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

BOARD OF DIRECTORS MEETING - OPEN

October 4, 2023

1700-1850

Virtual via Teams / C.1.229 Room Name

Click here to join the meeting

Or call in (audio only)

833-287-2824,,27334435# Canada (Toll-free)

Phone Conference ID: 273 344 35#

AGENDA

Agenda Item * indicates attachment / TBC – to be circulated	Page #	Time	Responsibility	Purpose
1. CALL TO ORDER		1700		
1.1 Territorial Acknowledgement / Thanksgiving Address		1701	Paula Whitlow	
1.2 Welcome		1710	N. Melchers	
1.3 Confirmation of Quorum (7)			N. Melchers	Confirmation
1.4 Declarations of Conflict			N. Melchers	Declaration
1.5 Consent Agenda *(Any Board member may request that any item be removed from this consent agenda and moved to the regular agenda)*			N. Melchers	Motion
1.5.1 Minutes of June 28, 2023* and Open (2)	3			
1.5.2 Board Attendance Report*	18			
1.5.3 Governance Policy Summary* Policies for Approval: (track changes version found in Package 2) 1-A-03 Board Accountability Statement 2-A-02 Principles of Governance 2-B-05 CEO Role Description 2-B-32 CNE Role Description	19			
1.5.4 Q1 CEO Certification of Compliance*	33			
1.5.5 Events Calendar / Meeting Dates*	34			
1.5.6 ABCDE Goals for Board of Directors 2023/24*	38			
1.5.7 Corporate Scorecard*	50			
1.5.8 CEO Report*	75			
1.5.9 Board Work Plan*	81			
1.5.10 Action Log*	89			
1.6 Confirmation of Agenda		1714	N. Melchers	Motion
2. PRESENTATIONS				
2.1 Patient Experience Plan*	90	1715	L. Barefoot	Presentation / Motion
2.2 Accreditation Preparedness	103	1735	S. Pearsall / M. Iromoto	Discussion
3. BUSINESS ARISING				
3.1 None				
4. NEW BUSINESS				
4.1 Chairs Update		1750		
4.1.1 Chairs Report*	112		N. Melchers	Information

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

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

Agenda Item * indicates attachment / TBC – to be circulated	**Page #**	**Time**	**Responsibility**	**Purpose**
4.1.2 June 28, 2023 Board Evaluation Results*	117		N. Melchers	Discussion
4.1.3 Julia Goyal – OHA Visit to Weeneebayko Health Authority – Reflection			J. Goyal	Information
4.2 Governance Committee		1755		
4.2.1 Report to the Board of Directors* (September 19, 2023)	119		M. Lauzon	Information
4.3 Quality Committee		1800		
4.3.1 Report to the Board of Directors* (September 20, 2023)	122		D. Wilkinson	Information
4.4 Audit Committee				
4.4.1 No Update – (Next Meeting November 13, 2023)				
4.5 Capital Projects Subcommittee		1810		
4.5.1 Report to the Board of Directors* (September 26, 2023)	127		T. Dean	Information
4.6 Resources Committee		1820		
4.6.1 Report to the Board of Directors* (September 26, 2023)	130		L. Woeller	Information
4.6.2 August 2023 Financial Statements*	136		L. Woeller	Motion
4.7 Executive Committee				
4.7.1 No Open Matters				
4.8 Medical Advisory Committee		1830		
4.8.1 September 2023 Privileging and Credentialing*	145		Dr. W. Lee	Motion
4.8.2 Report to the Board of Directors* (September 13, 2023)	151		Dr. W. Lee	Information
4.9 PFAC Update		1840	N. Melchers	Information
4.10 CEO Update		1845		
4.10.1 Strategic Advisor, Finance Strategy – Brian Edmonds*	156		P. Gaskin	Information
5. UPCOMING EVENTS				
5.1 CMH Holiday Meal: December 7, 2023 @ CMH (11am – 2pm / 6pm – 8pm)				
5.2				
6. DATE OF NEXT MEETING	Wednesday November 1, 2023 (Generative Session) Location: Hybrid			
7. ADJOURNMENT		1850	N. Melchers	Motion
Link: Board/Committee Evaluation Survey	*Following the meeting, please complete within one week.*			

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

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

Cambridge Memorial Hospital
BOARD OF DIRECTORS MEETING
Wednesday, June 28, 2023
OPEN SESSION

Minutes of the open session of the Board of Directors meeting, held in person at Cambridge Memorial Hospital on June 28, 2023.

Present:

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

Regrets: Ms. J. Stecho, Ms. E. Habicher

Staff Present: M. Iromoto, S. Beckhoff, V. Smith-Sellers

Guests: B. Conway, J. Tulsani, P. Brasil, C. Tuzinde, K Popovici, Dr. J. Legassie, W. Paddick

Recorder: Ms. S. Fitzgerald

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1. CALL TO ORDER
The Chair called the meeting to order at 1721 hours.

1.1. **Territorial Acknowledgement**
Mr. T. Dean presented the Territorial Acknowledgement and shared personal reflections.

1.2. **Welcome**
The Chair welcomed the Board and guests to the meeting.

1.3. **Confirmation of Quorum (7)**
Quorum requirements having been met, the meeting proceeded, as per the agenda.

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

1.5. **Consent Agenda**
Prior to approving the Consent Agenda, the Chair asked if any items required removal for further discussion.

The education topic survey results 2023/24 was pulled from the consent and added to the regular agenda.

The consent agenda was approved

1.5.1 Minutes of May 24, 2023
1.5.2 CEO Report
1.5.3 Board Work Plan
1.5.4 Quality Monitoring Metrics
1.5.5 Events Calendar
1.5.6 Governance Policies for Approval
- 2-A-14 Resources Committee Terms of Reference
- 2-C-38 Investment Policy
- 2-D-09 Procedure for Members of the Public Addressing the Board

1.5.7 Trillium Gift of Life (TGLN) Update
1.5.8 Patient Family Advisory Council (PFAC) – Annual Update
1.5.9 MAC Report

At the May Board meeting it was discussed that timelines and metrics for the Clinical Services Growth Plan be brought back to the Board of Directors for review. It was noted that this action was not included on the action log and an inquiry was made as to what the time frame for that was. Management advised that was in progress and would be brought back for review.

ACTION: Management to add the request for timelines and metrics to be added to the Clinical Services Growth plan to the action log.

CARRIED (Lauzon/Dean)

1.6. **Confirmation of Agenda**

MOTION: (Pyper/Alvarado) **that** the agenda be approved as amended. **CARRIED**

2. Presentation – Bridges Update Post Pandemic

The Chair welcomed Mr. Wayne Paddick from the Cambridge Shelter Corporation to the meeting. Mr. Paddick provided the Board with a presentation on the organization post pandemic. Topics included housing, mental health, addictions/substances, food insecurity, and the social enterprise program. The Board asked several question including what partnership opportunities were available and how CMH, the Board and individuals could do. Mr. Paddick indicated that there is still a long way to go but getting the education out to staff to better understand the issues of their clients would certainly benefit. The Chair thanked Mr. Paddick for joining the meeting and sharing the presentation with the Board members.

Mr. Paddick left the meeting

3. Business Arising

There were no items for discussion.

4. New Business

4.1. **Chair's Update**

The Board reviewed the Chair's report that was pre-circulated in the meeting package. The Chair congratulated Ms. Alvarado for the 25km walk to Paris in support of the MRI campaign that was completed this past weekend. The Chair also thanked all the Board members for their continued support at CMH events.

4.1.1. **Board Education Topics 2023/24 Survey Results**

The Chair shared the top two topics from the survey completed by the Board members. For 2023/24 the Board will focus on Digital Health and Innovation and the Emergency Department. The third session will be determined at a later date.

4.1.2. **Board & Committee Cadence**

The Board reviewed the briefing note included in the pre-circulated meeting package. The chair highlighted the proposed reporting cadence. One member asked about the potential change in dates for the Capital and Resources Committee meetings. The dates of meetings provided in the package highlighted proposed dates and are not for confirmation.

ACTION: Management to complete a poll of the Capital and Resources Committee members on the proposed changes to dates and times of the meetings.

MOTION: that the Board of Directors approves the 2023/24 Board reporting cadence format. (Wilkinson/Goyal) **CARRIED.**

4.2. **Quality Committee Update**

Ms. Wilkinson provided the Board with highlights from the June 21, 2023, Quality Committee meeting as outlined in the pre-circulated briefing notes. The Quality Committee reviewed the Laboratory Medicine, Diagnostic Imaging, and Cardiology Services quality report that have been adopted to a new format aligned with the strategic plan. The committee also received a presentation from the Laboratory Medicine Program that was very well received.

4.3. **Resources Committee**

Ms. Woeller provided the Board with highlights from the June 26, 2023, Resources Committee meeting as outlined in the pre-circulated briefing notes. The corporate scorecard has been updated with new tools. Resources reviewed the draft of the new scorecards with final versions being brought back to the Committee in September.

The Resources Committee reviewed the annual assessment of independence. The survey was sent to 56 staff. 50 responses have been completed to date with no issues raised. The Resources Committee has added an item to the action log to follow up with the individuals who have not yet completed the survey.

The Resources Committee reviewed the CEO certificate of Compliance. Three exceptions were noted in the attestation, two of which were discussed at the May Board of Directors meeting. The third one is related to the Dangerous Goods Transportation Act which is being addressed.

4.3.1. **May 2023 Financial Statements**

The Committee Chair highlighted that there is a $500k year to date deficit position for the two months ended in May 2023. The primary drivers are the unfavourable

variances in salaries and benefits of $1M comprised of unfavorable variances in overtime use of agency staff and staff training that are significantly over budget. Other drivers of the deficit are lower PCOP revenue of $800K partially offset by the favourable variances in the unused portion of the budget contingency ($600K), interest income ($600K) and QBP revenue ($400K). The $500K deficit would extrapolate to $3M by the end of the year.

Management will bring forward mitigating efforts and detailed plans and approaches to the Resources Committee.

MOTION: that the Board receives the May 2023 financial statements as presented by management. (Lauzon/Pyper) **CARRIED.**

4.4. **Medical Advisory Committee Privileging & Credentialing.**

MOTION: that due diligence was exercised in reviewing the following privileging applications from the April 2023 Credentials Committee meeting for approval by the board. (Dean/Alvarado) **CARRIED.**

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended
Dr. Kirenza Francis	Radiology	Radiologist	Locum	Requesting locum privileges from Apr 1 – Dec 31, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Shahob Hosseinpour	Radiology	Radiologist	Locum	Requesting locum privileges from Apr 1 – Dec 31, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Mazin Al-Battran	Psychiatry	Psychiatrist	Locum	Requesting locum privileges from Apr 17 – Oct 31, 2023	Dr. Anjali Sharma	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Ashley White	Emergency		Locum	Requesting extension of locum privileges from January 8, 2023 – May 30,	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Sana Mashhadi	Family Medicine		Associate	New Hire starting May 1, 2023	Dr. Mekalai Kumanan	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

Dr. John Michiels	Emergency		Locum	Requesting locum privileges April 24, 2023 – October 31, 2023	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Kathleen Logie	Surgery		Locum	Requesting extension of locum privileges from April 1, 2023 – October 31, 2023	Dr Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Meiru Li	Emergency		Locum	Requesting extension of locum privileges from May 7, 2023 – November 30, 2023	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Dimitar Kolev	Emergency		Locum	Requesting extension of locum privileges from May 7,2023 – August 31, 2023	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Jaskirat Gill	Emergency		Locum	Requesting extension of locum privileges from May 7, 2023 – August 31, 2023	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Ashifa Jiwa	Emergency		Locum	Requesting locum privileges from May 1, 2023 – October 31, 2023	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

2023-2024 E-Reappointment Applications for Approval

DEPARTMENT OF WOMEN & CHILDREN

Ahimbisibwe, Dr. Asa Active

DEPARTMENT OF DIAGNOSTIC IMAGING

Popuri, Dr. Ramu Active
Kamel Hasen, Dr. Olfat Courtesy no Admitting

DEPARTMENT OF EMERGENCY

DEPARTMENT OF SURGERY

Leone, Dr. James Active
Alangh, Dr. Manreet Active
Kolyn, Dr. Donna Active
Moammer, Gemah Active
Hafidh, Dr. Maky Courtesy with Admitting
Barrett, Dr. Keith Courtesy with Admitting

DEPARTMENT OF PATHOLOGY

Courteau, Dr. Brigitte	Associate
Irimies, Dr. Adina	Active

DEPARTMENT OF INTERNAL MEDICINE

Ali, Dr. Rashad	Active
Nuri, Dr. Khuloud	Active
Tam, Dr. Amy	Courtesy no admitting
Hahn, Dr. Sara	Active
Kuk, Dr. Joda	Courtesy no admitting

MOTION: that due diligence was exercised in reviewing the following privileging applications from the May 2023 Credentials Committee meeting for approval by the board. (Goyal/Wilkinson) **CARRIED.**

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended
Dr. Dan Kottachchi	Internal Medicine	GI	Locum	Requesting extension of locum privileges from May 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Avijeet Sarkar	Internal Medicine	GI	Locum	Requesting Locum privileges from June 1, 2023 to May 31, 2024	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Andrew Davis	Surgery	Surgical Assist	Locum	Requesting Locum privileges from June 1, 2023 to December 31, 2023	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Kenneth Gehman	Surgery	Surgical Assist	Locum	Requesting Locum Privileges from June 1, 2023 to December 31, 2023	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Eriny Shams	Emergency Dept.		Locum	Requesting Locum privileges from May 1, 2023 to October 31, 2023	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended
Dr. Jessica Kent	Emergency		Locum	Requesting Locum privileges from July 1, 2023 to June 30, 2024	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Ahmed Al-Riyami	Internal Medicine	Cardiology	Associate	New Hire starting July 1, 2023	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Priyank Bhatnagar	Emergency		Locum	Requesting Locum privileges from July 1, 2023 to June 30, 2024	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Ms. Emily Slusarek	Midwifery		Locum	Requesting Locum privileges from June 1, 2023 to July 1, 2024	Ms. Corine Witteveen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Karina Roth-Albin	Surgery		Resigned	Voluntary resignation effective April 24, 2023	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Joyce Daly	Surgery	Surgical assist	Active	Change in privileges to surgical assist	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Nikhat Nawar	Hospitalist		Active	Requesting change of privileges from active to locum effective June 28, 2023	Dr. Jenny Legassie	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended
Dr. John Sehl	Hospitalist		Active	LOA for parental leave from on/around September 16 for approx. 4 months	Dr. Jenny Legassie	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Jason Lam	Surgery	Ortho	Locum	Requesting Locum privileges from June 1, 2023 to September 30, 2023	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Ms. Mitra Sadeghipour	Midwifery		Active	LOA for parental leave from August 1, 2023 – July 31, 2024	Ms. Corine Witteveen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Michael Lim	Emergency		Active	Requesting change of status from Active to Courtesy with admitting	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

2023-2024 E-Reappointment Applications for Approval

DEPARTMENT OF SENIOR EMIRITUS
Frape, Dr. Nori
Gowing, Dr. James

DEPARTMENT OF WOMEN & CHILDREN

Green, Dr. Jeremy	Active
Mendlowitz, Dr. Ariel	Associate

DEPARTMENT OF PEDIATRICS

Kapalanga, Dr. Joachim	Courtesy with admitting
Moyo, Dr. Margaret	Affiliate
Porwal, Dr. Ashish	Active
Rajguru, Dr. Manjulata	Active

DEPARTMENT OF MIDWIFERY

Grant, Ms. Cathy	Active

Alizadeh Barmi, Ms. Tahareh	Active
Heyens, Ms. Julia	Active
Doe, Ms. Diana	Active
Dong, Ms. Brenda	Associate
Doris, Ms. Emily	Active
Langlois, Ms. Beverly	Active

DEPARTMENT OF FAMILY MEDICINE

Attalla, Dr. Amany	Active
Costin, Dr. Ioana	Affiliate
Kumanan, Dr. Mekalai	Active
Baker, Dr. Jay	Courtesy no admitting
Geddes, Dr Jay	Associate
Hankinson, Dr. Keith	Active
Sefin, Dr. Ashraf	Affiliate
Sandor, Dr. Celine	Affiliate
Smith, Dr. Camala	Active

DEPARTMENT OF EMERGENCY

Shafir, Dr. Mark	Active
Shoop, Dr. Rebekah	Active
Voros, Dr. Gabor	Active
Clarke, Dr. Richard	Active
Eugenio, Dr. Arthur	Active
Glover, Dr. Alexander	Active
Poon, Dr. Derek	Active
Huang, Dr. Johnny	Associate
Zhang, Dr. Tracy	Active
Redelinghuys, Dr. Johannes	Active
Rowe, Dr. Andrea	Active -
Roy, Dr. Gilles	Active
Runnalls, Dr. Matthew	Active
Lim, Dr. Michael	Courtesy with admitting

DEPARTMENT OF SURGERY

Gill, Dr. Mandeep	Active
Sawa, Dr. Kathryn	Active
Stapleton, Dr. Kelly	Affiliate
Wilkinson, John	Active
Chapeskie, Dr. Corina	Dental
Hafidh, Dr. Maky	Courtesy with admitting
Prudencio, Dr. Jose	Courtesy with admitting
Cho, Dr. Stephen	Active
Ciavaroo, Dr. Cesare	Active
Diamond, Dr. Leslie	Active
Furst, Dr. Ian	Active
Hartwig, Dr. Angelica	Dental

Znamirowski, Anna	Affiliate
Kim, Dr. Dennis	Active
Sheikh, Dr. Sufian	Active
Uppal, Dr. Sanjay	Active
Weitz, Dr. Daniel	Active
Chan, Dr. Edward	Active
Chang, Dr. Michelle	Active
Morris, Christopher	Active
Flamand, Dr. Francois	Affiliate
Haddad, Dr. Dimitri	Associate
McFarlane, Dr. Nicholas	Courtesy with admitting
Daly, Dr. Joyce	Active

DEPARTMENT OF ONCOLOGY

Scotchmer, Dr. Emma	Associate
Lin, Dr. Helen	Active
Evans, Dr. Lyndsay	Active
Kuk, Dr. Joda	Courtesy without admitting
Batra, Dr. Anupam	Active
Halligan, Dr. Rachel	Active
Koke, Dr. Michael	Affiliate
Mathai, Dr. Shyla	Active

DEPARTMENT OF INTERNAL MEDICINE

Pace, Dr. Pace	Associate
Waters, Dr. Braden	Associate
Aziz, Dr. Salman	Associate
Didyk, Dr. Nicole	Associate
Sarfaraz, Dr. Omair	Active
Alhendi, Dr. Alaa	Courtesy with admitting
Bishara, Dr. Phoebe	Affiliate
Cape, Dr. David	Active
Diab, Dr. Azzam	Active
Hassan, Dr. Sidra	Associate
Ilyas, Dr. Amir	Active
Lee, Dr. Mark	Active
Mackenzie, Dr. Heather	Active
Matiasz, Richard	Active
Marhong, Dr. Jonathan	Active
Martin, Dr. Glenn	Active
Morgan, Dr. Ingrid	Active
Sivakumaran, Dr. Thevaki	Active
Shaikholeselami, Dr. Roya	Active
Taseen, Dr. Ryeyan	Associate
Thompson, Dr. Ellen	Associate
Vizel, Dr. Saul	Active

DEPARTMENT OF HOSPITAL MEDICINE

Swekla, Dr. Michelle	Active
Al Sawi, Dr. Mohamed	Associate
Covalcic, Dr. Catalina	Active

DEPARTMENT OF LABORATORY MEDICINE

Matea, Dr. Florentina	Active

DEPARTMENT OF MENTAL HEALTH

Sharma, Dr. Anjali	Active

4.5. **CEO Update – Communication and Engagement Plan**

Mr. Beckhoff highlighted that the Communication and Engagement Plan has been reformatted to align to the 2023-2027 Strategic Plan. The plan was pre-circulated to the Board, prior to the June 28, 2023 Board of Directors meeting, for review and feedback.

One Board member asked about the contact with the City and Regional Councils being included in the plan in line with the MPP's. Management advised that CMH has a cadence with the City once per year and that the focus of the MPP's was because CMH is looking to establish a closer relationship with a more direct line with the government.

A question was raised on the Emergency Wait Time Clock that is not functioning on the CMH website and emphasizes redesigning the methodology by using technology to create a non-resource metric. Management advised that from a resource capacity point of view of a manual process, it is not the priority of the organization at this time.

The Board recognized that the focus on social media over the past year for recruitment utilizing the various platforms has been a success.

MOTION: that the Board approves the 2023-27 Communication and Engagement Plan as presented. (Pyper/Hempel) **CARRIED.**

4.6. **By-Law & ONCA Related Policies – Resolutions for the Board**

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

MOTION: Resolved that,

1. the corporate by-law of Cambridge Memorial Hospital ("**Corporation**") relating generally to the conduct of the activities and affairs of the Corporation ("**By-law**"), in the form presented to the board of directors of the Corporation ("**Board**"), is approved and adopted as the by-law of the Corporation, and all previous corporate by-laws enacted by the Corporation are repealed and replaced by the By-law
2. the By-law be submitted to the members of the Corporation ("Members") for confirmation; and
3. following confirmation by the Members, the Chair and the Secretary of the Corporation are authorized and directed to certify a copy of the By-Law as confirmed by the Members and to place such a certified copy in the minute book of the Corporation. (Woeller/Alvarado) **CARRIED.**

MOTION: Resolved that, each of the following governance policies:
2-A-08 Board Charter
2-A-10 Audit Committee Charter
2-A-12 Executive Committee Charter
2-A-30 Responsibilities of Director
2-A-32 Responsibilities of Non-Director on Board Committee
2-A-36 Conflict of Interest Policy
2-D-22 Board of Directors and Non-Director Committee Member Declaration
2-D-20 Recruitment, Selection and Nomination of Directors and Non-Director Committee Members
2-D-45 Removal of a Director, Officer, or Committee Member
2-A-19 Medical Advisory Committee Terms of Reference
2-A-20 Role Description of the Chair of the Board
2-A-22 Role Description for Vice Chair
2-D-07 Quorum and Voting at Meetings
2-D-18 Board Succession Planning
2-D-24 Indemnity for Directors and D&O Insurance Coverage for Directors and Non-Director Committee Members

are revoked and replaced with the following governance policies, in the form presented to the Directors
2-A-08 Board Terms of Reference
2-A-10 Audit Committee Terms of Reference
2-A-12 Executive Committee Terms of Reference
2-A-30 Responsibilities of Director
2-A-32 Responsibilities of Non-Director on Board Committee
2-A-36 Conflict of Interest Policy
2-D-22 Board of Directors and Non-Director Committee Member Declaration
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2-A-19 Medical Advisory Committee Terms of Reference
2-A-20 Role Description of the Chair of the Board
2-A-22 Role Description for Vice Chair
2-D-07 Quorum and Voting at Meetings
2-D-18 Board Succession Planning
2-D-24 Indemnity for Directors and D&O Insurance Coverage for Directors and Non-Director Committee Members (Woeller/Dean) **CARRIED.**

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

6. ADJOURNENT
The meeting adjourned at 1830h. (Melchers/Dean)

7. DATE OF NEXT MEETING
A special meeting of the Board will be held July 18, 2023, virtually for the HIS recommendations.

The next scheduled Board meeting is October 4, 2023.

Nicola Melchers
Board Director
CMH Board of Directors

Patrick Gaskin
Board Secretary
CMH Board of Directors

Cambridge Memorial Hospital
BOARD OF DIRECTORS MEETING
Wednesday, June 28, 2023
OPEN SESSION (2)
(After Annual Meeting)

Minutes of the open session of the Board of Directors meeting, held in person at Cambridge Memorial Hospital on June 28, 2023.

Mr. B. Conway	Dr. V. Mirpoplsky
Ms. N. Melchers	Ms. J. Goyal
Mr. J. Tulsini	Mr. T. Dean
Ms. M. Hempel	Ms. M. McKinnon
Ms. D. Wilkinson	Mr. P. Gaskin
Mr. P. Brasil	Dr. W. Lee
Ms. S. Pearsall	Ms. S. Alvarado
Ms. L. Woeller	Dr. I. Morgan

Regrets: Mr. M. Lauzon

Staff Present: Ms. M. Iromoto, Ms. V. Sellers-Smith, Mr. S. Beckhoff

Guest:
Recorder: Ms. S. Fitzgerald

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1. CALL TO ORDER
Ms. Goyal called the meeting to order at 2053 hours.

1.1. **Confirmation of Quorum**
Quorum requirements having been met, the meeting proceeded, as per the agenda.

1.2. **Declarations of Conflict**
Board members were asked to declare any known conflicts of interest regarding this meeting.

1.3. **Confirmation of Agenda**
MOTION: (Goyal/Hempel) **that,** the agenda be approved as circulated **CARRIED**

2. DISCUSSION ITEMS

2.1. Election of the Officers
Ms. Goyal put forward a motion to elect the Board Chair and Board Vice Chair.

MOTION: that Nicola Melchers be elected as Chair of the Board and Lynn Woeller be elected as Vice Chair of the Board for a 1-year term. (Goyal/Alvarado) **CARRIED**

2.2. Committee Assignments
The Committee assignments were pre circulated.
MOTION: that the Board approve the committee assignments as presented. (Woeller/Julia) **CARRIED.**

The Chair noted that the Board Chair will reach out to the Chair of the CMH Volunteer Association to discuss the possibility of having a rotating Board member join their meetings in lieu of a permanent Board representative.

3. Notice of 2022-23 Board meetings and the Annual Meeting of the Corporation
Meeting dates and Annual Meeting dates were circulated for review.

MOTION: that the Board approve the meeting dates as presented. (Tulsani/Conway) **CARRIED.**

4. ABCDE Goal Planning and Tracking 2022-23
The Chair reviewed the goal tracking agreement that will be used when the Board Chair meets with the Board members individually to review the past year's goals and work at establishing the 2023-24 goals. Meetings will be set up over the summer break with the Directors and the Board Chair to review.

5. ADJOURNMENT
The meeting adjourned at 2101h. (Melchers / Dean) **CARRIED**

6. Meeting of Independent Directors with CEO and COS
7. Meeting of Independent Directors

DATE OF NEXT MEETING
A special meeting of the Board will be held July 18, 2023, virtually for the HIS recommendations.

The next scheduled Board meeting is October 4, 2023.

Nicola Melchers
Board Director
CMH Board of Directors

Patrick Gaskin
Board Secretary
CMH Board of Directors

Date of Meetings (12 month rolling schedule)	Bill Conway	Diane Wilkinson	Jay Tulsani	Julia Goyal	Lynn Woeller	Margaret McKinnon	Miles Lauzon	Monika Hempel	Nicola Melchers	Paulo Brasil	Sara Alvarado	Tom Dean
Wednesday, September 28, 2022		T		T	T	T	T	T	T		T	T
Wednesday, October 26, 2022		R		T	T	T	T	T	T		T	T
Wednesday, November 30, 2022		P		T	P	R	P	T	P		T	T
Wednesday, January 25, 2023		T		T	T	T	T	T	T		T	T
Wednesday, March 01, 2023		T		T	T	R	T	T	T		T	T
Wednesday, April 26, 2023		T		T	P	P	T	T	P		P	R
Wednesday, May 24, 2023		T		T	T	T	T	T	T		T	T
Wednesday, June 28, 2023		P		P	P	T	P	P	P		P	P
Tuesday, July 18, 2023	T	T	T	T	T	T	T	T	T	T	T	T

Committee Member	Attendance Rate
Bill Conway	100%
Jay Tulsani	100%
Julia Goyal	100%
Lynn Woeller	100%
Miles Lauzon	100%
Monika Hempel	100%
Nicola Melchers	100%
Paulo Brasil	100%
Sara Alvarado	100%
Diane Wilkinson	89%
Tom Dean	89%
Margaret McKinnon	78%

Committee

- Audit Committee
- Board of Directors
- Capital Projects Subcommittee
- Digital Health Subcommittee
- Executive Committee
- Governance Committee
- Quality Committee
- Resource Committee

Legend
T-Conference
R-Regrets
P-Present

BRIEFING NOTE

Date: September 28, 2023
Issue: Policy Review
Prepared for: Governance Committee
Purpose: ☒ Approval ☒ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Stephanie Fitzgerald
Approved by: Patrick Gaskin

Attachments/Related Documents: Policies with Track Changes

Recommendation/Motion

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

1-A-03 Board Accountability Statement
2-A-02 Principles of Governance
2-B-05 CEO Role Description
2-B-32 CEN Role Description
*(*Track changes version can be found in package 2)*

2-C-55 has been pulled from the policies forthcoming to the Board of Directors for approval for further review in collaboration with the CMH Foundation.

Background

This year the Governance committee pre-reviewed 16 CMH Board Policies prior to the beginning of the 2023/24 Board cycle.

Of those pre-reviewed, the following policies were reviewed again at the September 19, 2023 Governance Committee meeting and were amended / updated as attached:
**Note only policies with tracked changes are attached to the package*

Policy No.	Policy Name
1-A-03	Board Accountability Statement
2-A-02	Principles of Governance
2-B-05	CEO Role Description
2-B-32	CNE Role Description
2-C-55	Hospital Naming

BOARD MANUAL

SUBJECT: Board Accountability	**NO.: 1-A-03**
SECTION: The Organization	
APPROVED BY: Board of Directors	**DATE: October 4, 2023**

Board Accountability

The Board is accountable to:

1. Its patients and communities served for:
   - (a) the quality of the care and safety of patients.
   - (b) operating in a fiscally sustainable manner within its resource envelope and utilizing its resources efficiently and effectively to fulfil the Corporation's mission in patient care, education, and research.
   - (c) engaging the communities served when developing plans and setting priorities for the delivery of health care.
   - (d) the appropriate use of community/donor contributions to the Corporation.
2. The Ministry of Health (MOH) and Ontario Health (OH) for:
   - (a) building relationships and collaborating with the MOH, OH, Cambridge North Dumfries Ontario Health Team (CND OHT), other health service providers, and the community to identify opportunities to integrate the services of the local health system for the purpose of providing appropriate, coordinated, effective and efficient services.
   - (b) ensuring that the Corporation operates in a manner that is consistent with provincial plans, the CND OHT strategic plan and its accountability agreements with the MOH and OH.
   - (c) achieving the performance indicators in the accountability agreements and measuring the Corporation's performance against accepted standards and best practices in comparable organizations.
   - (d) providing an evidence-based business plan in support of requests for resources to meet the corporation's mission.
   - (e) informing MOH and/or OH, and, where appropriate, the communities served of any gaps between needs of the communities served and scope of services provided within the Hospital's allocation.

(f) Apprising the MOH and/or OH and the communities served by the Corporation of Board policies and decisions which are required to operate within its accountability agreements.

3. The Government of Ontario, government agencies and institutional partners for:
   (a) compliance with government regulations, policies, and directions.
   (b) implementation of directly mandated programs.
   (c) implementation of approved capital projects.
   (d) fulfilment of obligations under formal agreements and grants.

4. Its employees, volunteers, and medical/professional staff for a safe workplace environment where respect and dignity are always demonstrated.

DEVELOPED: September 28, 2011	**REVISED/REVIEWED:**	
January 28, 2015	May 30, 2018	November 25, 2020
October 4, 2023		

BOARD MANUAL

SUBJECT: Principles of Governance	**NO.: 2-A-02**
SECTION: Structure, Roles and Responsibilities	
APPROVED BY: Board of Directors	**DATE: October 4, 2023**

Principles of Governance

1. The Board of Directors is responsible for the governance of Cambridge Memorial Hospital (the "Corporation").
2. The Board shall ensure that the Corporation provides the best possible health care within the resources that are made available to it.
3. The Board shall work with the Ministry of Health and Ontario Health to seek resources to meet the needs of the community served and shall ensure that the Corporation operates within its resources and monitors their efficient and effective use.
4. The Board and its individual members shall be cognisant of the needs of the communities served. The Board should reflect the diversity of the communities served including demographic, linguistic, cultural, economic, geographic, gender, ethnic and social characteristics of the communities served by the Hospital.
5. The Board will be composed of informed and knowledgeable Directors who will foster a culture of honesty and integrity, and promote open informed dispassionate debate. The Board strives for a consensual approach to decision-making while respecting and valuing dissenting views.
6. The Board shall provide strategic leadership to the Corporation in realizing its mandate, vision, and core values, focusing its energy on matters of policy rather than day-to-day operations, and maintaining at all times a clear distinction between Board and staff roles.
7. The Board shall carry on its duties in accordance with the Corporation's letters patent, supplementary letters patent, By-laws, policies, and all applicable legislation.

DEVELOPED: September 28, 2011	**REVISED/REVIEWED:**	
November 26, 2014	January 24, 2018	September 30, 2020
October 4, 2023		

BOARD MANUAL

SUBJECT: CEO Role Description	**NO.: 2-B-05**
SECTION: Oversight of Management and Professional Staff	
APPROVED BY: Board of Directors	**DATE: October 4, 2023**

Reporting to the Board, the President and Chief Executive Officer hereafter referred to as the CEO is responsible for the safe overall operational and financial management of Cambridge Memorial Hospital (CMH)

The CEO provides leadership, counsel and guidance in planning and directing the Hospital and implementing the strategic plan. The CEO is responsible for building and maintaining effective collegial relationships with CMH and its internal stakeholders (the Hospital Board, CMH Foundation, CMH Volunteer Association, Hospital staff and relevant committees, etc.). The CEO is responsible for building and maintaining effective collegial relationships with key community external stakeholders (including the Ministry of Health (MOH), Ontario Health (OH), Home and Community Care Support Services (HCCSS), community groups and other health care providers, both publicly and privately funded, and the City of Cambridge, Township of North Dumfries and Region of Waterloo, its key staff, and elected officials).

