

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 /
EDUCATIONAL & GENERATIVE DISCUSSION**

November 1, 2023

1705-1900

Virtual via Teams

[Click here to join the meeting](#)

Or call in (audio only)

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

Phone Conference ID: 273 344 35#



Agenda Item * indicates attachment / TBC – to be circulated	Page #	Time	Responsibility	Purpose
1. CALL TO ORDER		1705		
1.1 Confirmation of Quorum (7)			N. Melchers	Confirmation
1.2 Declarations of Conflict			N. Melchers	Declaration
1.3 Consent Agenda <i>(Any Board member may request that any item be removed from this consent agenda and moved to the regular agenda)</i>			N. Melchers	Motion
1.3.1 Minutes of October 4, 2023*	3			
1.3.2 Board Attendance Report*	13			
1.3.3 Events Calendar*	14			
1.3.4 Quality Metrics Scorecard*	16			
1.3.5 Quality Committee Report to the Board of Directors* (October 18, 2023)	21			
1.3.6 MAC Report to the Board of Directors*	24			
1.3.7 CEO Report*	28			
1.3.8 Board Work Plan*	31			
1.3.9 Action Log*	39			
1.4 Confirmation of Agenda			N. Melchers	Motion
2. NEW BUSINESS				
2.1 October 2023 Privileging and Credentialing*	40	1707	Dr. W. Lee	Motion
3. UPCOMING EVENTS		1709	N. Melchers	Information
3.1 CMH Holiday Skate: November 26, 2023 @ Hespeler Arena 10am-1pm				
3.2 Cambridge & North Dumfries Community Awards 2023: November 13 @ Hamilton Family Theatre 5:00pm - 7:30pm				
3.3 CMH Holiday Meal: December 7, 2023 @ CMH (11am – 2pm / 6pm – 8pm)				
3.4 CMH Reveal – Save the Date March 1, 2024				
4. PRESENTATIONS				
4.1 Ethics TBC		1710	S. Abdool	
5. EDUCATION/GENERATIVE DISCUSSION				
5.1 Emergency Departments in the Current Healthcare System (Pre-Circulated)		1730	Dr. M. Runnalls, D. Didimos, K. Leslie, S. Pearsall	Presentation / Discussion

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
6. DATE OF NEXT MEETING	Wednesday December 6, 2023 Location: Hybrid			
7. ADJOURNMENT		1900	N. Melchers	Motion
Link: Board/Committee Evaluation Survey	<i>Following the meeting, please complete within one week.</i>			
8. DISCUSSION OF INDEPENDENT DIRECTORS AND MANAGEMENT		1901	N. Melchers	Discussion
9. DISCUSSION OF INDEPENDENT DIRECTORS				

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, October 4, 2023
OPEN SESSION

Minutes of the open session of the Board of Directors meeting, held in person and virtually at Cambridge Memorial Hospital on October 4, 2023

Present:

Ms. N. Melchers, Chair	Mr. B. Conway
Ms. L. Woeller	Mr. P. Brasil
Ms. M. McKinnon	Mr. J. Tulsani
Ms. D. Wilkinson	Ms. S. Pearsall
Ms. S. Alvarado	Dr. W. Lee
Ms. J. Goyal	Mr. P. Gaskin
Mr. M. Lauzon	Ms. M. Hempel
Mr. T. Dean	

Regrets: Dr. V. Miropolsky, Dr. I. Morgan

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

Guests: P. Whitlow, L. Barefoot

Recorder: Ms. S. Fitzgerald

1. CALL TO ORDER

The Chair called the meeting to order at 1700 hours.

1.1. Territorial Acknowledgement

N. Melchers welcomed Ms. P. Whitlow from the Wolf Clan of the Mohawk Nation and a resident of the Six Nations of the Grand River Territory. Paula has grown up and spent her entire life within the Haldimand tract. Paula's career has been in the areas of history, heritage and culture and she has traced her ancestry back to the original [Haudenosaunee] homelands of Upper New York State prior to the American Revolution. She is an intergenerational residential school survivor. Paula's past work experience has largely been centred in the museum field and more recently as Executive Director of the Native Women's Centre in Hamilton.

P. Whitlow presented the thanksgiving address to the Board of Directors. N. Melchers thanked P. Whitlow on behalf of the Board of Directors for taking the time to attend the meeting and share the address with the Board.

P. Whitlow left the meeting.

1.2. Welcome

N. Melchers 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 consent agenda was approved as amended.

1.5.1 Minutes of June 28, 2023 and Open 2

The following amendments were made to the minutes of Open 2

- 2.2 changed from Julia to Goyal

1.5.2 Board Attendance Report

1.5.3 Governance Policies for Approval

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

1.5.4 Q1 CEO Certification of Compliance

1.5.5 Events Calendar / Meeting Dates

1.5.6 ABCDE Goals for Board of Directors 2023/24

1.5.7 Corporate Scorecard

1.5.8 CEO Report

1.5.9 Board Work Plan

1.5.10 Action Log

CARRIED (Wilkinson/Hempel)

The following amendments were made to the consent agenda:

- minutes of Open 2, item 2.2 changed from Julia to Goyal
- policy review briefing note CEN changed to CNE.
- 2-B-32 was pulled from the consent agenda for further amendments, will be brought back through consent at the next Board meeting.
- 1-A-03 item 4 has been moved in the policy to number 2

ACTION: Management to circulate the current version of Clinical Services Growth Plan that includes timelines.

1.6. **Confirmation of Agenda**

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

1.7. **CMH Fire Update**

P. Gaskin provided the Board with an update of the Fire incident that occurred at CMH on October 3, 2023. P. Gaskin congratulated the staff and IMS team for all their hard work during the incident. The Board members received an update on current operations, staff support, communications, insurance claim and evaluation of the incident. One board member suggested that leadership implement some case finding by word of mouth to ask around during rounding to ensure staff are doing ok.

