation	Unmitigated Risks
1. ED Tracker Board Improvements	The purpose of the project is to enhance decision making related to patient flow through the ED in real-time by using predictive models to flag eligible patients. All visual cues will act as a trigger to CMH staff to prepare the resources and supports are setup to avoid admission or prevent long LOS.	$ 9,515.19	$ -	$ 4,000.00	No unmitigated risks to report.
2. ICU Acuity Calculator	The project is to develop and implement a scheduling tool based on patient acuity to help optimize staffing within the ICU. The implementation of this tool will result in stronger decision making for staffing, help guide conversations around staffing between leaders, physicians and nursing and ensure that the department is staffed to provide patient care based on acuity.	$ 64,088.00	$ 1,136.42	$ 4,000.00	No unmitigated risks to report.
3. Tracking Small Devices in ED	The purpose of this project is is to be able to track and trace small medical devices and equipment. This would reduce the time spent looking for missing items hospital wide and the need to repurchase if not found.	**Pending**		$ 4,000.00	No defined solution, investigating alternatives
4. Improved Histology Specimen Tracking with OR, SDC and Endo	The purpose of this project is to improve the utility of SmarTrack for the lab and the OR. This will improve workflow in the lab by decreasing the amount of times the MLA will need to physically go and check the pickup locations, especially when waiting on a specific specimen that requires special handling.	$ 14,562.00	$ 7,665.01	$ 4,000.00	No unmitigated risks to report.
5. Reduce Lost Patient Belongings	The purpose of this project is to address accidental loss of patient belongings (excluding patient medications) at Cambridge Memorial hospital. Some items that go missing are medically necessary (e.g., dentures, glasses, hearing aids, etc.) and can create challenges to daily living for patients as well as be costly and time-intensive to replace.	$ 18,986.31	$ 6,214.57	$ 4,000.00	No unmitigated risks to report.

[1] Total Project Cost defined by the cost associated with HRR hours (within normal working hours) + net new costs

[2] Net New Costs are defined as costs associated with HRR hours (outside of normal working hours, backfill) + implementation of new equipment + supporting infrastructure changes"

March/April 2024

Board Report

Chairing Boards Course

Diane Wilkinson and Lynn Woeller are taking part in the Chairing Boards course offered through the Institute of Corporate Directors.

The course aims to Enhance board leadership effectiveness with new skills for building and cultivating productive relationships with the CEO, directors, and other stakeholders.

Influence strategy-setting and optimize organizational performance using proven value-added decision-making approaches.

Improve a Directors ability to prepare for and facilitate highly engaging and effective board meetings with strategic agendas and future-focused presentations.

Participants obtain the necessary skills, insights, and competencies to effectively chair a board. Participants will also develop their ability to effectively lead discussions to boost board effectiveness.

INSTITUTE OF CORPORATE DIRECTORS

THINK BEYOND THE BOARDROOM.

ICCAIR

Bill Conway joined CMH members in honoring Bill Hibbs, Manager of Facilities, as the February ICCAIR recipient. Bill was nominated by multiple members of the CMH Maintenance Team.

International Women's Day

On March 8, 2024, Nicola Melchers, Sara Alvarado, and Monika Hempel attended the International Women's Day event "Creating a more diverse and socially inclusive community" with Fauzia Baig, Director, Equity, Diversity and Inclusion at Waterloo Region.

Probus Speaker

Patrick Gaskin participated in a fireside discussion alongside Miles Lauzon, discussing hospital initiatives with the Probus Club. Tom Dean joined the gathering as well. Following the discussion, Patrick actively fielded questions from the audience during a Q&A session.

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Unconscious Bias

On Saturday April 6, 2024, members of the Board of Directors and member of our Board Committees attended a full day learning session for Unconscious Bias. Here is what folks are talking about:

"The facilitator provided a safe space for everyone"

"Exceeded expectations"

"Very insightful, engaging and open"

"It changed how I think about bias and allowed the space to develop new skills"

Director and Officer Liability for Cyber Attacks Session

In today's evolving digital landscape, understanding and addressing cyber risks are paramount for directors. On February 21, 2024 Lynn Woeller, Sara Alvarado and Monika Hemple attended a webinar on "Director and Officer Liability for Cyber Attacks" The session was led by Julie Himo and Molly Reyonlds, examining recent developments in corporate liability for directors and officers related to cybersecuitry incidents. Topics of this session included:

- Latest trends in corporate liability for cybersecurity.
- Best practices in assessing and mitigating cyber risk.
- Effective internal and external communication on vulnerabilities.
- Proactive strategies for responding to cyber incidents and safeguarding organizational integrity.

INSTITUTE OF CORPORATE DIRECTORS

THINK BEYOND THE BOARDROOM.

Grand Rounds

Tom Dean and Bill Conway attended the Cambridge Memorial Grand Rounds on Thursday February 22, 2024 presented by Ahmad Raed Tarakji.
The focus of the Grand Rounds for February was Acute Kidney Injury (AKI): Awareness, Kindness & Ingravescence". Learning objectives included defining AKI, preventing & minimizing kidney insult, indications to consult a Nephrologist.

Bill Conaway attended the Cambridge Memorial Hospital Grand Rounds on Thursday March 28, 2024 presented by Dr. Mei Lucy Yang.
The focus of the Grand Rounds for March was "Bummer! An approach to Benign Anorectal Disease". Learning objectives included how to isolate the cause based on symptoms, red flag symptoms that warrants urgent referral or ER visit. And what can be done to help patients waiting for a specialist consultation.

Bill Conway, Tom Dean & Sara Alvarado attended the Cambridge Memorial Hospital Grand Rounds on Thursday April 25, 2024 presented by Dr. Manjulata Rajguru.
The focus of the Grand Rounds for April was "Let's talk Autism – April is world Autism month" Learning objectives included understanding Autism, diagnostic approach, and resources in the Community.

Keep an eye on your inbox for future invitations.

Iftar Event

Patrick Gaskin and Nicola Melchers were invitied to Iftar at the Islamic School of Cambridge during the month of Ramadan.