ACCOUNTABILITY

The CEO is accountable to the Board to:

- Ensure the delivery of the highest standard of patient care consistent with available resources
- Operate the Hospital in an efficient and economical manner, in accordance with Board policies, directives, goals and objectives and in accordance with MOHLTC requirements and directions
- Execute long range and short term plans approved by the Board and funded by MOH through OH or other approved sources
- Monitor closely borrowing requirements and use the OH whenever appropriate
- Ensure that the Hospital is informed of and, whenever possible, is in receipt of extra funding for new programs and innovative ideas
- Use best effort to ensure that actual capital and operating expenditures do not exceed approved budgets
- Be accountable to stakeholders as identified by the Board
- Maintain positive relations in the broader health care community, with the MOH, OH, HCCSS, and other health care providers in both the public and private sector in the communities of Cambridge and North Dumfries, Kitchener, Waterloo, and Wellington County, as appropriate

- Advocate on behalf of the Hospital and its needs
- Take such action to ensure compliance with the Legislation and the By-laws of the Corporation and the Hospital Service Accountability Agreement (H-SAA)
- Keep the Board fully informed on
  - o all significant aspects of Hospital management and operation
  - o all quality related issues via the Board Quality Committee
- Co-ordinate the efforts and activities of the Medical/Professional staff, Hospital staff, CMH Volunteer Association, and CMH Foundation and ensures that these groups are bound by a unity of purpose and work together cohesively to carry out the Hospital's mission, vision, values and role

MAJOR RESPONSIBILITIES

PATIENT CARE

- Ensure the development of annual quality improvement plans which will be made public
- Ensure the development of and maintenance of mechanisms to monitor, report and continuously improve the quality of services provided by CMH
- Ensure that the Hospital and the care provided meets or exceeds all relevant quality standards and guidelines
- Ensure the development of and implementation of patient/client/caregivers surveys to assess satisfaction with the health services provided
- Ensure the development of process to address patient experience issues as well as the monitoring of and reporting on patient experience
- Ensure the development of appropriate quality, patient and employee safety, utilization, and risk management programs
- Foster a patient safety culture that supports quality patient care
- Consider safety of self and co-workers while performing their work

MEDICAL STAFF

- Work in partnership with the Chief of Staff or appropriate Chief of Department
- Working in partnership with the Chief of Staff, communicate continuously with Medical/Professional Staff concerning operational, budgeting, and strategic planning, resolve daily administrative problems and related matters
- Attend Medical Advisory Committee meetings
- Work effectively with the Board appointed Chiefs of Departments and the elected Medical/Professional Staff Executive members
- Develop staff surveys to assess satisfaction with employment experience and to solicit views about the quality of care provided by CMH to our patients
- Support the members of the Medical/ Professional Staff to act in accordance with the Legislation, or the By-laws, Rules, and Regulations of the Corporation
- Collaborate with the Medical Advisory Committee in the provision of quality care

by the Medical/Professional Staff

OPERATIONS AND RESOURCE MANAGEMENT

- Provide leadership to all employees of the Corporation
- Pilot plans for approved new or expanded programs and services through the MOH; maintain ongoing contact with the MOH to monitor the status of approvals and funding
- Direct, co-ordinate and control the operation of the Hospital through leaders; ensure that approved plans are implemented; monitor actual capital and operating expenditures against approved budget on a monthly basis or more frequently if required
- Review and assess operating problems; develop and implement plans for corrective action
- Establish an organizational structure to ensure accountability of all departments, services, and staff for fulfilling the mission, vision, and strategic plan of the Corporation
- Recruit and review with the Executive Committee, the hiring or appointment of senior management personnel to fill approved positions
- Assess the performance of direct reports and review with the Executive Committee promotions, transfers, or dismissals within this group.
- Recommend salary range and pay increases for Hospital staff, including the ratification of collective agreements
- Ensure that all management and supervisory personnel are properly trained to carry out their functions in a competent manner; maintain an ongoing program of professional development for self and senior staff
- Ensure that managers assess the performance of their staff; review and approve recommendations for their staffs' pay increases, promotions, transfers, or dismissals
- Ensure preparation of the Hospital in order to receive Accreditation status consistent with the direction of the Board
- Report the results of the Accreditation survey to the Board and its Committees along with plans for implementation of survey recommendations
- Ensure that operating and capital budgets are properly prepared and presented to the Resources Committee for review
- Ensure the appropriate utilization of resources
- Ensure that the Hospital is in receipt of annual, program and capital funding from the government
- Monitor the activities of the CMHF and CMHVA and build a collaborative relationship with CMHF staff and CMHVA staff. Be responsible for the payment of all salaries and amounts due from and by the Corporation which fall within the purview and scope of the approved annual budget, or otherwise as may be established from time to time by resolution of the Board;
- Assure that provision is made for the employee health services as required by the Regulations under the Public Hospitals Act

- Ensure that the Hospital operates within the budget approved by the Board and funded by MOH

PLANNING AND STRATEGY

- Provide guidance to the Board in developing and maintaining a strategic planning framework for the Hospital that responds to community needs and addresses changes and trends in the delivery of health services
- Identify and implement annual corporate priorities and operating plan consistent with the strategic plan.

GOVERNANCE

- Attend meetings of the Board and assigned committees; prepare agendas for Board meetings in consultation with the Chair; ensure that minutes of all Board and committee meetings are taken and circulated; ensure that there is adequate staff support for Board and Committee members
- Supervise or conduct studies and analyze as requested for the Board and its Committees; prepare and submit reports on the results of these studies
- Develop measurable criteria by which to evaluate performance against program objectives on an ongoing basis
- Develop and recommend to the appropriate committee of the Board policies for the Hospital; encourage senior executives to submit policy suggestions; review these and, if appropriate, recommend them to the proper committee of the Board; ensure that approved policies are announced and adhered to on an ongoing basis
- Monitor education opportunities and report on these to the Board and appropriate management
- Be the Secretary of the Board
- Be an ex officio non-voting member of the Board
- Be a voting member of the Quality Committee of the Board
- Provide the Board with regular assurance that the methodology and data used by management to report performance metrics to the Board and federal and provincial agencies appropriately and accurately reflect the Corporation's performance and provides a reliable basis for Board decision making
- Report to the Board any matter about which it should have knowledge that may impact on a decision of the Board
- Except in extenuating circumstances, submit monthly financial statements to the Board accurately disclosing the financial position of the Corporation for the most recent month
- Ensure that the investment policy as established by the Board is in place, and monitor compliance with the policy
- Submit quarterly certificates to the Board in respect of the previous quarter that all wages owing to employees and source deductions relating to the employees

that the Corporation is required to deduct and remit to the proper authorities pursuant to all applicable Legislation

COMMUNICATION AND STAKEHOLDER RELATIONS

- Serve as a spokesperson for the Hospital; respond to questions from the media, the public and patients; participate in the planning and execution of important public relations activities
- Maintain effective relationships in the Hospital field throughout the Region of Waterloo and throughout the province
- Maintain effective relationships with the MOH
- Maintain an effective relationship with the Ontario Hospital Association and the other Hospitals and related CEOs within the Region of Waterloo to ensure maximum benefit for CMH from its relationships
- Provide logistical support for the annual meeting of the Hospital Corporation
- Prepare an accountability report to the stakeholders on an annual basis
- Maintain effective relationships with the communities of Cambridge and North Dumfries, and local and regional politicians
- Represent the Corporation externally to the community, government, and other organizations and agencies
- Communicate with related health care agencies to promote co-ordination and/or planning of local health care services

OTHER

- Perform other functions as requested by the Board and the Board Chair
- Have such other powers and duties as may from time to time be assigned to the CEO by the Board.
- The CEO shall devote full time attention to the business and affairs of the Hospital. The CEO shall not undertake any other business or occupation or become an employee, partner or agent of any other corporation, partnership firm or person (hereafter referred to as “other organizations”). The CEO may, with the Board’s consent or as required by the Public Hospitals Act, undertake activities for other organizations which are consistent with the CEO’s responsibilities.

LIMITS OF AUTHORITY

The CEO is authorized to:

- Spend amounts required for the operating and capital purposes in accordance with the policies of the Board
- Approve the hiring, promotion, transfer or dismissal of management and supervisory personnel in accordance with Board policy
- Approve pay adjustments for management and supervisory personnel below the

level of immediate subordinates, provided the Board has approved the salary range and the overall pay increase rates within ranges stipulated by the MOH

DEVELOPED: September 28, 2011	**REVISED/REVIEWED:**	
June 25, 2014	November 30, 2016	September 30, 2020
October 4, 2023		

BOARD MANUAL

SUBJECT:	**Vice President Clinical Programs and Chief Nursing Executive (VP/CNE) Role Description**	**NO.: 2-B-32**
SECTION:	**Board Process**	
APPROVED BY:	**Board of Directors**	**DATE: October 4, 2023**

Reporting to the President and CEO, the VP/CNE is responsible for the safe operational and financial management of clinical programs in the reporting portfolio; upholding and ensuring professional standards of practice in nursing and health professional disciplines across the organization; and creating an environment of focused quality, safe and effective patient care that supports the patient experience and strategic directions of Cambridge Memorial Hospital (CMH).

As a member of the executive team, the VP/CNE provides leadership for professional practice, patient experience, quality, safety, and risk. The VP/CNE is responsible to maintain, develop and support effective collegial relationships with CMH and its internal stakeholders (the Hospital Board, CMH Foundation (CMHF), CMH Volunteers Association (CMHVA), Hospital staff and their committees/associations, etc.). The VP/CNE is responsible for building and maintaining effective collegial relationships with key community external stakeholders including the Ministry of Health (MOH), Ontario Health, Home and Community Care, Cambridge North Dumfries Ontario Health Team (CND OHT), community groups and other health care providers, both publicly and privately funded, and the Province of Ontario, City of Cambridge, Township of North Dumfries and Region of Waterloo, their key staff, and elected officials.

ACCOUNTABILITY

The VP/CNE is accountable to the President and CEO

- As a member of the executive team and with respect to Excellent Care for All Act, to fulfill the governance, leadership, and practice domains inherent in the role within the organization and to identify and articulate the strategic direction for the delivery of patient care and the provision of nursing and professional disciplines in care delivery
- For quality, safe, effective care and patient experience through leadership of quality and safety innovations, maintenance of CMH's RNAO Best Practice Spotlight Designation and ongoing monitoring, intervention, and oversight of risk
- To maintain and develop collaborative relationships across organizations, sectors, and regions to best advance the mission, vision, and values of CMH in integration and coordinated care delivery
- To be accountable for patient care and service that complies with ethical standards and CMH values
- To ensure annual processes of nursing and health professional credentialing

- To ensure that obligations under the Regulated Health Professionals Act are upheld
- To participate as a voting member of the Quality Committee of the Board
- To participate as a non-voting member of the Board
- To maintain positive relations in the broader health care community, with the MOH, and other health care providers in both the public and private sector in the communities of Cambridge, North Dumfries, Kitchener, Waterloo, and Wellington County, as appropriate
- To advocate on behalf of the Hospital and its needs

MAJOR RESPONSIBILITIES

PATIENT CARE AND PATIENT EXPERIENCE, QUALITY AND SAFETY

- Participate as an active member of the executive team and Board Quality Committee
- Lead the development of annual quality improvement plans and ensure compliance with submission to Ontario Health as well as public posting of the document
- Propose, lead, and direct strategies to improve quality outcomes, patient experience and advance evidence informed care
- Oversee and report on patient risk, ensure timely follow up, any required mitigation strategies and reporting of critical incidents to the Quality Committee of the Board
- Ensure a practice environment that enables implementation of evidence informed nursing and health discipline care delivery consistent with the organization's strategic directions and quality improvement plan(s)
- Ensure the effective use of informatics in practice to support quality and effective care delivery
- Support the development of appropriate quality, patient experience, patient, and employee safety, utilization, and risk management programs
- Lead the process to ensure adequate preparation of the Hospital to receive Accreditation status consistent with the requirements set out by the MOH
- Promote a patient safety culture that supports quality patient care and patient experience
- Consider safety of self and co-workers while performing their work
- Work in partnership with the Chief of Staff and Vice President Medical Affairs and communicate with Medical/Professional Staff concerning professional practice, regional initiatives, and other matters of mutual focus
- Attend Medical Advisory Committee (MAC) meetings
- Participate as a voting member of Medical & Professional Staff Credentialing Committee of the MAC
- Work collaboratively with the Board appointed Chiefs of Departments and the elected Medical/Professional Staff Executive members
- Maintain collaborative relationships with executive leadership and senior nurse executives across organizations, sectors, and regions to advance nursing and professional practice agendas

- Ensure a system of collaboration with academic partners, with a focus on nursing programs and health practitioner programs to facilitate appropriate clinical placements and shape curriculum and effective teaching/learning experiences for students and staff

OPERATIONS AND RESOURCE MANAGEMENT

- Provide leadership to all employees within their portfolio and to the professional disciplines across the organization
- Support and or implement plans for approved new or expanded programs and services through the MOH; maintain ongoing contact with the MOH to monitor the status of approvals and funding
- Direct, co-ordinate and control the operation of the portfolio through directors and managers; ensure that approved plans are implemented; monitor actual capital and operating expenditures against approved budget monthly or more frequently if required
- Review and assess daily operating problems; develop and implement plans for corrective action
- Establish an organizational structure to ensure accountability of all nursing and health professionals to fulfill the professional practice mandate and labour relations parameters
- Ensure annual performance development processes for direct reports is maintained and that progress reviews occur consistent with organizational standards
- Ensure organizational standard work expectations are upheld within their portfolio
- Review and approve the hiring or appointment of key management and supervisory personnel to fill approved positions
- Ensure that managers assess the performance of their staff; review and approve their recommendations for their staff pay increases, promotions, transfers, or dismissals
- Ensure the appropriate utilization of resources within their portfolio
- Monitor quality metrics, access to services, volumes, and utilization targets and develop corrective action plans as required

STRATEGIC VISIONING, ORGANIZATIONAL DECISION MAKING AND PRACTICE INNOVATION

- Participate as an active member of the Board and executive team
- Participate as a voting member of the Quality Committee and as a non-voting member of the Board
- Provide executive support for the Quality Committee of the Board and in collaboration with the Committee Chair prepare agendas, the annual work plan, ensure minutes are taken and circulated and that the work plan is delivered on over the course of the committee cycle
- Disseminate the strategic directions and vision across the organization through

formal structures and processes and informal opportunities

- Implement annual corporate priorities and operating plan consistent with the strategic plan and the operating and external policy context of CMH

OTHER

- Performs other functions as requested by the CEO
- The VP/CNE shall not be employed or participate in compensated activities outside of CMH, without the approval of the CEO

DEVELOPED: September 28, 2011	**REVISED/REVIEWED:**	
June 25, 2014	November 30, 2016	September 30, 2020
October 4, 2023		

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

MEMORANDUM

TO: Board of Directors, Cambridge Memorial Hospital

DATE: September 19, 2023

REPORTING PERIOD: April 1, 2023 – June 30, 2023

FROM: Patrick Gaskin
President and CEO

RE: CEO Certificate of Compliance

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

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

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

Exceptions: NIL

Patrick Gaskin
President and CEO

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2024)
Board of Directors Regular Meetings													
5:00pm - 8:00pm		4		6		7			1	26			
Board Generative Discussion Meetings													
Emergency Department			1										
Digital Health							6						
TBD													
Meeting with City Council and CMH Board of Directors - TBD											TBD		
Joint CMH/CMHF/CMHVA Board Meeting - TBD													
Quality Committee 7:00 am – 9:00am	20	18	15		17	21		17	15	19			
Quality Committee QIP Meeting 7:00 am – 9:00 am						7							
Resources Committee 7:00pm – 9:00pm	26		27			26		22	27	24			
Capital Projects Sub - Committee 5:00pm – 6:30pm	26		27			26				24			
Digital Health Strategy Sub - Committee 5:00pm – 6:30pm	21		16		18	15		18	16	20			
Governance Committee 5:00pm - 7:00pm	19		7		11		14		9				
Audit Committee 5:00pm - 6:30pm			13		22			22	27				
Executive Committee 5:00pm - 6:30pm	28		14				11		14				
OHT Joint Board Committee 5:30pm - 7:30pm - Virtual Zoom meeting	25	23	27	11	22	26	25	22	27	24			
2022-23 Events													
Staff Holiday Lunch - December 7, 2023 11am-2pm / 6-8pm				15									
Career Achievement - TBD													
Chamber Business Awards - TBD													

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2024)
CMHF Diversity Dinner – October 3, 2023		3											
CMH Staff BBQ - TBD													
CMH Staff & Family Appreciation Day – TBD													
CMH Golf Invitational - TBD													
CMH Reveal - March 1, 2024							1						
Board Education Opportunities													
Governors Education Sessions													
Governance Essentials for New Directors - *Paulo Brasil/Jay Tulsani/Bill Conway*													
Hospital Legal Accountability Framework		3											
Hospital Accountability Within the Health System		10											
Governance and Management - The Crucial Partnership		24											
CMH Leadership Learning Lab													
• *Project Management for the Unofficial PM*													
• *Crucial Conversations*			15/16										
• *7 Habits of Highly Effective People - Nicola Melchers*				5/8									
• *Me2You DISC Profile - Diane Wilkinson*													
• *Quality Improvement*		6											
• *Guiding Organizational Change*		11											
• *5 Choices*													
Mental Health First Aid													

Schedule of Meetings - 2023/24

Board of Directors 1700hrs *Occurs First Wednesday Mth Following* *Admin Support: Stephanie Fitzgerald*	**Resources Committee 1900hrs** *Occurs Fourth Monday of the Month* *Admin Support: Bonnie-Kay Collins*
Wednesday, October 4, 2023 ***Regular Board Meeting***	Tuesday, September 26, 2023
Wednesday, November 1, 2023 ***Generative 2hr Only***	Monday, November 27, 2023
Wednesday, December 6, 2023 ***Regular Board Meeting***	Monday, February 26, 2024
Wednesday, February 7, 2024 ***Regular Board Meeting***	Monday, April 22, 2024
Wednesday, March 6, 2024 ***30m Board / Generative 90min***	Monday, May 27, 2024
Wednesday, May 1, 2024 ***Regular Board Meeting***	Monday, June 24, 2024
Wednesday, June 5, 2024 ***30min Board / Generative 90min***	
Wednesday, June 26, 2024 ***June Regular Board Meeting***	
Quality Committee 0700hrs *Occurs Third Wednesday of the Month* *Admin Support: Iris Anderson*	**Capital Projects Sub Committee 1700hrs** *Occurs Fourth Monday of the Month* *Admin Support: Kristen Hoch*
Wednesday, September 20, 2023	Tuesday, September 26, 2023
Wednesday, October 18, 2023	Monday, November 27, 2023
Wednesday, November 15, 2023	Monday, February 26, 2024
Wednesday, January 17, 2024	Monday, June 24, 2024
Special QIP Meeting, Wednesday, February 7, 2024	
Wednesday, February 21, 2024	
Wednesday, April 17, 2024	
Wednesday, May 15, 2024	
Wednesday, June 19, 2024	
Digital Health Sub Committee 1700 hrs *Occurs Third Thursday of the Month* *Admin Support: Bonnie-Kay Collins*	**Governance Committee 1630hrs** *Occurs Second Tuesday of the Month* *Admin Support: Stephanie Fitzgerald*
Thursday, September 21, 2023	Thursday, September 19, 2023
Thursday, November 16, 2023	Thursday, November 7, 2023
Thursday, January 18, 2024	Thursday, January 11, 2024
Thursday, February 15, 2024	Thursday, March 14, 2024
Thursday, April 18, 2024	Thursday, May 9, 2024
Thursday, May 16, 2024	
Thursday, June 20, 2024	
Audit Committee 1700hrs *Admin Support: Bonnie-Kay Collins*	**Executive Committee 1700hrs** *Admin Support: Stephanie Fitzgerald*
Moday, November 13, 2023	Thursday, September 28, 2023
Monday, January 22, 2024	Tuesday, November 14, 2023
Joint Audit & Resources Committee / Audit	Tuesday, March 11, 2024
Monday, April 22, 2024	Tuesday, May 14, 2024
Monday, May 27, 2024	

Schedule of Meetings - 2023/24

Medical Advisory Committee (MAC) 1630hrs *Occurs Second Wednesday of the month* *Admin Support: Nina Grealy*	**CMHVA Board Meetings 0930hrs** *Occurs Last Wednesday of the month*
Wednesday September 13, 2023	Wednesday, September 27, 2023
Wednesday October 11, 2023	Wednesday, October 25, 2023
Wednesday November 8, 2023	Wednesday, November 29, 2023
Monday December 4, 2023	Wednesday December 27, 2023
Wednesday January 10, 2024	Wednesday, January 31, 2024
Wednesday February 14, 2024	Wednesday, February 28, 2024
Wednesday March 13, 2024	Wednesday , March 27, 2024
Wednesday April 10, 2024	Wednesday, April24, 2024
Wednesday May 8, 2024	Wednesday, May 29, 2024
Wednesday June 12, 2024	Wednesday, June 26, 2024
PFAC 1700hrs *Occurs Fourth Monday of the Month* *Admin Support: Liane Barefoot*	**CND OHT Joint Board 1730hrs** *Occurs Fourth Monday of the Month* *Admin Support: Brenda Jacob*
Tuesday, September 12, 2023	Monday, September 25, 2023
Tuesday October 3, 2023	Monday, October 23, 2023
Tuesday, November 7, 2023	Monday, November 27, 2023
Tuesday, December 5, 2023	Monday December 11, 2023
Tuesday January 9, 2024	Monday, January 22, 2024
Tuesday February 6, 2024	Monday, February 26, 2024
Wednesday, March 6, 2024	Monday, March 25, 2024
Tuesday, April 2, 2024	Monday, April 22, 2024
Tuesday, May 7, 2024	Monday, May 27, 2024
Tuesday, June 4, 2024	Monday, June24, 2024
CMH Foundation Board 1600hrs *Occurs Last Tuesday of the month* *Admin Support: Cherylynn Lumsag*	
Tuesday, September 26, 2023	
Tuesday, November 28, 2023 (Social)	
Tuesday, January 30, 2024	
Tuesday, March 26, 2024	
Tuesday, May 28, 2024	
Tuesday, June 25, 2024	

CMH Board of Directors ABCDE Goals Status

Each year as approved in April 2021, Board members made a commitment to set and track personal goals – their ABCDE goals

Attend – attend Board/committee meetings

Be engaged – be an active contributor to the committee and Board work

Connect – attend staff huddles, events

Donate – support the CMH Foundation

Educate – undertake education, courses

The Board will receive an updated collectively on the "ABCDE" goals (3) three times per year (November, February and June).

Bill Conway					
Attend – attend Board/committee meetings	**B**e engaged – be an active contributor to the committee and Board work	**C**onnect – attend staff huddles, events	**D**onate – support the CMH Foundation	**E**ducate – undertake education, courses	Other Goals
Commitment: 75% attendance at Board/Committee Meetings	Continue to improve public speaking skills, strengthen relationships with CEO, COS and the SLT. Work to ensure that Board priorities (Accreditation, oversee implementation of strategic priorities [including CSGP], to ensure that financial planning for HIS is robust, and continued focus on overall welfare of CMH team (staff, professional/medical/volunteers) are communicated to the Board and undertaken.	Priority to attend many CMH events as schedule permits	*Commitment:* Donate to CMHF for the period of July 1, 2023 to June 30, 2024	Complete all suggested reading as outlined in Policy 2-D-30. Complete OHA Essentials Certificate in Health Care Governance for New Directors (one day course) Full understanding of how funding flows to CMH from Ministry, Grants, other sources and how as a director can advocate for increased funding for CMH.	Be a regular contributor at all board meeting and committee meetings Be informed and increase knowledge of issues/challenges facing CMH and health care in general
Achievement Status:					
As of November 30, 2023:	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*

CMH Board of Directors ABCDE Goals Status

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Attend – attend Board/committee meetings

Be engaged – be an active contributor to the committee and Board work

Connect – attend staff huddles, events

Donate – support the CMH Foundation

Educate – undertake education, courses

The Board will receive an updated collectively on the "ABCDE" goals (3) three times per year (November, February and June).

Diane Wilkinson					
Attend – attend Board/committee meetings	**B**e engaged – be an active contributor to the committee and Board work	**C**onnect – attend staff huddles, events	**D**onate – support the CMH Foundation	**E**ducate – undertake education, courses	Other Goals
Commitment: 75% attendance at Board/Committee Meetings	1. Mentor new Board Member 2. Continue pre & post planning for QC and MAC 3. Participate in 2 Ad Hoc Projects	1. Visit at least 4 programs/departments. DI/Lab scheduled August 25 2. Attend atleast 1 ICAIR event 3. Atend staff event i.e. holiday, summer	*Commitment:* Donate to CMHF for the period of July 1, 2023 to June 30, 2024	Attend at least two education sessions related to Board Activities and responsibilities. September 12 OHA Risk Session scheduled.	To continue to develop my comfort level and ask more questions at the Board
Achievement Status:					
As of November 30, 2023:	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*
Mentor Paulo Brasil Ad Hoc: Digital Financing Plan Group QC meetings scheduled MAC pre meetings scheduled		DI/Lab Tour August 25, 2023			

CMH Board of Directors ABCDE Goals Status

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Attend – attend Board/committee meetings

Be engaged – be an active contributor to the committee and Board work

Connect – attend staff huddles, events

Donate – support the CMH Foundation

Educate – undertake education, courses

The Board will receive an updated collectively on the "ABCDE" goals (3) three times per year (November, February and June).

Jay Tulsani					
Attend – attend Board/committee meetings	**B**e engaged – be an active contributor to the committee and Board work	**C**onnect – attend staff huddles, events	**D**onate – support the CMH Foundation	**E**ducate – undertake education, courses	Other Goals
Commitment: 75% attendance at Board/Committee Meetings	Come prepared to all board meetings for an informed discussion, read all pre-meeting matieral Provide perspective on items up for discussion with real world best practices.	Attend staff events when invited. Participate in staff activities (as required) and build a rapport with the team	*Commitment:* Donate to CMHF for the period of July 1, 2023 to June 30, 2024	Study and review all materials. Required courses TBD based on requirements identified.	Learn the process and educate myself on all relevant material while being a contributing member of the CMH Board.
Achievement Status:					
As of November 30, 2023:	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*

CMH Board of Directors ABCDE Goals Status

Each year as approved in April 2021, Board members made a commitment to set and track personal goals – their ABCDE goals

Attend – attend Board/committee meetings

Be engaged – be an active contributor to the committee and Board work

Connect – attend staff huddles, events

Donate – support the CMH Foundation

Educate – undertake education, courses

The Board will receive an updated collectively on the "ABCDE" goals (3) three times per year (November, February and June).

Julia Goyal					
Attend – attend Board/committee meetings	**B**e engaged – be an active contributor to the committee and Board work	**C**onnect – attend staff huddles, events	**D**onate – support the CMH Foundation	**E**ducate – undertake education, courses	Other Goals
Commitment: 75% attendance at Board/Committee Meetings	Read agenda/packages Speak up at meetings	Attend staff huddles and hospital events (as schedule permits)	*Commitment:* Donate to CMHF for the period of July 1, 2023 to June 30, 2024	Recommended course to increase business acumen (risk, financials) and knowledge of OHT's	Improve business acumen to increase ability to contribute to Board discussions on financial health of CMH
Achievement Status:					
As of November 30, 2023:	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*

CMH Board of Directors ABCDE Goals Status

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Attend – attend Board/committee meetings

Be engaged – be an active contributor to the committee and Board work

Connect – attend staff huddles, events

Donate – support the CMH Foundation

Educate – undertake education, courses

The Board will receive an updated collectively on the "ABCDE" goals (3) three times per year (November, February and June).

Lynn Woeller					
Attend – attend Board/committee meetings	**B**e engaged – be an active contributor to the committee and Board work	**C**onnect – attend staff huddles, events	**D**onate – support the CMH Foundation	**E**ducate – undertake education, courses	Other Goals
Commitment: 75% attendance at Board/Committee Meetings	1) Read all meeting materials in advance of meetings. 2) Actively & open-mindedly listen to Board members & physicians/staff during meetings. 3) Provide feedback that is both constructive & supportive. 4) Be actively aware of community happenings that impact CMH.	1) Attend at least 2 huddles. 2) Attend at least 2 CMH or Foundation events. 3) Attend at least one Grand Rounds. 4) Mentorship 5) Other i.e. coffee dates	*Commitment:* Donate to CMHF for the period of July 1, 2023 to June 30, 2024	BD based on CMH, ICD and other offerings available	
Achievement Status:					
As of November 30, 2023:	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*

CMH Board of Directors ABCDE Goals Status

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Attend – attend Board/committee meetings

Be engaged – be an active contributor to the committee and Board work

Connect – attend staff huddles, events

Donate – support the CMH Foundation

Educate – undertake education, courses

The Board will receive an updated collectively on the "ABCDE" goals (3) three times per year (November, February and June).

Margaret McKinnon					
Attend – attend Board/committee meetings	**B**e engaged – be an active contributor to the committee and Board work	**C**onnect – attend staff huddles, events	**D**onate – support the CMH Foundation	**E**ducate – undertake education, courses	Other Goals
Commitment: 75% attendance at Board/Committee Meetings			*Commitment:* Donate to CMHF for the period of July 1, 2023 to June 30, 2024		
Achievement Status:					
As of November 30, 2023:	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*

CMH Board of Directors ABCDE Goals Status

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Be engaged – be an active contributor to the committee and Board work

Connect – attend staff huddles, events

Donate – support the CMH Foundation

Educate – undertake education, courses

The Board will receive an updated collectively on the "ABCDE" goals (3) three times per year (November, February and June).

Miles Lauzon					
Attend – attend Board/committee meetings	**B**e engaged – be an active contributor to the committee and Board work	**C**onnect – attend staff huddles, events	**D**onate – support the CMH Foundation	**E**ducate – undertake education, courses	Other Goals
Commitment: 75% attendance at Board/Committee Meetings	Come up to speed as Chair of Governance Ensure consistancy between CMH governance policies and CND OHT governance structure as it develops. Pursue fuller understanding of the operation of the emergency department by me and encourage board colleagues to do likewise. Continue to follow up on initial involvement in the CMH parking system project.	Attend (2) Clinical staff huddles. Attend at least (3) CMH Events. Continue to actively engage with Board colleagues.	*Commitment:* Donate to CMHF for the period of July 1, 2023 to June 30, 2024	(2) courses from among the following subject areas - Issues in Indigenous health care, Homelessness, Bill 7 application, AI potential in health care.	Improve understanding of the potential of the CND OHT. Improve understanding of labour relations at CMH.
Achievement Status:					
As of November 30, 2023:	As of November 30, 2023:	As of November 30, 2023:	As of November 30, 2023:	As of November 30, 2023:	As of November 30, 2023:

CMH Board of Directors ABCDE Goals Status

Each year as approved in April 2021, Board members made a commitment to set and track personal goals – their ABCDE goals

Attend – attend Board/committee meetings

Be engaged – be an active contributor to the committee and Board work

Connect – attend staff huddles, events

Donate – support the CMH Foundation

Educate – undertake education, courses

The Board will receive an updated collectively on the "ABCDE" goals (3) three times per year (November, February and June).

Monika Hempel					
Attend – attend Board/committee meetings	**B**e engaged – be an active contributor to the committee and Board work	**C**onnect – attend staff huddles, events	**D**onate – support the CMH Foundation	**E**ducate – undertake education, courses	Other Goals
Commitment: 75% attendance at Board/Committee Meetings	Acknowledge the work of management and staff when asking a question. Follow up meetings with new audit committee members to see how they are coping.	1- Staff appreciation event 1-2 Staff Huddles 2 - Chamber of Commerce Events	*Commitment:* Donate to CMHF for the period of July 1, 2023 to June 30, 2024	Readings from the Directors Journal, Diversity Training through my company	Balance between work and Board
Achievement Status:					
As of November 30, 2023:	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*

CMH Board of Directors ABCDE Goals Status

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Attend – attend Board/committee meetings

Be engaged – be an active contributor to the committee and Board work

Connect – attend staff huddles, events

Donate – support the CMH Foundation

Educate – undertake education, courses

The Board will receive an updated collectively on the "ABCDE" goals (3) three times per year (November, February and June).

Nicola Melchers					
Attend – attend Board/committee meetings	**B**e engaged – be an active contributor to the committee and Board work	**C**onnect – attend staff huddles, events	**D**onate – support the CMH Foundation	**E**ducate – undertake education, courses	Other Goals
Commitment: 75% attendance at Board/Committee Meetings	fully prepare for and chair Board meetings. Attendance at all Committee meetings at least once during 2023/24 Board year. Connect with all Board Members individually at least twice per year. Connect/engage one on one with all members of the SLT at least twice in the 2023/24 board year. Continue to work with MPSA to improve working relationships and knowledge	Attend at least once at all department huddles. Attendance at staff events - BBQ, Long Service Awards, Holiday lunch. Attendance at Grand Rounds. Notes/thank you cards to staff who go above and beyond	*Commitment:* Donate to CMHF for the period of July 1, 2023 to June 30, 2024	ICD Annual Conference, MT 'Coffee Talk' series, OHA Leadership Summit, review weekly Advisory Council Articles, OHA materials. Attend at least one course/program dealing with Indigenous issues/matters to educate myself further on the role that I can play in the Reconciliation Process.	Continue to improve public speaking skills, strengthen relationships with CEO, COS and the SLT. Work to ensure that Board priorities (Accreditation, oversee implementation of strategic priorities [including CSGP], to ensure that financial planning for HIS is robust, and continued focus on overall welfare of CMH team (staff, professional/medical/volunteers) are communicated to the Board and undertaken.
Achievement Status:					
As of November 30, 2023:	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*

CMH Board of Directors ABCDE Goals Status

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Be engaged – be an active contributor to the committee and Board work

Connect – attend staff huddles, events

Donate – support the CMH Foundation

Educate – undertake education, courses

The Board will receive an updated collectively on the "ABCDE" goals (3) three times per year (November, February and June).