ACTION: Management to send a thank you statement on behalf the Board to staff to be sent October 5, 2023

2. Presentation – Patient Experience Plan

The Board reviewed the Patient Experience Plan that was pre-circulated in the meeting package. L. Barefoot noted that the plan has been under consultation for approximately one year and included a large consultation with the PFAC committee, staff, leaders, physician leads and volunteers. Five priority themes are identified in the plan. L. Barefoot addressed pre-circulated questions received from the Board members in advance of the meeting. CMH has begun conversations with the Ontario Caregiver Association to look at formalizing that role. Currently the use of bedside terminals is at a commitment to evaluate stage. One member requested a next step action to tie in a timeline to the 25 tactical ideas and to track those on a graph to track the progress against the March 2027 date. A question was raised as to how the progress on improvement is tracked. L. Barefoot noted that this will be completed in collaboration with the Beryl Institute. The recommendation is to complete a baseline approximately halfway through the plan (around 18 to 24 months) and then again at the end.

MOTION: That the Board of Directors approve the Patient Experience Plan as presented (Lauzon/Tulsani)

L. Barefoot left the meeting.

Presentation – Accreditation

M. Iromoto provided the Board with an overview of the preparation that is underway for accreditation. M. Iromoto shared some quotations of the results of the Governance/Board sessions from the 2019 accreditation process and areas that were noted as areas for improvement. CMH is working towards receiving exemplary standing.

The Board took part in a question and answer session in preparation for the upcoming accreditation session.

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. N. Melchers thanked the Board for all their support at CMH and in the community. N. Melchers encouraged the Board to participate in any of the courses offered through the CMH Learning lab.

4.1.1. Board Evaluation Results June 28, 2023

The Board reviewed the feedback that was provided from the June 28, 2023 meeting. N. Melchers thanked the members for their input. The survey link is now also embedded in the agenda. N. Melchers reminded the members to please complete the survey after each meeting.

4.1.2. OHA Visit to Weeneebayko Health Authority.

J. Goyal provided the Board with reflections from a recent visit to the Weeneebayko Health Authority with the OHA.

4.2. Governance Committee

M. Lauzon provided the Board with highlights from the September 19, 2023, Governance Committee meeting as outlined in the pre-circulated briefing notes. M. Lauzon highlighted that the Committee reviewed the board and committee evaluations. The Governance Committee will be removing the question about orientation in the committee evaluations and a new survey will be developed for new members that will be sent three months after their committee orientation. The Governance Committee flagged one committee's response to the survey was not great and has addressed the issue with the Committee. M. Lauzon noted that the recruitment timetable has shifted to start earlier and that the Board will be asked to complete the Future intentions survey at the end of October. The Governance Committee will continue to monitor the two pieces of legislation, Bill S-211 an Act to Enact the Fighting Against Forced Labour and Child Labour in Supply Chains Act and to Amend the Customs Tariff, and Bill 60 Your Health Act, 2023 – Proposed Regulations Under the Integrated Community Health Services Act. Further updates will be provided as new information is received from the OHA.

4.3. Quality Committee

D. Wilkinson provided the Board with highlights from the September 20, 2023, Quality Committee meeting as outlined in the pre-circulated briefing notes. D. Wilkinson noted that the Committee aligned the work plan this year with the strategic pillars. The Committee received presentations from the medicine and home and community programs. The Committee received some education of the metrics and scorecards and had a generative discussion about patient safety in Canada and specifically at CMH.

4.4. Capital Project Sub-Committee

T. Dean provided the Board with highlights from the September 26, 2023, Capital Projects Sub-Committee meeting as outlined in the pre-circulated briefing notes. The project remains on schedule and budget. Three near misses were reported on site within the last period with no injuries. These were effectively dealt with by EllisDon.

Building permits and transformer design for parking lot 5 are being actioned, and the underlying soil requires remediation. Costing for that has not yet been determined.

There is currently one remaining issue with the noise level of 60 decibels has not yet been received with the co-gen plant.

One member asked if there will be cost associated with the additional risk that was added to the registry. T. Dean noted that there will be a cost associated however the CRP team is going through the process now of determining the best alternative. Once that has been completed costing will be provided to the committee.

4.5. Resources Committee

L. Woeller provided the Board with highlights from the September 26, 2023, Resources Committee meeting as outlined in the pre-circulated briefing notes. L. Woeller highlighted the Multi Year financial and capital plan update. This update was originally to be received by the Board back in the spring. Due to human resource constraints within the finance department, it was deferred to the fall and there is excellent progress has been made. The Multi Year financial plan is being developed to align with the five-year strategic plan and beyond two years to March 2029. Management will present the draft plan to the Resources Committee in November. The draft Multi year capital plan will be received by the Resources Committee in February and the subsequently by the

Board. This timing aligns with the approval that will be required for the HIS system at the end of Q1.

L. Woeller also noted that the finance department has brought on a new role of strategic advisor held by Brian Edmonds to assist in the work required to complete the Multi Year plans and provide support for the new HIS financial and strategic planning. Brian has worked with CMH in the past and has extensive experience in the hospital sector working with the OHA, finance, and HIS systems.

4.5.1. August 2023 Financial Statements

L. Woeller noted that for the five months year to date the hospital is in a \$1.7M deficit position. The most significant driving factor is the \$3.6M over budget for salaries and benefits. \$1.6M is related to overtime and \$1.5M is related to the use of agency staff. The human resources department partake in bi-weekly meetings to look at the overtime and use of agency staff to work to reduce those costs. CMH is committed to reducing the use of agency staff by 50% as of December 2023 and eliminating the use of agency staff as of March 2024. Regionally partnering hospitals have already reduced and limited the use of agency staff. An additional negative pressure is PCOP due to several challenges including lack of weighted cases, cases not flowing through the ED, and the humidity levels in the OR over the summer causing cancelled surgeries. QBP revenue is \$1.8M over budget year to date. One member asked if CMH has any indication on how WSIB cases may be impacted with reducing agency staff and increasing overtime. Management indicated that would sit with our human resources department and would follow up with them.

ACTION: Management to follow up with HR to look at if CMH is currently seeing trends of WSIB increase now, the impact of further increases as CMH works to reduce agency staff.