ISLAMIC CENTRE OF CAMBRIDGE

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MARCH 11 - APRIL 9, 2024

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OHA

OHA is hositng the annual Health Care Leadership Summit from May 1 – 3 in Toronto. Nicola Melcher, Lynn Woeller, Julia Goyal and Patrick Gaskin will be taking part in the event. It's an opportunity for health care leaders to come together to connect, share and engage in thought-provoking conversation about the future of our health system. The summit will encourage new thinking on the role of hospitals and the redesign of care needed for the health system of tomorrow.

*final**thoughts...***

Career Achievement

On April 22, 2024 CMH held the annual Career Achievement event. Bill Conway, Sara Alvarado, Miles Lauzon, and Diane Wilkinson took part in the celebrations.

Diane spoke on behalf of the Board of Directors, even celebrating with receipents she has come to know over the years.
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Good Morning Cambrdige

Patrick Gaskin and Bill Conway attended the Good Morning Cambridge Breakfast featuring a captivating conversation with two noteworthy individuals: Paul Born and Scott Higgins. Together, they engaged in a dialogue with President and CEO Greg Durocher, exploring the fascinating evolution of business over the past century.
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Board Video Stats

Published Feb. 8; deleted March 1
Advertising
- CMHnet
- Media release: generated one media story - 570 News; Feb. 16 (LINK)

Stats
- 25 views (down; normal is 60-85)
  - 21 unique viewers (some watched it more than once)
  - 8 returning viewers (i.e., have visited channel before)
- 4.4 hours total watch time (1.4 hours higher)
  - Average view duration 10'35" (+ 9'26" - exceptional)
- 50% of traffic came from SharePoint (i.e., CMHnet)
  - 43% came from Google Search

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BRIEFING NOTE

Date: March 14, 2024
Issue: Governance Committee Report to Board of Directors March 14, 2024 - OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Stephanie Fitzgerald, Administrative Assistant
Approved by: Patrick Gaskin - President & CEO, Miles Lauzon - Governance Committee Chair

Attachments/Related Documents: None

A meeting of the Governance Committee took place on Thursday March 14, 2024 at 1700 hours.

<u>Attendees</u>: M. Lauzon (Chair), J. Goyal, M. McKinnon, J. Stecho, A. Stewart B. Conway,

<u>Staff Present</u>: P. Gaskin, S. Pearsall

<u>Regrets:</u> M. Protich

Committee Recommendations/Reports – Board Approval Sought

That, the Board of Directors approves the following policies as amended.
2-D-06 Board Meeting Agenda
2-C-34 Approval & Signing Authority

Approved Committee Recommendations/Motions:

MOTION: (Stewart/Conway) that, following review and discussion of the information provided, the Governance Committee of the Board recommends to the Board of Directors that the following policies be approved as amended as discussed at the meeting: **CARRIED.**
2-D-06 Board Meeting Agenda
2-C-34 Approval & Signing Authority

Committee Motions/Recommendations/Report – Board Approval Not Sought

MOTION: (Goyal/Conway) **that,** the consent agenda be approved as circulated. **CARRIED**.
- Minutes of February 21, 2024
- Committee & Board Attendance Reports
- Policy Schedule Review
- Governance Work Plan
- Action Log

Committee Matters – For information only.

1. **Welcome & Territorial Acknowledgement:** J. Stecho presented the Territorial Acknowledgement and shared personal reflections.
2. **Policy Reviews and Approvals:** The Governance Committee reviewed (1) one new policy and (2) returning policies as pre-circulated in the meeting agenda package. 2-D-55 Hospital Naming Policy will be brought back to the May Governance meeting once reviewed further with the CMHF.
3. **Board/Committee Feedback Reports Review:** The Governance Committee reviewed the feedback reports from the February Board and Committee meetings. There were no concerns.
4. **Proposed Regulatory Amendments Under the Fixing Long-Term Care Act, 2021:** The Ministry of Long-Term Care (Ministry) proposed amendments to Ontario Regulation 246/22, focusing on staffing, pandemic recovery, and technical clarifications. Key proposals, as noted in the Ministry's Regulatory posting. The proposal aims to enhance care quality and streamline administrative processes, with most amendments expected to be effective from July 1, 2024. The OHA will continue to monitor for developments and advise members of any updates. Management will continue to update the Governance Committee as new information is provided.
5. **Navigating Compliance with Bill S-211: Essential Guidelines for Annual Reporting:** The Governance Committee reviewed the pre-circulated briefing note provided in the meeting package. CMH Management has engaged both the OHA and other regional partners procurement managers over the last few months, to work on figuring out if hospitals do in fact meet the criteria that requires annual reporting and engaged its customs broker to find the number of items currently imported to CMH and will send the information to Legal for review. If CMH meets the three criteria required to be an entity and imports goods into Canada (or produces, sells, or distributes goods in Canada or elsewhere), CMH will be subject to the annual reporting obligations set out in the Act.
6. **Federal Bill to Delay Expansion of MAID Receives Royal Assent:** On February 29, 2024, Bill C-62: An Act to amend An Act to amend the Criminal Code (medical assistance in dying), No. 2 received Royal Assent. The passing of this Bill means the expansion of medical assistance in dying (MAID) to those with a mental disorder as their sole underlying medical condition (MD-SUMC), which was originally scheduled to occur on March 17, 2024, has now been delayed for three years, until March 17, 2027. The Bill will also require a comprehensive review of MAID MD-SUMC to be undertaken by a Joint Committee of both Houses of Parliament and this review must commence by no later than February 29, 2026. Bill C-62 does not require the Committee to prepare a report on its review, but if a report is prepared, it must be tabled before each House of Parliament. The OHA will continue to monitor for developments on MAID and advise members of any updates. Management will continue to update the Governance Committee as new information is provided.