Paulo Brasil					
Attend – attend Board/committee meetings	**B**e engaged – be an active contributor to the committee and Board work	**C**onnect – attend staff huddles, events	**D**onate – support the CMH Foundation	**E**ducate – undertake education, courses	Other Goals
Commitment: 75% attendance at Board/Committee Meetings	Be a regular contributor at all board meeting and committee meetings Be informed and increase knowledge of issues/challenges facing CMH and health care in general	Attend staff huddles and CMH Events	*Commitment:* Donate to CMHF for the period of July 1, 2023 to June 30, 2024	Commit to 1 course/education per month for the first 3-6months - to better understand processes and industry regulations. Complete additional courses as recommended.	
Achievement Status:					
As of November 30, 2023:	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*

CMH Board of Directors ABCDE Goals Status

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Attend – attend Board/committee meetings

Be engaged – be an active contributor to the committee and Board work

Connect – attend staff huddles, events

Donate – support the CMH Foundation

Educate – undertake education, courses

The Board will receive an updated collectively on the "ABCDE" goals (3) three times per year (November, February and June).

Tom Dean					
Attend – attend Board/committee meetings	**B**e engaged – be an active contributor to the committee and Board work	**C**onnect – attend staff huddles, events	**D**onate – support the CMH Foundation	**E**ducate – undertake education, courses	Other Goals
Commitment: 75% attendance at Board/Committee Meetings	Be prepared by reading all briefing notes, making notes with comments and questions regarding issues facing CMH. Ask appropriate questions and comments at meetings	Best Bites Event Holiday Staff Dinner Event	*Commitment:* Donate to CMHF for the period of July 1, 2023 to June 30, 2024	4 webinars of DEI matters in the workplace and community Update Indigenous Canada Course Readings from Directors Journal to gain new insights on being a valued and impactful Board member	Finish role as CRP chair and Board member at the appropriate time Take on a new Board seat where I can continue to add value.
Achievement Status:					
As of November 30, 2023:	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*

CMH Board of Directors ABCDE Goals Status

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Attend – attend Board/committee meetings

Be engaged – be an active contributor to the committee and Board work

Connect – attend staff huddles, events

Donate – support the CMH Foundation

Educate – undertake education, courses

The Board will receive an updated collectively on the "ABCDE" goals (3) three times per year (November, February and June).

Sara Alvarado					
Attend – attend Board/committee meetings	**B**e engaged – be an active contributor to the committee and Board work	**C**onnect – attend staff huddles, events	**D**onate – support the CMH Foundation	**E**ducate – undertake education, courses	Other Goals
Commitment: 75% attendance at Board/Committee Meetings	In addition to the Resources Committee, I'm also Chair of the newly-created HIS committee, a key one for the hospital as we embark in the revamping of clinical information systems. I also look to contribute through support or understanding of other healthcare issues that may impact CMH directly or indirectly. I tend to participate quite actively and my challenge is to maintain that balance and allow for others at the table to also contribute, while providing my fair share.	I actively attend events, like volunteering for the Christmas staff lunch, attending tours, or events organized by the Foundation or doctors' events we've had, Covid prevented many of those in the past years and look forward to returning events.	*Commitment:* Donate to CMHF for the period of July 1, 2023 to June 30, 2024	I have attended a few organized by the OHA. These were mostly in person events. This year I will find opportunities to attend an education session online related to healthcare in Ontario.	
Achievement Status:					
As of November 30, 2023:	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*	*As of November 30, 2023:*

BRIEFING NOTE

Date: September 12, 2023
Issue: Corporate Strategic and Operational Priorities Q1 Update
Prepared for: Quality Committee
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Kyle Leslie, Director Operational Excellence
Approved by: Mari Iromoto, Senior Director of Strategy, Performance & CIO

Attachments/Related Documents:

Appendix A: Strategic Deliverables and Operational Priority Indicator Package
Appendix B: Quality Monitoring Scorecard

Alignment with 2023/24 CMH Priorities:

2022-2027 Strategic Plan No ☐	2023/24 CMH Priorities No ☐	2023/24 Integrated Risk Management Priorities No ☐
☒ Elevate Partnerships in Care	☒ Ensure Equitable Care For CND Residents	☒ Change / Project Management
☒ Advance Health Equity	☒ Grow Clinical Services	
☒ Increase Joy In Work	☒ Increase Staff Engagement	☒ Staff Shortages
☒ Reimagine Community Health	☒ HIS/ERP Planning and Implementation	☒ Access to Care
☐ Sustain Financial Health	☒ Grow Ministry Revenue	☒ Revenue & Funding

Executive Summary

This briefing note is to provide an update on our Strategic Deliverables and Operational Priority Performance Indicators for quarter one (Q1) of fiscal year 2023/2024.

Included in **Appendix A** is our Strategic Deliverables and Operational Priority Indicator Package for Q1. Included in **Appendix B** is our Quality Monitoring Scorecard.

Currently there are two strategic deliverables for Q1 that are at a "red status" meaning they have not achieved the initial results / progress planned for Q1 and will need to be reprioritized over the remaining quarters to be successful. The two deliverables at a "red status" are:

1) Update multi-year financial and capital plans incorporating capital and ongoing operating costs to support new HIS and ERP by March 2024.
2) Execute Change Management strategy for 23/24 by March 2024

We have eleven Operational Priority Indicators for this Fiscal Year, five are currently at a "red status" status meaning the performance for Q1 met less than 90% of the performance target. The indicators at a red status include:

1) Emergency Department Length of Stay for Complex (CTAS 1-3) patients
2) Overtime Hours
3) Agency Hours

4) Post Construction Occupancy Growth Funding
5) Rate of Alternative Level of Care Patient Days to Acute Patient Days

In addition to our Operational Priority Indicators, there are eight indicators of the thirty-one indicators on our Quality Monitoring Scorecard in **Appendix B** that we are monitoring to determine if an action plan for improvement is needed, many of the eight indicators identified are already being address through the work on our Operational Priority Indicators. Of the eight indicators noted, six have had three periods consecutively trend below target performance. These indicators are:

1) Conservable Days Rate
2) Sick Hours
3) Physician Initial Assessment Time
4) Falls Rate
5) Surgical Long Waiters
6) Medication Error Rate

Background

For fiscal year 2023/2024 we have refreshed our performance monitoring tools to include:

1) **Strategic Priority Scorecard**- this tool monitors in-year strategic deliverables aligned to our five strategic pillars and overarching strategic goals. This tracker is future orientated and will influence future priority indicators that will be on our operational priority monitoring scorecard. The scorecard and action plans for each of our strategic deliverables will be presented on a quarterly basis.
2) **Operational Priority Indicator Scorecard-** this tool monitors in-year priority indicators that are critical for organizational success in the current fiscal year. The scorecard and action plans for in-year operational priority indicators will be presented on a quarterly basis.
3) **Quality Monitoring Scorecard-** this tool monitors key organizational indictors aligned to our quality framework that are important to monitor and sustain. Many of the indicators on the Quality Monitoring Scorecard are reported publically on annual basis by the Canadian Institute for Health Information (CIHI). The scorecard monitors the indicators on a monthly basis and is used to identify indicators that are trending outside of performance thresholds so that we can investigate if an improvement plan is needed to bring the indicator back on track. The Quality Monitoring Scorecard will be presented on a monthly basis.

Strategic Priorities Analysis

Aligned to the five pillars of our Strategic Plan, we have five overarching Strategic Goals with in-year strategic deliverables aimed to advance these goals. The goals are:

1) Sustain Financial Health: Grow ministry revenue by $22 million by achieving budgeted revenue in multi-year financial plans by 2027
2) Advance Health Equity: Ensure CMH is representative of the communities served and that the communities across Cambridge North Dumfries are receiving equitable care by 2027
3) Elevate Partnerships in Care: Grow clinical services by approximately 30% (growth in beds) from baseline by 2027 (increase bed footprint to 200+ beds and achieve approximately 4800 incremental weighted cases in clinical services growth) and increase access to services and care in Cambridge North Dumfries
4) Reimagine Community Health: Leverage technology to transform how we deliver care by revolutionizing our Health Information Systems and Enterprise Resource Planning Systems and data assets by 2027
5) Increase staff engagement measured through “overall ranking of CMH as a place to work” increasing the excellent and very good responses from 42% to 48% by 2024 and to greater than 50% by 2027

Included in **Appendix A** is a Q1 status report of our strategic deliverables by strategic goal.

Currently there are two strategic deliverables that are at a “Red” status meaning they did not achieve the initial plan for Q1. These strategic deliverables are:

1) Update multi-year financial and capital plans incorporating capital and ongoing operating costs to support new HIS and ERP by March 2024.
2) Execute Change Management strategy for 23/24 by March 2024

The rest of the strategic deliverables at end of Q1 (June) are on track.

Operational Priority Indicator Analysis

Included in **Appendix A** is the fiscal 2023/2024 Operational Priority Indicators aligned to our strategic pillars. These indicators are deemed as the highest priority indicators to monitor and improve as they are critical to organizational success for this fiscal year. These indicators were identified through our Quality Improvement Plan (QIP), Collaborative Quality Improvement Plan (c-QIP) and Integrated Risk Management (IRM).

Analysis of Operational Priority Indicators:

1) **Post Construction Occupancy Plan (PCOP) Funding (currently red status):**
   Post Construction Occupancy Plan (PCOP) Funding is a funding source available to hospital with an approved Capital Redevelopment Plan (CRP). The PCOP is our planned growth for clinical activity due to growing capacity and beds through the CRP. The PCOP growth indicator measures the growth over our 2016-17 base volumes. For Acute IP, Day Surgery and Emergency Department, PCOP growth is measured by growth in weighted cases, which reflects the resource intensity of a case. IP Mental Health Care is measured differently and measured by growth in inpatient days, while clinic activity is measured by visits. If we reach our PCOP target of $13.8 million dollars this fiscal year, we will have achieved our planned clinical services growth for the year. As such, higher is better for this indicator.

   Year-to-date Q1, we are 6% below our weighted cases target for acute inpatient activity. Medical activity has achieved targets YTD and is projected to surpass our budgeted PCOP growth for that population at year-end, while inpatient surgery has generated 21.8% fewer weighted cases than budgeted. Day surgery activity continues to ramp up, though we generated 14.3% less weighted cases than budgeted in Q1.

   Emergency department volumes continue to be lower than pre-pandemic levels, and we are not anticipating to earn any PCOP in this category this fiscal year.

   Mental health inpatient activity is currently slightly lower than budgeted due to lower occupancy at an average of 85%, while targets are based on 88% occupancy. In Q1, we completed 60% of ECT volume targets.

2) **Quality Based Procedures (QBP) Revenue (currently green status):**
   QBP revenue is volume based funding for specific procedures and is earned by achieving allocated procedure targets for funding. The QBP indicator monitors our completed QBP volumes. A higher number is better as it means we are achieving our budgeted QBP volumes and enabling access to care. Year-to-date Q1, we are meeting budgeted volumes for urgent medical QBPs, GI Endo, Cancer Surgery, and other Surgical QBPs.

3) **Repeat Emergency Department visits for Mental Health care (currently yellow status):**
As part of the Collaborative Quality Improvement Plan (c-QIP), this indicator is intended to help establish a baseline understanding of the rate of emergency department visits as a first point of contact for mental health and addictions related care by monitoring repeat emergency department visits for mental health and addictions related care. This indicator looks at the number of individuals with four or more visits in a 365-day period and we have set a target of 11 such individuals per month. A lower number for this indicator is better as it means patients have access to the support they need in the community to prevent the need for emergency care. Year-to-date Q1, we are seeing an average of 12 individuals in the emergency department per month who have visited 4 or more times in the past year, which has been steady for the past 12 months.

4) **Emergency Department Length of Stay for Non-Admitted Complex Patients (currently red status):**
This indicator reflects the amount of time spent in the emergency department for complex patients who are not admitted. A lower number is better as it means patients are being treated within an appropriate timeframe, with the target that 90% of patients spend 8 hours or less. This indicator has been identified through our Integrated Risk Management (IRM) process as a key organizational risk for this fiscal year. Year-to-date Q1, the 90th percentile length of stay for these patients is 9.6 hours. We have not met target in any period this year, and times have increased since the same period last fiscal year.

5) **Wait Time for Inpatient Bed for Emergency Department Patients (currently yellow status):**
This indicator reflects the amount of time between the disposition date/time and the date/time an admitted patient left the emergency department for admission to an inpatient bed. A lower number is better as it means patients are being admitted to an inpatient bed within an appropriate timeframe. This indicator has been identified through our Integrated Risk Management (IRM) process as a key organizational risk for this fiscal year. Our target is that 90% of patients experience a wait of 36 hours or less. Year-to-date Q1, the 90th percentile time is 34.5 hours, though 2/3 months have surpassed the target, indicating a risk of not achieving target.

6) **Percent ALC Days (currently red status)**:
This indicator measures the Alternative Level of Care (ALC) days expressed as a percentage of all acute inpatient days. A lower number is better as it means patients are receiving care in the appropriate setting and inpatient beds are being utilized appropriately. This indicator is a priority for the hospital and the CND OHT to reduce the number of days' patients spend in hospital unnecessarily. "ALC" refers to care that would be better provided in a setting other than the hospital such as long term care or home with support. If we are successful at reducing this percentage, it indicates patients are receiving better, more appropriate care by being in the right care setting more often. Year-to-date Q1, 23.4% of total days were ALC, versus at target of 20%.

7) **Overtime Hours (currently red status) and Agency Hours (Currently Red Status)**:
This indicator measures the total number of overtime hours used for Q1 vs. budgeted overtime hours. Currently we are significantly over budget for overtime hours used. Majority of the overtime variance approximately >60% can be attributed to the Emergency Department, Medicine programs and Intensive Care Unit. A lower number on this indicator means that we are staffing less with OT which has a positive impact to

Joy in Work as it is an indication that we have improved staffing levels, leading to reduced staff burnout. In addition to OT we are monitoring agency usage as this indicator also is representative of our staffing levels, the work we are doing on staffing and OT will also address our agency usage.

Quality Monitoring Indicators Analysis
The Quality Monitoring metrics can be found on our Quality Monitoring Scorecard in **Appendix B.**

Below is a summary of the quality monitoring metrics that are currently at a "red" status. In the analysis below we have noted indicators that have three or more data points outside of targeted threshold, the indicators that have three more data points outside of the targeted threshold are being investigated and will have an action plan for improvement created if needed.

1) **Conservable Days Rate (Red status with three or more periods outside of performance threshold):**
This indicator measures the total acute patient days over the benchmark length of stay by Case Mix Group (CMG) for patients discharged from Medical units. For example, if a patient grouped to the CHF CMG had an acute LOS of ten days and the benchmark for the CHF CMG is five days, five conservable bed days would be associated with the case. A lower number is better as it means that we are maintaining an appropriate acute length of stay for our medical patients based on care needs. Currently, our conservable day rate is 35.3%, versus the target of 30% (YTD July). This equates to an average of 19.5 beds. The action plan for this indicator is addressed within the action plan for the 'Wait Time for Inpatient Bed for Emergency Department Patients' indicator.

2) **Sick Hours (Red status with three or more periods outside of performance threshold):**
This indicator monitors the average sick hours per pay period per month. A lower number is better as that means there are less staff off and unable to work due to illness. Currently, the average number of sick hours per pay period exceeds the target by 42% (YTD Aug). The work we are doing on OT and staffing will help to address staffing pressure from sick hours.

3) **ALC Throughput:**
ALC Throughput represents the flow of patients designated and discharged, with a Throughput Ratio less than 1 indicating that there are more newly added ALC cases than ALC Discharged cases, which reflects growing pressures for patients waiting for an alternate level of care. Currently, the ALC Throughput is 0.9, with 319 ALC discharges, compared to 367 new cases (YTD Aug). The action plan for ALC is addressed within the QIP action plan for ALC rate.

4) **30 Day CHF Readmission Rate:**
This indicator monitors the readmission rate or patients returning to hospital within 30 days after receiving care for CHF. Currently, 22.2% of CHF patients have returned within 30 days, or 12/54 patients (YTD Jun). While not all readmissions are avoidable, readmission rates indicate quality of inpatient and outpatient care, effective care transition and coordination, and the availability and effective use of community-based resources, and thus a lower number is better. This indicator has fluctuating performance and we achieved a green status in Apr, followed by red in May, and yellow in June. We will continue to monitor this indicator and develop an action plan as needed.

5) **30 Day In-Hospital Mortality Following Major Surgery:**
This indicator monitors the rates of mortality for major surgical procedures and is used to increase awareness of surgical safety for best outcomes. Currently, the risk-adjusted in-hospital mortality rate following major surgery is 2.4%, versus the target of 2.1% (YTD Jun). There were 4 in-hospital deaths within 30 days of major surgery, while only 3.4 were expected. YTD, we have seen a red status in Apr and May, followed by green in June. We will continue to monitor this indicator and develop an action plan as needed.

6) **ED Wait Time for Physician Initial Assessment (90% spent less, in hours) (Red status with three or more periods outside of performance threshold):**
This indicator measures the wait-time from triage to being seen by a physician or nurse practitioner in the ED. Currently, 90% of ED patients were seen by a physician or nurse practitioner within 6.9 hours (YTD Jul), while our internal target is to see 90% of patients within 4 hours. A lower number is better as it means that patients are seen by a physician or nurse practitioner within an appropriate timeframe in the emergency department. This value has been increasing over the last 12 months and the action plan for this indicator will be addressed within the action plan for the 'Emergency Department Length of Stay for Non-Admitted Complex Patients' indicator.

7) **Fall Rate (Red status with three or more periods outside of performance threshold):**
This indicator measures the rate of falls that could have been prevented in hospital. Our target for the incidence of falls for inpatients is 4.0/1000 patient days. A lower number is better as this means fewer falls are occurring. Currently, there have been 113 falls and our fall rate/1000 patient days is 4.8 (YTD Aug). We have noted three consecutive periods (May-Jul) in which this indicator has had a red status and we will continue to monitor closely. A thorough analysis will occur to identify if there are any particular units experiencing an upward trend in falls and we will investigate the severity level of falls as well. This indicator uses our incident reporting data and is impacted by the reporting culture. There is currently work underway to strengthen the reporting, which would result in this indicator increasing.

8) **Medication Error Rate (Red status with three or more periods outside of performance threshold):**
This indicator measures the rate of medication errors that could have been prevented. Our target for the incidence of medication errors for inpatients is 4.0/1000 patient days. A lower number is better as this means fewer medication errors are occurring. Currently, there have been 164 medication errors and our medication errors rate/1000 patient days is 7.0 (YTD Aug). We have noted 3 consecutive periods (Jun-Aug) in which this indicator has had a red status and we will continue to monitor closely. A thorough analysis will occur to identify if there are any particular units experiencing an upward trend in medication errors and we will investigate the severity level of medication errors as well. This indicator uses our incident reporting data and is impacted by the reporting culture. There is currently work underway to strengthen the reporting, which would result in this indicator increasing.

9) **Surgical Long Waiters (Red status with three or more periods outside of performance threshold):**
This indicator monitors the percentage of cases on our current surgical wait-list over the targeted wait time for the procedure vs. the total cases on our wait-list. The lower the rate indicates a more appropriate wait-time for surgery. The work that is currently underway for surgical PCOP and QBPs is addressing the surgical wait-list. Work is also

underway to review the surgical wait-list and clean and update to most accurately reflect true cases waiting.

Next steps:

- The full Strategic and Operational Priority Indicator Package including action plans will be shared with Quality Committee on a Quarterly Basis. The Q2 package will be available at the November Quality Committee Meeting.
- The Quality Monitoring Scorecard will be included in the Quality Committee Package on a monthly basis

Overview of Strategic Priorities and Operational Indicators - End of Q1 (June)

Pillar	Strategic Deliverables	Status	Operational Indicators	Status
Advance Health Equity	1. Develop measurement tool and establish baseline for growth by October, 2023	O - On Track	1. Repeat ED visits for MH care (4 or more in last 365 days) (c-QIP)	Δ - Progressing to On Track
	2. Execute DEI initiatives for 23/24 DEI Plan by March, 2024	O - On Track		
	3. RNAO BPG implementation – 2SLGBTQIA+ by March, 2024	O - On Track		
	4. Develop Action Plan for Indigenous Wellness, Truth and Reconciliation by March, 2024	O - On Track		
Elevate Partnerships in Care	1. Finalize clinical services growth plan by September, 2023 and begin to execute plan by March, 2024	O - On Track	1. Access to care- ED Wait-time for in-patient bed (IRM)	Δ - Progressing to On Track
	2. Complete Board approved Master Plan by March, 2024	O - On Track		
	3. Update original functional plan to align with current service levels by March, 2024	O - On Track	2. Access to Care- ED Length of Stay Complex CTAS 1-3 (IRM)	X - At Risk
	4. Patient experience plan developed and Board approved by October, 2023 and begin implementing plan by March, 2024	O - On Track	3. Access to Care- Percent ALC Days (closed cases) (c-QIP)	X - At Risk
Reimagine Community Health	1. HIS implementation plan created by March, 2024	O - On Track	1. % on track with HIS milestones	O - On Track
	2. Complete all in year readiness activities required to proceed with ERP project by March, 2024	Δ - Progressing to On Track	2. % on track with ERP milestones	Δ - Progressing to On Track
	3. Increase organizational capability to gain insight from data by improve data quality, access and governance by March, 2024	O - On Track		
Increase Joy in Work	1. Implement corporate strategies for staff engagement including huddles and VBC refresh by March, 2024	O - On Track	1. Overtime hours (IRM)	X - At Risk
	2. Review and enhance recruitment and onboarding processes including HR support for leaders by March, 2024	O - On Track		
	3. Execute wellness initiatives for 23/24 by March, 2024	O - On Track		
	4. Execute Change Management strategy for 23/24 by March, 2024	X - At Risk		
Sustain Financial Health	1. Update multi-year financial and capital plans incorporating capital and ongoing operating costs to support new HIS and ERP by March, 2024	X - At Risk	Revenue- Achieve budgeted PCOP growth for 2023/2024 (IRM)	X - At Risk
	2. Establish budgeted volume targets to maximize PCOP funding for 24/25 and 25/26 by November, 2023	O - On Track	Revenue - Achieved-Quality Based Procedure Funding (IRM)	O - On Track
	3. Improve financial literacy within CMH leadership team by March, 2024	O - On Track		
	4. Improve supply chain processes by March, 2024	O - On Track		

Legend:

🟢 **On Track- all quarterly deliverables achieved**

🔺 **Progressing to On Track - quarterly deliverables not achieved, action plan in place to achieve deliverables by next quarter**

🔴 **At Risk- quarterly deliverables not achieved, must be rescheduled across the remaining quarters to be successful, developing action plan**

CMH Strategic Priorities Scorecard 2023/2024

Sustain Financial Health

Goal 5: Grow ministry revenue by $22 million by achieving budgeted revenue in the multi-year financial plans by 2027

Strategic Deliverable	Q1	Q2	Q3	Q4
1. Update multi-year financial and capital plans incorporating capital and ongoing operating costs to support new HIS and ERP by March, 2024	X - At Risk			
2. Establish budgeted volume targets to maximize PCOP funding for 24/25 and 25/26 by November, 2023	O - On Track			
3. Improve financial literacy within CMH leadership team by March, 2024	O - On Track			
4. Improve supply chain processes by March, 2024	O - On Track			

Advance Health Equity

Goal 1: Ensure CMH is representative of the communities served and that the communities across Cambridge North Dumfries are receiving equitable care

Strategic Deliverable	Q1	Q2	Q3	Q4
1. Develop measurement tool and establish baseline for growth by October, 2023	O - On Track			
2. Execute DEI initiatives for 23/24 DEI Plan by March, 2024	O - On Track			
3. RNAO BPG implementation – 2SLGBTQIA+ by March, 2024	O - On Track			
4. Develop Action Plan for Indigenous Wellness, Truth and Reconciliation by March, 2024	O - On Track			

Elevate Partnerships in Care

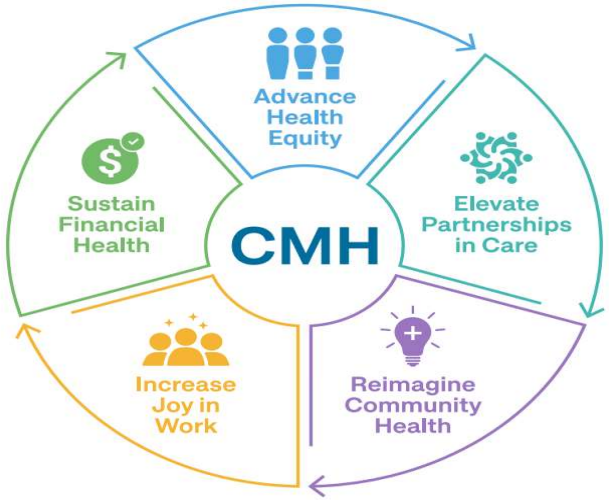
Goal 2: Grow our services by approximately 30% (Growth in beds) from baseline by 2026 (increase bed footprint to 200+ beds and achieve approximately 4800 incremental weighted cases)

Strategic Deliverable	Q1	Q2	Q3	Q4
1. Finalize clinical services growth plan by September, 2023 and begin to execute plan by March, 2024	O - On Track			
2. Complete Board approved Master Plan by March, 2024	O - On Track			
3. Update original functional plan to align with current service levels by March, 2024	O - On Track			
4. Patient experience plan developed and Board approved by October, 2023 and begin implementing plan by March, 2024	O - On Track			

Increase Joy in Work

Goal 4: Increase staff engagement measured through "over all ranking of CMH as a place work" by increasing the Excellent and Very Good responses from 42% of responses to 48% of responses by 2024

Strategic Deliverable	Q1	Q2	Q3	Q4
1. Implement corporate strategies for staff engagement including huddles and VBC refresh by March, 2024	O - On Track			
2. Review and enhance recruitment and onboarding processes including HR support for leaders by March, 2024	O - On Track			
3. Execute wellness initiatives for 23/24 by March, 2024	O - On Track			
4. Execute Change Management strategy for 23/24 by March, 2024	X - At Risk			



Reimagine Community Health

Goal 3: Leverage technology to transform how we deliver care by revolutionizing our Health Information Management Systems and Enterprise Resource Planning Systems by 2025

Strategic Deliverable	Q1	Q2	Q3	Q4
1. HIS implementation plan created by March, 2024	O - On Track			
2. Complete all in year readiness activities required to proceed with ERP project by March, 2024	Δ - Progressing to On Track			
3. Increase organizational capability to gain insight from data by improve data quality, access and governance by March, 2024	O - On Track			

Legend:

- On Track- all quarterly deliverables achieved
- Progressing to On Track - quarterly deliverables not achieved, action plan in place to achieve deliverables by next quarter
- At Risk- quarterly deliverables not achieved, must be rescheduled across the remaining quarters to be successful, develop action plan

Agenda

Status Report

Advance Health Equity

STRATEGIC GOAL:

Goal 1: Increase culture of inclusion at CMH by ensuring CMH's workforce is representative of the population served, estimate 26% of population in CND will be visible minority by 2026 (CMH currently estimated at 19%). Increase Health Equity by ensure equal access to care by 2025.

Strategic Deliverable	Executive Sponsor	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
1. Develop measurement tool and establish baseline for growth by October, 2023	M. Iromoto	O - On Track	- Standard staff demographics questions developed and saved to DS MS Forms Service Account - Baseline data gathered for CND/CMH population demographics - Plan developed for Health Equity dashboard based on available data	- Create draft Health Equity Dashboard - Analyze available health equity indicators and review at Directors Council and SLT and seek feedback	R1) Availability for social determinates of health data M1) Incorporated into plan for new HIS
2. Execute DEI initiatives for 23/24 DEI Plan by March, 2024	M. Iromoto/ S. Toth	O - On Track	- CMHnet Resource/Tool Repository created - Leaders completed Unconscious Bias Training - Established organization-wide education opportunities - Increased DEI-related communications on Social media and CMHnet - Introduced initiatives such as Pride Flags on ID Pullies Inclusion Lead available and responsive to staff DEI-related concerns (8) and incidents (2) - Phonetic Names in Staff Announcements incorporated	- Develop inclusive staff/volunteer/physician photo repository and guidelines for posting - Develop Inclusive Hiring Statement, 30/90 day interview questions, and DEI behavioural based evidence questions to be included in all interview guides - Attend Cambridge Multicultural Festival as a Gold Sponsor - DEI Council to be registered for Rainbow Health Training	No risk to report
3. RNAO BPG implementation – 2SLGBTQIA+ by March, 2024	S. Pearsall	O - On Track	- Rainbow Health Education via B2L audited by DEI Council - Lunch and Learn for clinical staff provided by Spectrum Health - Established larger organizational education plan with Organizational Development	Follow BPG implementation guide to work on: - Education for clinical staff via Rainbow Health to be provided and funded via NGG – 500 licenses - Creating safer spaces- policy review and signage/language review - Assessing and incorporating inclusive language in corporate communications and forms (planned for Q3)	R1) Risk of not having enough funding M1) Funding for training program via New Graduate Guarantee reinvestment fund - no escalation required at this time
4. Develop Action Plan for Indigenous Wellness, Truth and Reconciliation by March, 2024	P. Gaskin/ M. Iromoto	O - On Track	- Initiated key meetings and Ops huddles with Territorial Acknowledgement and Leader Reflections - - Smudging Policy revised to be inclusive of Indigenous needs - Activities throughout National Indigenous History Month (June) and on National Indigenous Peoples Day (June 21) including an educational display, Summer Solstice Stills Photo Campaign, and Territorial Acknowledgement education	- Distribution of pre-ordered Orange T-shirts w/ educational note/pamphlet attached - Weekly L.E.A.R.N Challenge in September w/ focus on Truth and Reconciliation - Nourishing Hawk Feather (Sep 27) - Acknowledgement of National Day for Truth & Reconciliation and Orange Shirt Day (Sep 30) - Develop inventory of current Indigenous projects and partnerships within CMH - Launch Indigenous Council and continue recruitment efforts for members with lived experience - Approve Smudging Policy	No risk to report

Legend:

- On Track- all quarterly deliverables achieved
- Progressing to On Track - quarterly deliverables not achieved, action plan in place to achieve deliverables by next quarter
- At Risk- quarterly deliverables not achieved, must be rescheduled across the remaining quarters to be successful, developing action plan

Agenda

Status Report

Elevate Partnerships in Care

STRATEGIC GOAL:

Goal 2: Grow our services by approximately 30% (Growth in beds) from baseline by 2026 (increase bed footprint to 200+ beds and achieve approximately 4800 incremental weighted cases)

Strategic Deliverable	Executive Sponsor	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
1. Finalize clinical services growth plan by September, 2023 and begin to execute plan by March, 2024	Dr. Lee/ S. Pearsall	**O - On Track**	- Environmental scan - Engaged with Medical Professional staff, clinical staff and stakeholders including PFAC, Nursing Advisory Committee, CMH Volunteer Association - Regular MAC and Operations updates - Dyad leadership engagement - Program/ Development data review - Department/ Program engagement - Collated feedback and identify priority themes for the CSGP - Put together draft CSGP for feedback	- Develop timelines for the execution of the growth plan Transgender Health Program - Environmental assessment of current needs and available resources/ programs in the region and provincially - Meet with key clinical stakeholders to begin planning Expand Mental Health Community - Identify learnings from CMAC trial alongside CND-OHT Introduce new models of care - Introduce team nursing model on medicine - Realign medicine physician model ED access and flow - Expand membership with dedicated focus by the COEC - Introduce Urgent Care physician model	No risk to report
2. Complete Board approved Master Plan by March, 2024	D. Boughton	**O - On Track**	- Developed procurement strategy for external consultant support	- Review clinical services growth plan and identification of needs for master plan - Engage key stakeholders in Master Plan Review and incorporate revisions and feedback - Procurement of external consultant - Finalize Q3 and Q4 milestones with input from consultant	No risk to report
3. Update original functional plan to align with current service levels by March, 2024	D. Boughton	**O - On Track**	- Developed procurement strategy for external consultant support	- Establish project schedule and timeline to meet Q4 deadline - Review clinical services growth plan and identification of needs for the development of the functional plan - Procurement of external consultant	No risk to report
4. Patient experience plan developed and Board approved by October, 2023 and begin implementing plan by March, 2024	M. Iromoto	**O - On Track**	- Draft plan complete - Draft reviewed with PFAC and feedback incorporated into the plan - Implemented Qualtrics for external patient experience measurement - Developed formalized plan for sharing patient stories/ kudos internally - Implemented electronic VOYCE translation service	- Plan presented to leadership team for feedback - Electronic feedback tool for plan will be sent to get feedback into final plan - Plan will be presented at PFAC, MAC, Quality Committee of the Board - Plan will be presented to the Board to seek approval in October	No risk to report

Legend:

- 🟢 **On Track- all quarterly deliverables achieved**
- 🔺 **Progressing to On Track - quarterly deliverables not achieved, action plan in place to achieve deliverables by next quarter**
- 🔴 **At Risk- quarterly deliverables not achieved, must be rescheduled across the remaining quarters to be successful, developing action plan**

Agenda

Status Report

Reimagine Community Health

STRATEGIC GOAL:

Goal 3: Leverage technology to transform how we deliver care by revolutionizing our Health Information Management Systems and Enterprise Resource Planning Systems by 2025

