



connect



www.cmh.org

Keeping People at the Heart of ALL we do

January 2024

Board Report

ConnectMyHealth

ConnectMyHealth is a FREE online digital portal that provides patients with a single access point, to view their health records from 34 participating hospitals.

Health records are pulled directly from the source systems of hospitals that contribute data. Therefore, includes ALL historical data

ConnectMyHealth pulls hospital data only, Health records from your Primary Care Provider (i.e. Family Physician) or Lab Results from the community (i.e.: LifeLabs) are not viewable in ConnectMyHealth.

A presentation was provided to PFAC in January. The full presentation can be found in Package 2



CMH Learning Lab

The Winter/Spring 2024 CMH Learning Lab schedule has been distributed to the Board of Directors. This presents a valuable chance for Directors to engage in educational sessions aligned with their interests alongside fellow CMH participants. Featured courses encompass "Me 2 You," "Project Management for the Unofficial Project Manager," and "Crucial Conversations." If you wish to participate in any of these courses, please reach out to Stephanie Fitzgerald at sfitzgerald@cmh.org

Women Take Charge

Monika Hempel and Lynn Woeller participated in the January Women Take Charge gathering, engaging in a discussion with Joan Fisk at Langdon Hall Country House. Joan Fisk, presently serving as the Chief Executive Officer for United Way Waterloo Region Communities, boasts a distinguished career in senior executive positions spanning more than three decades. Her extensive expertise extends from the private sector to influential leadership roles within the community.



CMH Holiday Meal

On December 7, 2023, CMH embraced the holiday spirit with its yearly Holiday Luncheon for the staff. The CMH Family enjoyed a delightful meal, complete with all the fixings, accompanied by a variety of entertaining activities. Furthermore, a substantial assortment of new warm clothing items, including hats, mittens, and scarves, was collected to be distributed to local charities and shelters.

A sincere thank you is extended to the Board members who actively participated, offering a helping hand to the members of CMH's Team Respect during this festive and heartwarming event.

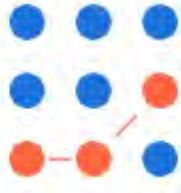


Indigenous Perspectives

On January 17, 2024, Miles Lauzon and Patrick Gaskin attended a webinar session to delve into the topic of Indigenous perspectives on Governance and Indigenous Peoples. The conversation not only explored practical approaches for tackling systemic challenges but also emphasized the potential consequences of inaction. Additionally, the session provided valuable insights for individuals seeking to incorporate Indigenous representation into their boards and businesses.

**INSTITUTE OF
CORPORATE
DIRECTORS**

**THINK BEYOND
THE BOARDROOM.**



Grand Rounds - January

Nicola Melchers, Tom Dean and Bill Conways attended the Cambridge Memorial Grand Rounds on Thursday January 25, 2024 presented by Dr. David Katz

The focus of the Grand Rounds for January was an Update on Organ Donation for Community Hospitals.

Keep an eye on your inbox for future invitations.

7 Habits

On October 11, 2023, Diane Wilkinson participated alongside fellow CMH members in the "7 Habits of Highly Effective People" course, facilitated through the CMH Learning Lab program. The emphasis of the learning experience was on adopting an inside-out approach to self-mastery and progressing towards interdependence.



final thoughts...

OHA Regional Session

Nicola Melchers participated in the Southwest Regional Briefing and Member Discussion presented by the OHA on December 11, 2023. The session addressed crucial subjects such as a situational update, the financial status of hospitals, pre-budget advocacy, and the OHA's updated advocacy strategy.

Package 2 contains the presentation materials shared during this informative session.

Rapid Improvement Session at

Paulo Brasil joined the subacute rapid improvement session on Tuesday January 30, 2023. Paulo provided the patient lens feedback to the proposed new workflow. Paulo shared his experience with the working group and provided a safe space for the team to ask questions. Krista (clerical) shared that in hearing Paulo's story made her feel disappointed and saddened that we failed him and that her goal was to not only make the workflow better but to personally change how she interacts with patients by introducing herself by name and what her role is. Even though Paulo had a less than optimal experience he shared openly and honestly by creating a lightened atmosphere. The next day, everyone was still talking about Paulo's experience as our drive to change.