MOTION: that the Board receives the August 2023 financial statements as presented by management. (Tulsani/Brasil) **CARRIED.**

4.6. Medical Advisory Committee Privileging & Credentialing.

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 (Alvarado/Tulsani) **CARRIED.**

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	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Jithin Varghese	Emergency		Locum	Requesting extension of locum privileges from July 7, 2023 to October 31, 2023	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Yeshale Chetty	Emergency		Locum	Requesting extension of locum privileges from July 7, 2023 to October 31, 2023	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Laura Duncan	Emergency		Locum	Requesting extension of locum privileges from July 7, 2023 to October 31, 2023	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Philip Amoabeng	Emergency		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Abdulhrman Abulaban	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Ali Almhri	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Abdulhrhman Emsalem	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Mohammed	Internal Medicine		Locum	Requesting extension of	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Farooqi				locum privileges from July 7, 2023 to June 30, 2024		<input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Jatinder Juss	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Natalie Ovtcharenko	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Hammad Rafay	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Sola Sogbein	Internal Medicine		Locum	Requesting extension of locum privileges from July 7, 2023 to June 30, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Shawn Vasdev	Psychiatry		Locum	Requesting Locum privileges from June 14, 2023 to August 11, 2023	Dr. Anjali Sharma	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Trevor Semplonius	Internal Medicine		Locum	Requesting extension of locum privileges from June 23, 2023 to June 23, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Yu-Han Chang	Hospital Medicine		Locum	Requesting Locum privileges from August 1, 2023 to	Dr. Jenny Legassie	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
				December 31, 2023		<input type="checkbox"/> Not Recommended
Dr. Fuad Elghamari	Emergency		Locum	Requesting Locum privileges from July 1, 2023 to June 30, 2024	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Husayn Gulamhusein	Surgery	Ophthalmology	Associate	New hire starting July 1 st , 2023	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Matthew Feldman	Pediatrics	Endocrinology and metabolism	Locum	Requesting Locum privileges from July 1, 2023 to June 30, 2024	Dr. Manju Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Arjun Sithamparapillai	Emergency		Locum - RRR	Requesting Locum privileges from July 1, 2023 to June 30, 2024	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Mei (Lucy) Yang	Surgery		Associate	Requesting 6-month maternity leave from February 1, 2024	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Hamid Nasser	Surgery – Assist		Locum	Requesting locum privileges from July 1, 2023 to June 30, 2024	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Joshua Tepper	Hospital MAID Program		Locum	Requesting locum privileges from June 15, 2023 to July 30, 2023	Dr. Jenny Legassie	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. James MacLean	Hospital MAID Program		Locum	Requesting locum privileges from June 15, 2023 to September 30, 2023	Dr. Jenny Legassie	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr Paul Joongchul	Radiology		Locum	Requesting extension of locum privileges from July 3, 2023 to June 30, 2024	Dr Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Mashael Alhrbi	Radiology		Locum	Requesting extension of locum privileges from July 1, 2023 to June 30, 2024	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr Kedar Patil	Radiology		Locum	Requesting extension of locum privileges from July 4, 2023 to June 30, 2024	Dr Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr Eric Durrant	Radiology		Locum	Requesting extension of locum privileges from July 2, 2023 to June 30, 2024	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

4.7. MAC Update

Dr. Lee provided the Board with highlights from the September 13, 2023, MAC meeting as outlined in the pre-circulated briefing notes. Dr. Lee highlighted the two policies brought forward to MAC including a new policy 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. Dr Lee also highlighted that 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.

4.8. PFAC Update

N. Melchers highlighted the innovation fund project related to the release of patient records. Currently if records are required patients need to make a request by letter, phone, fax, or email. Everything is paper records. The patient then needs to visit the hospital to pick up the paperwork and pay for parking. Through the innovation fund

project patients will be able to request records online, by phone or email and records will be able to be shared electronically. Payments will also be able to be completed online. This allows records to be more accessible to patients.

4.9. CEO Update

P. Gaskin provided the Board with some further highlights of Brian Edmonds who will fill the role of Strategic Advisor, Finance Strategy at CMH. Brian will provide support currently for two to five hours per week and is able to be flexible as the needs change withing the organization.

5. Upcoming Events

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

6. ADJOURNMENT

The meeting adjourned at 18:47h. (Melchers/Brasil)

7. DATE OF NEXT MEETING

The next scheduled meeting is November 1, 2023 and will be a generative session for members.

Nicola Melchers
Board Director
CMH Board of Directors

Patrick Gaskin
Board Secretary
CMH Board of Directors

Date Range

Last 12 Months
 10/28/2022 - 10/27/2023

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, 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
Wednesday, October 04, 2023	P	P	P	T	T	T	P	P	P	P	P	T

Committee Member	Attendance Rate
Bill Conway	100%
Diane Wilkinson	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%
Tom Dean	88%
Margaret McKinnon	75%

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

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 - November 13, 2023			13										

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 - <i>Paulo Brasil/Jay Tulsani/Bill Conway</i>													
Hospital Legal Accountability Framework		3											
Hospital Accountability Within the Health System		10											
Governance and Management - The Crucial Partnership		24											
<i>CMH Leadership Learning Lab</i>													
• <i>Project Management for the Unofficial PM</i>													
• <i>Crucial Conversations</i>			15/16										
• <i>7 Habits of Highly Effective People - Nicola Melchers</i>				5/8									
• <i>Me2You DISC Profile - Diane Wilkinson</i>													
• <i>Quality Improvement</i>		6											
• <i>Guiding Organizational Change - Lynn Woeller</i>		11											
• <i>5 Choices</i>													
<i>Mental Health First Aid</i>													



BRIEFING NOTE

Date: October 13, 2023
Issue: Quality Monitoring Metrics
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Kyle Leslie, Director Operational Excellence
Approved by: Mari Iromoto, Senior Director of Strategy, Performance & CIO

Attachments/Related Documents: Appendix A – Quality Monitoring Scorecard

Alignment with 2022/23 CMH Priorities:

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

Executive Summary

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

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

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

- 1) Overtime hours
- 2) Sick hours
- 3) Emergency Department Length of Stay for Complex Patients
- 4) Emergency Department Wait time for Initial Assessment (PIA)
- 5) Surgical Long Waiters
- 6) Medication Errors
- 7) Budgeted Post Construction Occupancy Growth (PCOP)

Background

The CMH Quality Monitoring Scorecard tracks performance on key performance indicators aligned to our quality framework. Many of the indicators on the Quality Monitoring Scorecard are reported publically on an 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 established performance thresholds.