BRIEFING NOTE

Date: April 18, 2024
Issue: Quality Committee Report to the Board of Directors, April 17, 2024 – OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Iris Anderson, Administrative Assistant to Clinical Programs
Approved by: Diane Wilkinson, Quality Committee Chair

Attachments/Related Documents: None

A meeting of the Quality Committee took place on Wednesday, April 17, 2024 at 0700 hours

<u>Attendees:</u>	D. Wilkinson (Chair), K. Abogadil, M. Adair, P. Brasil, C. Bulla, B. Conway, N. Gandhi, J. Goyal, M. Hempel, R. Howe, Dr. W. Lee, A. McCarthy, T. Mohtsham S. Pearsall
Staff Present:	L. Barefoot, M. Iromoto
Regrets:	P. Gaskin
Observer:	S. Beckhoff
Guests:	D. Didimos, M. Berry, M. Rowe, Dr. A. Sharma, L. Costa, N. Evans, L. Peacock, J. Brunsveld

Committee Recommendations/Reports – Board Approval Sought
  None

Committee Motions/Recommendations/Report – Board Approval Not Sought
  MOTION: (McCarthy/Adair) **that**, the Minutes of February 21, 2024 were approved. **CARRIED**

Committee Matters – For information only
  1. **Program Presentation: Mental Health (MH)**: A program overview was provided (see Package 2). It was reported that Inpatient admission volumes were lower than usual (throughout the region as well). 20.3 avg pts per day (~ 81% occupancy). The Electroconvulsive (ECT) program was re-started in May 2023. Fiscal year to date, approximately 360 patients have been treated with ECT; the goal is to reach 500 patients. MH services have expanded the ECT program to the MH Outpatient unit. CMH is working with GRH, on a seamless transition, to support patients with ECT. Due to staff changes, the PTSDE program was put on hold as CMH did not have enough trained staff to run the program. Over the past year, the MH program supported sending two staff members to be trained in Cognitive Processing Therapy (evidence-based PTSD treatment). This has

allowed the PTSDE program to re-start. Post pandemic, MH Day Hospital working groups have reinstated many leisure activities, and terrace and gym privileges; however, day passes are currently on hold. In regard to a past critical incident, the recommendations, improvements and lessons learned from the event were: Q15 minutes checks regularly conducted, audits conducted on observations, CCTV footage reviewed, patients that are higher risks are assigned rooms that are closer to the nursing station, eliminating day passes have shown a decrease in Code Yellow (missing persons), the larger space in the new MH unit (within the new wing) allow for more interactions; the staff appreciate the brightness coming through the bigger windows of the new space. Discussion took place regarding pathways to Family and Child Services – how to navigate from community into hospital. In response, the MH team spoke of the pathways in place, information available via CMH website, accessing resources currently in place rather than visiting the ED. Additional services provided by neighbouring hospitals and community partners was also shared. CMH collaborates with social workers from schools as well as Family/Child clinicians who also liaise with schools. The MH team discussed the work being done to communicate a more direct pathway and to decrease public perception of a complicated process. Discussion was had regarding geriatric care for mental health patients and the supports provided identifying Lang's Community Health Center as a valuable partner.

Program Presentation: Food Services (FS): A program overview was provided (see Package 2). As part of the Food Services presentation, breakfast was provided by the department. Each Committee member pre-selected their meal by using the CBORD Patient App. CMH starting using this meal choice App November 1, 2024. Patients are able to download the App on their personal devices and choose their menu items according to their specific diet. CMH was the first hospital in Canada to use the CBORD App. Between 150 to 170 people are served daily per meal. CMH expects a decrease in food waste and an increase in patient satisfaction. Management is working on initiatives to further promote this CBORD App. Another food option (for staff and visitors) is Kitchenmate. This vendor provides fresh food options via App. Staff can choose meals they would like to select in the fridge for the upcoming week. As Tim Horton's is not open 24/7, Kitchenmate gives people, who work evening/night shifts the opportunity to have a hot meal. Positive feedback received from staff. Kitchenmate vending is at cost for staff. CMH has received 4% of sales from Kitchenmate and 50% from the other snack vending machines.

2. **Trillium Gift of Life Network (TGLN) Appreciation Letter**: A copy of the TGLN Appreciation Letter was pre-circulated to the Committee. Refer to package 2.
3. **Waterloo-Wellington Research Ethics Board (WWREB) Annual Report**: A copy of the WWREB Annual Report was pre-circulated to the Committee. Refer to package 2.
4. **Quality Monitoring Scorecard:** A copy of the briefing note and Quality Monitoring Scorecard were pre-circulated to the Committee.
5. **CNE Report**: Ms. Pearsall provided clinical programs update. The full CNE report is available in package 2.

BRIEFING NOTE

A meeting of the Audit Committee took place on Monday, April 22, 2024 at 1700h

Present: Monika Hempel (Chair), Bonita Bonn, Paulo Brasil, Bill Conway, Roger Ma, Scott Merry, Brian Quigley, Jay Tulsani, Chris Whiteley

Regrets:

Staff: Liane Barefoot, Trevor Clark, Lisa Costa, Patrick Gaskin, Mari Iromoto, Valerie Smith-Sellers

Guests:

Committee Recommendations/Reports – Board Approval Sought

None

Committee Motions/Recommendations/Report – Board Approval Not Sought

MOTION: (Tulsani/Bonn) **that,** the agenda is confirmed as circulated. **CARRIED.**

MOTION: (Tulsani/Brasil) **that**, the consent agenda be approved as circulated. **CARRIED.**
       4.4.1 Minutes of January 22, 2024
       4.4.2 Audit Committee Attendance Report
       4.4.3 Designated Broader Public Sector (BPS) Organizations
       4.4.4 Renegotiated Natural Gas Contract
       4.4.5 Action Log

Committee Matters – For information only

1. **Audit Committee Structure Update**
   The changes to the Audit Committee structure, as a result of the introduction of Bill 91, were highlighted. In keeping with the Bill 91 language concerning the composition of audit Committees, and further to a webinar hosted by the OHA and BLG, voting members of the CMH Audit Committee must be directors of the corporation, and non-director Audit Committee members will be non-voting resources going forward. This structure may be

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re-evaluated if further government clarification/direction is received. Two directors have been added to the Audit Committee, in addition to the two existing directors, and CMH looks forward to the continued robust, meaningful contributions of its non-director Audit Committee members. M. Hempel thanked all members of the CMH Audit Committee.