Reminder

On June 9, 2024 Sara, Nicola and Lynn along with a group of 7 others will walk from Cambridge to Paris to raise awareness about hospital needs in the community and raise funds for CMH and the new MRI

For more information or to donate go to:

[Sara Alvarado is fundraising for Cambridge Memorial Hospital](#)

Please select the month of the meeting you are com...

Friday, December 01, 2023

Meeting Evaluation Results

Which Committee are y

Board of Directors Meeti

To what degree were you satisfied with the dialogue and participation of the Committee/Board members on the key strategic issues?

Category	Weight	# of Responses
Strongly Satisfied	5.00	2
Weighted Average	5.00	2

To what degree were you satisfied that the meeting was conducted in a manner that encouraged;

Diversity of Perspectives

Category	Weight	# of Responses
Strongly Satisfied	5.00	2
Weighted Average	5.00	2

Open Communication

Category	Weight	# of Responses
Strongly Satisfied	5.00	2
Weighted Average	5.00	2

Meaningful Participation

Category	Weight	# of Responses
Strongly Satisfied	5.00	2
Weighted Average	5.00	2

Timely resolution of the issues

Category	Weight	# of Responses
Strongly Satisfied	5.00	2
Weighted Average	5.00	2

To what degree are you satisfied with the Committee's/Board's overall performance?

Category	Weight	# of Responses
Strongly Satisfied	5.00	2
Weighted Average	5.00	2

Please select the month of the meeting you are com...

Friday, December 01, 2023

Meeting Evaluation Feedback

Which Committee are you cc

Board of Directors Meeting

Please provide any comments, concerns, or feedback you have in regard to the content of the meeting you are commenting on.

Excellent meeting. Good discussion

Please provide any suggestions on improving/changing the format of the meeting you are commenting on.

None



BRIEFING NOTE

Date: January 22, 2024
Issue: Quality Committee Report to the Board of Directors, January 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: Senior Friendly Action Plan 2024

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

Attendees: D. Wilkinson (Chair), K. Abogadil, M. Adair, P. Brasil, B. Conway, N. Gandhi, P. Gaskin, J. Goyal, M. Hempel, R. Howe, Dr. W. Lee, A. McCarthy, T. Mohtsham, S. Pearsall

Staff Present: M. Iromoto

Regrets: C. Bulla, L. Barefoot

Observer: S. Beckhoff

Guests: S. Bakewell, A. McCulloch, Dr. A. Nguyen

Committee Recommendations/Reports – Board Approval Sought
 None

Approved Committee Recommendations/Motions:
 None

Committee Motions/Recommendations/Report – Board Approval Not Sought

MOTION: (Hempel/Pyper) **that**, the Minutes of October 18, 2023 were approved. **CARRIED.**

MOTION: (McCarthy/Adair) **that**, the Quality Committee members support management’s recommendation to opt out of the optional OH Never Events reporting program at this time. **CARRIED.**

Committee Matters – For information only

1. **Program Presentation: MDC:** A program overview was provided (see Package 2). S. Bakewell displayed Systemic Wait Times data, detailing the number of days between being seen by a Medical Oncologist for the first time and receiving first day of systemic therapy treatment. While the data appears below target, there are factors that influence such as pathology markers, types of treatment that are more beneficial, required surgery or radiation treatment. Other reasons for delay may include the patient's choice to delay treatment. Oncologists will always encourage patients to start treatment as soon as possible. When the patient chooses a different timeline due to their own life goals and treatment goals, the team first educates but then honors these choices. In response to a question regarding delays that may impact higher risk patients and those that need more urgent care, S. Bakewell spoke of the processes in place to prevent delay and mitigate risk. One of MDC's quality initiatives is realigning postal codes regionally to improve referrals to consult times. As a region, CMH and GRH were able to identify patients who, by postal code, had equal travel distance to both hospitals and realign where the referral was sent to ensure timely care. With regards to EMR/OPIS sun setting, OPIS provides the platform for physicians to enter orders for the systemic therapy regimens. This platform will be sun setting in the spring of 2025. The regional site, GRRCC, will be moving to their new platform on Cerner. CMH is currently in the process of identifying a new HIS provider. There will be a gap in time between GRRCC switching from OPIS to their new system; where partner hospitals will not have a system option to enter systemic therapy orders. Management is exploring options to ensure the system is supported while CMH gains a better understanding of the financial impact of the changes.