Analysis

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

1) Overtime Hours (Red status with three or more periods outside of performance threshold):

This indicator measures the total number of overtime hours used vs. budgeted overtime hours. Currently we are significantly over budget for overtime hours used. Majority of the overtime variance approximately >60% can be attributed to the Emergency Department, Medicine programs and Intensive Care Unit. A lower number on this indicator means that we are staffing less with OT which has a positive impact to Joy in Work as it is an indication that we have improved staffing levels, leading to reduced staff burnout. In addition to OT, we are monitoring agency usage as this indicator also is representative of our staffing levels, the work we are doing on staffing and OT will also address our agency usage.

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 46% (YTD Sep). The work we are doing on OT and staffing will help to address staffing pressure from sick hours.

3) ED Length of Stay Complex (CTAS 1-3) (90% spent less, in hours) (Red status with three or more periods outside of performance threshold):

This indicator measures the wait-time from triage to disposition from the ED. Currently, 90% of complex ED patients have a length of stay 9.7 hours (YTD Aug), our target is 8 hours. A lower number is better as it means patients are receiving care in a timely, effective efficient way. This indicator improved in Aug with a 90thtile LOS of 9.3 hours vs 10 hours in Jul. Currently there is a process improvement initiative underway to improve ED flow.

4) 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 6.8 hours (YTD Aug), 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.

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

This indicator measures the rate of medication errors that could have been prevented. Our target for the incidence of medication errors for inpatients is 4.0/1000 patient days. A lower number is better as this means fewer medication errors are occurring. Currently our medication error rate is 6.9 (YTD Sep). This indicator is monitored closely is reported at clinical Quality and Operations Council Meetings. This indicator uses our incident reporting data and is impacted by the reporting culture. There is currently work underway to strengthen the reporting, which would result in this indicator increasing.

6) 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 waitlist over the targeted wait time for the procedure vs. the total cases on our waitlist. 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 waitlist. Work is also underway to review the surgical waitlist and clean and update to reflect true cases waiting most accurately.

7) Post Construction Occupancy Plan (PCOP) Funding (Red status with three or more periods outside of performance threshold):

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 Aug, we are 6.4% 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 22.3% fewer weighted cases than budgeted. Obstetrical and SCN weighted cases are meeting target. Day surgery activity continues to ramp up, and while TCC endoscopy volumes are surpassing targets, surgical weighted cases at CMH/ CVS are 6.3% below target.

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

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 continue to be included in the Quality Committee Package on a monthly basis.



CMH Quality Monitoring Scorecard, FY2023/24

Quality Dimension	Indicator	Unit of Measure	Prior Year	YTD	Target	Trend	Status	Period
Efficient	Conservable Days Rate	%	33.8	31.7	30.0			Aug-23
	Overtime Hours - Average per pay period	hours	3,369.7	3,289.9	850.0			Sep-23
	Sick Hours - Average per pay period	hours	3,774.5	3,049.7	2,090.0			Sep-23
Integrated & Equitable	ALC Throughput	Ratio	0.9	0.9	1.0			Sep-23
	Percent ALC Days (closed cases)	%	28.0	22.8	20.0			Aug-23
	Repeat emergency department visits for Mental Health Care (Average patients per month with four or more visits in 365 days)	Patients	12.2	11.2	11.0			Aug-23
Patient & People Focused	Organization Wide Vacancy Rate	%	10.4	8.5	12.0			Sep-23
Safe, Effective & Accessible	30 Day CHF Readmission Rate	%	15.3	23.3	14.0			Aug-23
	30 Day COPD Readmission Rate	%	13.0	12.8	15.5			Aug-23
	30 Day In-Hospital Mortality Following Major Surgery	%	2.2	2.4	2.1			Jul-23
	30 Day Medical Readmission Rate	%	10.8	7.4	13.6			Jul-23
	30 Day Obstetric Readmission Rate	%	1.2	0.7	1.1			Jul-23
	30 Day Overall Readmission Rate	%	7.5	5.4	9.1			Jul-23
	30 Day Paediatric Readmission Rate	%	8.4	3.2	6.1			Jul-23
	30 Day Surgical Readmission Rate	%	5.3	5.6	6.9			Jul-23
	ED Length of Stay for Admitted Patients (90% Spent Less, in Hours)	hours	49.0	49.7	44.0			Aug-23
	ED Length of Stay for Non-Admitted Complex Patients (90% Spent Less, in Hours)	hours	9.1	9.7	8.0			Aug-23
	ED Wait Time for Inpatient Bed (90% Spent Less, in Hours)	hours	40.2	41.2	36.0			Aug-23
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)	hours	6.3	6.8	4.0			Aug-23
	Fall Rate	per 1000 PD	5.4	5.0	4.0			Sep-23
	Hip Fracture Surgery Within 48 Hours	%	89.7	87.8	86.2			Jul-23
	Hospital Standardized Mortality Ratio (HSMR)	Ratio	85.7	88.0	100.0			Jul-23
	In-Hospital Sepsis	per 1000 D/C	5.6	2.8	3.9			Jul-23
	Long Waiters Waiting For All Surgical Procedures	%	39.8	36.0	20.0			Sep-23
	Low-Risk Caesarean Sections	%	14.9	11.0	17.3			Aug-23
	Medication Error Rate	per 1000 PD	6.0	6.9	4.0			Sep-23
	Medication Reconciliation at Admit	%	92.0	94.0	95.0			Sep-23
	Medication Reconciliation at Discharge	%	91.0	92.0	95.0			Sep-23
	Obstetric Trauma (With Instrument)	%	15.3	6.7	14.6			Jul-23
	Revenue - Achieve budgeted PCOP growth for 2023/2024 (IRM)	\$	3,504,720.4	\$3,926,625	\$5,769,923			Aug-23
	Revenue - Achieve Quality Based Procedure Funding (IRM)	\$	9,254,454.2	\$10,525,806	\$9,365,403			Aug-23

YTD Meeting Target 13
 YTD Within Target Threshold (within 10% of Target) 4
 YTD Exceeding Target Threshold 14



BRIEFING NOTE

Date: October 19, 2023
Issue: Quality Committee Report to Board of Directors October 18, 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: None

A meeting of the Quality Committee took place on Wednesday, October 18, 2023 at 0700 hours.