Strategic Deliverable	Executive Sponsor	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
1. HIS implementation plan created by March, 2024	M. Iromoto	**O - On Track**	- Completed RFP evaluations including 18 clinical and business functionality sessions - Evaluations included 177 evaluators and observers from across the organization - Over 3105 people hours contributed to completing the evaluations - Completed technical evaluations	- Complete pricing evaluations and total cost of ownership - Identify preferred vendor - Work through negotiation phase with preferred vendor - Begin developing implementation plan	R1) The desired scope dictates an unsustainable budget. M1) Negotiation team developed to provide input and balance into decisions. Roadmap to be developed for functionality that is not attainable during initial implementation R2) Negotiations failing with preferred vendor M2) Remains as a risk throughout negotiations. Risk needs to be balanced with risk of entering into less than optimal contract
2. Complete all in year readiness activities required to proceed with ERP project by March, 2024	M. Iromoto	**Δ - Progressing to On Track**	- Reviewed the prep work required to create work plan - Will revisit based on priorities of systems and timelines	- Finance and supply chain work underway - Meeting with Deloitte to develop regional steering group for discussion on regional options which will drive procurement strategy	R1) CMH will delay work on the identified priorities due to focus on HIS M1) Project team continues to plan for procurement strategy decision once HIS negotiation enters final stages M2) Based on scope we will investigate which resources are impacted if we work force management in parallel to HIS and look to mitigate accordingly
3. Increase organizational capability to gain insight from data by improve data quality, access and governance by March, 2024	M. Iromoto	**O - On Track**	- Data quality: Clinical Operational Excellence Committee (COEC) Membership expanded to include ED leadership team. Data quality audits conducted monthly. Incomplete records process refreshed with input from physicians – reduced total incomplete records from 1000 to <250 - Access to data: Decision Support worked with clinical teams to refresh department scorecards and dashboards to align to in year priorities. - Data governance: Gap Analysis for data governance complete using HIMSS analytic maturity model	Data Governance: - Refresh departmental Quality and Operation council terms of reference, update language related to data governance of committees - Align executive report -Expand membership of COEC to include Surgical Leadership -Establish and refresh COEC terms of reference - enhance language related to data quality and governance - establish COEC dashboard Access to data: - Implement real-time command center dashboard to support flow and utilize in bed flow meetings -Address data content gaps in Data warehouse i.e. supply chain data and Patient experience data	No risk to report

Legend:

- 🟢 On Track- all quarterly deliverables achieved
- 🔺 Progressing to On Track - quarterly deliverables not achieved, action plan in place to achieve deliverables by next quarter
- 🔴 At Risk- quarterly deliverables not achieved, must be rescheduled across the remaining quarters to be successful, developing action plan

Agenda

Status Report

Increase Joy in Work

STRATEGIC GOAL:

Goal 4: Increase staff engagement measured through "overall ranking of CMH as a place to work" by increasing the Excellent and Very Good responses from 42% of responses to 48% of responses by 2024

Strategic Deliverable	Executive Sponsor	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
1. Implement corporate strategies for staff engagement including huddles and VBC refresh by March, 2024	S. Toth	O - On Track	- Huddle board refresh project complete, all departments have adopted the new layout - PMO continues to offer support, attend huddles - Pilot electronic huddle board in ED and Clinical Directors office	- Continue electronic huddle board pilot - Continue to refresh VBC plan and developing leader education and roll out - 100% of leaders to have submitted completed ACA and Talent Review Board to be convened in Sept., 2023 for assessment	R1) Huddle sustainability M1) PMO to attend huddles regularly and offer support M1) piloting electronic huddle board to streamline the process for gathering information and metrics given capacity constraints R2) Leader capacity to be trained M2) Consider alternative training dates and methods
2. Review and enhance recruitment and onboarding processes including HR support for leaders by March, 2024	S. Toth	O - On Track	- Refreshed the 30/90 day check in tools	- Refresh of HR dashboard with Decision Support - Continue work on establishing SOPs for leader recruitment and onboarding process - Value stream mapping of recruitment workflow and optimizing process - Review and optimize current applicant tracking system - Establish weekly corporate onboarding - Meet with all leadership to incorporate their suggested enhancements for the recruitment process - Researching onboarding software - Leverage ministry funding to support recruitment initiatives	R1) Resources M1) Offered a 1-year contract to a project person in HR
3. Execute wellness initiatives for 23/24 by March, 2024	S. Toth	O - On Track	- Established process for creating the wellness calendar - Established cadence for reporting wellness initiatives - CMH Summer Wellness Series - CMH Wellness Loop - Walks with Ember	- Evaluation of wellness initiatives - September Smiles - Healthy Workplace month Initiative planning	No risk to report
4. Execute Change Management strategy for 23/24 by March, 2024	P. Gaskin/ M. Iromoto	X - At Risk	- Brands have been identified and communications developed - Survey sent to staff for feedback	- Development of HIS Change Management strategy aligned with Kotter's model - Supporting Communication strategy developed and begun to be executed - Change/Comm lead for System Transformation integrated into CMH	R1) Resource not starting until mid-July M1) No escalation required at this time

Legend:

- On Track- all quarterly deliverables achieved
- Progressing to On Track - quarterly deliverables not achieved, action plan in place to achieve deliverables by next quarter
- At Risk- quarterly deliverables not achieved, must be rescheduled across the remaining quarters to be successful, developing action plan

Status Report

Sustain Financial Health

STRATEGIC GOAL:

Goal 5: Grow ministry revenue by $22 million by achieving budgeted revenue in the multi-year financial plans by 2027

Strategic Deliverable	Executive Sponsor	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
1. Update multi-year financial and capital plans incorporating capital and ongoing operating costs to support new HIS and ERP by March, 2024	V. Smith-Sellers/ T. Clark	X - At Risk	- Draft project plan for multi-year financial plan; ongoing monthly review of operating and capital budgets - Presented financing options for HIS to the Board in July	- Review HIS cost per RFP - Finalize project plan to complete multi-year financial plan - Continue work on updating capital plan for 24/25 budget process - Begin 24/25 operating budget process	R1) Insufficient internal staffing resources M1) Investigate external support
2. Establish budgeted volume targets to maximize PCOP funding for 24/25 and 25/26 by November, 2023	V. Smith-Sellers/ T. Clark	O - On Track	- Leadership group formed including Director of Finance, Director of Decision Support and Clinical directors to monitor performance on weighted cases and PCOP for 23/24	- Coded data will be evaluated against the achievable budget established for 23/24 - Complete PCOP forecast for 24/25, 25/26, 26/27, 27/28 using clinical services growth plan and future state bed map as inputs	No risk to report
3. Improve financial literacy within CMH leadership team by March, 2024	V. Smith-Sellers/ T. Clark	O - On Track	- Monthly variance meetings with leaders used to support financial literacy - Financial statements continue to be reviewed at monthly Directors Council and Operations meetings	- Continue to monitor and revise monthly variance meetings to best support leaders - Implement revised budget enhancement process with stronger focus on establishing business case and ROI	No risk to report
4. Improve supply chain processes by March, 2024	J. Visocchi/ T. Clark	O - On Track	- Completed full value stream process map with focus on improved supply chain management for the OR	- Buyers have been assigned BPSAA training through Mohawk Medbuy - Development of BPSAA training for leaders to follow	No risk to report

Legend:

- On Track- all quarterly deliverables achieved
- Progressing to On Track - quarterly deliverables not achieved, action plan in place to achieve deliverables by next quarter
- At Risk- quarterly deliverables not achieved, must be rescheduled across the remaining quarters to be successful, developing action plan

CMH Operational Indicators Scorecard 2023/2024

Sustain Financial Health

Goal 5: Grow ministry revenue by $22 million by achieving budgeted revenue in the multi-year financial plans by 2027

Operational goals / Indicators for 2023-2024:

Indicator	Target	Q1	Q2	Q3	Q4	Monthly Trend
Revenue- Achieve budgeted PCOP growth for 2023/2024 **(IRM)**	$13.4 million (Annual) / $3.4 million per Quarter (YTD target=$1.15M)	$2,539,715				
Revenue - Achieved-Quality Based Procedure Funding **(IRM)**	$22.2 million (Annual) / $5.5 million per quarter (YTD target =$1.9M)	$6,603,408				
YTD Budget Variance	0	$169,000				

Advance Health Equity

Goal 1: Ensure CMH is representative of the communities served and that the communities across Cambridge North Dumfries are receiving equitable care

Operational goals / Indicators for 2023-2024:

Indicator	Target	Q1	Q2	Q3	Q4	Monthly Trend
1. Repeat ED visits for MH care (4 or more in last 365 days) **(c-QIP)**	<11 (Average per month)	12				

Elevate Partnerships in Care

Goal 2: Grow our services by approximately 30% (Growth in beds) from baseline by 2026 (Increase bed footprint to 200+ beds and achieve approximately 4800 incremental weighted cases)

Operational goals / Indicators for 2023-2024:

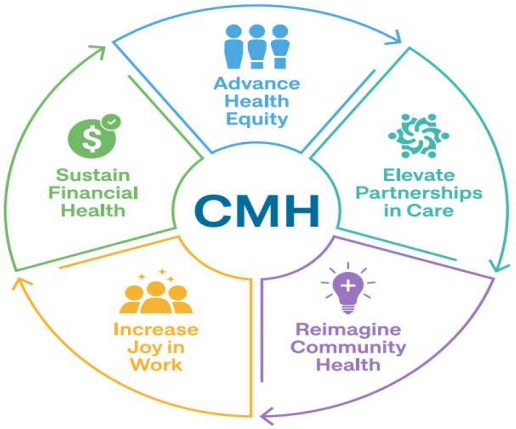
Indicator	Target	Q1	Q2	Q3	Q4	Monthly Trend
1. Access to care- ED Wait-time for in-patient bed **(IRM)**	Quarterly / Annual 90th%til < 36 hours	35				
2. Access to Care- ED Length of Stay Complex CTAS 1-3 **(IRM)**	Quarterly / Annual 90th%tile < 8 hours	9.6				
3. Access to Care- Percent ALC Days (closed cases) **(c-QIP)**	Quarterly / Annual 20%	23.4%				

Increase Joy in Work

Goal 4: Increase staff engagement measured through "over all ranking of CMH as a place work" by increasing the Excellent and Very Good responses from 42% of responses to 48% of responses by 2024

Operational goals / Indicators for 2023-2024:

Indicator	Target	Q1	Q2	Q3	Q4	Monthly Trend
1. Overtime hours **(IRM)**	< 22207 Hours (Annual) <5552 Hours (Quarterly)	21,555				
2. Agency Hours Used **(IRM)**	0	7,402				



Reimagine Community Health

Goal 3: Leverage technology to transform how we deliver care by revolutionizing our Health Information Management Systems and Enterprise Resource Planning Systems by 2025

Operational goals / Indicators for 2023-2024:

Indicator	Target	Q1	Q2	Q3	Q4	Monthly Trend
1. % on track with HIS milestones	On Track	O - On Track				
2. % on track with ERP milestones	On Track	Δ - Progressing to On Track				

Notes
Reporting Period- Q4 (Jan 2023- March 2023)
IRM- Integrated Risk Management
QIP = Quality Improvement Plan
Cqip= Collaborative Quality Improvement Plan

Legend:

- On Track- achieving performance target
- Progressing to On Track - within 10% of performance target
- At Risk- not meeting performance target

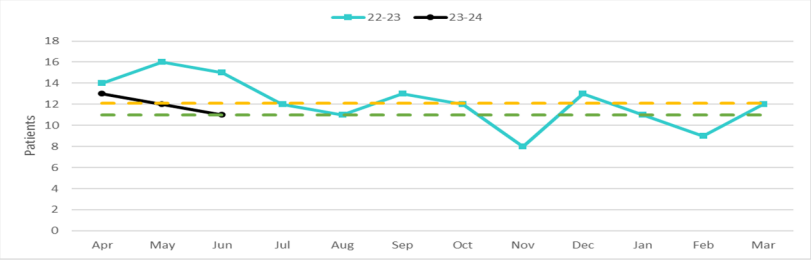
Indicator Update

Advance Health Equity

INDICATOR:

Repeat ED visits for MH Care (Average patients per month with four or more visits in 365 days)

	Target	Q1 (Apr - Jun)	Q2 (Jul - Sep)	Q3 (Oct - Dec)	Q4 (Jan - Mar)	Status
Performance	<11 (Average per month)	12				Δ - Progressing to On Track



Definition	Number of patients who have four or more repeat unscheduled visits to the emergency department in the last 12 months
Formula	Sum of the number of patients who visited the ED in the current month who had four or more visits in the last 12 months
Data Source	National Ambulatory Care Reporting System (NACRS)

Actions	Lead(s)	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
1. Community Mental Health and Addictions Clinic (CMAC) Pilot Project	D. Didimos/ Dr. Runnalls/ Dr. Sharma	**O - On Track**	- Clinic finished April 28 and saw 123 unique patients through 394 patient encounters - 19 CMH ED patients were diverted from CMH ED	- Complete	No risk to report
2. CMH is continuing its support of the initiative in a more permanent space off-site of the hospital. ED diversion continues to be an important outcome as well as CMH work with EMS to work through the alternate destination point	D. Didimos/ Dr. Runnalls/ Dr. Sharma	**O - On Track**		- Initial steering committee meeting scheduled for start of Q2 - Director participating in alternative destination project to determine potential vision and resource needs, site	No risk to report
3. Establish Process for managing cases	D. Didimos/ Dr. Runnalls/ Dr. Sharma	**O - On Track**		- Engage CMH PMO to perform full process review to identify opportunities for improvement and establish a standard process	R1) PMO Availability M1) PM support/ prioritization of PM initiatives

Legend:

- On Track- achieving performance target
- Progressing to On Track - within 10% of performance target
- At Risk- not meeting performance target

Agenda

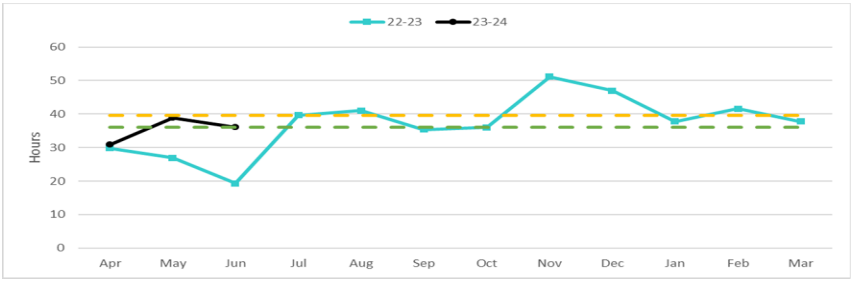
Indicator Update

Elevate Partnerships in Care

INDICATOR:

Access to care- ED Wait-time for IP Bed (IRM)

	Target	Q1 (Apr - Jun)	Q2 (Jul - Sep)	Q3 (Oct - Dec)	Q4 (Jan - Mar)	Status
Performance	Quarterly / Annual 90th%til < 36 hours	35				Δ - Progressing to On Track



Definition	The total time, in hours, that 9 out of 10 admitted patients spent waiting in the emergency department (ED) for a bed, calculated as the total time elapsed from disposition decision to when the patient left the ED.
Formula	(For admitted patients) The 90th percentile of left ED date time minus disposition decision date time.
Data Source	National Ambulatory Care Reporting System (NACRS)

Actions	Lead(s)	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
1. To optimize discharge of patients	A. McCulloch/ Dr. Legassie	O - On Track	- PMO engaged to support A3 process - Root cause analysis completed and prioritized	- Develop action plan which includes countermeasures to address identified root causes	No risk to report
2. Re-establish Patient Flow Command centre meetings monthly focusing on P4R metrics	K. Leslie/ Dr. Runnalls	O - On Track	- COEC membership expanded to include ED leadership - COEC committee provided feedback on plan to address patient flow - Command centre dashboard visualization was built using PowerBI - Dashboard shows bottlenecks based on capacity and forecasts current day wait 90Th%tile PIA and Time to bed 90Th%tile	- Develop dashboard visualization for Medicine being built collaboratively with DS, medicine leadership team and PMO	R1) Completing requests for DS support, data sources and refresh rates for backend data tables M1) Escalation not required at this time
3. Implementation / Optimization of Critical Care Stepdown Beds	A. McCulloch/ Dr. Nguyen	O - On Track	- Confirmed physician model of care at the end of May	- Level 2 planning committee meeting scheduled for the beginning of Q2	No risk to report

Legend: ● On Track- achieving performance target ▲ Progressing to On Track - within 10% of performance target ◆ At Risk- not meeting performance target

Agenda

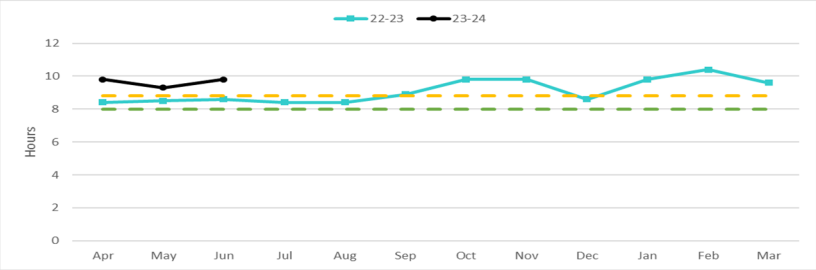
Indicator Update

Elevate Partnerships in Care

INDICATOR:

Access to care- ED LOS for CTAS 1-3

	Target	Q1 (Apr - Jun)	Q2 (Jul - Sep)	Q3 (Oct - Dec)	Q4 (Jan - Mar)	Status
Performance	Quarterly / Annual 90th%tile < 8 hours	9.6				X - At Risk



Definition	The total time, in hours, that 9 out of 10 high-urgency patients (CTAS 1-3) who were not admitted spent in the emergency department (ED), calculated as the total time elapsed from triage to when the patient left the ED. Excludes patients who left without being seen and cases with incomplete date and time stamps.
Formula	90 percentile of Date/Time Patient Left ED minus Triage/Registration Time, for non-admitted patients (discharge disposition code is not equal to 06 or 07) and where CTAS is equal to 1, 2, or 3.
Data Source	National Ambulatory Care Reporting System (NACRS)

Actions	Lead(s)	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
1. Process review of ED Flow	D. Didimos/ Dr. Runnalls	O - On Track	- PMO engaged to support process review - Initial data review completed and initial observation in ED completed in June - ED flow now standing item and membership of COEC Expanded	- Hold full day value stream mapping session with PMO facilitation in August - Establish counter measures - Build PDSA plan for counter measures - Initial focus will be to establish public-facing wait time clock, triage process (where staff and registration are pulled to the patient) and the chart management process for escalating cases to be seen by physician	R1) PMO resources engaged on many projects M1) Additional PM resources/ prioritization of PM projects R2) Availability of Physicians to attend value stream mapping session M2) Work with ED Chief on strategy to engage ED physicians
2. Optimization of Clinical Decision Unit	D. Didimos/ Dr. Runnalls	O - On Track	- Decision Support engaged to build CDU dashboard to monitor CDU usage - Process for reviewing dashboard and using for decision making complete	- Develop standard work for staff and physicians with respect to how to identify and flag patient appropriate for CDU - Establish education and roll out plan	R1) Availability of Physicians to attend value stream mapping session M1) Work with ED Chief on strategy to engage ED physicians
3. Increase awareness of performance	D. Didimos/ Dr. Runnalls	O - On Track	- Engaged PMO and Decision Support team to implement electronic huddle board in ED which displays daily wait-times - Establishing standard work for huddles - PMO and Decision Support Engaged to build command center dashboard in clinical director office- dashboard complete	- Re-educate on P4R program for ED staff - Optimize awareness - Implement machine learning algorithm to display and predict with high precision the current ED wait-times as well as patients waiting to be seen and display on public site	No risk to report

Legend: ● On Track- achieving performance target ▲ Progressing to On Track - within 10% of performance target ◆ At Risk- not meeting performance target

Agenda

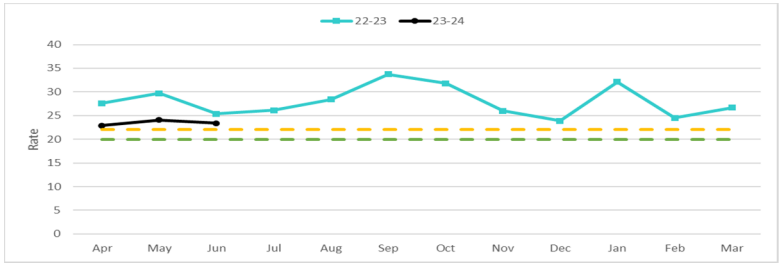
Indicator Update

Elevate Partnerships in Care

INDICATOR:

Access to Care- Percent ALC Days (closed cases) (c-QIP)

	Target	Q1 (Apr - Jun)	Q2 (Jul - Sep)	Q3 (Oct - Dec)	Q4 (Jan - Mar)	Status
Performance	20%	23%				X - At Risk



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

Actions	Lead(s)	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
1. To optimize discharge of patients, aim for full complement of medical/ hospitalist physician staffing	A. McCulloch/ Dr. Legassie	**O - On Track**	- PMO engaged to support process review - Initial discussion was held to review current state data - Began the completion of A3 report	- Continue to hold weekly meetings to determine root cause analysis - Perform root cause analysis with front-line staff from multiple departments - Identify countermeasures from ALC A3 RCA	No risk to report
2. Establishing relationships with regional partners	A. McCulloch/ Dr. Legassie	**O - On Track**	- Started engaging with key contacts at CND Retirement and Long Term Care Homes	- Continue to hold meetings to be held with Integrated Manager of HCC and Manager of Medicine and key contacts	R1) ALC pressure is a system issue currently being experience d by hospitals M1) Continue to connect with Community partners and stakeholders to collaboratively address ALC pressures
3. One Team Approach	A. McCulloch/ Dr. Legassie	**O - On Track**	- PMO engaged to support process review - Began the completion of A3 report - Planned for root cause analysis activity with staff	- Hold Social Work and Home Care collaboration meetings - Revamping daily bullet rounds and then plan for grand rounds to begin in September with Med B	No risk to report

Legend: On Track- achieving performance target | Progressing to On Track - within 10% of performance target | At Risk- not meeting performance target

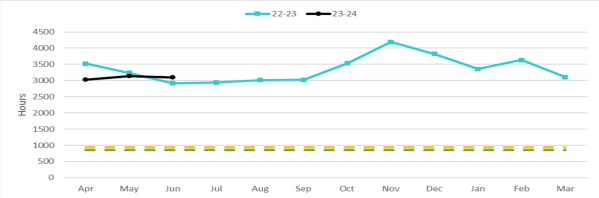
Indicator Update

Increase Joy in Work

INDICATOR:

Overtime Hours

	Target	Q1 (Apr - Jun)	Q2 (Jul - Sep)	Q3 (Oct - Dec)	Q4 (Jan - Mar)	Status
Performance	5552 hours per quarter	21,555				X - At Risk



Definition	This indicator measures the total overtime hours per month / quarter
Formula	The total sum of overtime hours per month / quarter
Data Source	Meditech Payroll

Actions	Lead(s)	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
1. Develop SOP to support student conversion practices and process	J. Backler	O - On Track	- Increased number of students moved to permanent position	- Complete in-house delivery of Preceptor training course, will be held three times per year to enhance preceptor / placement supervisor skills at CMH - Develop tracking tool and track conversions - Standard process established to notify partnering institutions current job postings and links for applications to be shared with graduating students	No risk to report
2. Refresh and revise scheduling meetings with leader, HSW, Recruitment and Scheduler to plan for next schedule to optimize staffing	A. McCulloch/ A. Schrum	O - On Track	- At hoc staff call program implemented	- Set up staffing meetings for all programs with HR, EHW, Scheduler and Manager - Move all staff schedules to electronic schedules , review standard and template and revise as needed - Living document linked with schedule	No risk to report
3. Re-establish OT / staffing task force	S. Pearsall/ S. Toth/ K. Leslie	O - On Track	- All leaders provided feedback on OT strategy	- Task force to review feedback from leaders and identify strategies and timelines - Task force to review staffing ratios and targeted staffing numbers for Medicine, ED and ICU - Task force will monitor the impact of clinical externs - Develop a plan by area for replacement staffing with alternative job classifications i.e. clinical externs - Establish scheduling office SOPs for call-ins - Shift admin education for call in process and impact - Investigate OT forms and electronic fillable form - Will investigate code being used for OT to better understand reasons for OT and process	No risk to report

Legend:

- On Track- achieving performance target
- Progressing to On Track - within 10% of performance target
- At Risk- not meeting performance target

Agenda

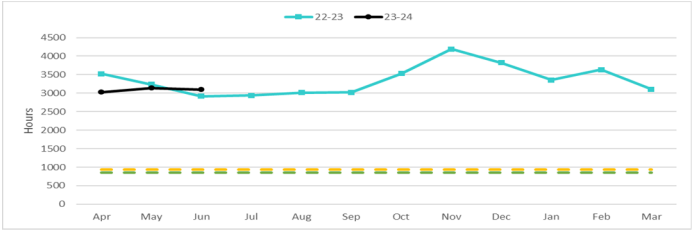
Indicator Update

Increase Joy in Work

INDICATOR:

Overtime Hours

	Target	Q1 (Apr - Jun)	Q2 (Jul - Sep)	Q3 (Oct - Dec)	Q4 (Jan - Mar)	Status
Performance	5552 hours per quarter	21,555				X - At Risk



Definition	This indicator measures the total overtime hours per month / quarter
Formula	The total sum of overtime hours per month / quarter
Data Source	Meditech Payroll

Actions	Lead(s)	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
4. Refresh staffing office tools / master schedules	A. Schrum	Δ - Progressing to On Track		- Investigate templating in meditech and use to create master schedules - Once all staff templated in meditech master schedules can be pulled from Meditech	R1) Limitations to functionality for Meditech M1) Address / plan for as part of ERP solution
5. Absence Reporting Processes & SOPs	S. Toth	O - On Track	- PMO engaged to build process and design new absence reporting tool - Decision Support built back end infrastructure for data capture, also created dashboard visualization for real time notification and tracking for leaders - Corporate communications engaged, huddle board materials distributed, PMO drop in sessions held	- Update SOPs to include new absence reporting tool and process	R1) Staff returning from leaves and have not received communications M1) Continued education required to ensure compliance with new process

Legend: On Track- achieving performance target | Progressing to On Track - within 10% of performance target | At Risk- not meeting performance target

Agenda

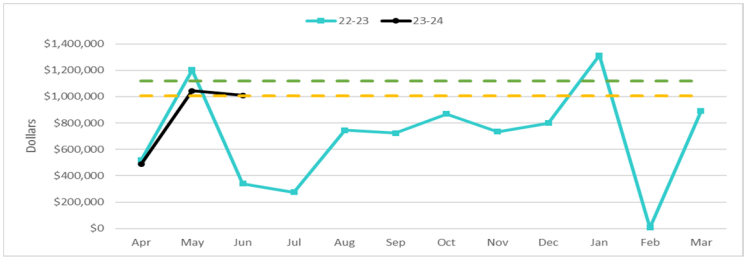
Indicator Update

Sustain Financial Health

INDICATOR:

Revenue- Achieve budgeted PCOP growth for 2023/2024 (IRM)

	Target	Q1 (Apr - Jun)	Q2 (Jul - Sep)	Q3 (Oct - Dec)	Q4 (Jan - Mar)	Status
Performance	$13.4 million (Annual) / $3.4 million per Quarter	$ 2,539,715.00				X - At Risk



Definition	Cambridge Memorial Hospital is currently eligible for Post Construction Operating Plan (PCOP) Funding. Our PCOP funding is awarded based on growth in volumes and weighted cases over and above our base year 2016
Formula	Current weighted cases achieved- base year 2016 weighted cases x funding rate for specific type of weighted case (note there are many inclusion and exclusion criteria to arrive at the final funded volumes) This indicator includes all PCOP buckets rolled-up
Data Source	Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS), Meditech

Actions	Lead(s)	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
1. Surgical PCOP	K. Towes	X - At Risk	- Surgical grid developed for 23/24 - Partnership agreements renewed for outpatient endo as well as cataracts to ensure access to care - Surgical innovation fund application submitted for development of a block utilization artificial intelligence tool to help maximize OR schedule	- Develop and implement block tracking tool - Review grid to ensure we are maximizing OR blocks - Review returned blocks – Timing and type of blocks and ability to reassign - Review bed holds for next day surgery and weekend occupancy - Ongoing staff training and recruitment; use of internship/NGG/mentorship programs - DS begin attending physician meetings to update monthly on volumes and impact - Opportunity to utilize the post-partum to manage gynae adult patients instead of Paeds, opening up Paeds availability to take on other off service type patients - Determine if partnership volumes can be increased Endo and Cataracts	R1) OR closures in July due to moisture exposure related to Chiller incident impact OR Core Supplies M1) FMEA completed with mitigations identified for Chiller incident, Value Stream Map completed for OR Supply Management with action items identified R2) Medical leadership awareness and understanding of Surgical PCOP performance M2) Decision Support to attend monthly department meeting to provide updates on PCOP performance
2. Medical PCOP	A. McCulloch	O - On Track	- Maintained additional incremental medical beds - Weighted cases are on target within medical program - Monitoring mechanisms in place	- The major area of focus for medical weighted cases will be to maintain an appropriate length of stay and continue work on conservable bed days to maintain flow - ALC strategies including early discharge planning; working with LTC/Home and Community Support - Ongoing recruitment and training of staff to reduce use of Agency staff and overtime - Increase use of internships/New Grad/ mentorship programs to train students and recruit staff	R1) ALC bed blocks resulting in impacts to flow M1) ALC Quality Improvement Project in-progress

Legend: On Track- achieving performance target | Progressing to On Track - within 10% of performance target | At Risk- not meeting performance target

Agenda

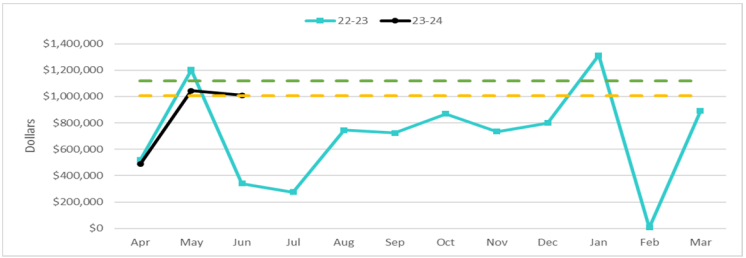
Indicator Update

Sustain Financial Health

INDICATOR:

Revenue- Achieve budgeted PCOP growth for 2023/2024 (IRM)

	Target	Q1 (Apr - Jun)	Q2 (Jul - Sep)	Q3 (Oct - Dec)	Q4 (Jan - Mar)	Status
Performance	$13.4 million (Annual) / $3.4 million per Quarter	$ 2,539,715.00				X - At Risk



Definition	Cambridge Memorial Hospital is currently eligible for Post Construction Operating Plan (PCOP) Funding. Our PCOP funding is awarded based on growth in volumes and weighted cases over and above our base year 2016
Formula	Current weighted cases achieved- base year 2016 weighted cases x funding rate for specific type of weighted case (note there are many inclusion and exclusion criteria to arrive at the final funded volumes) This indicator includes all PCOP buckets rolled-up
Data Source	Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS), Meditech

Actions	Lead(s)	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
3. Mental Health PCOP	D. Didimos	X - At Risk	- ECT restarted at start of fiscal year, anticipating that ECT volume and budget will be met for fiscal year - MH IP volumes slightly lower than budget	- Ongoing recruitment and training of staff; specialized MH training - Review procedures for substance/addiction patients - ECT process is being reviewed and may change from IP activity to OP activity – if OP allows to pull from GRH as an outpatient – if IP risk of even lower volumes in IP MH - IP MH – patient always starts in ED and review the ED staff training to better equip them to handle mental health challenges to improve reputation and increase volumes - Work with partners to increase referrals (outpatients)	R1) Psychiatrist vacancy M1) Recruitment strategy for psychiatrist
4. ED PCOP	D. Didimos	X - At Risk	- ED PCOP is not on budget, the driver is lower volumes than anticipated as well as impact of left without being seen (LWBS) - The actions that will impact ED PCOP are captured in the ED Flow and wait-times indicators	- Implement value stream mapping outcomes - Ongoing recruitment and training of staff to reduce use of Agency staff and overtime - Development of a recruitment video - Use of internship/NGG/mentorship programs - Review staff model of care; use of RPN and RN's - Reinstate the wait time clock – better information for public - LWBS – review coding; meeting with Physicians to discuss - Direct admits vs ER – review process - ED - meet with Guelph to review their successful offload process (P4R)	R1) Wait times and LWBS M1) ED process improvement work to address wait times

Legend: ● On Track- achieving performance target ▲ Progressing to On Track - within 10% of performance target ◆ At Risk- not meeting performance target

Agenda

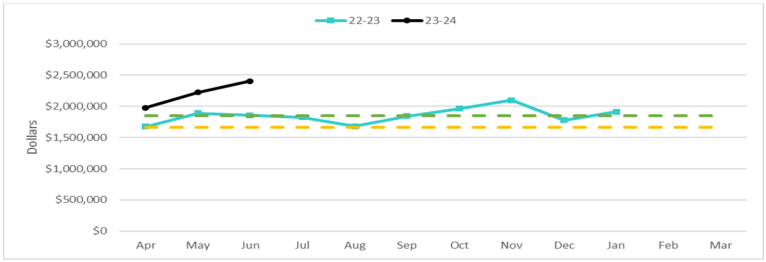
Indicator Update

Sustain Financial Health

INDICATOR:

Revenue- Achieved-Quality Based Procedure Funding (IRM)

	Target	Q1 (Apr - Jun)	Q2 (Jul - Sep)	Q3 (Oct - Dec)	Q4 (Jan - Mar)	Status
Performance	$22.2 million (Annual) / $5.5 million per quarter	$ 6,603,408.00				O - On Track



Definition	The revenue achieved through all Quality Based Procedures, including Urgent Medical QBPs & Non-Urgent Surgical QBPs (OH), Systemic Treatment (CCO), GI Endoscopy (CCO), and Cancer Surgery (CCO).
Formula	The sum of revenue dollars, based on volumes achieved and funding rate.
Data Source	Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS), Meditech

Actions	Lead(s)	Status	Achievements for Q1	Plan for Q2	Risk (R) and Mitigation (M) Strategy
Medical QBPs	A. McCulloch	O - On Track	- Currently meeting budgeted urgent QBPs	- Continue to monitor	No risk to report
Surgical QBPs	K. Towes	O - On Track	- Currently meeting and exceeding budgeted surgical QBPs	- Continue to monitor	No risk to report

Legend: On Track- achieving performance target | Progressing to On Track - within 10% of performance target | At Risk- not meeting performance target

CMH Quality Monitoring Scorecard, FY2023/24

Quality Dimension	Indicator	Unit of	Prior Year	YTD	Target	Trend	Status	Period
Efficient	Conservable Days Rate	%	36.1	35.3	30.0		◆	Jul-23
	Overtime Hours - Average per pay period	hours	3,369.7	3,186.8	850.0		◆	Aug-23
	Sick Hours - Average per pay period	hours	3,774.5	2,964.3	2,090.0		◆	Aug-23
Integrated & Equitable	ALC Throughput	Ratio	0.9	0.9	1.0		◆	Aug-23
	Percent ALC Days (closed cases)	%	28.0	23.4	20.0		◆	Jul-23
	Repeat emergency department visits for Mental Health Care (Average patients	Patients	12.2	11.5	11.0		▲	Jul-23
Patient & People Focused	Organization Wide Vacancy Rate	%	10.4	8.3	12.0		●	Aug-23
Safe, Effective & Accessible	30 Day CHF Readmission Rate	%	15.3	22.2	14.0		◆	Jun-23
	30 Day COPD Readmission Rate	%	13.0	15.1	15.5		●	Jun-23
	30 Day In-Hospital Mortality Following Major Surgery	%	2.2	2.4	2.1		◆	Jun-23
	30 Day Medical Readmission Rate	%	10.8	7.3	13.6		●	Jun-23
	30 Day Obstetric Readmission Rate	%	1.2	1.0	1.1		●	Jun-23
	30 Day Overall Readmission Rate	%	7.5	4.9	9.1		●	Jun-23
	30 Day Paediatric Readmission Rate	%	8.4	2.1	6.1		●	Jun-23
	30 Day Surgical Readmission Rate	%	5.3	4.3	6.9		●	Jun-23
	ED Length of Stay for Admitted Patients (90% Spent Less, in Hours)	hours	49.1	46.7	44.0		▲	Jul-23
	ED Length of Stay for Non-Admitted Complex Patients (90% Spent Less, in Hours)	hours	9.1	9.7	8.0		◆	Jul-23
	ED Wait Time for Inpatient Bed (90% Spent Less, in Hours)	hours	40.5	37.6	36.0		▲	Jul-23
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)	hours	6.3	6.9	4.0		◆	Jul-23
	Fall Rate	per 1000 PD	5.4	4.8	4.0		◆	Aug-23
	Hip Fracture Surgery Within 48 Hours	%	89.7	87.6	86.2		●	Jun-23
	Hospital Standardized Mortality Ratio (HSMR)	Ratio	85.7	90.7	100.0		●	Jun-23
	In-Hospital Sepsis	per 1000 D/C	5.6	2.9	3.9		●	Jun-23
	Long Waiters Waiting For All Surgical Procedures	%	39.8	37.5	20.0		◆	Aug-23
	Low-Risk Caesarean Sections	%	14.9	11.0	17.3		●	Jul-23
	Medication Error Rate	per 1000 PD	6.0	7.0	4.0		◆	Aug-23
	Medication Reconciliation at Admit	%	92.0	94.0	95.0		▲	Aug-23
	Medication Reconciliation at Discharge	%	91.0	92.0	95.0		▲	Aug-23
	Obstetric Trauma (With Instrument)	%	15.3	5.0	14.6		●	Jun-23
	Revenue - Achieve budgeted PCOP growth for 2023/2024 (IRM)	$	8,411,329.0	$3,025,761	$4,466,668		◆	Jul-23
	Revenue - Achieve Quality Based Procedure Funding (IRM)	$	22,210,690.2	$8,470,251	$7,400,000		●	Jul-23

YTD Meeting Target	13	42%
YTD Within Target Threshold (within 10% of Target)	5	16%
YTD Exceeding Target Threshold	13	42%

CMH President & CEO Report
October 2023

This report provides a brief update on some key activities within CMH. Future reports will be aligned to the new Strategic Plan, 2022-2027. As always, I'm happy to answer questions and discuss issues within this report or other matters.