BRIEFING NOTE

Date: April 25, 2024
Issue: Resources Committee Report to Board of Directors April 22, 2024 OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Bonnie Collins, Administrative Assistant
Approved by: Lynn Woeller – Chair, Valerie Smith-Sellers - Director Finance

Attachments/Related Documents: None

A meeting of the Resources Committee took place on Monday, April 22, 2024 at 1700h

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

Regrets:

Staff: Liane Barefoot, Trevor Clark, Lisa Costa, Patrick Gaskin, April McCulloch, Valerie Smith-Sellers, Dr. Winnie Lee

Guests:

Committee Recommendations/Reports – Board Approval Sought

None.

Committee Motions/Recommendations/Report – Board Approval Not Sought

THAT, the items on the consent agenda be approved as circulated. (Peppler-Beechey/Richter)
CARRIED.
>   4.4.1 Minutes of February 26, 2024
>   4.4.2 Resources Committee Attendance Report
>   4.4.3 Q4 CEO Certification of Compliance
>   4.4.4 Action Log

Committee Matters – For information only

None.

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BRIEFING NOTE

Date: March 13, 2024
Issue: Executive Committee Report to Board of Directors March 12, 2024 - OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Stephanie Fitzgerald, Administrative Assistant
Approved by: Nicola Melchers, Executive Chair & Patrick Gaskin, President & CEO

Attachments/Related Documents: None

A meeting of the Executive Committee took place on Tuesday, March 12, 2024 at 1700 hours.

<u>Attendees</u>: N. Melchers (Chair), T. Dean, M. Hempel, D. Wilkinson, L. Woeller

<u>Staff Present</u>: P. Gaskin, Dr. W. Lee

<u>Regrets</u>:

Committee Recommendations/Reports – Board Approval Sought

None

Approved Committee Recommendations/Motions:

MOTION: that, the Executive Committee approves the CEO survey tool, timetable and participant list as amended. (Wilkinson/Dean) **CARRIED**.

MOTION: that, the Executive Committee approves the COS survey tool, timetable and participant list as amended. (Woeller/Hempel) **CARRIED.**

MOTION: That the Executive Committee approves the succession planning strategy for the President & CEO as presented. (Dean/Wilkinson) **CARRIED**

Committee Motions/Recommendations/Report – Board Approval Not Sought

MOTION: (Dean/Wilkinson) **that,** the consent agenda be approved as amended. **CARRIED**
Minutes of November 14, 2023 & February 8, 2024
Executive Attendance Report
Executive Committee Work Plan 2023/24
Action Log

Committee Matters – For information only.

1. **Welcome & Territorial Acknowledgement**
   Ms. Melchers presented the Territorial Acknowledgement and shared personal reflections.
2. **Executive Committee Feedback Survey Results**
   The Committee reviewed the comments provided from the November 2023 meeting. Ms. Melchers thanked the committee for their feedback.
3. **CEO Performance Review Outline**
   The Executive Committee reviewed and approved the 2023/24 CEO Performance Participant list with amendments, proposed timeline and timing and responsibilities for the CEO Performance Evaluation, and the survey tool with amendments. The survey will be distributed in April 2024 and reviewed by the Executive Committee at the May 2024, and brought forward to the June 2024 Board of Directors meeting.
4. **COS Performance Review Outline**
   The Executive Committee reviewed and approved the 2023/24 CEO Performance Participant list with amendments, proposed timeline and timing and responsibilities for the CEO Performance Evaluation, and the survey tool with amendments. The survey will be distributed in April 2024 and reviewed by the Executive Committee at the May 2024, and brought forward to the June 2024 Board of Directors meeting.
5. **CEO Goals for 2024/25**
   The Executive Committee reviewed the proposed 2024/25 CEO goals framed by the strategic pillars. The committee provided Mr. Gaskin with feedback related to the proposed goals and alignment of the performance based compensation. Based on the feedback provided, the goals and performance based compensation will be revised and brought forward to the committee for approval at the May 2024 meeting.
6. **COS Goals for 2024/25**
   The Executive Committee reviewed the proposed 2024/25 COS goals framed by the strategic pillars. The committee provided Dr. Winnie Lee with feedback related to the proposed goals and alignment of the performance based compensation. Based on the feedback provided, the goals and performance based compensation will be revised and brought forward to the committee for approval at the May 2024 meeting.
7. **Succession Planning for President & CEO**
   The Executive Committee reviewed and discussed the succession planning strategy for the President & CEO. The Executive Committee approved and is comfortable with the approach.
8. **Succession Planning for Chief of Staff**
   The Executive Committee reviewed and discussed the succession planning strategy for the Chief of Staff. The Executive Committee approved and is comfortable with the approach.

BRIEFING NOTE

Date: March 19, 2024
Issue: MAC Credentials & Privileging February 2024
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: Credentialing Files for Review February 2024

Alignment with 2024/25 CMH Priorities:

2022-2027 Strategic Plan No ☐	2024/25 CMH Priorities No ☐	2024/25 Integrated Risk Management Priorities No ☐
☐ Elevate Partnerships in Care	☐ Improve Patient Flow (PIA, Time to Bed, ALC)	☐ Access to Care
☐ Advance Health Equity	☐ Embrace Diversity, Build a Culture of Inclusion	☐ Business Continuity
☐ Increase Joy In Work	☐ Increase Staff Engagement Through Improved Staffing	☐ Workforce Planning
☐ Reimagine Community Health	☐ Prepare for Digital Health Transformation	☐ Change Management
☐ Sustain Financial Health	☐ Earn the Maximum Eligible PCOP Funding	☐ Revenue & Funding

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A meeting of the Medical Advisory Committee took place on Tuesday March 19, 2024, at 4:30 pm.

Present: Dr. W. Lee, Dr. J. Legassie, Dr. A. Mendlowitz, Dr. J. Bourgeois, Dr. T. Holling, Dr. A. Nguyen, Dr. M. Kumanan, Dr. L. Puopolo, Dr. A. Sharma, Dr. I. Isupov, Dr. K. Wadsworth, C. Witteveen, Dr. V. Miropolsky, Dr. L. Green, Dr. B. Courteau, Dr. E. Thompson,

Regrets: Dr. M, Rajguru, Dr. I. Morgan, Dr. M. Runnalls,

Staff: Dr. R. Taseen, P. Gaskin, K. Leslie, S. Pearsall, M. Iromoto, N. Grealy (Recorder)

Guests: D. Wilkinson, C. Wilson

Committee Recommendations/Reports – Board Approval Sought

Proposed Board Motion:

WHEREAS due diligence was exercised in reviewing the following privileging applications from the February 2024 Credentials Committee and upon the recommendation of the MAC, that the Board approve the following privileging applications.