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

Committee Recommendations/Reports – Board Approval Sought

None

Approved Committee Recommendations/Motions:

None

Committee Motions/Recommendations/Report – Board Approval Not Sought

MOTION: (Hempel/Pyper) **that**, the Minutes of September 20, 2023 were approved.
CARRIED.

Committee Matters – For information only.

1. **Annual Declaration of Patient Values:** The Excellent Care for All Act (2010) legislates that hospitals develop, with public consultation, a Patient Declaration of Values (PDV). A copy of the CMH Annual Declaration of Patient Values was pre-circulated to the Quality Committee members, for information only (see Package 2).
2. **QCIPA:** Quality of Care Information Protection Act (QCIPA), 2004 is legislation that originally came into effect in the province of Ontario on November 1, 2004. A general overview was provided (see Package 2).

3. Program Presentation: Patient Experience: A program overview was provided (see Package 2). A. Vincent shared a patient/staff story. Staff had reached out to the Patient Relations office to share a negative experience they had through the Emergency department, particularly around arranging an interpreter to speak with the ED Team. A. Vincent explained the voice translation service and American Sign Language (ASL) interpretation services that are available at CMH. Voice translation tablets are available where people can connect with medically trained interpreters in less than 30 seconds for over 240 languages and dialects. The PXL invited the patient to the hospital to demonstrate how to access ASL interpretation through VOYCE. The patient was able to interact with the healthcare team without barriers. In collaboration with the patient, the team was able to create an educational video that was shared both internally and externally. The PXLs have attended staff huddles to educate staff and build awareness about ASL interpretation services and use of voice tablets. VOYCE posters displayed throughout the hospital include ASL information to remind staff of this service. A. Vincent shared the link to the video that was created in collaboration with the above-mentioned patient and CMH's Inclusions Specialist: link to - [VOYCE Video - YouTube](#). Various DEI initiatives were also highlighted: PXLs visited the Bridges Shelters to listen to patient experiences from this population; Celebration of Pride month; Promoting 2SLGBTQIA+ Health Equity Best Practice Guideline

Program Presentation: Privacy: A program overview was provided, and the auditing activity was summarized (see Package 2). New hires are made aware of the CMH Privacy Program at new hire onboarding, and all staff must complete standard privacy education annually. A conversation took place regarding opportunities to formalize the privacy process in accessing patient information for educational purposes. CMH will continue to track auditing activities, identify trends and possible improvements and educational opportunities. Audits are random and targeted. When the system is used appropriately, staff are acknowledged and celebrated. L. Costa reported that a large percentage of the breaches that were found were accidental or unintentional. Leaders do assist staff in all cases by supporting and educating them. Individuals then must repeat the privacy education training and re-sign a confidentiality agreement.

- 4. **CNE Report:** S. Pearsall provided clinical programs update. The full CNE report is available in package 2.
- 5. **Corporate/Quality Metrics:** L. Barefoot provided an update on the Corporate/Metrics.
- 6. **OR Humidity Follow-up:** L. Barefoot presented slides about recent the Perioperative events:

Incident #1 OR Core Humidity Summary: On July 6, 2023, the OR staff arrived to find humidity >80% (should be maintained between 60 – 80%). All ORs needed to be terminally re-cleaned. All instruments needed to be re-sterilized. Every single vendor of single-use instruments needed to be contacted to verify tested humidity range. Every single-use product needed to be visually inspected. Root Cause/Follow-up: Routine (monthly) in-house generator test tripped the chillers in combination with excessive external heat/humidity. FMEA conducted and mitigations have, or will be, implemented for highest risk steps during the monthly in-house generator testing. Patient Impact: Maintained ability to continue with urgent/emergent and cancer cases; 93 patients had procedures canceled & rebooked.

Incident #2 OR Core Humidity Summary: On July 13, 2023, the OR staff arrived to find humidity high and environment damp again. All ORs needed to be terminally cleaned. Given extensive work done over the previous week, staff were able to identify which single-use items were able to be used. Many items that were re-ordered from previous week were still out of stock. Root Cause/Follow-up: The Building Automation System (BAS) that manages communication between the chillers experienced a fault. Controller automatically did a reset on itself. System was configured to turn the chiller system off in

the event of a communication loss. BAS reestablished communication, but the chillers had to be manually restarted. Patient Impact: 1 surgery cancelled and rescheduled; all others were delayed but not canceled.

Incident #3 OR Core Humidity Summary: On July 18, 2023, the humidity levels in ORs were above recommended range again. Root Cause/Follow-up: Dehumidification system was not programmed as per the original engineering documentation. CMH subsequently implemented the correct programming on all six air handlers that the system was intended to operate on. Patient Impact: No surgeries needed to be canceled.

7. MDRD Instrumentation/Surgical Cancellation Update: L. Barefoot continued and gave further details:

Issue #4 – Medical Device Reprocessing Department (MDRD) Instrumentation Issue: Evening of September 11, 2023, six surgical trays contained stained instruments. Morning of September 12, 2023, an additional ten trays found to have stained instruments. Confirmed to be non-biological. Reprocessing of equipment sent to external company in Mississauga. Multiple water samples sent for testing. Root Cause/Follow-up: Multi-factorial. Passivation procedure to re-establish proper stainless steel outer layer on instruments completed. Disinfecting reverse osmosis (RO) lines has been completed. Capital redevelopment has started process to replace RO system. OR staff required to rinse/pre-wash instruments prior to going to MDRD. Ongoing testing of steam quality. Patient Impact: 42 surgeries were canceled and rebooked.