Program Presentation: Ambulatory Clinics: A program overview was provided. A detailed summary of the number of CMH ambulatory clinics that services the community: Liver Health Clinic, Neurology Clinic, Seniors Health Clinic and Ortho Assessment Clinic (see Package 2). Transgender Health has been identified as a need within the community. A newly hired Endocrinologist has experience with support of this population. Psychiatry, Gynecology and Primary Care have also determined the need for this program. Work is underway partnering with Lang's Community Health center to build this program with stakeholders from community and hospital. There were additional comments about how decisions are made related to clinics. The Clinical Services Growth Plan supports the decision making for programming. The development of the Liver Clinic and its subsequent expansion and success was highlighted.
2. **Seniors Friendly Report:** A copy of the Senior Friendly Report was pre-circulated for information. See package 2. It was requested that timeline and progress reporting be included in the formatting going forward.
3. **Accreditation:** On December 7, 2023 CMH was accredited with Exemplary Standing by Accreditation Canada: Total Criteria: 1700, Total Unmet: 4, Total Met: 99.7%. M. Iromoto directed the Committee members to the four unmet standards and gave a summary about Emergency Preparedness and Polypharmacy. A discussion took place about CMH celebrating its achievement and suggested not to dwell on not meeting the four of the 1700 standards. The

Quality Committee members gave praises to the leadership team, physicians and all staff for their hard work and strong commitment to quality improvement. For next steps, CMH has until early May 2024 to submit evidence for the three (3) high priority standards. CMH will also receive an updated certificate and options for outdoor banners. A question was asked about additional follow up as the report contains additional helpful comments. Mari stated a process is in place for review and highlighting additional information from the report.

4. **Quality Improvement Plans (QIP):** A summary was given (see Package 2). Management is focusing attention on ALC rates. There is a direct impact on other flow and access metrics such as the ability to pull patients from ED to an inpatient bed, which also impacts funding. A Special QIP meeting has been set for February 7, 2024 to review the QIP for 2024/25.
5. **Never Event Hospital Reporting:** M. Iromoto directed the Committee members to the previously briefing note. An executive summary was given (see package 2). The Committee members shared their opinions. Discussion ensued. Refer to above *Motion-Board Approval Not Sought*.
6. **CNE Report:** Ms. Pearsall provided clinical programs update. The full CNE report is available in package 2. There were concerns identified about the Emergency Department wait times and how they continue to worsen. There is a Kaizen event scheduled for the end of January with staff to address opportunities for improvement. The Committee looks forward to seeing the results of that work and the ED Presentation in February.
7. **Corporate/Quality Metrics:** A copy of the briefing note and Quality Monitoring Scorecard were pre-circulated to the Committee.

CMH Senior Friendly Action Plan 2024

Senior Friendly Priorities	Highlights of Current Practices on the Unit	New Deliverables and Enhancements for 2024
<p>Priority #1 Functional Decline</p>	<ul style="list-style-type: none"> • Multi-Disciplinary Approach to Functional Decline • Physiotherapy team on clinical units support activation and early mobilization • Functional assessment is supported by PT/OT and PT supports activation and early mobilization on clinical units • Hospital Elder Life Program screens and enrolls patients over 70 years of age at risk for functional decline during hospital admission • White board is patients’ rooms being updated with therapy goals • Geriatrics team using pain assessment tool when applicable • Advanced Pain Service referral on a case-by-case basis 	<p>New:</p> <ul style="list-style-type: none"> • Reviewing falls data at nursing huddles (Jan 2024) • Falls prevention brochure available on the units for patients and their families (Jan 2024) • Tables in TCU lounge to help foster communal dining for patients, which has shown to support good oral intake (Jan 2024) • Establishing a nutrition and fluid program on the TCU (Jan 2024) • Multi-Disciplinary Skin and Wound Committee and establishing champions on the unit to educate and enhance current practices (Feb 2024) • Multi-disciplinary Patient Safety Committee with a senior friendly approach to focus on falls, restraints and responsive behaviours (Feb 2024) • Trialling SAD lamps for TCU patients with long admissions (April 2024) • Establish group exercise program on TCU led by physiotherapy assist (June 2024) • Medicine manager has identified a long-term (8 months) patients’ family member to serve on Patient Safety Committee (date TBD) <p>Enhancements:</p> <ul style="list-style-type: none"> • ‘Sip-and-Go Approach’ on the Medicine Units and TCU (June 2024) • Better utilization of whiteboard to establish patients’ mobility/transfer status (date TBD)
<p>Priority #2 Delirium</p>	<ul style="list-style-type: none"> • Delirium screening (CAM) completed per shift for patients over 50 years of age • Regional initiative for Delirium Protocol through OHT • Hospital Elder Life Program supporting to prevent delirium in patients 70+ years of age • White board use for orientation and partnering in care • Sleep assessment completed by MRN each morning • Voyce system for patients who do not speak English or are ESL 	<p>New:</p> <ul style="list-style-type: none"> • Posters for ‘Six Proven Strategies to Prevent Delirium’ on unit (refer Appendix A) (Jan 2024) • Establishing a nutrition and fluid program on the TCU to support with ‘staying hydrated’ and ‘eating’ (refer to Appendix A) (Jan 2024) • Delirium Order sets developed by Medicine educator with input from geriatrics team (Jan 2024) • ‘Recognizing and Understanding Delirium’ brochure (refer to Appendix B) is now available on medicine units to provide patients’ families/caregivers with education on delirium and provide strategies for preventing and managing delirium during patients’ admission (Jan 2024)