THREB changes name to Waterloo Wellington Research Ethics Board

- The Tri-Hospital Research Ethics Board (THREB) was established over twenty years ago by a joint effort of Cambridge Memorial Hospital, Grand River Hospital and St. Mary's General Hospital. THREB ensures ethical oversight for research activities that involve human participants, their data and/or biological materials, conducted with the support of the three hospitals.
- Over the past twenty years, the research landscape in our regional health care system has grown and evolved. The success of research projects across all three hospitals has opened the door to new partnerships and collaborations across our regional health system. With future growth in mind, the collective decision has been made to change THREB's name to the more inclusive Waterloo-Wellington Research Ethics board (WWREB). The name change is effective immediately (September 22).
- What does this mean for our researchers? Researchers with a current research project under THREB will receive communication related to the name change and required amendment to some documents for their research project. There are no changes to the membership of the Research Ethics Board and the processes to apply for research ethics review at each hospital remain the same.

In support of the 2SLGBTQIA+ community

- With thanks to Margaret McKinnon, the Executive Team issued an internal statement to CMH staff, physicians, midwives and volunteers on Wednesday, Sept. 19 in response to the Canada-wide protests that occurred that day:

  We are reaching out to acknowledge the hate and harm that will occur as the result of the MillionMarch4Children events planned throughout Canada today, including here in the Region of Waterloo. We are deeply aware of the mental health impacts of these sorts of events have and stand in solidarity and support with the 2SLGBTQIA+ community and all others affected. We further condemn in the strongest possible terms all forms of hate directed towards the 2SLGBTQIA+ community and towards any equity-deserving group.

  Recognizing the suffering, harm and distress this may cause for our staff, physicians, midwives and volunteers, especially for members of the

2SLGBTQIA+ community, we encourage you to access the supports available to you such as the Employee & Family Assistance Plan and the resources available through the Diversity Equity & Inclusion committee, including resources offered by the Canadian Centre of Diversity & Inclusion (CCDI).

CMH will be showing its support with regional hospitals for our 2SLGBTQIA+ community through social media. We encourage you to reach out to colleagues, friends and family today. Please engage in acts of support towards one another, as we seek to combat prejudice and discrimination with a message of care and concern for one another and the wider community.

Quick action praised in Code Silver incident

- The morning of September 20, a Code Silver was initiated in the Emergency Department (ED) by staff. Police were contacted, the situation was contained by staff in ED, and Waterloo Regional Police confirmed there was no actual firearm involved in the threat. The quick actions and their adherence to the Code Silver policy ensured that patient and staff safety were utmost importance. Many thanks to the quick actions of staff, including Switchboard.
- A Code Silver is called when someone either observes or is informed that a person is attempting to cause injury with a firearm. By contrast, Code White is called for violent disruptive persons or when a threat of, or actual violence is encountered.
- When a Code Silver is called, staff are to leave or escape the area of the assailant, if they can and help others and redirect people to a safe location. Escape is not possible, s staff are to shelter in place by closing and locking doors, turning off lights, and using furniture as a barricade. Defending oneself should be used as a last report and only if their life is in immediate danger.
- In all other areas of the hospital, policy dictates that staff are to shelter in place, lock doors, silence devices and turn off lights to make rooms appear empty.

COVID Outbreak declared over

- Cambridge Memorial Hospital, in consultation with the Region of Waterloo Public Health, declared an end to the COVID-19 outbreak in the Inpatient Surgery Unit (Wing C, level 4) on Friday, September 1, 2023.
- The outbreak was first declared on Friday, August 25th, 2023. Measures, such as enhanced cleaning and visitor restrictions were quickly put into place to reduce the spread of infection.
- In total, 2 patients and 2 staff were identified as having healthcare acquired infections. With the increasing number of COVID cases in our community and the early onset of flu season, CMH urges staff and visitors to stay home when they are feeling unwell. For your protection, surgical masks can be found at mask dispensers at all public entrances to the hospital. CMH strongly encourages everyone to keep their flu and COVID vaccinations up to date as being immunized is best way to keep yourself and your family safe from severe illness.

ICU recognized as top 10 recruiter to the REVISE trial

- Congratulations is in order!!
- The ICU has been recognized as a top-ten recruiter to the REVISE research trial. REVISE stands for Re-Evaluating the Inhibition of Stress Erosions: Gastrointestinal (GI) Bleeding Prophylaxis in ICU. REVISE is an international study requiring the collaboration of our Pharmacy Department, intensivists and ICU nurses.
- Led by Principal Investigator Dr. Ingrid Morgan, the REVISE research trial is to measure the effect of the medicine pantoprazole versus a placebo on upper GI bleeding in patients that are ventilated.
- Community-based ICUs have recruited 16% of the more than 4300 patients participating in this research. When calibrated to an average 20-bed unit, CMH's ICU is the ninth highest recruiting center of the 66 sites in eight countries participating in the study.

Dr. Furst featured on World Humanitarian Day at CMH

- World Humanitarian Day is a day to honour humanitarians around the world, including CMH personnel that strive to meet ever-growing global needs.
- CMH Oral and Maxillofacial Surgeon Dr. Ian Furst is one such person that wanted to share his surgical skills to assist vulnerable populations; specifically, reconstructive surgery.
- Besides practicing at CMH, he is also a surgeon and CEO for the Swisscross Foundation whose mission is to empower, strengthen, and support frontline health care communities that have been devastated by war.
- Dr. Furst's team recently opened a new facility in the Kurdish region of northern Iraq. The centre offers disability reversing surgery for people affected by war with a global team of surgeons and nurses.
- Swisscross works with local Iraqi healthcare providers to provide continuity of care for the patients and mentorship in complex surgery.
- Within these conflict zones, Dr. Furst deals with complex injuries that arise from war injuries, undertreated injuries, and congenital differences. Members of these vulnerable populations are displaced; many living in IDP (Internally Displaced Persons) and refugee camps, and do not have easy access to complex healthcare.
- “We have to be neutral and impartial. We see a lot of people that are a part of the conflict. We treat everyone regardless of citizenship, status, or culture” remarked Dr. Furst.
- Over the past 18 months, Dr. Furst has travelled six times for 2 weeks at a time. The surgical team he is part of have seen approximately 1500 referrals, completed 250 surgeries, and assessed 700 people.

Kim Towes, Director, Perioperative Services and Women & Children's Program

- We are very happy to have Kimberley (Kim) Towes our Director of Perioperative Services and Women & Children’s Program. She joined us on September 5, 2023.

- Kim is a 25-year Registered Nurse with progressive leadership positions over the past 6 years. She is passionate about quality and safety, building strong teams and staff, and patient experience.
- Her work experience is diverse, including the areas of Perioperative, Inpatient Surgery, Maternal Child, Ambulatory Care and Bariatric. As Senior Director of Patient Services at Guelph General Hospital, Kim was afforded the opportunity for strategic program development and management resulting in positive staff, patient, and family experiences.
- She also had the opportunity to work, establish and foster positive relationships both internal and external to help achieve coordinated systems of care.
- Kim graduated with a Nursing diploma from Conestoga College, then continued education at Ryerson University, receiving a Bachelor of Science in Nursing. In 2023, Kim received a Master of Health Management degree from McMaster University.
- The interview panel which included Chief of Surgery, Chief of Obstetrics, Manager of Women & Children's, Manager of OR, and Manager of SDC/PACU. The panel was impressed with Kim's commitment to quality of care and collaborative approach to team management.
- Kim is married with two children. Her son is just finishing college and her daughter is starting first year at the University of Guelph. The family also has a little dog named Zoe. Kim enjoys spending time with family and friends especially spending the summer at the cottage. The Towes' are devoted Toronto baseball and hockey sport fans.
- Welcome to CMH, Kim!

OR/Minor Procedures Incident

- On the morning of July 6, OR staff discovered excessive condensation and high humidity in the Operating Rooms, the OR sterile core, and the Minor Procedures area. Of concern, the OR sterile core is where sterile surgical equipment and supplies are kept, forcing the hospital to make the difficult decision to defer many elective and minor cases because surgical equipment and supplies were not usable.
- Unfortunately, a separate, unrelated incident occurred July 13 that also resulted in spiked humidity levels and the need to re-sterilize equipment. Surgeries were delayed that day, but the hospital did not cancel any as a result of this incident.
- Many interventions were made. A full investigation with vendors, system designers and Facilities staff was done to determine the extent of the malfunction. During this process, the team corrected some coding in the system and promptly replaced some parts that had the potential to fail. As part of this process, a Failure Mode and Effects Analysis (FMEA) was completed to help identify possible failures in both the system and our processes. FMEA results will inform our actions should something similar occur in the future.
- In total, 54 surgeries and 39 minor procedures had to be deferred due to these incidents.

- All those involved went above and beyond during the incident, with special mention to Purchasing, Facilities, Perioperative, Stores and Purchasing teams for their steadfast focus on safety throughout.

Historic Estate Gift will enhance patient care

- On August 30, the trustees of Mr. Robert (Bob) Cunningham's estate announced a $2 million legacy gift that Bob provided in his will. The funds will purchase high-tech medication management and dispensing equipment for our Hospital's Pharmacy Department and boost fundraising efforts to purchase a new MRI for CMH.
- During his lifetime, Bob was a well-known local businessman, sport enthusiast, and committed community volunteer, including here at Cambridge Memorial Hospital (CMH) and CMH Foundation. Deeply devoted to his community and its well-being, Bob was known for his intelligence, business acumen, and deep desire to help others. He held pivotal Director roles on our Hospital and Foundation Boards, and committees, and helped set the future vision of care for our Community.
- "It was a pleasure to work with Bob as one of our dedicated volunteers," said Lisa Short, Foundation Executive Director. "Bob always encouraged others to play their part in supporting the Hospital, and with his final gift we hope others are also inspired to help us raise MRI funds and best serve our community."
- In addition to this gift, Bob's generous $1 million gift in 2019 to our WeCareCMH campaign was the largest gift received from an individual to the Hospital. Today's $2 million legacy announcement brings Mr. Cunningham's cumulative giving to over $3 million - the most from an individual in CMH's history. In recognition of Bob's generosity our redeveloped Diagnostic Imaging Department, where the gift was announced, will be named in his honour.

CMH achieves 97%+ Guardrails compliance rate

- Infusion pumps, used to deliver intravenous fluids, medications and blood products to patients, are used extensively in the hospital. If used incorrectly, they may be associated with safety concerns or harm to clients.
- As such, Infusion Pump Safety is a coordinated safety initiative at CMH as an Accreditation Canada Required Organizational Priority (ROP). It includes the creation and ongoing evaluation of medication libraries consisting of medication datasets for each medication specific to the patient population (i.e. Critical Care/Emerg, Medicine/Surgery, Birthing, Nuclear Medicine, Pediatrics and Neonates).
- CMH was recently acknowledged by BD Alaris for it's Guardrails compliance rate. Cambridge Memorial Hospital's average compliance rate was an impressive 97.09% from October 2019 to June 2023, putting us in the upper echelon of all Alaris customers across Canada. This accomplishment is because of the combined expertise and hard work of our Infusion Pump Safety team and ALL of the CMH nursing staff and clinical end users at CMH!
- Belinda Lo-Fraser is the CMH Pharmacist that oversees the creation, ongoing review and evaluation of the BD Alaris Pump Medication Datasets in consultation

with interdisciplinary care teams. Medication data sets which include dosing limits, concentration limits and rate limits are based on evidence-based guidelines and CMH specific policies. The medication libraries and compliance rates are regularly evaluated using quality improvement data and improvements are continually made to increase patient safety.

- Infusion pump safety also includes training, evaluation of competence and a process to report issues with infusion pump use. Jennifer Theis is the Clinical Educator Facilitator for Vascular Therapy and is dedicated to promoting safe, quality vascular access and infusion therapy education here at CMH. She has her Canadian Vascular Access Association certification, which demonstrates a commitment of herself and that of CMH to stay current with evidence-based, best practice vascular access and infusion therapy.
- Biomed also plays an instrumental role in this collaborative team. They are responsible for completing system upgrades, preventative maintenance and repairs in a diligent and timely manner.

CMH receives $3.3M in HIRF funding

- Brian Riddell, MPP-Cambridge, announced on July 25 that CMH is receiving $3,373,667 to support critical upgrades and repairs at Cambridge Memorial Hospital. These monies will go to replace an aging roof and air handling unit in the Wing B patient care facility.
- The funding for CMH is part of the government's investment of more than $208 million provided through the Health Infrastructure Renewal Fund that supports 131 hospitals and 58 community health facilities across the province.

Festival fun, food, and friends…

- On July 22. CMH took part in the Cambridge Multicultural Festival at Forbes Park.
- Dedicated team members from HR, DEI, Patient Experience, Volunteer Services and the CMHVA came together on this beautiful sun-filled day to support the Cambridge Cultural Association and represent our hospital.
- Our staff showcased CMH services to our community and connected with people who wanted to get involved through employment, volunteering, or by becoming a member of our Patient and Family Advisory Council.
- It also gave us the opportunity to connect with Community Partners to learn more about their offerings and how we can collaborate to support the Cambridge North Dumfries community as a whole.
- We were thrilled to have a front row seat to the dancing, music, and entertainment representing diverse cultures and rich traditions.
- Linda Rodrigues, Manager of OD, Wellness, and Inclusion, spoke to the community about CMH's commitment to keeping our doors open to all by embracing the unique needs and beliefs of each culture. She encouraged the community to share their diverse voices, perspectives, and experiences.
- Many thanks for sharing your eagerness to continue our multicultural learning journey and to support an inclusive and welcoming hospital for all.

Agenda Item 1.5.9

BOARD WORK PLAN – 2023-24

Charter Section #4	Action *(Italics-comments)*	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	Jun
	Tone at the Top									
a-i, ii	➢ Approve CEO goals and objectives	Executive						√	√	
	➢ Approve COS goals and objectives							√	√	
	➢ Mid-year CEO assessment input from Board	Board			√				√	
	➢ Mid-year COS assessment input from Board				√				√	
	➢ Mid-year/Year-end CEO report and assessment	Executive			√					
	➢ Mid-year/Year-end COS report and assessment				√					
	➢ CEO evaluation/feedback – mid-year	Executive			√					
	➢ COS evaluation/feedback – mid-year				√					
a-iii	➢ CEO evaluation/feedback –year end and performance based compensation	Executive							√	√
	➢ COS evaluation/feedback –year end and performance based compensation								√	√
	➢ Reviewing the performance assessments of the VPs – summary report provided to the Board (as per policy 2-B-10)	Executive			√					
b	➢ Strategic Plan: approve process, participate in development, approve plan (done in 2022, will be done again in 2027)	Board								
b	➢ Progress report on Strategic Plan – Updates completed through the corporate scorecard	Board	√		√			√		√
b-iii-c	➢ Approve annual Quality Improvement Plan (QIP)	Quality					√			

✓ = Due ND = Not Due C = Complete I = In progress D = Delayed 29 September 2023

Agenda Item 1.5.9

BOARD WORK PLAN – 2023-24

Charter Section #4	Action *(Italics-comments)*	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	Jun
b-iii-c	➢ Review and approve the Hospital Services Accountability Agreement (H-SAA) ➢ Review and approve Multi-Sector Accountability Agreement (MSAA) ➢ Review and Approve Community Annual Planning Submission (CAPS) ➢ Review and Approve Hospital Accountability Planning Submission (HAPS)	Resources, Quality				√ √ √ √	√ √ √			
b-iii-C	➢ Monitor performance indicators and progress toward achieving the quality improvement plan	Quality			√	√			√	
c-i-B c-i-B	➢ Critical incidents report – (as per the *Excellent Care for All Act*). *(Brought forward to Board at each meeting – approved Nov 27, 2019)* ➢ Monitor, mitigate, decrease and respond to principal risks	Quality Audit	√		√	√		√	√	√ √
c-i-E	➢ Review the functioning of the Corporation, in relation to the objects of the Corporation the Bylaw, Legislation, and the HSAA	Governance	√		√	√		√		√
	➢ Receive and review the Corporate Scorecard	Board	√		√			√		√
	➢ Declaration of Compliance with M-SAA Schedule F (due 90 days after fiscal year end)	Resources	√						√	
c-i-F	➢ Declaration of Compliance with BPSAA Schedule A (due May 31 to the OH)	Resources							√	
c-i-F c-i-F	➢ Receive and review quarterly the CEO certificate of compliance regarding the obligations for payments of salaries, wages, benefits, statutory deductions and financial statements	Resources	√		√			√		√
	➢ Procedures to monitor and ensure compliance with applicable legislation and regulations	Audit							√	

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Agenda Item 1.5.9

BOARD WORK PLAN – 2023-24

Charter Section #4	Action *(Italics-comments)*	Committee Responsible	**Oct**	**Nov**	**Dec**	**Feb**	**Mar**	**May**	**Jun**	**Jun**
c-ix-G	➢ Board Generative/Education Discussions o Emergency Department o Digital Health o TBD	Board		√			√		√	
e-i-A	Receive a summary report on: • CEO succession plan and process • COS succession plan and process • Succession plan for executive management and professional staff leadership	Executive Executive Executive								√ √ √
	Professional Staff									
f-i-A f-i-B/C	➢ Ensure the effectiveness and fairness of the credentialing process ➢ Monitor indicators of clinical outcomes, quality of service, patient safety and achievement of desired outcomes	MAC/Quality MAC	√	√	√	√	√	√	√	√
f-i-C	➢ Make the final appointment, reappointment and privilege decisions for Medical/Professional Staff ➢ Oversee the Medical/Professional Staff through and with the MAC and COS	Board COS	√ √	√ √	√ √	√ √	√ √	√ √	√ √	√ √
	Build Relationships									

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Agenda Item 1.5.9

BOARD WORK PLAN – 2023-24

Charter Section #4	Action *(Italics-comments)*	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	Jun
g	➢ Build and maintain good relationships with the Corporation's key stakeholders ➢ The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, community leaders, patients, employees, families, other health service providers and other key stakeholders, donors and the Cambridge Memorial Hospital Foundation (" Foundation") and the Cambridge Memorial Hospital Volunteers Association. ➢ Invite Annual Volunteer Association Presentation	Board			√					
	Financial Viability									
h-i-A,C	➢ Review and approve multi-year capital strategy	Resources		√						
h-i-A,C h-i-A, B	➢ Review and approve annual operating plan – service changes, operating plan, capital plan, salary increases, material amendments to benefit plans, programs and policies	Resources/ Quality				√	√			
h-i-A	➢ Approve the year-end financial statements	Board							√	
i-i-C	➢ Approve key financial objectives that support the corporation's financial needs (including capital allocations and expenditures) (*assumptions for following year budget)* ➢ Review of management programs to oversee compliance with financial principles and policies	Resources Resources				√	√		√	
	➢ Affirm signing officers for upcoming year	Board								√
	➢ Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding	Resources			√				√	
	Board Effectiveness									

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Agenda Item 1.5.9

BOARD WORK PLAN – 2023-24

Charter Section #4	Action *(Italics-comments)*	Committee Responsible	**Oct**	**Nov**	**Dec**	**Feb**	**Mar**	**May**	**Jun**	**Jun**
i	➢ Establish Board Work Plan	Board	√							
i-i-A	➢ Ensure Board Members adhere to corporate governance principles and guidelines ➢ Declaration of conflict agreement signed by Directors ➢ Director Consent to Act	Governance								√ √
i-i-B	➢ Ensure the Board's own effectiveness and efficiency, including monitoring the effectiveness of individual Directors and Board officers and employing a process for Board renewal that embraces evaluation and continuous improvement	Governance/ Board								√
i-i-C	➢ Ensure compliance with audit and accounting principles	Audit							√	
i-i-D	➢ Periodically review and revise governance policies, processes and structures as appropriate	Governance	√		√	√	√	√	√	
	➢ Review Progress on ABCDE Goals *(Director & Chair meet during July/August to establish goals for upcoming Board cycle)*	Board			√		√			√
	Fundraising									
k	➢ Support fundraising initiatives including donor cultivation activities. *(through Foundation Report and Upcoming Events)*	Foundation	√	√	√	√	√	√	√	√
	***Public Hospitals Act* required programs**									
l-i-A	➢ Ensure that an occupational health and safety program and a health surveillance program are established and require accountability on a regular basis - TBD	Audit								
l-i-B	➢ Ensure that policies are in place to encourage and facilitate organ procurement and donation	Quality								√

Agenda Item 1.5.9

BOARD WORK PLAN – 2023-24

Charter Section #4	Action *(Italics-comments)*	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	Jun
l-i-C	➢ Ensure that the Chief Executive Officer, Nursing Management, Medical/Professional staff, and employees of the Hospital develop plans to deal with emergency situations and the failure to provide services in the Hospital	Quality			√					
	Recruitment									
n	➢ Approve interview team membership (noted in By-law)	Governance			√					
	➢ Review recommendations for new Directors, non-director committee members (2-D-20)	Governance							√	
	➢ Conduct the election of officers (2-D-18)	Governance								√
	➢ Review evaluation results and improvement plans for the Board, the Board Chair (by the Governance Chair), Board committees, committee chairs (2-D-40) ➢ Review committee reports on work plan achievements (2-A-16)	Governance Governance							√	√

Agenda Item 1.5.9
BOARD WORK PLAN – 2023-24

ON GOING AS NEEDED

Charter Section #4	Charter Item	Action *(Italics-comments)*	Committee Responsible	Current Year 2022-23
i-i-E	Board Effectiveness	Compliance with the By-Law	Governance	
c-i-A, B	Corporate Performance	Ensure there are systems in place to identify, monitor, mitigate, decrease and respond to the principal risks to the Corporation: o financial o quality o patient/workplace safety	Audit, Resources Quality	
c-i-C	Corporate Performance	Oversee implementation of internal control and management information systems to oversee the achievement of the performance metrics	Resources	
c-i-D	Corporate Performance	Processes in place to monitor and continuously improve upon the performance metrics	Resources/ Quality	
c-i-G	Corporate Performance	Policies providing direction for the CEO and COS in the management of the day-to-day processes within the hospital	Governance/ Executive	
d-ii-A,B	CEO and COS	Select the CEO, delegate responsibility and authority, and require accountability to the Board	Executive	
d-ii-C	CEO and COS	Policy and process for the performance evaluation and compensation of the CEO	Governance/ Executive	
d-ii-D, E	CEO and COS	Select the COS, delegate responsibility and authority, and require accountability to the Board	Executive	
d-ii-F	CEO and COS	Policy and process for the performance evaluation and compensation of the COS	Governance/ Executive	
h	Financial Viability	Approve collective bargaining agreements	Board	
h	Financial Viability	Approve capital projects	Resources	

Agenda Item 1.5.9
BOARD WORK PLAN – 2023-24

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

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

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Agenda

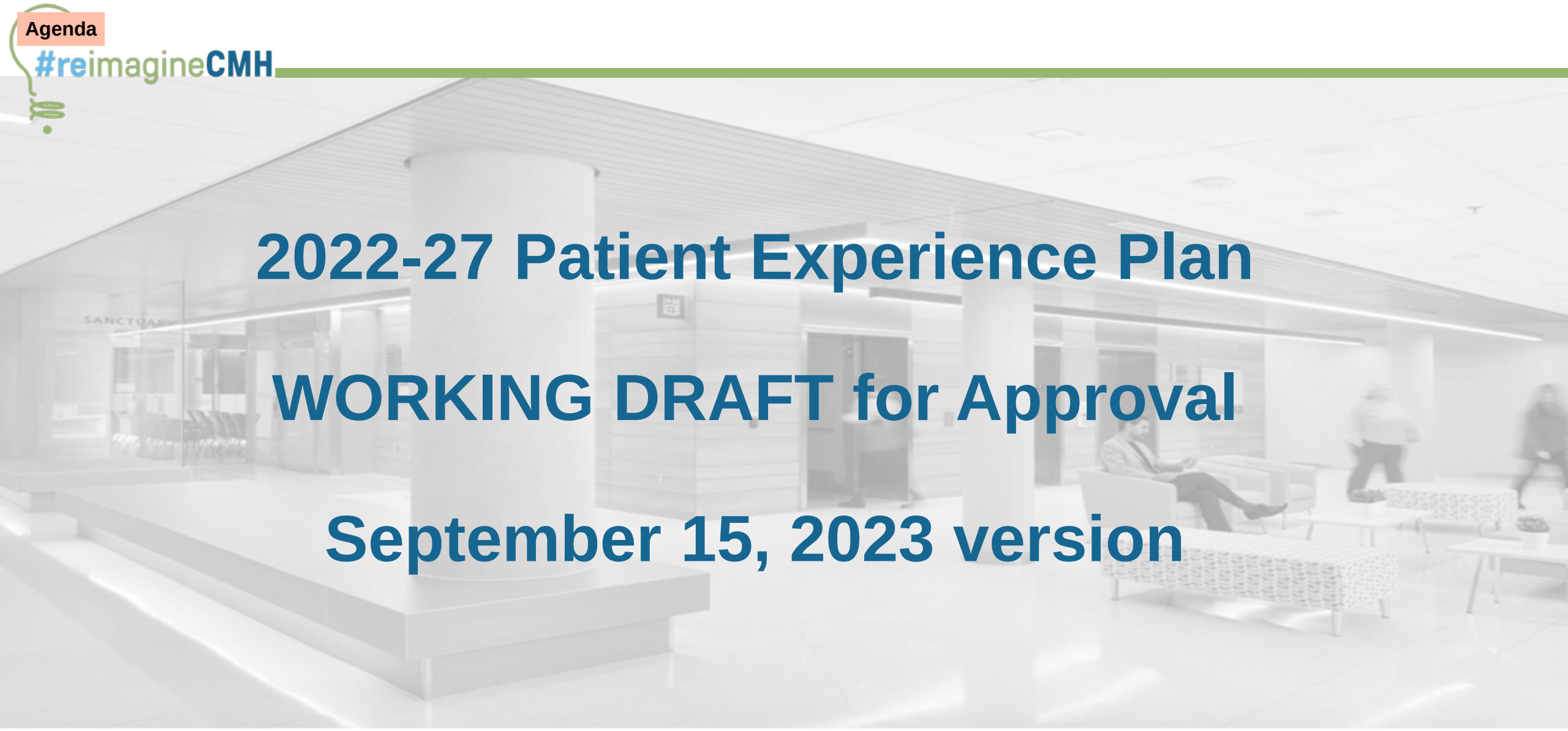
2023/24 Board of Directors Action Log – 28-09-2023

Agenda Item 1.5.10

Meeting Date	Agenda # / Item Description	Action Item	Owner	Status
25-01-2023	3.1.1 – Committee and Staff appointments	Governance to complete a policy review/update as it relates to staff & Community appointments, specifically when they occur outside of the regular appointment process	P. Gaskin	Will be brought to Governance at a future meeting
01-03-2023	3.9 – Foundation Events	Management to review and include the recommendation in the Board Policies	P. Gaskin	Will be brought to Governance at a future meeting
26-04-2023	4.10 – CND OHT Mental Health & Addictions Clinic	Management to review the data points that will be reviewed through the CNH OHT evaluation process	P. Gaskin	In progress
28-06-2023	1.5 – Clinical Services Growth Plan	Timelines and metrics to be added to the Clinical Services Growth plan.	S. Pearsall / W. Lee	In Progess

**Action logs are to be sent electronically to CMH Management after each meeting*
**Action logs should be included in the consent agenda of Committee meetings*
**Action logs should only contain items identified with an action for follow up or further work identified in the meeting minutes (not for regular meeting updates)*

#reimagineCMH



2022-27 Patient Experience Plan

WORKING DRAFT for Approval

September 15, 2023 version

Liane Barefoot
Director Patient Experience, Quality, Risk, Privacy & IPAC

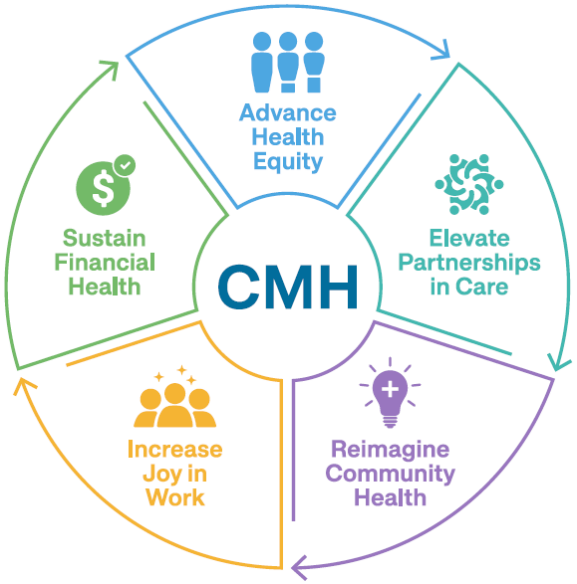
Agenda

Corporate Plan Status Overview

Version Date: September 15, 2023

LEGEND:
ACTIVE = plan is approved and currently active
REFRESH = plan is due for a refresh
NET NEW = plan is the first of its kind and is undergoing development

There are 19 corporate plans housed within our five Strategic Pillars. Each corporate plan guides the work of its respective department to ensure alignment with our 2022-27 Strategic Plan.