Issue #5 – Burst Water Pipe in MDRD: Mid-morning on October 11, 2023, a pipe that runs above MDRD burst and copious water was flowing into MDRD. Pipe is unrelated to MDRD services. Equipment including technology was moved very quickly. ~50% of equipment and instrument reprocessing was moved to external company in Mississauga. Root Cause/Follow-up: Heating loop pipe burst above washer 2. Damage isolated to ~800 square feet of ceiling material made of drywall and plaster. Hoarding was required for the remediation work which resulted in two washers being taken out of service. Estimated completion October 20, 2023. Patient Impact: No surgeries were canceled.

S. Pearsall confirmed that all patients affected were personally contacted by each respective clinical manager, and formal apology letters sent. Those cancelled cases were then prioritized and immediately rescheduled. On behalf of the Quality Committee members, it was asked that Management forward thanks to all units for their efforts.



BRIEFING NOTE

Date: October 11, 2023
Issue: MAC Report to the Board of Directors October 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 <input type="checkbox"/>	2023/24 CMH Priorities No <input type="checkbox"/>	2023/24 Integrated Risk Management Priorities No <input type="checkbox"/>
<input checked="" type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Ensure Equitable Care For CND Residents	<input type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input checked="" type="checkbox"/> Grow Clinical Services	
<input type="checkbox"/> Increase Joy In Work	<input checked="" type="checkbox"/> Increase Staff Engagement	<input checked="" type="checkbox"/> Staff Shortages
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> HIS/ERP Planning and Implementation	<input checked="" type="checkbox"/> Access to Care
<input type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Grow Ministry Revenue	<input type="checkbox"/> Revenue & Funding

A meeting of the Medical Advisory Committee took place on Wednesday October 11, 2023 at 4:30 pm.

Present: Dr. W. Lee, Dr. A. Sharma, Dr. L. Green, Dr. K. Wadsworth, Dr. A. Nguyen, Dr. J. Bourgeois, Dr. L. Puopolo, C. Witteveen, Dr. I. Morgan, Dr. M. Runnalls, Dr. I. Isupov, Dr. J. Legassie, Dr. T. Hollings, Dr. E. Thompson

Regrets: Dr. M. Gill, Dr. M. Rajguru, Dr. M. Kumanan, Dr. A. Mendlowitz, Dr. V. Miropolsky, Dr. A. Rowe,

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

Guests: D. Wilkinson, C. Wilson

Committee Matters – For information only

1. M&T Report: The September M&T report was approved by MAC (Holling, Bourgeois)

2. COVID-19 and Infectious Disease Update

Dr. K. Nuri provided an infectious disease update. Respiratory virus activity for Sept 24-30, 2023 has shown a significant increase in COVID-19 activity, at 17.4%. EG.5.1.1 was the most prevalent lineage, followed by EG.5.1. Projections of viral activity in the next two weeks include an expected increase in COVID activity, influenza activity to remain low and RSV activity to increase. The risk of related severe respiratory virus illness among the pediatric population is projected to increase, in addition to the general adult population. Wastewater signal continues to

be high, but lower in Cambridge than Kitchener. At CMH, in August and September we have experienced COVID-19 outbreaks in Med B and Surgery, and watches on Surgery and TCU. COVID-19 vaccine will be available shortly. The Ontario Ministry of Health recommends the XBB 1.5-containing COVID-19 mRNA vaccine for individuals in the authorized group (i.e. 6 months and older) if it has been 6 months from the previous COVID-19 vaccine dose or known SARS-CoV-2 infection (whichever is later). Flu vaccine has arrived with 280 doses available for staff and patients. Staff vaccination begins this week. COVID-19 will not be available yet.

3. Medical Directives (MD) and Policy Updates

Updates to the following Medical Directives and Policies were discussed and approved:

MD 559 Oxygen Administration

MD 250 Temporary Transvenous Pacemaker

Policy 2-411 Medical/Professional Staff Member Impact Analysis

4. Blood Product PPO

Dr. J. Bourgeois shared a new pre-printed order (PPO) for Blood Products, aligning with the “Choosing Blood Wisely” guidelines. It is a comprehensive and more condensed PPO that includes appropriate guidelines for blood product utilization. MAC members welcomed the updates to the PPO which will improve ordering and utilization of blood products.

5. Labour and Delivery Indication

Dr. I. Isupov, Dr. K. Wadsworth and C. Witteveen shared an update on a quality initiative that began in 2016 amongst the Departments of Diagnostic Imaging, Obstetrics/Gynecology and Midwifery. A document outlining the criteria for outpatients who require further OB/midwifery assessment following an ultrasound allows for safe, appropriate and timely care for patients. An update on this quality initiative aligns with current obstetrical guidelines. Consultation and education with the Obstetrical/Gynecology, Midwifery and Diagnostic Imaging departments has occurred and the aim will be a go-live later in October 2023. An accompanying SOP will be developed for the Sonographers.

6. Policy: Patient Relations

L. Barefoot shared a new Patient Relations Policy which reflects current practice and provides the process for complaints that are received in the Patient Experience office. This includes staff being encouraged to resolve complaints but have the opportunity to escalate if required. Escalation process is defined, and the Patient Experience lead will involve the manager/chief of service as appropriate. All complaints, requests, and suggestions will be documented in Report Link (RL).

7. Semi-Annual Patient Experience Report

L. Barefoot shared the Patient Experience Office Semi-Annual Report. The Patient Experience Plan was recently approved by the Board. In this fiscal year, CMH trending downward in volume of complaints and increasing the volumes. With previous feedback from MAC, the quality metrics shared reflect rates of compliments and complaints, which reflect the volume of patients that a program may interact with. Compliments are shared with department/program leaders and sometimes on social media. It was noted that almost all departments have more than doubled their rate of compliments.