Approved Committee Recommendations/Motions:

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

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

Credentialing Committee

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Date of Meeting: February 27, 2024

MAC Meeting Date: March 19, 2024

Board of Directors Meeting Date: May 1, 2024

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New Business:

Credentialing Files for Review:

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Ghedira Skander	Internal Medicine	Oncology	Associate	New Hire starting February 19, 2024	Dr. A. Nguyen	☐ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Sean Leonard	Women & Children	Pediatrics	Associate **>** Courtesy with admitting	Requesting to transition from associate to courtesy	Dr. M. Rajguru	☐ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Dimitar Kolev	Emergency Dept		Locum **>** Associate	New associate physician starting February 15, 2024	Dr. M. Runnalls	☐ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Fan Jiang	Surgery	Regional Spine Surgeon	Locum	Requesting locum privileges February 7/24 – February 6/25	Dr. L. Green	☐ Recommended ☐ Recommended with comments ☐ Not Recommended
Name	**Department**	**Specialty**	**Appointment**	**Reason**	**Supervisor**	**Recommended/Not Recommended**
Dr. Alisa Lagrotteria	Internal Medicine		Locum	Requesting locum privileges February 15, 2024 – December 31, 2024	Dr. A. Nguyen	☐ Recommended ☐ Recommended with comments ☐ Not Recommended

BRIEFING NOTE

CAMBRIDGE MEMORIAL HOSPITAL

Date: **April 10, 2024**
Issue: **MAC Credentials & Privileging March 2024**
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: **Credentialing Files for Review March 2024**

Alignment with 2024/25 CMH Priorities:

2022-2027 Strategic Plan No ☐	2024/25 CMH Priorities No ☐	2024/25 Integrated Risk Management Priorities No ☐
☐ Elevate Partnerships in Care	☐ Improve Patient Flow (PIA, Time to Bed, ALC)	☐ Access to Care
☐ Advance Health Equity	☐ Embrace Diversity, Build a Culture of Inclusion	☐ Business Continuity
☐ Increase Joy In Work	☐ Increase Staff Engagement Through Improved Staffing	☐ Workforce Planning
☐ Reimagine Community Health	☐ Prepare for Digital Health Transformation	☐ Change Management
☐ Sustain Financial Health	☐ Earn the Maximum Eligible PCOP Funding	☐ Revenue & Funding

A meeting of the Medical Advisory Committee took place on Wednesday April 10, 2024, at 4:30 pm.	
Present:	Dr. W. Lee, Dr. J. Legassie, Dr. A. Mendlowitz, Dr. J. Bourgeois, Dr. T. Holling, Dr. A. Nguyen, Dr. M. Kumanan, Dr. L. Puopolo, Dr. A. Sharma, Dr. I. Isupov, Dr. K. Wadsworth, C. Witteveen, Dr. V. Miropolsky, Dr. L. Green, Dr. B. Courteau, Dr. E. Thompson,
Regrets:	Dr. M, Rajguru, Dr. I. Morgan, Dr. M. Runnalls,
Staff:	P. Gaskin, K. Leslie, S. Pearsall, M. Iromoto, N. Grealy (Recorder)
Guests:	D. Wilkinson, C. Wilson

Committee Recommendations/Reports – Board Approval Sought

Proposed Board Motion:

WHEREAS due diligence was exercised in reviewing the following privileging applications from the February 2024 Credentials Committee and upon the recommendation of the MAC, that the Board approve the following privileging applications.

Approved Committee Recommendations/Motions:

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

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

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

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

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

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

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

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

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

MOTION: (Sharma, Holling) that the Department of Surgery Division of Surgical Assist Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

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

MOTION: (Sharma, Holling) that the Department of Women and Children, Division of Pediatrics Reapplication credentialing files be approved as distributed. None opposed. **CARRIED.**

Credentialing Committee

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Date of Meeting: March 26, 2024

MAC Meeting Date: April 10, 2024

Board of Directors Meeting Date: May 1, 2024

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New Business:

Credentialing Files for Review:

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Stephanie Herman	Surgery	Surgical Assist	Locum	Requesting Locum privileges effective April 1, 2024 – March 31, 2025	Dr. L. Green	☐ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Brett Brownlee	Internal Medicine	Nephrology	Associate	Resignation of privileges effective May 31, 2024	Dr. A. Nguyen	☐ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Emma Pollard	Women & Children	OBGYN	Active	Maternity leave effective July 1, 2024 – December 31, 2024	Dr. A. Mendlowitz	☐ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Marinela Grabovac	Women & Children	OBGYN	Locum	Requesting extension of locum privileges from September 1, 2024 – January 31, 2025	Dr. A. Mendlowitz	☐ Recommended ☐ Recommended with comments ☐ Not Recommended
Name	**Department**	**Specialty**	**Appointment**	**Reason**	**Supervisor**	**Recommended/Not Recommended**
Dr. Paul Nicholas	Surgery	Surgical Assist	Locum	Requesting locum privileges effective April 1, 2024 – March 31, 2025	Dr. L. Green	☐ Recommended ☐ Recommended with comments ☐ Not Recommended

2024-25 E-Reappointment Applications for Approval
Department of Anesthesia

Klahsen	Andrew	Active
Hindle	Mark	Active

Credentialing Committee

Hindle	Ada	Active
Biswas	Iqbal	Active
El Alfy	Ahmed	Active
Puopolo	Laura	Active
Westacott	Paul	Active