	<ul style="list-style-type: none"> • Optimizing use of personal hearing devices • Multi-Disciplinary approach to support patients ambulating and ‘moving x3/day’ (refer to Appendix A) 	<ul style="list-style-type: none"> • Discussing delirium screening and prevention at nursing huddles (Jan 2024) • World Delirium Awareness Day (WDAD) on March 13th prompted on CMH’s social media channels (March 2024) • WDAD webinar on March 13 to promote education around screening and preventing delirium (March 2024) • Activity Carts on Medicine units to support with stimulating the mind (See Appendix A) • Individualized ‘All About Me’ forms in TCU patient rooms to promote socialization and engagement (See Appendix A) (June 2024) • Delirium education for clinical staff on LMS (date TBD) <p>Enhancements:</p> <ul style="list-style-type: none"> • ‘Sip-and-Go Approach’ on the Medicine Units and TCU (June 2024)
<p>Priority #3 Transition in Care</p>	<ul style="list-style-type: none"> • Home-first philosophy • TCU discharge rounds x3/wk, Medicine discharge rounds x2/wk, ALC rounds x1/wk • Medication reconciliation at discharge for in-patients and high-risk out-patient clinics • Standardize education for high-risk patients • Referring to Specialized Geriatric Service and Geriatric Outreach, Home and Community Care and Community Support Services, Nurse-Led Outreach Team (NLOT), Intensive Geriatric Service Workers (IGSW), Behavior Support Ontario, Lehgo, Home at Last as applicable • Working with patients and family to maximize safety • Discharge summaries to community practitioner within 24-48 hours of discharge • Discharge checklist, Inter-agency discharge/ transfer checklist • Discharge meeting with LTC and RH as needed for complex discharges to these facilities—plan guided by HQO quality standards Transitions between Hospital and Home (2020) • ED and admission avoidance plan when applicable • Cambridge collaborative • Advanced care plan-MAID team and education • Monitoring length of stay and ALC days 	<p>New:</p> <ul style="list-style-type: none"> • Reviewing complex discharge success stories to debrief things that went well and areas of improvement (Jan 2024) <p>Enhancements:</p> <ul style="list-style-type: none"> • Ethics team coming to nursing huddles (Jan 2024) • Daily multi-disciplinary Rapid Rounds on the Medicine Units with focus on discharge and linking appropriate supports (March 2024) • Standardized discharge process to improve discharge transition, such as having family meetings for complex cases • Use of White board to partner in care for discharge planning

Appendix A

Six Proven Strategies to Prevent Delirium in Older Adults from Regional Geriatric Program of Toronto



Appendix B

Recognizing and Understanding Delirium Brochure

You can help your loved one!

Friends and family members can help prevent and manage delirium by:

- Reducing noise and distractions
- Gently reminding them of the date, time and season
- Encouraging them to wear their glasses and hearing aids
- Bringing familiar items from home (i.e. pictures, books, watch)
- Speaking in a reassuring and calm voice.
- Encouraging them to drink fluids throughout the day to avoid dehydration
- Ensuring adequate nutrition throughout the day and sitting with them for meals if possible
- Helping them to relax and encouraging normal sleeping patterns
- Taking them for little walks during the day, if they are able
- Stimulating their mind– promote socialization, reading, puzzles and word games. You can ask the nurses about our activity carts for resources
- Telling the nurse if your loved one is in pain

How is delirium treated?