8. Accreditation B2L eLearning

Five Accreditation Required Organizational Practices (ROPs) reference providing education within the Test of Compliance (TOCs). The five ROPs include (1) Do not use list of abbreviations (2) Medication Reconciliation (3) Pressure Ulcer Prevention (4) Hand Washing

and (5) Falls Prevention. CMH utilizes the “Bridge 2 Learning” (B2L) online learning platform which will offer an online learning course linked to each of the five ROPs which will be issued to physicians to complete on a voluntary basis. The B2L learning modules will be released to physicians mid-October.

9. Chair Update – Survey Results

Dr. W. Lee shared the survey results/comments. Hybrid format for MAC meeting was welcomed, although a learning process. Will continue to improve the Hybrid format. First meeting back in September was long but feedback and discussion regarding the HIS process was helpful to the team which can be addressed. Chief’s corner at the end of the meeting was welcomed.

10. Chief’s Corner – Kate Dewhurst, CMH E-mail on Mobile devices, March meeting

Dr. W. Lee and Dr. J. Legassie still participate in The Proof, a webinar series for Credentialing Officers in Ontario hospitals. The September session on “How to address fairly leaves of absence, retirements and resignations of Professional Staff” has been postponed until January 2024.

Dr. W. Lee highlighted to Chiefs who have BBM Works that IT is currently migrating leaders to outlook for cmh.org emails. Look for the communication in your emails or contact Chad McCrudden for support.

11. CEO Report

P. Gaskin’s CEO report was pre-circulated in the package. Highlights for each of the five Pillars of the 2022-2027 Strategic Plan were shared:

- (a) Advance Health Equity – Ontario Health Fall/Winter readiness which will include leveraging the IMS structures during the upcoming months, prioritize surgeries/procedures, prioritize ALC reductions, load balance volumes, prepare surge plans for 120% occupancy and maximize HHR strategies.
- (b) Advance Health Equity – RNAO best practice guideline for 2SLGBTQIA+ implementation underway; health equity dashboard and indigenous cultural relationship training being offered this fall/winter through Ontario Health.
- (c) Elevate Partnerships in Care – preparation for Accreditation Canada survey November 6-9 and Board approval of the Patient Experience plan.
- (d) Reimagine Community Health – HIS preferred vendor recommendation to the Board in July 2024 and negotiations for HIS is underway.
- (e) Increase Joy in Work – Work underway to reduce nursing agency use, staff performance and goal conversations through Value Based Conversations (VBC), Unconscious Bias training at the Diversity Council, and a Thank you BBQ October 26 and 27.

12. CNE Report

S. Pearsall’s CNE report was pre-circulated in the package. Huge kudos to the Laboratory team which just completed Accreditation Canada Diagnostics mid-cycle assessment October 10 and 11, 2023. There was amazing feedback and improvements since the last Accreditation visit two years previous. Tremendous amount of work and congratulations to the Laboratory Leadership Team!

HHR continues to be a challenge but a lot of work underway to significantly reduce agency staff utilization. This has begun at other WW hospitals, with an effort to do this regionally. Increase patient volumes has seen an increase in the Liver Health Clinic to offering clinics 5 days per week with a fourth hepatologist and the Community-Based (CB) Medicine clinic increasing physician coverage to increase number of clinic days from 2 to 5 days. Inpatient surgery work to

improve patient experience with postoperative education and discharge packages and staff working on QI processes to improve patient communication. In the Medicine Program, there have been multiple strategies that have been implemented to improve flow and as a result of the work of the COEC and Conservable Bed Days team, which includes multidisciplinary rounds, ALC education to improve coding, admission and discharge packages, and education for frontline staff. Dr. J. Legassie shared that there has been positive impact with the various strategies and the physician group has been actively engaged in these initiatives.

13. Board Report

Items from D. Wilkinson Board's update was largely covered in the CEO update. Of highlight was the ongoing renovations in the Diagnostic Imaging Department, with upcoming handovers to several areas and accompanying improvements to the wireless infrastructure.

14. PFAC Report

No PFAC update. Scheduled October 3, 2023 meeting was cancelled and rescheduled to October 12, 2023 due to the CODE RED/GREEN/GREY incident.



CMH President & CEO Report November 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 am happy to answer questions and discuss issues within this report or other matters.

Universal masking implemented in clinical areas

- As part of our commitment to keeping our hospital environment safe, the COVID Command Centre has been meeting regularly to monitor the prevalence of COVID in our hospital and community, to track supply chain issues and to review best practices for adaptation to our environment.
- Since the beginning of the pandemic, CMH has applied a methodical, phased approach to promoting policy changes related to managing COVID-19 within the hospital.
- With the increase in COVID cases within our community and outbreaks occurring at a faster than normal pace across all regional hospitals and many long-term care facilities, a decision was made to implement universal masking for all staff, physicians, professional staff, volunteers & students in all inpatient & outpatient clinical areas. This means that in addition to mandatory masking for clinicians providing direct patient care (i.e., within than two metres), masks will also be required in a unit's hallways and workstation areas. Staff break rooms are exempt.
- Universal masking in clinical areas was made effective Monday, October 23
- At this time, visitors will be encouraged to wear a mask, but it is not required. Visitors must wear a hospital-issued mask in the Medical Day Clinic, when precautions are in place in a patient room and when someone's request to visit a patient in a unit in outbreak is accommodated.

OBSP Breast Assessment Site at CMH celebrated

- In recognition of Breast Cancer Awareness month, Waterloo Wellington Regional Cancer Program of Ontario Health, Cancer Care Ontario, and Cambridge Memorial Hospital (CMH) celebrated the third designated Breast Assessment Site within Waterloo Wellington.
- With this designation, CMH can now provide timely, high-quality diagnosis and follow-up for people with abnormal screens. While the assessment site technically opened on April 1, 2023, CMH has been an active OBSP Breast Screening site for almost 20 years.
- In 2022 alone, CMH saw over 2700 women go through the screening program. This designation is a true testament to the hospital's commitment and strategic

planning to grow clinical services for Cambridge, North Dumfries, and the Region of Waterloo.