Department of Community & Family Medicine

Kumanan	Mekalai	Active
Callaghan	Siobhan	Active
Cekan	Daniel	Affiliate
Delorme	Alison	Affiliate
Alavi	Shazia	Affiliate
Dissanayake	Chris	Active
Eskander	Maria	Affiliate
Fonseka	Gayani	Active
Geddes	Jay	Active
Germano	Mark	Active
Herrera	Christine	Active
Hollowell	Jill	Associate
Hondubrata	Linda	Active
Jakda	Almas	Active
Klomfass	Mathias	Active
Mashhadi	Sana	Associate
Matsuda	Maria	Affiliate
McMurrich	James	Affiliate
Parker	Elaine	Active
Pichna	Branislav	Affiliate
Albrecht	Craig	Active
Benjamin	Prabhu	Affiliate
Costin	Ioana	Associate
Pengelley	Sarah	Active
Riesberry	Martha	Associate
Sahota	Jaskarn	Affiliate
Schurter	Melissa	Active
Smith	Andrew	Affiliate
Whan	Deborah	Active
Yakoub	Emad	Affiliate

Department of Diagnostic Imaging

Jan	Edgar	Active
Isupov	Inga	Active

Department of Hospital Medicine

Al Sawi	Mohamed	Associate
Mathai	Shyla	Active

Credentialing Committee

Patel	Minta	Active
Sabieh	Sadieh	Active
Swekla	Michaela	Active
Ponoran	Tudor	Active
Covalcic	Catalina	Active
Mathew	Jasmin	Active
Sehl	John	Active

Department of Laboratory Medicine

Bourgeois	Jacqueline	Active

Department of Dental/Oral Surgery

Uppal	Sanjay	Active

Department of Surgery

Bindlish	Vinita	Courtesy with Admitting
Green	Lawrence	Active

Department of Surgery
Surgical Assist

Daly	Joyce	Active
Znamirowski	Anna	Active

Department of Women & Children
Obstetrics & Gynecology

Ahimbisibwe	Asa	Active
Green	Jeremy	Active
Mendlowitz	Ariel	Active
Pollard	Emma	Active

Department of Women & Children
Pediatrics

Arndt	Emily	Associate
Martinez Motta	Jose Carlos	Active

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BRIEFING NOTE

CAMBRIDGE MEMORIAL HOSPITAL

Date: March 19, 2024
Issue: MAC Report to the Board of Directors March 2024 OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Dr. Winnie Lee, Chief of Staff
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: None Attached

Alignment with 2024/25 CMH Priorities:

2022-2027 Strategic Plan No ☐	2024/25 CMH Priorities No ☐	2024/25 Integrated Risk Management Priorities No ☐
☒ Elevate Partnerships in Care	☐ Improve Patient Flow (PIA, Time to Bed, ALC)	☒ Access to Care
☐ Advance Health Equity	☐ Embrace Diversity, Build a Culture of Inclusion	☐ Business Continuity
☒ Increase Joy In Work	☒ Increase Staff Engagement Through Improved Staffing	☐ Workforce Planning
☐ Reimagine Community Health	☒ Prepare for Digital Health Transformation	☒ Change Management
☐ Sustain Financial Health	☐ Earn the Maximum Eligible PCOP Funding	☐ Revenue & Funding

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A meeting of the Medical Advisory Committee took place on Tuesday March 19, 2024, at 4:30 pm.

Present: Dr. W. Lee, Dr. J. Legassie, Dr. A. Mendlowitz, Dr. J. Bourgeois, Dr. T. Holling, Dr. A. Nguyen, Dr. M. Kumanan, Dr. L. Puopolo, Dr. A. Sharma, Dr. I. Isupov, Dr. K. Wadsworth, C. Witteveen, Dr. V. Miropolsky, Dr. L. Green, Dr. B. Courteau, Dr. E. Thompson,

Regrets: Dr. M, Rajguru, Dr. I. Morgan, Dr. M. Runnalls,

Staff: Dr. R. Taseen, J. Visocchi, Dr. K. Nuri, P. Gaskin, K. Leslie, S. Pearsall, M. Iromoto, N. Grealy (Recorder)

Guests: Dr. S. Nayan, D. Wilkinson, C. Wilson

Committee Matters – For information only

1. **M&T Report:** The February M&T report was approved by MAC **(Mendlowitz, Legassie)**

2. **COVID-19 and Infectious Disease Update**
Dr. K. Nuri provided a COVID-19 and infectious disease update. COVID-19 activity is projected to decrease while Influenza activity is projected to increase, as expected seasonal. RSV activity is projected to decrease. There has been a lot of attention to Measles, with 8 confirmed cases reported in Ontario in 2024. This was largely seen in unimmunized children and adults and seen in those with travel (i.e. acquisition of measles outside of Canada). There has been work on

regional preparedness. Region of Waterloo Public Health has been working with primary care providers with testing in the community and working with hospitals to support any confirmed cases. Physician Advisories from Public Health were recently released and will be shared with MAC, in addition to the new CMH policy for Measles – "Post Exposure IVIG administration" that helps support patients sent into hospital by Public Health for the administration of IVIG post Measles exposure.

3. McMaster Faculty Letter

Dr. S. Nayan jointed MAC to present a jointly developed CMH-McMaster University letter to welcome new privileged CMH staff to join the McMaster University faculty. Learnings from recent recruitment at CMH has shown that early introduction of McMaster University faculty appointment has been welcomed by incoming staff. The letter provides an overview of the teaching and mentorship, professional development, staff community and research opportunities as a faculty at McMaster University. Overall, it helps supports medical education at CMH and engagement of new CMH staff to the vast opportunities at CMH as a McMaster University teaching site. The letter is a pilot or "first" at CMH, with other Waterloo Wellington hospital teaching sites interested in adopting a similar letter/process based on the CMH experience. There was positive feedback from MAC for the CMH-McMaster University letter as a recruitment tool. There was the suggestion to revise the letter to be used at the early recruitment phase of staff to CMH, to help inform potential staff of the McMaster University opportunities, which will be an action item for Dr. Nayan and Dr. W. Lee.