Sustain Financial Health		
Corporate Plan	Plan Owner(s)	Status / Approval Date
Multi-year Financial Plan	Trevor Clark and Michelle D'Souza	NET NEW
Multi-year Capital Plan	Trevor Clark and Valerie Smith-Sellers	REFRESH

Elevate Partnerships in Care		
Corporate Plan	Plan Owner(s)	Status / Approval Date
Clinical Services Growth Plan (2022-27)	Stephanie Pearsall and Dr. Winnie Lee	ACTIVE
Patient Experience Plan	Liane Barefoot	October 2023
Quality and Safety Plan	Liane Barefoot	October 2023
Capital Redevelopment Plan	David Boughton	ACTIVE

Increase Joy in Work		
Corporate Plan	Plan Owner(s)	Status / Approval Date
Human Resources Plan	Susan Toth and Trevor Clark	REFRESH
Wellness and Wellbeing Plan	Susan Toth and Trevor Clark	REFRESH
Employee and Physician Engagement Plan	Susan Toth and Trevor Clark	REFRESH
Corporate Communications and Engagement Plan	Stephan Beckhoff	June 2023

Advance Health Equity		
Corporate Plan	Plan Owner	Status / Approval Date
Diversity, Equity, and Inclusion Plan (2022-27)	Mari Iromoto	ACTIVE
Indigenous Wellness, Truth & Reconciliation Action Plan	Patrick Gaskin	NET NEW
Accessibility Plan (2023-28)	David Boughton	ACTIVE
Senior Friendly Hospital Plan (2019-23)	Stephanie Pearsall	ACTIVE

Reimagine Community Health		
Corporate Plan	Plan Owner	Status / Approval Date
Ontario Health Team Plan (2022-25)	Patrick Gaskin and Kristina Eliashevsky	ACTIVE
Innovation Plan	Mari Iromoto	NET NEW
Digital Health (includes HIS) Plan	Rob Howe	REFRESH
Operational Excellence Plan	Kyle Leslie	NET NEW
Environmental Sustainability Plan	David Boughton	REFRESH

Patient Experience Plan

Corporate Plan Owner: Liane Barefoot

5-Year Success Goal: Elevate patient & care partner engagement at all levels

Priority Themes:

1. Formalized Roles
2. Continuous Feedback Loop
3. Communication is a Cornerstone
4. Actions & Environment Demonstrate Respect for Diversity
5. Adopt Innovative Digital Solutions

Success Measures:

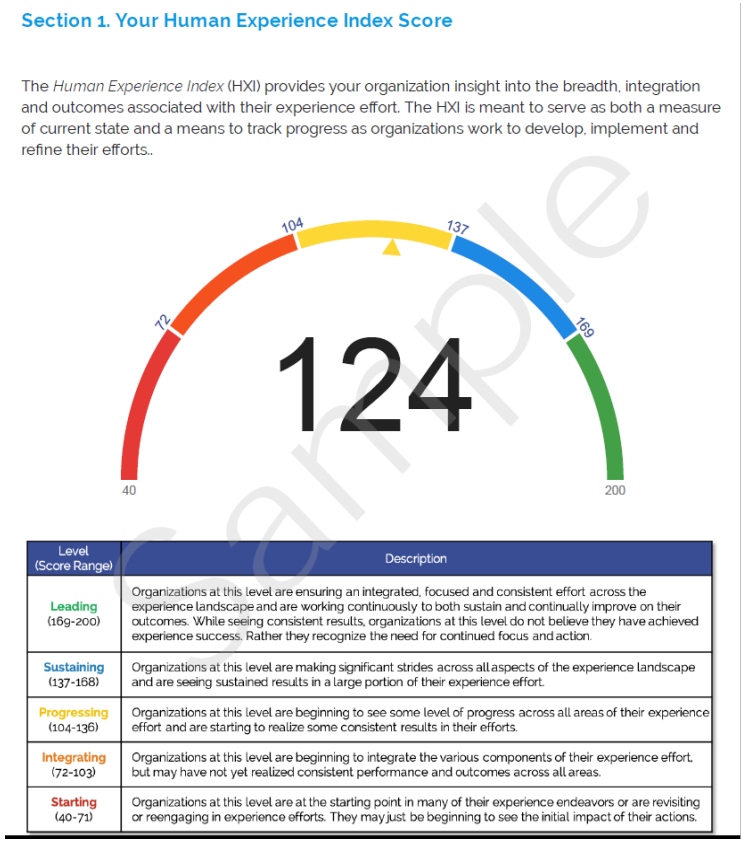
1. Would you recommend CMH to family/friends?
2. Increase CMH Human Experience Index Score

Patient Experience Plan – Guiding Principles

- Communication is a cornerstone in this plan. It will be both a stand-alone theme and woven throughout all tactics.
- This plan is patient & caregiver focused; it is not a staff plan
- Every interaction matters
- Data (objective & subjective) will be shared through new/updated channels

Alignment to Beryl Institute Experience Framework

Beryl Institute Experience Framework Scorecard



Section 1. Your Human Experience Index Score

The *Human Experience Index* (HXI) provides your organization insight into the breadth, integration and outcomes associated with their experience effort. The HXI is meant to serve as both a measure of current state and a means to track progress as organizations work to develop, implement and refine their efforts..

Level (Score Range)	Description
Leading (169-200)	Organizations at this level are ensuring an integrated, focused and consistent effort across the experience landscape and are working continuously to both sustain and continually improve on their outcomes. While seeing consistent results, organizations at this level do not believe they have achieved experience success. Rather they recognize the need for continued focus and action.
Sustaining (137-168)	Organizations at this level are making significant strides across all aspects of the experience landscape and are seeing sustained results in a large portion of their experience effort.
Progressing (104-136)	Organizations at this level are beginning to see some level of progress across all areas of their experience effort and are starting to realize some consistent results in their efforts.
Integrating (72-103)	Organizations at this level are beginning to integrate the various components of their experience effort, but may have not yet realized consistent performance and outcomes across all areas.
Starting (40-71)	Organizations at this level are at the starting point in many of their experience endeavors or are revisiting or reengaging in experience efforts. They may just be beginning to see the initial impact of their actions.

Survey tool developed & validated by Beryl Institute to evaluate an organization's PX efforts

Beryl Institute recommends implementing this survey once every 18 – 24 months so we will gather a baseline (fall 2023), mid way through this plan (~2025) and at the end of this plan (2027) as a way to evaluate our efforts

General Feedback on PX Plan DRAFT

Role	# Provided Feedback
Executive/Senior Director	2
Director	2
Manager/Coordinator	7
Physician or Midwife	2
Charge Nurse/Supervisor	0
Educator	1
Other	6

"Great start"
"Great initiatives"
"Plan feels well rounded and sounds really exciting"
"If we can accomplish this it will put use leaps and bounds above where we are today!"

Theme	Score out of 5.0
Formalized Roles	4.35
Continuous Feedback Loop	4.45
Communication is Cornerstone	4.70
Actions & Environment Demonstrate Respect for Diversity	4.60
Adopt Innovative Digital Solutions	4.40

Discussed by PX Lead at Staff Huddles …

Formalized Roles

Priority Theme 1:

Formalized role of the Patient and Care Partner

Supporting Explanation:

Care Partners are intrinsic to the physical and emotional value they offer patients in their health journey. Patients and Care Partners along with healthcare providers must all be clear on what is, and is not, part of the Patient/Care Partner roles.

Tactic Ideas:

1. Develop and formally endorse a CMH 'Patient Experience' definition
2. Update the 2018 CMH Patient Declaration of Values
3. Develop formal role descriptions for Patients and Caregivers
4. Standardized processes for patient belongings
5. Develop Programmatic Patient Partner role for each major program/service

Continuous Feedback Loop

Priority Theme 2:

Mulit-modal feedback will facilitate celebrating successes, evaluating, and informing future improvement work

Supporting Explanation:

Systemic & individual case learnings need to be captured and shared in meaningful ways to ensure they drive further improvements.

Tactic Ideas:

1. Foster a culture of local resolution
2. Enhance data capture
3. Standardized external patient experience measurement facilitating benchmarking
4. Expanded channels for sharing patient stories/kudos externally and internally
5. Expanded options for patient/community input and involvement
6. Enable real-time feedback mechanisms

Communication is a Cornerstone

Priority Theme 3:

Consistent, respectful communication that is infused with empathy & compassion will be at the heart of all we do.

Supporting Explanation:

Above all, communication throughout the organization needs to come from a place of compassion. When service does not go as planned, service recovery needs to be swift, predictable, and involves systemic learnings.

Tactic Ideas:

1. Espouse patient facing feedback escalation process
2. Standardized service recovery program
3. Foster staff development through multi-modal Patient Experience learning offerings
4. Standardized process for when/how patient facing resources are translated

Actions and Environment Demonstrate Respect for Diversity

Priority Theme 4:

Actively seek out opportunities to redesign care and services that demonstrate respect for the vast diversity of the community we serve

Supporting Explanation:

All patients and their Care Partners should feel welcomed and safe at CMH. This should be overtly demonstrated by our actions and the environment.

Tactic Ideas:

1. Non-gendered and preferred pronouns embedded into care processes and space design
2. Increased means for obtaining more diverse patient feedback
3. Advance Truth and Reconciliation call to action
4. Seamless provision of care and services in patient language of choice
5. Enhanced and purposeful external spiritual care linkages

Adopt Innovative Digital Solutions

Priority Theme 5:

Enhanced digital access for patients to improve self-management

Supporting Explanation:

Patients are becoming increasingly used to having digital access in almost every other aspect of their lives; healthcare at CMH need not be the exception.

Tactic Ideas:

1. Innovative methods for patient access to their health information
2. Enhanced opportunities for patient involvement in appointment bookings
3. Modernized options for patient/provider communication
4. Evaluate Patient Bedside Terminal as an enabler for smoother care transitions
5. Develop a sustainable Virtual Visiting program

Next Steps

- PFAC – September 12th
- MAC – September 13th
- Quality Committee – September 20th
- Board of Directors – October 4th

Accreditation Update
Quality Committee

Mari Iromoto
Senior Director Strategy, Performance & CIO

September 20, 2023

CMH

READY. EVERYDAY. CAMBRIDGE MEMORIAL HOSPITAL

Krysta Garton, RN, BScN
Alex Vincent, RN, MPH

CMH Accreditation Leads

CMH

BACKGROUND

What is Accreditation?

What: Accreditation is an assessment of the quality of care we design and deliver at CMH against 2,200+ healthcare industry standards. Some standards more closely linked to quality & patient safety are referred to as Required Organizational Practices (ROPs) and these are given more 'weight' in the final decision. Specific 'instruments' (surveys) must be completed with a minimum level of participation.

Who: A team of 4 Accreditation Canada surveyors

- 3 Healthcare Professionals
- 1 Trained Patient Surveyor

Where: On-site at CMH

When: November 5 – 9, 2023

How: Tours of the hospital, meetings with various groups/teams/external stakeholders, talking to staff, observing care being provided, meeting with patients, reviewing policies, reviewing audit results, reading charts (online & paper), and education/training

Why: To understand what we are doing well and learn where we can improve

CMH

BACKGROUND

Why Ready.Everyday.

Accreditation Canada will be modifying the survey cycle intervals from predictable ‘every 4 years’ to ongoing assessments through weeks/months notice prior to an on-site visit.

Following our November survey
we will continue the amazing work
we already do to be … ready every day!

Purposeful tagline and branding to support this transition

READY.
EVERYDAY.
CAMBRIDGE MEMORIAL HOSPITAL

CMH

BACKGROUND

Accreditation Decision Levels

DECISION LEVEL	INSTRUMENT THRESHOLDS	CRITERIA		ROP TESTS FOR COMPLIANCE
		High-priority criteria in each grouping	All other criteria in each grouping	
Accredited	Not met	Met 84% or less	Met 84% or less	Two or more major tests unmet at on-site survey
Accredited with Commendation	Met	Met 85 to 94%	Met 85 to 94%	One major test unmet at on-site survey
Accredited with Exemplary Standing*	Met at on-site survey	Met 95% or more at on-site survey	Met 95% or more at on-site survey	All tests met at on-site survey

*Cannot be achieved if an organization has had its Board dismissed and/or is under supervision at the time of the on-site survey.

2019 Onsite

CMH

STAFF/PHYSICIAN READINESS

How have Staff been preparing?

ROP POSTERS

Key Messages

Corporate (all staff)

Clinical – focused on specific area(s)

Leaders receive sample questions to prompt discussion at huddles

MOCK TRACERS

Accreditation Leads in various areas asking sample questions – could be targeted to monthly topics and/or to identified gap areas

Audits – data, observations

Patient Interviews

During various meetings

ACCREDITATION FAIR

"GAMIFY" key information

4 hours

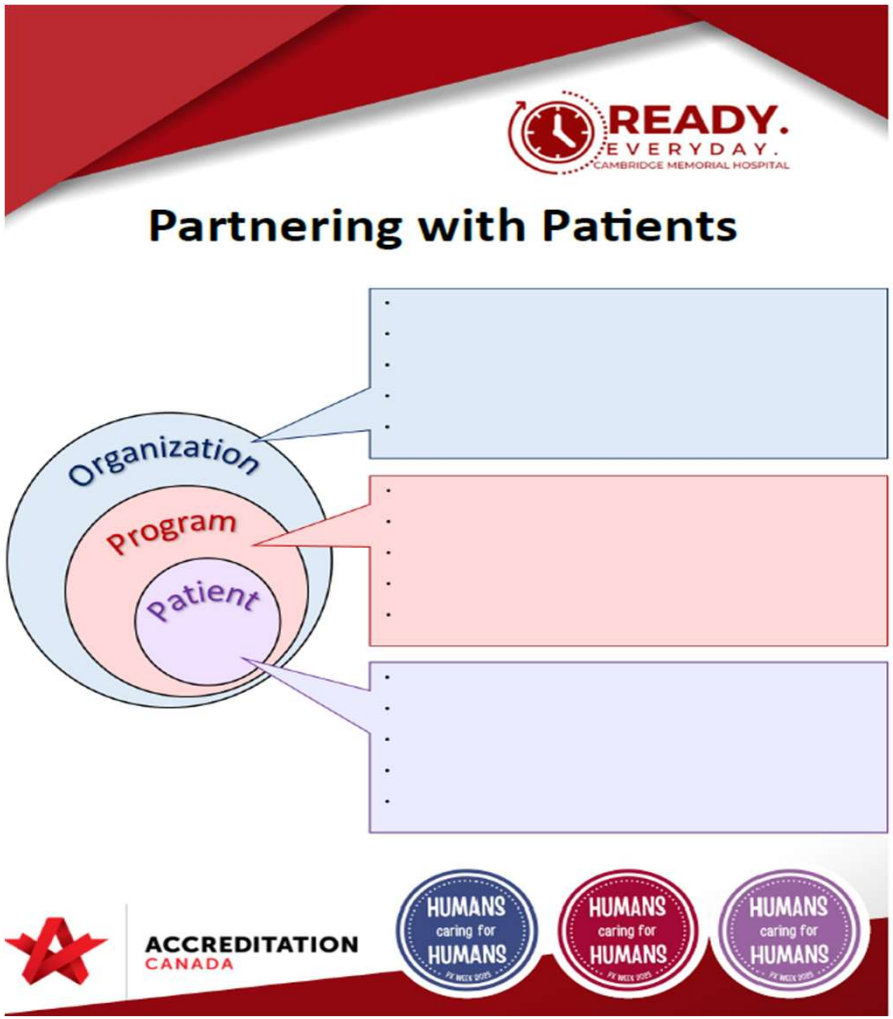
All staff/physicians welcome to attend

Prizes

11 sessions over 6 days offered

CMH

SAMPLE POSTERS - CORPORATE



CMH

SAMPLE POSTERS - CLINICAL

R.O.P

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Dangerous Abbreviations

When in Doubt, Spell it Out!

DO NOT USE LIST	
DO NOT USE	USE
U or u	Unit
IU or iu	Unit
Abbreviations of Drug Names (HCTZ)	Full drug name
QD or Q.O.D	Daily or every other day
OD	Daily or every other day
OS, OD, OU	Left eye, right eye, or both eyes
D/C	Discharge or discontinue
Cc	mL or millitre
Ug	Mcg
@	at
< or >	Less than or greater than
Trailing zero x.0mg	Use x mg
Lack of leading zero _.xmg	Use 0.xmg
2023	

ACCREDITATION CANADA

READY. EVERYDAY. CAMBRIDGE MEMORIAL HOSPITAL

Two Client Identifiers

- Confirm that the right patient receives the right care by checking **two CMH-approved patient identifiers** on a patient armband, identification card and/or through verbal communication which includes:
  - **Client's Full Name**
  - **Date of Birth**
  - **Personal Identification Number**
  - **Health Card Number**
  - **Government-Issued Photo Identification**
  - **Student ID**
- It is the responsibility of the **Most Responsible Nurse** to ensure that the patient has the appropriate armband on and remove/replace it if it is illegible.
- The client's room, bed number, home address are not person-specific and should **not** be used as identifiers.

ACCREDITATION CANADA

CMH

THEMES

Boardroom → Bedside

- Helping staff translate the strategic & corporate plans into programmatic tactics that are being worked on, discussed, and tracked at the program level
- Staff need to be able to articulate how the work they are doing in their unit/program is linked to a broader/bigger why
- Huddle boards have been re-designed & are intended to be the staff 'go to' for answers

Patients as Partners

- Patient Surveyor will be viewing processes, policies, and actual care delivery through the lens of a patient
- Assisting staff to articulate the many ways they are already partnering with patients during their day-to-day work

Emergency Preparedness

- Since COVID there are an enhanced number of emergency preparedness standards
- Increased number of mock codes, education modules, updated on-unit resources (maps, training pre-occupancy)

BRIEFING NOTE

Date: September 28, 2023
Issue: Chairs Report
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Stephanie Fitzgerald, Administrative Assistant
Approved by: Nicola Melchers, Board Chair

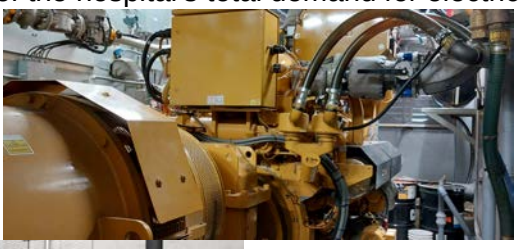
Attachments/Related Documents: None

Board Highlights

Visits to CMH During the Summer

Even though our Board cycle had come to an end a few of our Board members visited CMH for some tours over the summer months. Diane Wilkinson visited CMH on August 25, 2023 and toured the Lab and DI areas with Stephanie Pearsall and Ken Abogadil.

Last November Miles Lauzon visited CMH for a tour of the CMH boiler room and Cogen engine with David Boughton and Keith Vincent. At the time, the Cogen was being repaired. On August 31, 2023 Miles had a follow up visit with Keith to visit the Cogen one more time. The Cogen is in routine operation generating about 75% of the hospital's total demand for electricity.



CMH Staff Golf Tournament
The CMHF hosted the CMH Champions Staff Golf Tournament on August 10, 2023, at Beaverdale Golf Course. The tournament was a great success. Bill Conway, Julia Goyal and Jay Tulsani joined CMH staff for dinner after the event.

Board Orientation
On August 23, 2023 CMH held the Annual Board Orientation. The new Directors and non-directors had an orientation followed by a tour of CMH.

Chairs Meeting
On September 5, 2023 the annual Chairs Meeting was held. All but one chairs were present. The Chairs received a sneak peak of the new CMH Board Portal as well as discussed ways to improve the length of meetings going forward.

Mayors Address
Thanks to all CMH Board members who attended the Mayor's state of the union address held in the Gaslight District on September 14, 2023. The address was held outdoors with great weather. The Mayor highlighted the work ahead focusing on people, place and prosperity.

Digital Health Strategy Sub-Committee Social

Sara Alvarado hosted a Sub-Committee Social event at her home for the Digital Health Strategy Sub-Committee on September 6, 2023. This was the first time the Committee had been together in person. The members had fun sharing summer holiday plans and showed great enthusiasm about helping out with the new HIS for the hospital.

CMH Parking

On July 31, 2023, Miles Lauzon joined members of the CMH Team, leading the parking system upgrade, for a site visit to Toronto to view a demonstration of the options for new parking systems at CMH.

Hawk Feather Re-energizing Ceremony
CMH hosted a re-energizing ceremony for the Hawk Feather that was gifted to us at our ribbon cutting ceremony in January 2020 by Clarance Cachagee. Mr. Cachagee is an Indigenous educator and the visionary/founder of the Crow Shield Lodge.

The gift of the feather, that has been proudly hanging in the Main Lobby, symbolizes farsightedness, guardianship and strength, qualities that he believes resonate within the staff, physicians, midwives and volunteers that work at our hospital. As part of our commitment to maintain the feather, Mr. Cachagee returned on September 27, 2023 to re-energize the spirit of the feather by feeding and watering it so that its spirit can continue to provide positive energy to everyone who enters our hospital. Diane Wilkinson, Nicola Melchers, Miles Lauzon, Bill Conway, and Paulo Brasil joined CMH and took part in the ceremony.

Retiring Board Members
This year CMH has introduced a gift of appreciation for our retiring board members. Elaine Habicher was gifted with a handmade charcuterie board. David Pyper was not home not home when it was dropped off but we are sharing David's fall decorations.

Educational Opportunities for the CMH Board
Fall Courses 2023 CMH Learning Lab

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

Meeting Evaluation Results

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

June 1, 2023

Which Committee are you commenting on today

Board of Directors Meeting

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	6
Satisfied	4.00	3
Weighted Average	**4.67**	

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

Diversity of Perspectives

Category	Weight	# of Response
Strongly Satisfied	5.00	7
Satisfied	4.00	2
Weighted Average	**4.67**	

Open Communication

Category	Weight	# of Responses
Strongly Satisfied	5.00	7
Satisfied	4.00	2
Weighted Average	**4.78**	

Meaningful Participation

Category	Weight	# of Responses
Strongly Satisfied	5.00	8
Satisfied	4.00	1
Weighted Average	**4.89**	

Timely resolution of the issues

Category	Weight	# of Responses
Strongly Satisfied	5.00	7
Satisfied	4.00	2
Weighted Average	**4.78**	

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

Category	Weight	# of Responses
Strongly Satisfied	5.00	7
Satisfied	4.00	2
Weighted Average	**4.78**	

CAMBRIDGE MEMORIAL HOSPITAL

Meeting Evaluation Feedback

Please select the month of the meeting you are com...
June 1, 2023

Which Committee are you commenting on today
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.
A great set of meetings to end the year. Good information provided in the Briefing Notes and good dialogue at all of them.
A lot of materials and information. Appreciated the abbreviating of the Committee Year End Reports as the activities and information was clearly presented. Well done Nicola to get through all the agendas and keep us on track.
As a chair of a committee, I would have appreciated a little more notice that committee goals were going to be presented at the annual meeting. I did appreciate the one chair's comments about why they love their committee. I appreciate the changes being to the upcoming board schedule of meetings for the 2023/2024 year. It has been a busy year and I wish to thank everyone - fellow board members and management for their contribution . I would like to thank David Pyper for his many contributions to our board. His questions through the years have always been strategic, insightful and appreciative of the work the hospital staff have done. You have been a wonderful mentor to our board.
Good progress on executive summaries and focus on what matters to the hospital. Using board meetings time is essential to get the most out of contributions.
Great meeting covered a lot of information, all reports and presentations well done
It was very well organized and healthy discussions were facilitated.
Very interesting & informative presentation by The Bridges - they make excellent use of community partnerships including with CMH. Need to work to further reduce CMH staff bias toward the precariously housed MH/addiction population. Meeting cadence suggestions are a positive - need to focus meeting time as productively as possible. Chair did an excellent job keeping meetings on schedule.

Please provide any suggestions on improving/changing the format of the meeting you are commenting on.
Difficult to hear people at times. I didn't like having staff not all sitting around the table. Perhaps moving the tables more to the middle of the room would improve acoustics and allow everyone a front row seat.
I suggest a Time Keeper role be assigned, to keep us on time. Also, I suggest a 5 minute break after every 1.5 hours of sitting. Better for our health and circulation.
We need to keep attentive to those on the phone, for questions they may have etc. This is a learning process and hybrid meetings are not the best but provide flexibility to those unable to join in person.

BRIEFING NOTE

Date: September 28, 2023
Issue: Governance Committee Report to Board of Directors September 19, 2023 Open.
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Stephanie Fitzgerald, Administrative Assistant
Approved by: Miles Lauzon, Governance Committee Chair

Attachments/Related Documents:

A meeting of the Governance Committee took place on Tuesday, September 19, 2023 at 1700 hours.

Attendees: M. Lauzon (Chair), J. Goyal, M. McKinnon, M. Protich, J. Stecho
A. Stewart

Staff Present: P. Gaskin, S. Pearsall

Regrets: B. Conway

Committee Recommendations/Reports – Board Approval Sought

That, the Board of Directors approves the following policies as amended.

1-A-03 Board Accountability Statement
2-A-02 Principles of Governance
2-B-05 CEO Role Description
2-B-32 CNE Role Description

Approved Committee Recommendations/Motions:

MOTION: (Stewart/Goyal) 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 with amendments: **CARRIED**
1-A-03 Board Accountability Statement
2-A-02 Principles of Governance
2-B-05 CEO Role Description
2-B-32 CNE Role Description

Committee Motions/Recommendations/Report – Board Approval Not Sought

1.5.1 Minutes of May 18, 2023
MOTION: (Stecho/Protich) **that,** the consent agenda be approved as circulated **CARRIED**

Committee Matters – For information only.

1. **Welcome & Territorial Acknowledgement:** New members & Chair (Bill Conway, Margaret McKinnon, Miles Lauzon) were introduced. Mr. Lauzon presented the Territorial Acknowledgement and provided personal reflections. Mr. Lauzon has asked the committee to participate in presenting the Territorial Acknowledgement at future meetings.
2. **Policy Reviews and Approvals:** This year the Governance committee pre-reviewed 16 CMH Board Policies prior to the beginning of the 2023/24 Board cycle. Management incorporated the feedback received as tracked changes and noted policies that require further discussion to address members questions. The committee reviewed and approved four of the five policies brought forward this meeting. Policy 2-C-55 Hospital Naming will be reviewed further with the Foundation and brought back to a future meeting.
3. **Board/Committee Feedback Reports Review:** The Committee reviewed the feedback reports from the May and June meetings. There were no concerns.
4. **Board/Committee Annual Meeting Evaluation:** The Committee reviewed the feedback from the Board/Committee Annual Meeting Evaluation survey. One of the questions in the survey asks about the adequacy of orientations. The committee discussed the current process in place. Management will remove this question from the annual survey and move to a separate annual orientation survey for each committee that will be scheduled to be sent three months after and results will be review by the Governance Committee.
5. **Board/Committee Exit Interview Feedback Survey Review:** The Committee reviewed the results of the exit interview survey. This year two (2) Directors and two (2) non-director committee members retired from the CMH Board. Three (3) exit surveys were completed at the end of the 2022/23 Board cycle. There were no requests for a person to person follow up. There were no further comments or questions.
6. **Board Orientation Feedback Review:** The Committee reviewed the results of the Board Orientation survey. For the 2023/24 Board Cycle there were three (3) new Directors and two (2) new non-directors joining the CMH Board. An in-person Board orientation for both the Directors and non-directors was completed on August 23, 2023. The meeting took place in person and one (1) member was unable to attend. All attendees were asked to complete the Board and Committee Member Orientation evaluation. Two (2) members completed the survey. The comments were positive; there are no universal themes from the survey results that should be applied to future orientations.
7. **Board/Committee Member Annual Consent to Act**: Annually CMH ensures that all Directors and non-director committee members fulfill the requirements for the CMH Board and/or Board committees. All Director and non-director members have completed and submitted the annual consent to act.
8. **Review of Proposed New Nomination Timeline**: Currently CMH Management has a timetable that guides the nomination process throughout the recruitment cycle. As we embark on our journey to incorporate a more inclusive Board, and work towards more strategic and targeted recruitment initiatives management proposed some timing adjustments of milestones to help aid this work. Based on feedback and lessons learned from the last recruitment cycle, the timetable has also been adjusted to allow for a longer candidate review and interview period that aligns better to Board and Committee meetings to work better with the Interview Team and Governance Committee members schedules. We have seen an influx in candidates over the past couple of years

increasing the number of interviews that are completed during the cycle. The Committee endorsed the new timeline. The Future Intentions survey and Self Identification survey will be adjusted to the end of October so that it can be completed prior to accreditation and for Governance review at the November meeting.

9. **Accreditation Preparation:** The Committee received an update on the current accreditation preparedness for the organization. The Committee received an overview of the information the accreditors will require by way of evidence and interviews with Board members. Work is underway to provide Board members, who will participate in the onsite interviews, with educational materials to guide them in these discussions.
10. **Overview of OHT Governance:** Mr. Gaskin highlighted that there are approximately 47 OHTs in the province. All but one of those are unincorporated and have different governance frameworks. CMH is part of the CND OHT Joint Board Committee. This committee has some decision-making authority around budget and other matters. The task force for the Governance and Operations Advisory Group has been established to develop the terms of reference to support the path to incorporation. That task force has engaged with KPMG. The goal for completion is expected to be March 2024. Mr. Gaskin reported that the current OHT's funding will end on September 30, 2023. Informal assurance has been received from the Ministry that this funding will continue. Every indication from what has been received is that the Ministry is supportive of the OHT model and wanting to see it continue and evolve.
11. **Bill S-211:** Mr. Gaskin reported to the committee that we will look to the OHA to guide CMH on the legislation and direction. Management will follow up with the OHA if necessary. It was suggested to speak with CMH's insurance provider to confirm CMH will hold the proper insurance reflective of the Bill. Management will keep the Governance Committee informed of latest information and updates.
12. **Bill 60:** Mr. Gaskin reported that Bill 60 is replacing what used to be the independent health facilities act and still trying to clarify whether even hospitals can apply. Ms. Pearsall highlighted conversation relating to surgical backlog long waiters and the interest from external groups that were reaching out to many hospitals to understand if this would be something that would be supported. Currently CMH works with Tri-City Colonoscopy as well as Clear Vision, however they are registered as CMH patients. CMH has worked closely with those sites to ensure they are following the same quality standards as CMH. Currently we do not have a lot of information on how the ambulatory surgical centres would be funded and hospitals are not in a position currently to fund those facilities. Management will keep the Governance Committee informed of latest information and updates.

BRIEFING NOTE

Date: September 21, 2023
Issue: Quality Committee Report to Board of Directors September 20, 2023 Open.
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Iris Anderson, Administrative Assistant to Clinical Programs
Approved by: Diane Wilkinson, Quality Committee Chair

Attachments/Related Documents:

- **Ontario Health (Trillium Gift of Life Network) Hospital Achievement Award 2022/23**

A meeting of the Quality Committee took place on Wednesday, September 20, 2023 at 0700 hours

Attendees:	Ms. D. Wilkinson (Chair), Mr. K. Abogadil, Mr. P. Brasil, Ms. C. Bulla, Mr. B. Conway, Ms. N. Gandhi, Mr. P. Gaskin, Ms. J. Goyal, Mr. R. Howe, Dr. W. Lee, Ms. A. McCarthy, Ms. S. Pearsall
Staff Present:	Ms. L. Barefoot, Ms. Iromoto
Regrets:	Mr. M. Adair, Ms. M. Hempel, Ms. T. Mohtsham
Observer:	Mr. S. Beckhoff
Guests:	Ms. A. McCulloch, Ms. A. Brissette, Ms. J. Kalmar, Dr. A. Nguyen, Dr. J. Legassie, Ms. K. Bennett

Committee Recommendations/Reports – Board Approval Sought

That, the Board of Directors approves Patient Experience Plan.

Approved Committee Recommendations/Motions:

MOTION: (Gandhi/McCarthy) **that**, the Quality Committee recommends to the Board of Directors the approval of the Patient Experience Plan, as presented. **CARRIED**

Committee Motions/Recommendations/Report – Board Approval Not Sought

MOTION: (Hempel/Pyper) **that**, the Minutes of June 21, 2023 were approved. **CARRIED**.

MOTION: (McCarthy/Conway) **that**, the draft Quality Committee Workplan for 2023/24 be approved, as circulated. **CARRIED**

MOTION: (Gandhi/Goyal) **that**, the draft Quality Committee Terms of Reference be approved, as circulated. **CARRIED**

MOTION: (Goyal/Conway) **that**, the draft 2023/24 Quality Committee Learning Goals be approved with minor edits, as circulated. **CARRIED**

Committee Matters – For information only

1. **Accreditation Update:** An overview was provided. Accreditation Canada Surveyors will be on-site at CMH on November 5-9, 2023. CMH's hopes to achieve another exemplary standing. In preparation for Accreditation, Ms. Barefoot reported that the Accreditation Leads are touring the hospital, meetings with various groups/teams/external stakeholders, talking to staff, observing care being provided, meeting with patients, reviewing policies, reviewing audit results, reading charts (online & paper), and providing education/training. Staff have been prepared with ROP posters (key messaging) and participate in Mock Tracers. An Accreditation Fair has also been scheduled for the end of October 2023 for all staff and physicians to attend
2. **Corporate/Quality Metrics:** Ms. Barefoot provided an update on the Corporate/Metrics.
3. **CNE Report:** Ms. Pearsall provided clinical programs update. The full CNE report is available in package 2.
4. **Program Presentation: Medicine:** A program overview was provided (see Package 2). Ms. Kalmar relayed a story of a patient sent home for end-of-life care with his family. The story also spoke of the staff and how CMH collaborates with community partners. Home and Community Support Services Program and even the patient transport company assisted in fulfilling the wishes of this patient and provided support to the family. Ms. Brissette shared a staff story about an RPN who joined CMH as a student and also worked as a screener during the pandemic. Upon completion of her studies, the staff member started as a nurse on the Medicine unit. Along with the Decision Support Team, management has developed an A3 tool (utilized for performance and improvement) for both Conservable Bed Days and ALCs and have managed to work through several aspects of the A3 where CMH is now at the point of implementing different countermeasures. The work to date has been impressive and making gain. Ms. Pearsall added that there has been a lot of focus recently on delirium and deconditioning so to avoid leading to further behaviors. The Medicine team have started activity carts, set up mobilization hydration stations for seniors, and developed other ideas to assist those patients.
   Program Presentation: Home and Community Support Services: A program overview was provided, and the work of the Integrated HCC team was presented (see Package 2). Ms. Bennett shared a story of a patient who has an end-stage cancer diagnosis. The HCSS team not only works with the Medicine program but has also involved the community pharmacy team and hospice palliative care

network team to support with the start of a pain management routine that this client needs while respecting her wishes of remain in the community and not be admitted to the hospital. This story shows how we come together using best practices and use a collaborative approach to be able to honor clients.