The doctors and nurses will do their best to find out what is causing the delirium. This may include blood work, urine sample, reviewing medication and x-rays.

Once the health care team knows the cause, they can set-up a treatment plan.

Will your loved one return to normal?

With treatment delirium may improve. Remember that everyone is different. With time, many patients fully recover and others will improve.

Recovery times also differ for each person. It could be days or months until your loved one is back to normal



Recognizing & Understanding Delirium

A guide to
understanding new
confusion



Appendix B

Recognizing and Understanding Delirium Brochure

What is Delirium?

Delirium is a medical condition that causes new confusion and changes the ways someone thinks and acts . Delirium develops quickly over several hours or days.

There are many reasons someone can get delirium including, infection, changes in medications, surgery, alcohol use, severe illness or pain

Is delirium the same as dementia? No!

Delirium

Occurs quickly- hours or days

Usually improves after a few days or weeks

Dementia

Occurs gradually– over months or years

Does not improve over time

Who is at risk for delirium?

People who:

- Are 65 years or older
- Have a diagnosis of dementia
- Have impaired vision or hearing
- Are not functionally independent
- Take multiple medications
- Have multiple medical conditions
- Are dehydrated or malnourished
- Have an infection
- Have had surgery

Helping identify delirium

Friends and family know the patient best! You are important to help the health care team notice when a patient is developing delirium.

If you see your loved one is...

- saying things that don't make sense
- forgetting where they are
- Confused about daily routines and who people are
- Climbing out of bed and pulling medical equipment
- Sleeping during the day and staying awake at night
- Seeing or hearing things that are not there
- Having trouble concentrating
- Have personality changes
- Acting confused one minute and ok the next

TELL A NURSE OR A DOCTOR



BRIEFING NOTE

Date: January 26, 2024
Issue: Audit Committee Report to Board of Directors January 22, 2024
OPEN
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Bonnie Collins, Administrative Assistant
Approved by: Monika Hempel – Chair, Valerie Smith-Sellers - Director Finance

Attachments/Related Documents:

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

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

Regrets:

Staff: Liane Barefoot, Lisa Costa, Patrick Gaskin, Rob Howe, Erin Rideout, Valerie Smith-Sellers

Guests: Kim Haley (KPMG), Pream Luckhoo (KPMG), Carolyn Wilson

Committee Recommendations/Reports – Board Approval Sought

None.

Committee Motions/Recommendations/Report – Board Approval Not Sought

MOTION: (Bonn/Brasil) **that**, the consent agenda be approved as circulated. **CARRIED.**

- 1.5.1 Minutes of November 20, 2023
- 1.5.2 Audit Committee Attendance Report
- 1.5.3 Action Log
 - 1.5.3.1 CMH Intangible Assets List
- 1.5.4 Article – Audit Committee’s Role in Cyber Security Vigilance

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

Committee Matters – For information only

1. Audit Plan Review

Representatives from KPMG presented the audit plan for the Committee’s information. The audit approach, strategies for areas of significant risk and other areas of focus were highlighted. Changes to the prior year audit plan include Bill-124 funding, COVID-19 funding (no longer viewed as a significant risk), the adoption of PS 3280 Asset Retirement Obligation, and newly effective auditing standards (ISA/CAS 220, ISQM1/CSQM1,

ISQM2/CSQM2). The auditor reviewed significant risks with the Committee and outlined the audit approach.

The proposed 2023-24 audit fees were reviewed; the Committee found the proposed fees to be acceptable. Questions were entertained.

2. Review and Discuss External Auditor's Potential Conflict

The Committee received verbal confirmation from the auditor that it has no potential conflicts in providing audit services to CMH.

3. ONCA Committee Compilation

Bill 91 changes to the Ontario Not-for-Profit Corporations Act came into effect on October 1, 2023. The most impactful is the amendment set forth for the composition of an Audit Committee, that states that only Directors may serve on the Audit Committee, and that non-directors with finance or audit expertise may attend Audit Committee meetings as invited guests to ensure that the audit committee has sufficient expertise to perform its function. An OHA webinar was held on January 19, and management will bring forward recommendations to the Governance Committee. Currently, the CMH Audit Committee will continue as before, until an appropriate time to update comes about. It is expected that the CMH Audit Committee structure will be updated by April 2024.