4. Cancer Surgery Quality Indicator Report 2023

Dr. L. Green presented the 2023 Cancer Surgery Quality Indicator Report. Dr. L. Green commented that the Report was overall to be commended, with no outliers in Common Indicators (30-day mortality rate, 90-day mortality rate, 30-day unplanned hospital visit rate, blood transfusion rate, albumin transfusion rate, Head and neck (HNK)-DC and Gyne-DC cases performed at a non-designated centre). Similarly, for Disease-Site Specific Indicators (Breast, Colorectal, Gastric, Gynecological, HNK, and Prostate), there was only one indicator (1 or 18 indicators) that was considered an outlier. The Proportion of pT2 and pT3 prostate cancer patients with positive margins after radical prostatectomy (pT3 only at CMH) was considered an outlier. However, it was cited the small number of cases (2-3 per year) contributed to this outlier indicator. The small number of cases will be reviewed for additional learnings. Dr. Bourgeois and Dr. L. Green both identified a trend for positive margins for breast cancer surgery patients, but noting that CMH was not an outlier. Dr. L. Green noted this as a takeaway for review. Dr. L. Green also noted that there was improvement since the prior year's Cancer Surgery Quality Indicator Report which identified CMH as an outlier for nephrectomy surgical cases for positive nodes. But through collaborative work with Dr. Bourgeois, this has since been addressed.

5. Patient Relations Policy

Dr. W. Lee shared the Patient Relations Policy which was introduced to MAC in October 2023. Reminder to the Chiefs are responsible for reviewing the complaint and provide a response/update to the Patient Experience Lead within 2 weeks. There have been some recent patient complaint cases that has escalated to the COS as there was no update provided within this time period. Additionally, feedback on the process from Chiefs will be shared with L. Barefoot, Director of Patient Experience, Quality, Privacy, Risk & IPAC. The Patient Relations Policy is still relatively new and ongoing feedback on the process is important.

6. QI Initiative Project

Dr. A. Nguyen introduced Dr. R. Taseen who developed and shared with MAC a QI project that aims to determine access (adequacy and timeliness) to Pulmonary Function Tests (PFTs) for CMH patients with COPD and asthma. Dr. R. Taseen discussed that COPD and asthma are

common respiratory disease that comprise a high volume of patients admitted to CMH and is funded thru the Quality Based Procedures (QBP) pathway for care. CMH has struggled recently with quality metrics in case in COPD with respect to lengths of stays and readmission rates. PFTs is an important test utilized for diagnosis and ongoing management of these patients. Without the PFT testing, it leads to misdiagnosis, unnecessary treatment, and poor outcomes. PFTs help confirm the diagnosis and allows for grading the severity of disease. For COPD patients, PFTs is associated with more appropriate medication, reduced hospital admission rates and reduced mortality. The QI project data will be used to potentially improve CMH's PFT utilization and access to PFTs, in addition to improving the delivery of care in CPOD and asthma patients in our community. There was positive support for Dr. R. Taseen's QI project. There was the suggestion by Dr. J. Legassie to include no-show rate as part of the project, as that can contribute to PFT utilization and diagnosis. There was MAC endorsement of Dr. R. Tassen's QI project and he will follow-up with S. Pearsall for research ethics/privacy approval.

The QI Project was endorsed by MAC **(Nguyen, Legassie)**

7. CL Psychiatry Referral Process

Dr. A. Sharma provided an update on the Consult Liaison (CL) service which now includes a CL nurse role that supports a Mental Status exam and assessment for admitted patients and the Emergency Department. The CL nurse works closely with the CL on-call psychiatrist to provide consultative services to admitted and ED patients. A process for consulting the CL nurse was shared in a pre-circulated briefing note in the MAC package. Dr. J. Legassie did raise a challenge with timely CL consults for admitted medicine patients. Dr. A. Sharma asked that the process for CL service to be shared broadly and that she would follow-up with Dr. J. Legassie separately on the access for Hospitalist patients.

8. CEO Report

P. Gaskin's CEO report was pre-circulated in the MAC package. P. Gaskin made special recognition of Dr. S. Geddes's many contributions to CMH, with a beautiful service and celebration of life held on March 9 in Cambridge with his passing this month. Summary of the activities on CMH's 2022-2027 Strategic Plan was shared:

1. Increase Joy in Work – Celebrations of Ramadan Mubak in March and start of the Employee Engagement and Indigenous Council in April. Spirit work is still available for staff.
2. Sustain Financial Health – Jan YTD $2.6M deficit but plan to be balanced/surplus by March 31, 2024 due to one-time funding from MOH. Balanced 2024/2025 budget approved by the Board, with a capital budget approved as well, which will include the first investments for a new HIS. Nuclear Medicine also opened their new space in February 2024.
3. Advance Health Equity – This year's QIP includes staff training for Rainbow Health with a goal of 350 Staff in 2024/2025.
4. Elevate Partnerships in Care – Quality & Patient Safety Plan approved by the Board and approved QIP. Increased pressures on CMH and the system, including the ED and ALCs. As part of quality improvement across the organization, 5 AEDs were added in public spaces across CMH.
5. Reimagine Community Health – First meeting of the Environmental Sustainability Committee held this month, providing a roadmap for CMH in its role in climate change. The Digital Health Plan was approved this month and HIS negotiations continue alongside finance work underway to support it.

Dr. W. Lee did comment that there has been significant efforts on the Elevate in Partnerships in Care pillar, particularly on access and flow.

9. CNE Report
S. Pearsall's CNE report was pre-circulated in the MAC package. Highlights include efforts on students across the organization through various programs, with focus on conversion rates of students to recruitment of staff. Pressures across the organization with focused efforts on access and flow, including ALC numbers. Weekly flow meetings with Dr. Runnalls, Dr. J. Gill, Dr. A. Nguyen, and Dr. J. Legassie and their respective administrative leaders have begun to understand the barriers to flow. An environment scan of high performing hospitals has demonstrated a strong culture of organizational flow. Current work is trying to understand how to achieve this at CMH. It will be the focus for CMH for the upcoming months and it will require each Department's support to make positive improvements in access and flow in the organization.

10. Board Report
D. Wilkinson provided a Board update. The Board met on March 6, 2024 and approved the Financial Statements, Capital, and Operating plans for 2024/2025. The Quality Improvement Plan, Patient & Safety Plan, Digital Health Plan, and Audit Committee Terms of Reference was also approved last month by the Board. Credentials and Privilege recommendations by the MAC was also approved. It is noted that a Balanced Budget for 2024/2025 was approved but recognize that this was due to one-time funding. The focus on overtime, PCOP and other targets will be critical for the year going-forward. The Board did have a Generative Discussion on Digital Health in March and how it aligns with the strategic plan and with patient safety and quality.