5. **ECFAA Annual Update:** Ms. Barefoot gave some background information about ECFAA. There have not been substantive changes to ECFAA in recent years baring the changes in oversight from the now dissolved Health Quality Ontario (HQO) to the newly established Ontario Health (OH). The major components of ECFAA remain unchanged and include: Existence of a Quality Committee of the Board, Patient Relations Process, Patient Declaration of Values, and Annual Quality Improvement Plans (see Package 2).
6. **Ontario Health (Trillium Gift of Life Network) Hospital Achievement Award 2022/23:** In 2022/2023, Cambridge Memorial Hospital supported 3 organ donors, which led to 11 organs donated for transplant, saving 11 lives. Additionally, there were 20 tissue donors, enhancing the lives of many others. In recognition of this work, Cambridge Memorial Hospital will receive the Provincial Conversion Rate Award for reaching a conversion rate of 75 percent, which exceeds the target of 63 percent set by Ontario Health (TGLN). This is CMH's 2nd year in receiving this award/recognition.
7. **Highlights from Generative discussion, and pre-circulated article**: (see Package 2). The Committee members were directed to the previously circulated article: The Safety of Inpatient Health Care, The New England Journal of Medicine, 2023. Ms. Wilkinson led the discussion of how do we monitor quality and risk as an organization? A robust discussion was had. The Committee members shared their views.

Trillium Gift of Life Network | Réseau Trillium pour le don de vie

August 16, 2023

Stephanie Pearsall
Vice President, Clinical Programs and Chief Nursing Executive
Cambridge Memorial Hospital
700 Coronation Blvd.
Cambridge, ON N1R 3G2

RE: Ontario Health (Trillium Gift of Life Network) Recognition of Hospital Achievements 2022/2023

Dear Stephanie,

On behalf of Ontario Health (Trillium Gift of Life Network [TGLN]), we would like to thank you and Cambridge Memorial Hospital for your ongoing support of organ and tissue donation.

Ontario Health (TGLN)'s mission is to save and enhance more lives through the gift of organ and tissue donation in Ontario. In 2022/2023, hospitals in Ontario supported 320 organ donors, providing life-saving organ transplants to 842 individuals, as well as 1786 tissue donors, enhancing the lives of many others. These achievements could not have occurred without the support of our hospital partners who continue to make organ and tissue donation a priority.

In 2022/2023, Cambridge Memorial Hospital supported 3 organ donors, which led to 11 organs donated for transplant, saving 11 lives. Additionally, there were 20 tissue donors, enhancing the lives of many others.

In recognition of this work, Cambridge Memorial Hospital will receive the *Provincial Conversion Rate Award* for reaching a conversion rate of 75 percent, which exceeds the target of 63 percent set by Ontario Health (TGLN). The conversion rate is the percentage of potential organ donors who went on to become actual donors. Organ donation is a complex process, and the conversion rate reflects how well Ontario Health (TGLN) and Cambridge Memorial Hospital work together to save and enhance lives. This is your second year receiving this award.

The award will be delivered to you in the coming weeks. We encourage hospitals to recognize their achievements internally and with your community. If there is a virtual hospital event that you would like to invite a representative from Ontario Health (TGLN) to attend to acknowledge your hospital achievement and award, or would like to request a video acknowledgement recorded for your hospital, please contact Shereena Hoosein (shereena.hoosein@ontariohealth.ca).

483 Bay Street, South Tower, 4th Floor, Toronto ON, M5G 2C9
Tel: (416) 363-4001 1-800-263-2833
Fax: (416) 363-4002

483 rue Bay, tour Sud, 4e étage, Toronto ON, M5G 2C9
Tél : 416 363-4001 1-800-263-2833
Téléc: (416) 363-4002

To support your hospital with sharing your achievements, Ontario Health (TGLN) has developed digital communication resources. Hospitals are invited to join a virtual session to review the communication materials and discuss ideas for celebrating your success.

Date: Wednesday, September 13th at 11:30AM
Title: Celebrate Your Success - Donation Performance Awards for Hospitals
Link: https://tgln.zoom.us/j/83603583658?pwd=YTk1dlZ3aU1lNDRjbE4vN2l3clRSUT09

A link to a recording of this session will also be made available for those who are unable to attend.

Congratulations on the success of your donation program and impactful contribution to organ and tissue donation in Ontario. Our sincere thanks to all the staff who make organ and tissue donation a reality and provide comfort to patients and their families at end of life. You are making a difference and giving hope to over 1300 Ontarians who are currently waiting for a life-saving organ transplant.

Sincerely,

Janet MacLean
Senior Director, Clinical Donation Services

Dr. Andrew Healey
Provincial Medical Director, Donation

c: April McCulloch, Director, Medical Programs
Dr. David Cape, Intensivist
Stephan Beckhoff, Manager, Public Affairs and Communications
Vera Heldmann, Clinical Educator Facilitator, ICU & Medicine
Rebecca Cooper, Vice President, Ontario Renal Network & Trillium Gift of Life Network, Ontario Health
Dr. David Katz, Regional Medical Lead, Ontario Health (TGLN)
Janice Beitel, Director of Hospital Programs, Education and Professional Practice, Ontario Health (TGLN)
Barbara Edwards, Hospital Development Specialist, Ontario Health (TGLN)

BRIEFING NOTE

Date: September 26, 2023
Issue: Capital Projects Sub-Committee Report to Board of Directors - September 2023 - OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Kristen Hoch – Project Coordinator, Admin Assistant
Approved by: David Boughton – Senior Director, Capital Projects & Chief Redevelopment Officer; &
Tom Dean – Chair, Capital Projects Sub-Committee

Attachments/Related Documents: None

A meeting of the Capital Projects Sub-Committee took place on September 26, 2023 at 1700 hours.

Present:	Tom Dean (Chair), Miles Lauzon, Shannon Maier, Andrew McGinn, Jay Tulsani, Lynn Woeller, Horst Wohlgemut
Regrets:	
Staff:	David Boughton, Patrick Gaskin, Bill Prokopowich, Valerie Smith-Sellers, Kristen Hoch

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

THAT, items listed under consent agenda was review by the Sub-Committee members and the consent agenda was approved. **MOTION**: (Dean / McGinn) **CARRIED**

- Minutes of June 26, 2023
- Capital Projects Sub-Committee Attendance Report
- Action Log

Committee Matters – For information only

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

2. **Phase 3 Construction Update**:
   - Substantial completion date: 21-October-2024 (no change)
   - Diagnostic Imaging (3-B410) went live on Sept. 6th. This enabled the handover of the next area to EllisDon: (3-B415) DI – Bone Marrow Density, Mammography, and Ultrasound.
   - The next sequence on the critical path is the Nuc. Med. Area, scheduled for completion on 16-Feb-24; this area is currently on track to achieve that date.

- All phases are progressing well, and EllisDon balances the different priorities in each space.
- The workforce for August averaged 98 workers.
- During August, there were 3 near misses (noted below). For all three incidents the workers responsible were removed from the site after investigation.
    - A piece of miscellaneous roof debris that fell while being hoisted off the roof.
    - A worker that did not follow proper work procedures while working above an active corridor.
    - A subcontractor observed as unfit for duty.
- There was one new risk added to the registry:
    - The risk level regarding Spec CT Layout has been raised as the location of the new Spec CT ended up over a structural beam over the loading dock. CRP continue to work with Siemens and the consultants to rearrange the layout of the Spec CT scanner to miss the structural beam. This may entail changing the layout of the ceiling lights and HVAC to accommodate the relocation.

Committee discussion

- A member inquired about a report on three incidents, as provided on page 15 of the agenda package. Mr. Prokopowich reported that workers were offsite for seven days and that workers needed to attend orientation prior to returning to site.

3. **Other Capital Projects**: The committee was presented with key highlights provided in the meeting package. Other projects include:
    - Renovate Rooms B.0.300A and B.0.300E, old dishwasher area to Storage Room for Kitchen Staff
    - Parking Lot No 5 – Expansion and Upgrades
    - Parking Lot Equipment Upgrades
    - JCI – Cogen Deficiency

Committee discussion:

- Storage room for kitchen staff: there was discussion in June of CMH being their own general contractor to decrease cost. It was reported that subtrades will be awarded through CMH. Identifying an updated projected cost has been added to the action log.

<u>Parking Lot 5</u>

- Follow-up questions arose based on June discussions (possible reimbursement of the permit fee; eliminating housing on the transformer; would NRCan grant be applied for).
    - It was reported that: the high cost of transformer is because it needs to be weatherproof;
    - The architect has been asked to approach the city regarding the building permits costs: this information will be provided by Stantec.
    - regarding the grant, it was noted that the current focus is on when the project will be implemented; discussions around grant opportunities will be had in the future.
- The new transformer is small and will not take up parking spaces.

- Soil remediation will need to take place when improvements are made to the site; currently no action is required.
    - There is contamination that will need to be taken out; to be treated as hazardous waste.
    - Comes at a high cost; a member recommended a vendor who remediates soil on site which may be an alternative to removing the contaminated soil offsite in order to help reduce cost.

4. **Capital Policies Review**: The committee was presented with key highlights provided in the meeting package. Policies reviewed include:
    - 2-C-40 Capital Projects Change Order Approval Policy
    - 2-C-34 Approval & Signing Authority
    - 2-C-30 Financial Objectives, Financial Planning & Performance
    - 2-A-15 Capital Projects Sub-Committee Terms of Reference

BRIEFING NOTE

Date: September 28, 2023
Issue: Resources Committee Report to Board of Directors September 26, 2023 OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Bonnie Collins, Administrative Assistant
Approved by: Lynn Woeller – Chair, Valerie Smith-Sellers - Director Finance

Attachments/Related Documents:
Human Resources Update
August 2023 Financial Statements and Year-End Forecast (Agenda Item 4.6.2)

A meeting of the Resources Committee took place on Tuesday, May 23, 2023 at 1700h

Present:	Lynn Woeller (Chair), Sara Alvarado, Tom Dean, Janet Richter, Jay Tulsani, Gerry West
Regrets:	Lori Peppler-Beechey
Staff:	Patrick Gaskin, Dr. W. Lee, Kyle Leslie, Stephanie Pearsall, Valerie Smith-Sellers
Guests:	

Committee Recommendations/Reports – Board Approval Sought

THAT, following review and discussion of the information provided, the Board receives the August 2023 financial statements as presented by management.

Approved Committee Recommendations/Motions:

THAT, following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors receives the August 2023 financial statements as presented by management. (West/Tulsani) **CARRIED.**

Committee Motions/Recommendations/Report – Board Approval Not Sought

THAT, the items on the consent agenda be confirmed as presented. (Dean/Tulsani) **CARRIED.**

Committee Matters – For information only

1. Multi-Year Financial and Capital Plan Update

Management reported that, on September 25, the Ministry of Health announced that the incremental bed funding of 22 acute care beds that CMH had been receiving over the past few years has been approval as base funding starting in the 2024-25 fiscal year, at a total of $11.2M.

The development of the multi-year financial plan is progressing well. The goal of the 5-year plan is to ensure a balanced budget position, and budget approval to make the required investments needed to expand services, complete CRP, and make ongoing facilities improvements and updates to the core information system. Management presented a detailed timeline of the work, and will bring the draft multi-year financial plan to the Resources Committee in November for review. Mr. Brian Edmonds has been engaged to assist with the development of the multi-year financial plan and the multi-year capital plan, and will provide additional support for the HIS financial planning and financing. Mr. Edmonds is a previous VP CFO with extensive hospital, strategic planning, financial planning, and HIS funding strategy experience. Mr. Edmonds is a CPA, financial advisor, and currently operates a consulting practice. Mr. Edmonds worked with CMH on the whistleblower report last year.

The current multi-year capital plan will be refreshed and updated with a review of spending to date and projected spending over the next four years, a fifth year of new spending will be added, and financing sources will be identified. The multi-year capital plan will be presented to the Resources Committee at the February 2024 meeting. The Committee inquired about the statement in the Multi-Year Capital Plan briefing note on page 32 of the agenda package, “The decision on which HIS to implement will have a major impact on the Multi-Year Capital Plan and is expected in early 2025”. Management corrected the statement to reflect that an HIS decision will be brought to the Board in early 2024.

2. Corporate Scorecard – Fiscal 2023-24

Changes to the refreshed 2023-24 strategic and operational priorities package were highlighted, and the Q1 results were reviewed. There are two deliverables from the Strategic Priorities Scorecard that are currently in “red status”: update multi-year financial and capital plans incorporating capital and ongoing operating costs to support new HIS and ERP by March 2024; execute Change Management strategy for 2023-24 by March 2024. Action plans to bring these deliverables back on track were outlined in the scorecard. Management confirmed that the update multi-year financial and capital plan deliverable will be in “green status” by Q2.

There are five indicators on the Operational Priorities Indicator Scorecard that are currently in “red status”: ED Length of Stay for Complex (CTAS1-3) Patients; Overtime Hours; Agency Hours; Post Construction Occupancy Growth (PCOP) Funding; ALC rate. Action plans to bring these deliverables back on track were outlined in the scorecard.

The Strategic and Operational Priorities Scorecards will be presented to the Resources Committee on a quarterly basis. The Committee expressed appreciation for the updated format and recommended that the tables on the summary page of each scorecard be enlarged to increase readability. The Committee expressed concern that, on the Quality Monitoring Scorecard, 13 metrics were in “red status” and 13 were in “green status”. The Committee also inquired as to why indicators were not all evaluated using the same timeframe. Management explained that the methodology of calculating the indicator or the source of the data can impact the indicator timeframe.

3. Annual Assessment of Independence Update

Further to the independence survey completed by staff and contract employees in June 2023, responses from six individuals were received in September. With the completion of all outstanding independence surveys, management confirmed that independence is maintained in the procurement process at CMH.

4. August 2023 Financial Statements and Year-End Forecast

In August, CMH reported a $1.7M year-to-date deficit position after building amortization and related capital grants. The major drivers of the deficit are the unfavourable variance in salaries and wages ($3.6M) and lower PCOP revenue achieved than planned ($2.3M). This is partially offset by the favourable variances in QBPs ($1.8M), contingency allocation (1.5M), drug reimbursement ($800K) and interest income ($1.5M).

Although CMH is back up to full surgical capacity, the PCOP surgical volumes are not meeting target, weighted cases are lower than anticipated, and challenges through the summer resulted in the temporary closure of the OR, which further reduced capacity. CMH continues to be challenged in the area of health human resources. Year-to-date, salaries and wages are over budget approximately $3.6M: overtime accounts for $1.6M and the use of agency staff accounts for approximately $1.5M. The overtime variance was driven by staffing shortages creating high levels of vacancies. The use of agency staff will be scaled back over the remainder of the fiscal year through recruitment, internships and training programs to help support new staff. The target is to decrease agency use by 50% by December and 100% by fiscal year end.
The estimated current year-end deficit forecast is $7.0M before reduction and balancing strategies. CMH is forecasting a balanced revenue and expense position for 2023-24 after implementing deficit reduction strategies. The balanced forecast assumes MOH funding of $4.7M to recover the current year Bill 124 incremental increase in wages, $1M of PCOP incremental increase in revenue and $0.8M in cost reduction of agency staffing. The MOH has indicated funding for the Bill 124 prior year 2022-23 payments of approximately $5.1M which would be a one-time funding source in the current year 2023-24. The MOH is currently reconciling the PCOP funding for fiscal 2021-22 and fiscal 2022-23. The hospital is expecting a favourable result that will create a one-time funding source to be invested in building infrastructure, service recovery and growth planning.

CMH currently has a strong cash position, and a working capital ratio of 1.2 which meets the requirements of the Hospital Service Accountability Agreement (H-SAA) target. (Agenda Item 4.6.2)

5. Q1 Capital Equipment Spending

Management highlighted the details of the Q1 capital spending report. The 2023-24 capital budget totals $18.1M, including $11.2M of assets carried over from prior years. As of the end of June 2023, $2.7M of spending has been committed, with $1.2M of purchases outstanding, bringing total capital commitments made for Q1 to $3.9M. There will likely be carry forward of purchases not completed by the end of the fiscal year end to 2024-25.

6. Q1 CEO Certification of Compliance

The CEO Certificate of Compliance was presented to the Committee with no exceptions.

7. 2-C-40 Capital Projects Change Order Approval Policy

Management highlighted recommended changes to the policy and requested feedback from the Committee. Management noted that the two change order values under $1M in the "Change Orders Within Project Budget Approved by the Board of Directors" table are the same and will be merged into one line. No further feedback was received from the Resources Committee. The policy will be forwarded to the Governance Committee for final review before going to the Board for approval.

8. 2-C-34 Approval & Signing Authority

Management highlighted recommended changes to the policy and requested feedback from the Committee. The Resources Committee suggested that the reference to the utilization of electronic signatures to automate the disbursement authorization process be relocated to the introduction at the start of the policy, adding "or designate" to address any individual in an "acting" role and to and maintain segregation of duties if one individual is filling multiple roles. The policy will be forwarded to the Governance Committee for final review before going to the Board for approval.

9. 2-C-30 Financial Objectives, Financial Planning & Performance

The current 2-C-30 Financial Objectives and 2-C-31 Financial Planning and Performance policies were combined in a new revised policy, 2-C-30 Financial Objectives, Financial Planning & Performance, and presented to the Resources Committee for feedback. The Committee inquired about the impact of increasing the capitalization amount from $2,500 to $5,000, and management confirmed that, based on the past two years, the impact would have been immaterial (approximately $20K). No further feedback was received from the Resources Committee. The policy will be forwarded to the Governance Committee for final review before going to the Board for approval.

10. 2-A-15 Capital Projects Subcommittee Terms of Reference

Management highlighted recommended changes to the terms of reference and requested feedback from the Committee. The name of "Capital Projects Subcommittee Charter" has been updated to "Capital Projects Subcommittee Terms of Reference", the Foundation membership was discontinued as the CRP is nearing completion, and the Capital Projects Subcommittee recommended adding the process to call emergency meetings. No further feedback was received from the Resources Committee. The policy will be forwarded to the Governance Committee for final review before going to the Board for approval.

11. Resources Committee Work Plan

The work plan for 2023-24 was reviewed and the September requirements were noted as complete.

BRIEFING NOTE

Date: September 20, 2023
Issue: Human Resources Update
Prepared for: Resources Committee
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Susan Toth, Director Human Resources
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: N/A

Alignment with 2023/24 CMH Priorities:

2022-2027 Strategic Plan No ☐	2023/24 CMH Priorities No ☐	2023/24 Integrated Risk Management Priorities No ☐
☐ Elevate Partnerships in Care	☐ Ensure Equitable Care For CND Residents	☐ Change / Project Management
☐ Advance Health Equity	☐ Grow Clinical Services	
☒ Increase Joy In Work	☒ Increase Staff Engagement	☒ Staff Shortages
☐ Reimagine Community Health	☐ HIS/ERP Planning and Implementation	☐ Access to Care
☐ Sustain Financial Health	☐ Grow Ministry Revenue	☐ Revenue & Funding

Executive Summary

Overtime

Month ending	YTD Overtime hours	YTD Overtime ($000's)
June 2023	20,285	$1,227
August 2023	35,053	$2,213

Overtime continues in a negative trajectory for the organization. We have established an Overtime Task Force which meets biweekly with dedicated focus. There are a number of tactics that we are focusing on to improve our performance. Key deliverables include: creating Clinical Staffing Office standard operating procedures (SOP's), reviewing and improving the overtime approval processes, and a review of all the scheduling codes to ensure that we are able to review the scheduling/call in processes that are driving premiums. This includes consecutive weekends worked, scheduling employees on standby, callback and hours off between shifts. All of these scheduling processes, if relied upon can adversely drive premiums depending upon collective agreement language. Additionally, we have set an organizational goal to reduce our agency usage by 50% by December 31, 2023 and full elimination of agency staffing by March 31, 2024.

Vacancy Rate

Month Ending	Vacancies (Permanent PT + FT)	Vacancy Rate
June 2023	112	8.6%
August 2023	113	8.6%

The CMH vacancy rate has stayed steady at 8.6% which is a significant improvement from our performance over the last year. Human Resources (HR) continues to work on the following tactics and strategies to continue to enhance our retention and recruitment efforts:

- We have created a student conversion SOP to ensure that our students are recruited for our vacancies as early as day one of their placement.
- We engage with all of our students as they begin their placement with us to highlight opportunities and benefits to working at CMH.
- We continue to look at ways to improve our student experience to ensure we are able to maximize filling of vacancies.
- Work continues to simplify and automate our onboarding processes for improved leader and employee satisfaction.
- CMH continues to focus on maximizing our efforts to engage in Ministry-funded recruitment initiatives, such as the New Graduate Guarantee Program, Clinical Scholar (late career initiative) and Clinical Extern programs.
- We have recently relaunched our improved Values Based Conversation Program (VBC) for all staff to increase engagement.
- We continue to provide ongoing Diversity, Wellness and Indigenous education and communication to positively impact retention.

The full HR report will be presented at the November 2023 meeting.

BRIEFING NOTE

Date: September 18, 2023
Issue: August 2023 Financial Statements
Prepared for: Board of Directors
Purpose: ☒ Approval ☐ Discussion ☐ Information ☐ Seeking Direction
Prepared by: Valerie Smith-Sellers, Director, Finance & Acting CFO
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: Financial Statements - August 2023

Alignment with CMH Priorities

2022-2027 Strategic Plan No ☐	2023/24 CMH Priorities No ☐	2023/24 Integrated Risk Management Priorities No ☐
☐ Elevate Partnerships in Care	☐ Ensure Equitable Care For CND Residents	☐ Change / Project Management
☐ Advance Health Equity	☐ Grow Clinical Services	
☐ Increase Joy In Work	☐ Increase Staff Engagement	☐ Staff Shortages
☐ Reimagine Community Health	☐ HIS/ERP Planning and Implementation	☐ Access to Care
☒ Sustain Financial Health	☒ Grow Ministry Revenue	☒ Revenue & Funding

Recommendation/Motion

Resources Committee
Following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors receives the August 2023 financial statements as presented by management.

Board
Following review and discussion of the information provided, the Board receives the August 2023 financial statements as presented by management.

Executive Summary

Cambridge Memorial Hospital (CMH) has a $1.7M year-to-date deficit position at the end of August after building amortization and related capital grants. The major drivers of the deficit are the unfavourable variance in salaries & benefits ($3.6M) and lower PCOP revenue achieved than planned ($2.3M). This is partially offset by the favourable variances in QBPs ($1.8M), the unused portion of the budgeted contingency ($1.5M), and interest income ($1.5M).

Risks

- If CMH had not received incremental bed funding and used PCOP funding to operate the incremental beds, a $5.3M deficit would have been reported August YTD, due to lower weighted case volumes than budgeted in fiscal 2023-24.

- CMH did not meet PCOP targets August YTD driven by lower weighted cases in surgery. The ORs operated at full capacity from April to August. PCOP funding tied to surgical volume growth is currently not being achieved.
- ALC patients create bed flow pressures and generate low weighted cases, putting volume targets at risk. On average there have been 35 ALC patients in fiscal 2023-24.
- Inflationary pressures are being experienced across all expense lines, in particular Food Services and Supplies.
- CMH's fixed price contract with Blackstone Energy Services for 50% of its budgeted consumption of natural gas will end in October 2023. Pending decision on contract renewal and the associated terms, CMH may experience negative impact on energy cost.
- The Ministry of Health (MOH) has not completed broad base funding reconciliations for incremental COVID funding the hospital received in fiscal 2021-22 and 2022-23. The Finance department has followed MOH guidelines for incremental funding, but there is a risk that MOH will apply rules associated with the guidelines differently, leading to the claw back of some of this funding.
- Bill 124 reopener clause allows unions the ability to re-negotiate the wage increases for the past three years that were capped at 1%. CMH has set up a $5.2M wage accrual for the retroactive salary costs at 2022-23 year-end. Retro payments began to be paid out over the summer for unions that have settled their negotiations. MOH has not confirmed the final Bill 124 retro funding amount.
- As of September 11, MOH has acknowledged the fiscal pressures from recent arbitration awards for years 2020-21 to 2023-24 and its intention to provide the required supplemental funding.
- CMH has applied for $2.1M ONA Bill 124 Reopener Awards related to April 1, 2020 to March 31, 2023 retro payments made to ONA employees. Application is pending MOH approval, hence has not been recorded as revenue.

Summary

CMH has a $1.7M year-to-date deficit position at the end of August after building amortization and related capital grants. Actual results are $1M unfavourable to budget. The FY budget variance is driven by:

- $1.8M in Quality Based Procedures (QBP) revenue due to increased hip, knee, shoulder, spine and Cancer Care Ontario surgeries;
- $1.5M allocation of the budgeted contingency to the end of August;
- $1.5M in interest income;
- $0.5M in MOH Base funding received compared to budgeted;
- $0.4M in Health Human Resources (HHR) program and Critical Care Nurse Training Program Funds;
- $0.3M in MOH Wait Time funding to operate additional CT & MRI hours.

The positive variance has been partially offset by:

- $3.6M unfavourable variance in salaries and wages due to higher overtime than budget and use of staffing agencies;
- $2.3M in loss of expected PCOP revenue relating to fiscal year 2023-24;
- $0.5M unfavourable variance in Medical & Surgical Supplies as the Operating Room increased volumes to full capacity;
- $0.4M unfavourable in the benefits in lieu due to part-time workers working higher hours;
- $0.3M in increased maintenance repairs.

PCOP & Quality Based Procedures Volumes

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

PCOP

PCOP acute inpatient weighted cases has the biggest funding implication for the hospital. Each weighted case generates $4,517 in funding. The 488 weighted case shortfall through August represents a $2.3M loss in funding. The main reasons for the shortfall are lower weighted cases seen in surgical program, operational slowdown, and cancellation of procedures. CMH had an operational slowdown from the last week of July to the first week of August, and an OR humidity incident in July imposed necessary cancellations. In addition, Emergency experienced lower patient volumes and did not meet PCOP targets August YTD.

The hospital has budgeted to receive $11.1M in PCOP clinical funding in fiscal 2023-24, just over 58% of the available $19.3M PCOP funding allocation. Funding recognition is dependent on meeting volume targets. $2.3M of PCOP revenue associated with clinical volumes has been recognized for fiscal year 2023-24. The YTD shortfall is attributed to the decline in surgical weighted cases and ED not meeting volume targets, creating a $2.3M unfavourable variance.

QBP

The hospital is exceeding performance for Ontario Health (OH) and Cancer Care Ontario (CCO) QBPs. Each QBP is funded at a different rate and has specific volume target.

Urgent Medical, Bundled Care and Surgical total revenue was $1.3M favourable to budget due to higher numbers of hip, knee and shoulder replacement surgeries, hip fracture surgeries and spine surgeries.

Cancer Care Ontario (CCO) QBP revenue was $436K favourable to budget, due to higher numbers of breast surgeries, gynecology procedures and endoscopy procedures.

Performance Based Funding Summary 2023-24
YTD Period: July

Funding Source	Unit of Measure	Budget	YTD Budget	YTD Achieved	YTD Variance from Budget
PCOP					
Acute IP	Weighted Cases	8,370	2,790	924	**(1,866)**
Day Surgery/TCC	Weighted Cases	2,491	830	150	**(680)**
Emergency	Weighted Cases	2,833	944	1,041	**96**
Mental Health IP	Inpatient Days	8,029	2,676	1,938	**(738)**
QBP					
OH Urgent Medical	Cases	540	180	250	70
OH Bundled Care	Cases	857	286	457	171
OH Surgical	Cases	2,911	970	1,397	427
CCO	Cases	470	157	232	75

Revenue

MOH Funding – One-time/Other

Key Highlights

The MOH has confirmed $11.2M in incremental bed funding for fiscal 2023-24 will be part of base funding to continue additional bed capacity. CMH is receiving funding for 22 acute medical/surgical beds. The budget reflects this funding and is the main reason the hospital is not in a larger deficit position year-to-date.

The MOH has informally communicated that CMH will be entitled to one additional Level 2 Step Down Bed at $550K. This would bring CMH Level 2 Step down beds from 6 to 7. The additional bed is anticipated to go live in Q4 and will require additional clinical staff which will offset this funding.

The MOH confirmed one-time funding for the Health Human Resources (HHR) program of $657K which funds clinical externs, clinical mentors and clinical preceptors. Total funds allocated will have 100% expense in offset.

The MOH confirmed one-time funding for the Clinical Care Nurse Training program of $332K which funds critical care and neonatal care nurse training for new registered nurses and mid-career registered nurses. Total funds allocated will have 100% expense in offset.

The MOH confirmed one-time in year allocation of $229K for CT and MRI hours to reduce wait time.

CMH is waiting for funding confirmation regarding the Pay for Results (P4R) program in the Emergency Department. The funding model is changing for FY 2023-24, however Ontario Health has not confirmed the funding amount. CMH continues to run regular operations using prior year funding assumptions.

MOH Wait Time funding to operate additional CT & MRI hours resulted in a $288K favourable variance to budget. Funding model is changing for current fiscal year pending further details from the Ministry.

Billable Patient Services

The $660K year-to-date favourable variance is primarily due to a $850K favourable variance in professional fees (partially offset by higher medical remuneration costs), $124K favourable non residents, $17K favourable variance for insured self pay, and $20K favourable uninsured residents of Ontario. The favourable variance is partially offset by unfavourable variances in technical fees ($200K), funding from the Workplace Safety and Insurance Board (WSIB) ($88K), and preferred accommodation ($64K).

Recoveries and Other Revenue

The $2.7M year-to-date favourable variance is driven by $1.5M favourable variance in interest income, $0.8M recovery of Cancer Care Ontario (CCO) reimbursement of oncology drugs, and the $0.4M accrued related revenue from insurance claim related to chemo medication waste in June 2023.

Expenses

Salaries and Wages

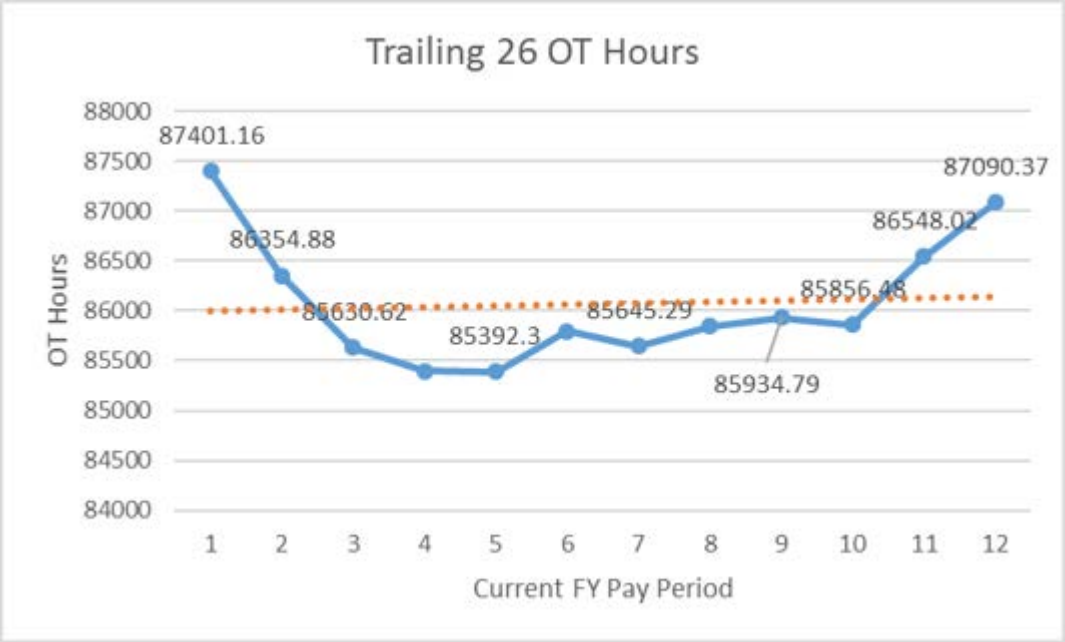
The shortage of health human resources in Ontario has created staffing pressures in many areas across the organization. Salaries and wages were $3.6M unfavourable to budget year to date. There has been a $0.8M favourable variance in worked salaries year to date, driven by staffing shortages and high number of vacancies. The favourable variance in worked salaries is offset by unfavourable budgeted variances in overtime ($1.6M), agency staffing costs ($1.5M), staff training costs ($0.7M), shift premium ($0.2M), modified work ($0.2M) and sick ($0.1M).

Overtime costs were ($424K) unfavourable to budget in August, increasing the year to date unfavourable variance to ($1.6M). Sick time costs were ($26K) unfavourable to budget, resulting in a year-to-date unfavourable variance of ($120K).

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

	August 2023			FY 2023-24		
HOURS	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Overtime	7,646	1,922	(5,724)	35,053	9,501	(25,552)
Sick	6,078	4,169	(1,910)	31,391	20,597	(10,794)

The overtime variance is driven by staffing shortages creating high level of vacancies. The chart below is the current fiscal year overtime trailing report. The blue line identifies the actual results from the last 12 pay periods. The orange dotted line identifies the upward trend seen within the last 12 pay periods.



Employee Benefits
The $0.4 M unfavourable year-to-date variance is driven by the benefits in lieu provided to part timers which is a result of part time workers working higher hours.

Medical Remuneration
The $0.8M unfavourable year-to-date variance is due to additional professional services for CT (computerized tomography) and MRI (magnetic resonance imaging) ($548K), Hospital On Call Coverage New services ($114K), and Oncology Associates ($97K). There is funding to offset these variances.