11. PFAC Report
Dr. W. Lee provided a PFAC update. Highlights of the March PFAC included a discussion of the Emergency Department's Rapid Improvement event by S. Pearsall, draft Quality and Patient Safety Plan, tactical sequencing of the 2022-2027 PX Plan, and a Patient Experience Office update for February 2024. For awareness, Dr. W. Lee will ask that the Patient Experience Office monthly update presentation be shared to MAC, as it provides a good overview of all the initiatives by the Patient Experience Leads.

BRIEFING NOTE

Date: April 10, 2024
Issue: MAC Report to the Board of Directors April 2024 OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Dr. Winnie Lee, Chief of Staff
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: None Attached

Alignment with 2024/25 CMH Priorities:

2022-2027 Strategic Plan No ☐	2024/25 CMH Priorities No ☐	2024/25 Integrated Risk Management Priorities No ☐
☒ Elevate Partnerships in Care	☒ Improve Patient Flow (PIA, Time to Bed, ALC)	☒ Access to Care
☐ Advance Health Equity	☐ Embrace Diversity, Build a Culture of Inclusion	☐ Business Continuity
☒ Increase Joy In Work	☐ Increase Staff Engagement Through Improved Staffing	☐ Workforce Planning
☒ Reimagine Community Health	☒ Prepare for Digital Health Transformation	☒ Change Management
☒ Sustain Financial Health	☒ Earn the Maximum Eligible PCOP Funding	☐ Revenue & Funding

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A meeting of the Medical Advisory Committee took place on Wednesday April 10, 2024, at 4:30 pm.

Present: Dr. W. Lee, Dr. J. Legassie, Dr. A. Mendlowitz, Dr. J. Bourgeois, Dr. T. Holling, Dr. A. Nguyen, Dr. M. Kumanan, Dr. L. Puopolo, Dr. A. Sharma, Dr. I. Isupov, Dr. K. Wadsworth, C. Witteveen, Dr. V. Miropolsky, Dr. L. Green, Dr. B. Courteau, Dr. E. Thompson, Dr. M. Runnalls,

Regrets: Dr. M, Rajguru, Dr. I. Morgan, P. Gaskin

Staff: J. Visocchi, K. Leslie, S. Pearsall, M. Iromoto, N. Grealy (Recorder)

Guests: D. Wilkinson, C. Wilson

Committee Matters – For information only

1. **M&T Report:** The March M&T report was approved by MAC **(Miropolsky, Thompson)**

2. **COVID-19 and Infectious Disease Update**
Dr. K. Nuri's update was pre-circulated in the MAC package as part of the consent agenda.

3. **Joint Spine Surgery Program at GRH/SMGH and CMH Update**
A previous briefing note from July 2020 was included in the MAC package on the Joint Spine Surgery Program at GRH/SMGH and CMH, a collaborative regional program between the organizations. CMH currently supports non-instrumented spine operative cases performed by

spine surgeons that are primarily based at GRH/SMGH but cross-privileged at all three sites. The group of spine surgeons provide on-call spine services to all three sites. However, the current compliment of spine surgeons does not allow for full 24/7 on-call coverage. Gaps in the on-call schedule requires CMH physicians to access Criticall for supports at other organizations (i.e., HHS). Dr. W. Lee, Dr. M. Runnalls, Dr. J. Legassie, Dr. E. Thompson joined a meeting with GRH/SMH and HHS leadership for the spine programs to clarify the extent of on-call coverage required out-of-region to HHS. Follow-up actions include education to CMH medical professional staff on how to access spine on-call for CMH patients and sharing of on-call schedules between the sites. The regional meeting provides a forum for escalation of issues from the current model.

4. Medical Laboratory Assistant Support in the ED
Dr. J. Bourgeois presented a new improvement initiative that aims at improving efficiency of laboratory services by adding a 1.4 FTE Medical Laboratory Assistants (MLA) to support ED phlebotomy needs. The addition of a MLA in the ED arose from an assessment of the needs and potential impacts of the MLA to flow in the ED, with recognition of further positive downstream impacts to overall care and flow of patients in the organization. The additional MLA support will begin in May for a 6-month trial with 8-hour MLA coverage from 1500 to 2300, and a phased approach towards a desired state of 24/7 MLA support. The collaborative work between the Lab and ED will be evaluated on quality indicators, measuring efficiency and patient experience (i.e., time of sample collection, turnaround time from lab test order to results, number of pre-analytical errors from samples, and ED Length of Stay (LOS) for Canadian Triage and Acuity Scales (CTAS) levels 3 to 5 cases). Dr. J. Bourgeois was very pleased that this initiative will be going forward, excited for the expansion of MLA supports to positively impact the flow in the ED and in the organization. Dr. W. Lee asked that Dr. J. Bourgeois provide updates as part of the Organizational Flow discussion at MAC as this initiative progresses in the upcoming months.

5. CEO Report
P. Gaskin sent regrets to April 2024 MAC and the CEO report was deferred.

6. CNE Report
S. Pearsall's CNE report was pre-circulated in the MAC package. Highlights include a significant focus on reducing wait times and improving flow within the organization. Despite challenges, progress is being made in the right direction. Weekly meetings are being held with a solution-oriented approach to address these issues. Concerns have been raised about EMS offload issues, and ongoing efforts are being made to address them.

Preparations are underway for the transition into the new space, which includes welcoming back the Rehab unit and relocating surgery and medicine departments. Efforts are also being made to enhance professional practice and care models, including the formation of committees focused on wound care, skin health, and delirium.

Staffing updates included a new manager for the women and children program, and two nurses have been awarded the RNAO clinical fellowship. Interviews are underway for the educator position, with hopes of filling the role soon. Nursing and allied advisory councils have been revamped, with recent sessions addressing medication management and incident prevention.

7. Board Report
D. Wilkinson provided a Board update. The Board did not have a formal board meeting but had an Unconscious Bias session in-person at the hospital, which was well attended by 45 Board

members, community members and senior CMH leaders. It was a very successful session and allowed Board members to meet in-person. The next Board meeting is in early May 2024.

8. PFAC Report
PFAC Update was deferred as there was no meeting.