Medical and Surgical Supplies
The $0.5M YTD unfavourable variance has been driven by supplies needed for the elective surgeries and in the Perioperative Services program ($311K), and higher volumes in Endoscopy ($82K).

Drug Expense
The $1.1M YTD unfavourable variance is driven by expensing ($395K) chemo medication waste from the room temperature malfunction. CMH has accrued the associated revenue while insurance claim is being settled. In addition, higher spending on drugs for the Oncology program ($715K) and the Emergency Department ($30K). 97% of oncology drug costs are reimbursed by Cancer Care Ontario.

Other Supplies and Expenses
The $1.2M YTD favourable variance is due to the unused contingency allocation $1.5M and IT equipment $0.1M, however offset by increased maintenance repairs $0.3M, and Laboratory departments contracted out services $0.2M due to new LifeLabs rates.

Balance Sheet and Statement of Cash

CMH's current cash position is $99.2M, consisting of $82.1M of unrestricted cash and $17.1M of restricted cash. Accounts payable balance at the end of August was $48.2M, consisting of General Accounts Payable ($38.5M) and MOH Payable ($9.7M). Unrestricted working capital available at the end of August is $16.4M.

The working capital ratio is 1.2 and meets the requirements of the Hospital Service Accountability Agreement (H-SAA) target.

Forecast

The estimated current deficit forecast is $7.0M before reduction and balancing strategies. CMH is forecasting a balanced revenue and expense position for 2023-24 after implementing deficit reduction strategies. The balanced forecast assumes MOH funding of $4.7M to recover the current year Bill 124 incremental increase in wages, $1M of PCOP incremental increase in revenue and $0.8M in cost reduction of agency staffing.

The MOH has indicated funding for the Bill 124 prior year 2022-23 payments of approximately $5.1M which would be a one-time funding source in the current year 2023-24.

The MOH is currently reconciling the PCOP funding for fiscal 2021-22 and fiscal 2022-23. The hospital is expecting a favourable result that will create a one-time funding source to be invested in building infrastructure, service recovery and growth planning.

Cambridge Memorial Hospital
Statement of Operations
For the Period Ending August 31, 2023

Confidential
(Expressed in thousands of dollars)

Month of August 2023					Year to Date				2023-24	2022-23 Prior Year Actuals		
Actual	Plan	Variance	% Variance		YTD Actual	YTD Plan	YTD Variance	% Variance	Plan	Aug. 2022	YTD Aug.22	2022-23 YE
				Revenue:								
				MOH Funding								
$ 7,967	$ 7,893	$ 74	1%	MOH - Base	$ 39,496	$ 38,954	$ 542	1%	$ 93,185	$ 7,731	$ 42,518	$ 90,924
2,189	1,715	474	28%	MOH - Quality Based Procedure	10,778	9,018	1,760	20%	21,434	1,770	9,187	24,125
453	937	(484)	(52%)	MOH - Post Construction Operating Plan	2,322	4,624	(2,302)	(50%)	11,062	574	1,919	9,901
1,853	1,654	199	12%	MOH - One time / Other	8,979	8,166	813	10%	19,534	2,109	7,298	29,486
12,462	12,199	263	2%	Total MOH Funding	61,575	60,762	813	1%	145,215	12,184	60,922	154,436
1,335	1,221	114	9%	Billable Patient Services	6,686	6,026	660	11%	14,414	1,201	6,433	15,668
2,050	1,144	906	79%	Recoveries and Other Revenue	8,341	5,641	2,700	48%	14,538	1,319	5,955	17,840
332	251	81	32%	Amortization of Deferred Equipment Capital Grants	1,635	1,241	394	32%	2,968	290	1,303	3,527
325	283	42	15%	MOH Special Votes Revenue	1,555	1,397	158	11%	3,371	252	1,405	3,910
16,504	**15,098**	**1,406**	**9%**	**Total Revenue**	**79,792**	**75,067**	**4,725**	**6%**	**180,506**	**15,246**	**76,018**	**195,381**
				Operating Expenses:								
7,973	6,768	(1,205)	(18%)	Salaries & Wages	37,025	33,428	(3,597)	(11%)	79,964	6,281	32,444	86,194
2,032	1,813	(219)	(12%)	Employee Benefits	9,817	9,454	(363)	(4%)	21,929	1,652	8,859	20,785
1,730	1,615	(115)	(7%)	Medical Remuneration	8,781	7,987	(794)	(10%)	19,134	1,759	9,252	22,602
1,230	1,056	(174)	(16%)	Medical & Surgical Supplies	5,693	5,211	(482)	(9%)	12,465	962	4,840	11,841
1,079	824	(255)	(31%)	Drug Expense	5,147	4,066	(1,081)	(27%)	9,727	776	4,042	9,737
2,153	2,264	111	5%	Other Supplies & Expenses	9,975	11,150	1,175	11%	26,575	2,277	9,805	26,621
553	485	(68)	(14%)	Equipment Depreciation	2,750	2,396	(354)	(15%)	5,732	532	2,448	6,194
325	282	(43)	(15%)	MOH Special Votes Expense	1,555	1,415	(140)	(10%)	3,372	252	1,405	3,910
17,075	**15,107**	**(1,968)**	**(13%)**	**Total Operating Expenses**	**80,743**	**75,107**	**(5,636)**	**(8%)**	**178,898**	**14,491**	**73,095**	**187,884**
(571)	**(9)**	**(562)**	**5,974%**	**MOH Surplus / (Deficit)**	**(951)**	**(40)**	**(911)**	**(2,278%)**	**1,608**	**755**	**2,923**	**7,497**
(632)	(640)	8	(1%)	Building Depreciation	(3,158)	(3,158)	0	(0%)	(7,556)	(636)	(3,133)	(7,573)
483	504	(21)	(4%)	Amortization of Deferred Building Capital Grants	2,415	2,486	(71)	(3%)	5,948	490	2,473	5,884
$ (720)	**$ (145)**	**$ (575)**		**Net Surplus / (Deficit)**	**$ (1,694)**	**$ (712)**	**$ (982)**		**$ 0**	**$ 609**	**$ 2,263**	**$ 5,808**

Cambridge Memorial Hospital
Statement of Financial Position
As at August 31, 2023

(Expressed in thousands of dollars)

	August 2023	March 2023
ASSETS		
Current Assets		
Cash and Short-term Investments	$ 82,070	$ 83,456
Due from Ministry of Health/Ontario Health	2,691	8,317
Other Receivables	6,646	4,354
Inventories	2,558	2,483
Prepaid Expenses	3,124	2,879
	97,089	101,489
Non-Current Assets		
Cash and Investments Restricted - Capital	17,106	22,159
Due from Ministry of Health - Capital Redevelopment	3,243	3,243
Due from CMH Foundation	472	817
Endowment and Special Purpose Fund Cash & Investments	194	194
Capital Assets	283,633	276,999
Total Assets	**$ 401,737**	**$ 404,901**
LIABILITIES & NET ASSETS		
Current Liabilities		
Due to Ministry of Health/Ontario Health	9,755	10,516
Accounts Payable and Accrued Liabilities	38,476	39,599
Deferred Revenue	32,449	32,379
	80,680	82,494
Long Term Liabilities		
Capital Redevelopment Construction Payable	3,172	2,428
Employee Future Benefits	4,335	4,203
Deferred Capital Grants and Donations	269,594	270,121
Asset Retirement Obligation	2,377	2,377
	279,478	279,129
Net Assets:		
Unrestricted	12,622	14,792
Externally Restricted Special Purpose Funds	194	194
Invested in Capital Assets	28,763	28,292
	41,579	43,278
Total Liabilities and Net Assets	**$ 401,737**	**$ 404,901**
Working Capital Balance	16,410	18,995
Working Capital Ratio (Current Ratio)	1.20	1.23

Cambridge Memorial Hospital
Statements of Cash Flows
For the Month Ending August 31, 2023

(Expressed in thousands of dollars)

	August 2023	March 2023
Cash Provided By (used in) Operations:		
Excess (deficiency) of Revenue over Expenses	$ (1,694)	$ 5,808
Items not involving cash:		
Amortization of capital assets	5,908	13,767
Amortization of deferred grants and donations	(4,049)	(9,411)
Change in Non-Cash Operating Working Capital	1,540	9,262
Change in Employee Future Benefits	131	85
	1,836	19,511
Investing:		
Acquisition of Capital Assets & CRP	(12,542)	(28,165)
Capital Redevelopment Construction Payable	744	1,314
	(11,798)	(26,851)
Financing:		
Capital Donations and Grants & CRP	3,523	33,448
	3,523	33,448
Increase (Decrease) In Cash for the Period	(6,439)	26,108
Cash & Investments - Beginning of Year	105,615	79,507
Cash & Investments - End Of Period	**$ 99,176**	**$ 105,615**
Cash & Investments Consist of:		
Unrestricted Endowment and Special Purpose Investments	30	30
Cash & Investments Operating	82,040	83,426
Cash & Investments Restricted	17,106	22,159
Total	**$ 99,176**	**$ 105,615**

BRIEFING NOTE

Date: September 13, 2023
Issue: MAC Credentials & Privileging June 2023
Prepared for: Board of Directors
Purpose: ☒ Approval ☐ Discussion ☐ Information ☐ Seeking Direction
Prepared by: Dr. Winnie Lee, Chief of Staff
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: None

Alignment with 2023/24 CMH Priorities:

2022-2027 Strategic Plan No ☒	2023/24 CMH Priorities No ☒	2023/24 Integrated Risk Management Priorities No ☒
☐ Elevate Partnerships in Care	☐ Ensure Equitable Care For CND Residents	☐ Change / Project Management
☐ Advance Health Equity	☐ Grow Clinical Services	
☐ Increase Joy In Work	☐ Increase Staff Engagement	☐ Staff Shortages
☐ Reimagine Community Health	☐ HIS/ERP Planning and Implementation	☐ Access to Care
☐ Sustain Financial Health	☐ Grow Ministry Revenue	☐ Revenue & Funding

A meeting of the Medical Advisory Committee took place on Wednesday September 13, 2023 at 4:30 pm.

Present:	Dr. W. Lee, Dr. A. Sharma, Dr. L. Green, Dr. K. Wadsworth, Dr. M. Kumanan, Dr. A. Nguyen, Dr. J. Bourgeois, Dr. L. Puopolo, Dr. I. Morgan, Ms. C. Witteveen
Regrets:	Dr. A. Rowe, Dr. M. Gill, Dr. V. Miropolsky, Dr. M. Runnalls, Dr. M. Rajguru, Ms. M. Iromoto, Mr. P. Gaskin, Mr. K. Leslie, Dr. I. Isupov, Dr. J. Legassie
Staff:	Ms. S. Pearsall, Ms. L. Barefoot, Ms. N. Grealy (Recorder)
Guests:	Ms. D. Wilkinson, Ms. C. Wilson, Dr. K. Nuri, Dr. R. Taseen

Committee Recommendations/Reports – Board Approval Sought

Proposed Board Motion:

WHEREAS due diligence was exercised in reviewing the following privileging applications from the June 2023 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. (Bourgeois, Morgan) **CARRIED. The attached Briefing Note**

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

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

Agenda

Credentialing Committee

Date of Meeting: June 26, 2023

MAC Meeting Date: September 13, 2023

Board of Directors Meeting Date: October 4, 2023

New Business:

Credentialing Files for Review:

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Milton Wybenga	Anaesthesia		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Laura Puopolo	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Jithin Varghese	Emergency		Locum	Requesting extension of locum privileges from July 7, 2023 to October 31, 2023	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Yeshale Chetty	Emergency		Locum	Requesting extension of locum privileges from July 7, 2023 to October 31, 2023	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Laura Duncan	Emergency		Locum	Requesting extension of locum privileges from July 7, 2023 to October 31, 2023	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Philip Amoabeng	Emergency		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

Agenda

Credentialing Committee

Dr. Abdulhrman Abulaban	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Ali Almhri	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Abdulhrhman Emsalem	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Mohammed Farooqi	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Jatinder Juss	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Natalie Ovtcharenko	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Hammad Rafay	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Sola Sogbein	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

Agenda

Credentialing Committee

Dr. Shawn Vasdev	Psychiatry		Locum	Requesting Locum privileges from June 14,2023 to August 11, 2023	Dr. Anjali Sharma	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Trevor Semplonius	Internal Medicine		Locum	Requesting extension of locum privileges from June 23, 2023 to June 23, 2024	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Yu-Han Chang	Hospital Medicine		Locum	Requesting Locum privileges from August 1, 2023 to December 31, 2023	Dr. Jenny Legassie	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr Fuad Elghamari	Emergency		Locum	Requesting Locum privileges from July 1, 2023 to June 30, 2024	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Husayn Gulamhusein	Surgery	Ophthalmology	Associate	New hire starting July 1st, 2023	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Matthew Feldman	Pediatrics	Endocrinology and metabolism	Locum	Requesting Locum privileges from July 1, 2023 to June 30, 2024	Dr. Manju Rajguru	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Arjun Sithamparapillai	Emergency		Locum - RRR	Requesting Locum privileges from July 1, 2023 to June 30, 2024	Dr. Matt Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Mei (Lucy) Yang	Surgery		Associate	Requesting 6 month maternity leave from February 1, 2024	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Hamid Nasser	Surgery – Assist		Locum	Requesting locum privileges from July 1, 2023 to June 30, 2024	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

Agenda

Credentialing Committee

Dr. Joshua Tepper	Hospital MAID Program		Locum	Requesting locum privileges from June 15, 2023 to July 30, 2023	Dr. Jenny Legassie	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. James MacLean	Hospital MAID Program		Locum	Requesting locum privileges from June 15, 2023 to September 30, 2023	Dr. Jenny Legassie	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr Paul Joongchul	Radiology		Locum	Requesting extension of locum privileges from July 3, 2023 to June 30, 2024	Dr Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Mashael Alhrbi	Radiology		Locum	Requesting extension of locum privileges from July 1, 2023 to June 30, 2024	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr Kedar Patil	Radiology		Locum	Requesting extension of locum privileges from July 4, 2023 to June 30, 2024	Dr Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr Eric Durrant	Radiology		Locum	Requesting extension of locum privileges from July 2, 2023 to June 30, 2024	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

BRIEFING NOTE

Date: September 13, 2023
Issue: MAC Report to Board of Directors – September 13, 2023 OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Dr. Winnie Lee, Chief of Staff
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: None

Alignment with 2023/24 CMH Priorities:

2022-2027 Strategic Plan No ☐	2023/24 CMH Priorities No ☐	2023/24 Integrated Risk Management Priorities No ☐
☒ Elevate Partnerships in Care	☐ Ensure Equitable Care For CND Residents	☐ Change / Project Management
☐ Advance Health Equity	☒ Grow Clinical Services	
☐ Increase Joy In Work	☒ Increase Staff Engagement	☒ Staff Shortages
☐ Reimagine Community Health	☐ HIS/ERP Planning and Implementation	☒ Access to Care
☐ Sustain Financial Health	☐ Grow Ministry Revenue	☐ Revenue & Funding

A meeting of the Medical Advisory Committee took place on Wednesday September 13, 2023 at 4:30 pm.

Present:	Dr. W. Lee, Dr. A. Sharma, Dr. L. Green, Dr. K. Wadsworth, Dr. M. Kumanan, Dr. A. Nguyen, Dr. J. Bourgeois, Dr. L. Puopolo, Dr. I. Morgan, Ms. C. Witteveen, Dr. A. Rowe, Dr. V. Miropolsky, Dr. M. Runnalls, Dr. M. Rajguru, Ms. M. Iromoto, Dr. I. Isupov, Dr. J. Legassie, Dr. T. Hollings, Dr. A. Mendlowitz, Dr. E. Thompson
Regrets:	Dr. M. Gill
Staff:	Mr. P. Gaskin, Ms. S. Pearsall, Ms. J. Visocchi, Mr. K. Leslie, Ms. L. Barefoot, Ms. N. Grealy (Recorder)
Guests:	Ms. D. Wilkinson, Ms. N. Melchers, Ms. C. Wilson, Dr. K. Nuri, Dr. R. Taseen, Ms. K. Garton

Committee Matters – For information only

1. **M&T Report:** The August M&T report was approved by MAC (Wadsworth, Rajguru)

2. **COVID-19 and Infectious Disease Update**

Dr. K. Nuri provided an infectious disease update. COVID-19 activity is increasing in the province with rising wastewater signal. COVID-19 positivity rate has increased to 12.3%. In the Waterloo Wellington region last week, there were 20 new COVID-19 cases, 11 hospitalizations, 1 ICU admission. Cambridge wastewater signal was also higher than seen in Kitchener. At CMH, there is currently 1 inpatient. CMH had a COVID-19 outbreak on the surgical floor

between August 25-September 1. NACI is recommending vaccine booster for all eligible individuals. The new COVID-19 booster from Moderna has been Health-Canada approved and is being released first week in October.

3. Policy # 2-234/2-235 Patient Safety – Incident Reporting, Review and Management (Non-Employee)

Ms. L. Barefoot brought forth an upcoming updated policy on Patient Safety-Incident Reporting, Review and Management (non-employee), which will combine and replace both the Critical Incident Management Guidelines (2-234) and the Patient Safety Incident Management policy (2-235). The amalgamation of the two policies has included the CMH process for mandatory reporting to Health Canada (Vanessa's law), updated and clarified timelines, and a new and updated appendix. Incident reporting is encouraged by staff. There are learning and educational opportunities that can arise from incident reporting. Feedback from MAC includes ensuring reported incidents are reviewed and escalated accordingly and appropriately for physician review.

4. Policy – Patient Safety – Just Culture

Ms. L. Barefoot shared a new policy, Patient Safety – Just Culture, which outlines CMH's commitment to providing safe, quality care by working to prevent and reduce patient risk of harm through continuous quality improvement and advancing a fair and just culture of patient safety. The new policy establishes CMH's resolve to fairly balance an understanding of system failures with professional accountability. MAC recognizes and acknowledges the importance of incorporating Just Culture in daily practice. MAC held a generative discussion on Just Culture in the fall of 2022.

5. Policy # 2-236 – Patient Safety – Disclosure of Harm

Ms. L. Barefoot shared an updated Policy 2-236, Patient Safety – Disclosure of Harm. The policy outlines a standard that every patient safety incident that reached and harmed a patient or that has the potential to harm the patient in the future must be disclosed. The procedure includes initial disclosure of harm and the follow-up post-analysis disclosure which is conducted as appropriate. The policy was reviewed and updated to ensure alignment with the CPSO with new appendix items developed as guidance on the process.

6. Policy # 2-408 – Medical/Professional Staff Search Committee

Dr. W. Lee brought forth an updated Medical/Professional Staff Search Committee Policy 2-408 for approval. The addition of "The sole hiring process may be initiated due to recruitment challenges." was included in the policy, as per the discussion at MAC in March 2023. The updated policy was approved by MAC.

7. Policy # 2-415 – On-Call Sleep Room

Dr. W. Lee and Dr. J. Legassie brought forth an updated On-call Sleep Room Policy 2-415 for approval. As per the MAC discussion in March 2023, a dedicated Anesthesia room was included in the policy, to support the increasing in-hospital Anesthesiology on-call utilization. No concerns raised. The updated On-Call Sleep Room Policy was approved by MAC.

8. Policy # 2-55 – Medical Directives

Dr. W. Lee and Dr. J. Legassie brought forth the Medical Directive Policy 2-55 for approval. Medical Directives enable physician orders to be enacted by other Health Care Providers to patients who meet inclusion and exclusion criteria. Medical Directives are signed by physicians electronically with the credentialing process (i.e. MediTrac), which is reflected in the policy. No concerns raised. The Medical Directives Policy was approved by MAC.

9. Accreditation Update

Ms. K. Garton and Ms. L. Barefoot provided an Accreditation update, with a focus on required organizational practices (ROPs) for physicians. The ROPs/Standards include – “Do Not Use” list of abbreviations, medication reconciliation, antimicrobial stewardship, VTE prophylaxis, informed consent to treatment, two patient identifiers, incident reporting/disclosure of adverse events, transfer of accountability/information transfer, emergency preparedness, suicide prevention, hand hygiene, and safe surgical checklist. Accreditation is scheduled November 5-9. A summary of what physicians should expect for Accreditation was shared with MAC and has been shared with the MPSA at their recent September meeting. The list of ROP Practice Leads (Operational and Physician Lead) was included to support the medical professional staff.

10. Patient Experience Plan

Ms. L. Barefoot shared the 2022-2027 Patient Experience Plan, which aims to elevate patient and care partner engagement at all levels. The plan focuses on formalized roles, continuous feedback loop, communication, respect for diversity and innovative digital solutions. The plan has been shared with PFAC. There was positive feedback from MAC, with suggestions for elevating the patient experience and improving opportunities for feedback by patients and their families. This included patient room QR codes for patients and their families to provide “in the moment” feedback to their care team and a patient experience/human experience wall.

11. Choosing Blood Wisely Update

Dr. J. Bourgeois provided a “Using Blood and Lab Wisely” update. Ongoing tracking of CMH’s using blood wisely benchmark of (a) at least 65% of red cell transfusion episodes are single unit transfusions and (b) at least 80% of inpatient red cell transfusion, has shown CMH is tracking to meeting the sustained trend of reaching these benchmarks required for being a recognized “Using Blood Wisely” organization. Next steps include ongoing education and increased use of the Blood Product Pre-printed order (PPO) on the clinical floors. As well, CMH Lab is on track for accreditation. Dr. J. Bourgeois introduced some existing programs that offer personal tracking of lab ordering practice, such as those at Unity Health and at the Hamilton hospitals. These programs are meant to be for personal practice improvement. Dr. J. Bourgeois also highlighted Canadian Blood Services product changes with (a) solvent detergent plasma (S/D) and (b) pathogen reduced platelets and (c) cryoprecipitate will no longer be available, with fibrinogen concentrate in use with a more standard dose.

12. Clinical Services Growth Plan (CSGP) Update

Ms.Stephanie Pearsall and Dr. W. Lee provided an update on the Clinical Services Growth Plan (CSGP). In Q2, there has been work focused on each of the pillars of the Strategic Plan. Activities in this quarter included a focus on the Transgender Health Program with an environmental assessment of the current needs and available resources in the region / province, and meeting with key clinical stakeholders to begin planning for the program; expand mental health access in the community with learnings from the CMAC trial alongside the CND-OHT; introduce the team nursing model on medicine and realign the medicine physician model; and expand the COEC membership to include ED leadership and introduce the Urgent Care physician model to support ED access and flow.

13. Chair Update (Survey Results)

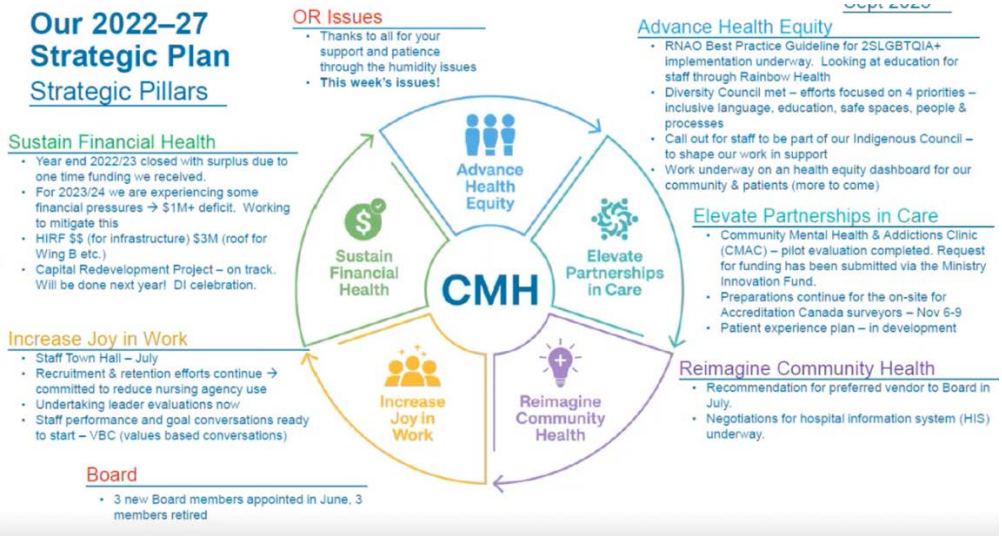
Dr. W. Lee thanked those who completed the survey. Dr. W. Lee has incorporated some of the suggestions from the previous survey results, including advancing the CLOSED agenda items to the beginning of the meeting to allow more time for discussion and the introduction of a Chief's Corner following adjournment of the MAC meeting for Chiefs to debrief and discuss action items arising from the meeting. More ideas and suggestions for the meeting are encouraged.

14. Chief's Corner (Values Based Conversations Update)

Dr. W. Lee has started VBCs in September. At the time of the meeting, approximately 2/3 of the 15 Chiefs/Deputy Chiefs of Service have completed/scheduled their VBCs. The remainder of the Chiefs/Deputy Chiefs will be scheduled throughout the rest of September/early October. VBCs have been very well received by the Chiefs and have provided invaluable insights and ideas. Dr. W. Lee will be sharing some of those themes with the Chiefs/Deputy Chiefs of Service when all the VBCs are complete.

15. CEO Report

Mr. P. Gaskin's CEO to MAC is summarized below. Mr. P. Gaskin shared an update on upcoming events for September, including many wellness events occurring throughout the month. September is also the month of Truth and Reconciliation, and everyone was encouraged to participate in many learning opportunities. Orange Shirt Day is on September 27 and 31, 2023. Many kudos were shared from across the organization, with the highlight of the recent DI Department opening and the announcement of Bob Cunningham's gift of $2 million, which will support Pharmacy and the CMHF MRI campaign.



16. CNE Report

Ms. S. Pearsall's CNE report was pre-circulated in the package. CMH was awarded the TGLN conversion rate award for the second year in a row, highlighting the commitment of the organization and multiple departments supporting organ donation. There has been work throughout the summer on Accreditation and recruitment and retention. Ms. S. Pearsall provided an update on the disruption of surgery due to staining of surgical instruments during medical device reprocessing. Unfortunately, surgeries have been cancelled while the team performs its investigation to identify the root cause of the issue. Urgent / Emergent cases have continued. An external vendor has been engaged to support medical device reprocessing. Updates will be provided as information becomes available.

17. Board Report

Ms. D. Wilkinson provided a Board update. The Board Annual General Meeting was held in June, with three new Board members joining. The Board met in July to approve the HIS negotiation with the preferred vendor. A task force has also convened to look at financing options for the HIS. The Board also made a number of by-law changes related to the Non-for-profit Corporation Act, which were approved at the Annual General Meeting. Next Board

meeting is October 4, 2023.

18. PFAC Report

Ms. L. Barefoot provided a PFAC update. The September PFAC meeting welcomed new members to the group. The Patient Experience Plan was discussed, with positive feedback and endorsement. A CMH Innovation project that involved secure electronic file transfer was shared with PFAC. It will allow patients to access their records electronically and securely. It has been used on a limited number of situations, with a Go-live date in the near future. The initiative was well received by PFAC. The solution enables a simple and efficient means of access to records, without the need for a hospital visit and the cost/time associated with parking.

Role Profile
Strategic Advisor, Finance Strategy

Cambridge Memorial Hospital
Draft 2 – September 2023

HIS Support

- Develop financing timeline and strategy
- Provide guidance in preparation of multi-year Financial Plan (Operating & Capital)
- Provide guidance in preparation of documents required by lenders during financing process
- Identify & negotiate with potential lenders

Broader

- Advice on overall strategic planning & risk oversight from a financial perspective
- Provide insight, awareness & monitoring of regulatory changes that impact hospital funding
- Support the HAPS and CAPS processes, as requested
- Review and advise on Board, Resources and Audit committee briefing notes and materials

Skill Set

- CPA
- Previous Hospital CFO/senior leader experience, 5+ years
- Current knowledge of the Ontario hospital environment
- Experience in HIS procurement (financing, negotiating with lenders)
- Experience in developing and implementing a multi-year financial plan
- Strong values alignment with CMH values of caring, collaboration, accountability, innovation and respect
- Ability to think critically and evaluate complex challenges
- Financial expertise and risk management experience
- Experience with budget oversight and understanding of financial constraints
- Strong analytical skills to review data and make informed financial decisions
- Ability to effectively communicate financial and non-financial information clearly and concisely

Timetable

2-5 hours per week
October to March 2023

Target Date: CMH HIS Approval by Board – earliest date February 1, 2024

BRIAN EDMONDS, C.P.A., C.A., M.H.S.A.
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(905) 251-1931

An energetic and versatile executive and leader who has built a reputation for helping healthcare organizations in financial difficulty to undergo complex transformational change through a focus on governance, strategic planning, enhanced organizational performance, reporting, and developing partnerships with key stakeholders. Over 40 years of extensive and diverse private and public sector experience in operations, financial management, and large-scale project management with the ability to assimilate new situations and information quickly, to innovate, to implement business solutions effectively, and to handle a variety of responsibilities and challenges simultaneously.

HEALTHCARE LEADERSHIP

Executive providing advice to Boards of Directors and Chief Executive Officers in the areas of corporate governance, strategic planning, performance improvement, fiscal accountability, change management and the introduction of new funding models:

- President and CEO, Central Ontario Healthcare Procurement Alliance
- Chief Operating Officer of Royal Victoria Regional Health Centre
- VP and Chief Financial Officer of Centre for Addiction and Mental Health
- VP Finance, Trillium Health Centre
- Director Finance, St. Michael's Hospital
- Interim VP and Chief Financial Executive of Royal Victoria Regional Health Centre
- Interim VP of Informatics & Diagnostic Services & CFO of Quinte Health Care (twice)
- Interim VP and Chief Financial Officer of North York General Hospital
- Interim VP and Chief Financial Officer of William Osler Health System (under the Supervisor)
- Interim VP and Chief Financial Officer of Markham Stouffville Hospital
- Interim VP and Chief Financial Officer of Rouge Valley Hospital
- Interim VP and Chief Financial Officer of Campbellford Memorial Hospital
- Interim VP and Chief Financial Officer of Haliburton Highlands Health System
- Several operational reviews identifying opportunities, solutions to unique challenges, developing financial accountability systems, reviewing data and developing monitoring tools
- Developed business plans for new business lines for a private pharmaceutical company
- Developed business plans for new business lines for a public health start-up company
- Executive coaching
- Provided strategic consulting advice to a variety of teaching and community hospitals throughout Canada which were experiencing financial difficulties.

PRIVATE SECTOR

Various roles of progressively increasing levels of accountability with BCE Publishing Technologies and JLL Broadcasting Group (TSN parent company)

GOVERNANCE

Thirty years of experience working with the Finance, Audit, Resources and Quality Committees and the Boards of Directors of healthcare organizations to develop leading practices in Board governance including decision-making, reporting, risk management, and committee evaluation:

- Led several Boards through renewal of governance processes in hospitals experiencing financial difficulty including redesign of committee structures and the education of the role of the Board, enhancing oversight responsibilities and the importance of insight and foresight accountabilities
- Executive lead for the introduction of a new Strategic Framework and the development of tools to enhance decision-making and fiscal accountability. Executive lead for the Clinical Services Priorities element of a new Strategic Plan
- Current Board Officer
    - Catholic Health Sponsors of Ontario, Chair
    - Canadian Mental Health Association York Region, Treasurer
    - Inner City Health Associates, Treasurer
- Prior Board participant
    - Chair, Finance Committee, Toronto Community Care Access Centre
    - Member of the Finance Committee of the Board of Directors of Casey House

ONTARIO MINISTRY OF HEALTH ENGAGEMENT

Negotiated successfully with the Ministry of Health, Ontario Health and previously Local Health Integration Networks for new operating funding. Engaged by the Ontario Ministry of Health to provide recommendations for system level improvement:

- Member of Supervisors Team for William Osler Health System
- Member of a team of Investigators advising the Minister of Health of Ontario on a review of the operations and $675 million construction project of William Osler Health System
- Member of 5 Peer Review Teams responsible to comment on fiscal position and provide advice to management and the Ministry for Ottawa General Hospital, Hospital for Sick Children, Hotel Dieu Hospital (Kingston), Sault Area Hospital, and Sudbury Regional Hospital
- Provided input to the Ministry both directly and through the previous Joint Policy and Planning Committee on proposed new funding models including Cardiac, Hip and Knee, Wait Time Strategy, Hospital Accountability, Quality-Based Procedures, Working Capital, and Mental Health.
- Worked with Infrastructure Ontario and the Ministry Capital Branch and nine hospitals undergoing facility redevelopment including capital and operating funding negotiations.
- Provided input to the Ministry on annual Hospital budget submissions.

OPERATIONS MANAGEMENT

Responsible for a wide variety of functional teams including Clinical, Diagnostics, Corporate Services, Health Records, Data Management and Performance Improvement in addition to Finance:

- Accountable for the introduction of the Studer patient-centred philosophy of care
- Developed and implemented new Program Management structures
- Primary liaison with Physicians and system partners on new program development including Advanced Cardiac, Regional Oncology and Child & Youth Mental Health
- Accountability for the completion of several facility expansions for clinical programs, integration of new staff, effective transition to the new facilities, and negotiation of appropriate capital and operating funding
- Led the negotiation of the transfer of the Renal Dialysis, Gastrointestinal, and Burn Programs to other Hospitals during the acquisition of a 400 bed Teaching Hospital. Advised Senior Management and all Hospital departments on integration strategies.
- Developed tools to improve the availability, quality and timeliness of information to support effective decision-making and strategically reduce the cost of operations
- Executive lead for the business case to the Board of Directors supporting the acquisition of a new Hospital Information System including the financing structure
- Lead for the evaluation of a provincial review of the future of Shared Service Organizations in Ontario

PROFESSIONAL DEVELOPMENT/EDUCATION

Masters, Health Services Administration, University of Michigan	2006
Chartered Professional Accountant, Chartered Accountant, Canada	1984
Bachelor of Arts, Honours C.A. Cooperative Studies, University of Waterloo	1983