Grade 11 health care students tour CMH

- Many thanks to staff that participated in last week's St. Benedict's High School Health Science Class tour of CMH! Students met with the senior leadership team, providing an opportunity to learn about the many different roles and responsibilities within our collaborative healthcare setting.
- Afterwards, they enjoyed a visit from Ember and Jenna to learn about the wellness initiatives happening throughout the hospital.
- These future healthcare professionals also got a behind-the-scenes look at Diagnostic Imaging, the Laboratory, and the Birthing Unit's dedicated Operating Room.
- As a whole, tours like these provide the future workforce with an insightful opportunity to see what it is like to work in a hospital setting, while showcasing the many different and important roles that support the hospital and health care system.

Krysta Garton, Manager, Professional Practice

- We are incredibly pleased that that Krysta Garton will be joining our leadership team as Manager, Professional Practice, effective November 26, 2023.
- Krysta has been with the organization since 2010 starting her career as a Registered Practical Nurse in Oncology/Rehabilitation.
- Krysta credits past experience and colleagues for igniting a passion for nursing and supporting our community. Krysta fondly remembers that time, knowing being part of a dynamic team would always push her to learn more and do better. This drive pushed her to complete her BScN as a part-time student, while working full-time and starting a family.
- Since 2010, Krysta held a number of progressive positions including the Float Pool, Charge Nurse on Medicine C temporary unit and Shift Administrator. She is currently the Emergency Preparedness/Accreditation Lead.
- A true educator at heart, Krysta also teaches international nurses at Conestoga College, in the simulation lab. She finds it rewarding when students develop their critical thinking skills and growing confidence in their nursing skills.
- The interview panel included members from the Clinical Educator Facilitator (CEF) Team, a member of our Clinical Management Team and Clinical Directors who were impressed with Krysta's focus on building collaborative partnerships, passion for education, progressive leadership roles, and vision for the future of Professional Practice at CMH.
- Krysta has an incredibly supportive family (Tyler, Brianna, and Addisyn) and a Doodle, Oakley. When not at work, Krysta can be found walking the trails while listening to music. Krysta's favourite place to be is next to the water, whether that be on the lake, a road trip in California, or soaking in the sun on a beach. Krysta's future goals for growth include pursuing a Masters in Informatics.
- Welcome Krysta and congratulations on your new position.

New Parking Lot Change Request Process

- Parking is an important work life issue for many of our hard working staff. In a *What's on your Mind?* post regarding parking availability for staff, it was discovered that the process for making parking change requests needed to be made easier.
- As a result of this feedback, a new online request form was developed to make it easier for staff to make parking change requests. Once the form is submitted, it automatically puts the requestor to one of three staff parking lots wait list. Once a spot is made available, the person is notified, and arrangements are made to change parking lots.
- Prior to implementation, those already on a list were added by parking staff to ensure their sequence on the wait list was kept the same as before.
- This improvement initiative was acknowledged as a staff initiated idea when the new process was rolled out in October.
- CMH personnel which require accommodated parking are not required use the new form. These requests continue to go through Health Safety & Wellness.

Agenda Item 1.3.8
BOARD WORK PLAN – 2023-24

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

Agenda Item 1.3.8
BOARD WORK PLAN – 2023-24

Charter Section #4	Action (<i>Italics-comments</i>)	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	Jun
b-iii-c	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ Monitor performance indicators and progress toward achieving the quality improvement plan 	Quality			√	√			√	
c-i-B	<ul style="list-style-type: none"> ➤ Critical incidents report – (as per the <i>Excellent Care for All Act</i>). (<i>Brought forward to Board at each meeting – approved Nov 27, 2019</i>) 	Quality	C		√	√		√	√	√
c-i-B	<ul style="list-style-type: none"> ➤ Monitor, mitigate, decrease and respond to principal risks 	Audit								√
c-i-E	<ul style="list-style-type: none"> ➤ Review the functioning of the Corporation, in relation to the objects of the Corporation the Bylaw, Legislation, and the HSAA 	Governance	C		√	√		√		√
	<ul style="list-style-type: none"> ➤ Receive and review the Corporate Scorecard 	Board	C		√			√		√
	<ul style="list-style-type: none"> ➤ Declaration of Compliance with M-SAA Schedule F (due 90 days after fiscal year end) 	Resources	C						√	
c-i-F	<ul style="list-style-type: none"> ➤ Declaration of Compliance with BPSAA Schedule A (due May 31 to the OH) 	Resources							√	
c-i-F	<ul style="list-style-type: none"> ➤ Receive and review quarterly the CEO certificate of compliance regarding the obligations for payments of salaries, wages, benefits, statutory deductions and financial statements 	Resources	C		√			√		√
c-i-F	<ul style="list-style-type: none"> ➤ Procedures to monitor and ensure compliance with applicable legislation and regulations 	Audit							√	

BOARD WORK PLAN – 2023-24

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

BOARD WORK PLAN – 2023-24

Charter Section #4	Action (<i>Italics-comments</i>)	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	Jun
g	<ul style="list-style-type: none"> ➤ Build and maintain good relationships with the Corporation’s key stakeholders <ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ Review and approve multi-year capital strategy 	Resources			√					
h-i-A,C	<ul style="list-style-type: none"> ➤ 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, B		Board							√	
h-i-A	<ul style="list-style-type: none"> ➤ Approve key financial objectives that support the corporation’s financial needs (including capital allocations and expenditures) (<i>assumptions for following year budget</i>) ➤ Review of management programs to oversee compliance with financial principles and policies 	Resources				√	√			
i-i-C		Resources							√	
	<ul style="list-style-type: none"> ➤ Affirm signing officers for upcoming year 	Board								√
	<ul style="list-style-type: none"> ➤ Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding 	Resources			√				√	
Board Effectiveness										

BOARD WORK PLAN – 2023-24

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

BOARD WORK PLAN – 2023-24

Charter Section #4	Action (<i>Italics-comments</i>)	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	Jun
I-i-C	➤ Ensure that the Chief Executive Officer, Nursing Management, Medical/Professional staff, and employees of the Hospital develop plans to deal with emergency situations and the failure to provide services in the Hospital	Quality			√					
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)	Governance Governance							√	
	➤ Review committee reports on work plan achievements (2-A-16)									√

ON GOING AS NEEDED

Charter Section #4	Charter Item	Action (<i>Italics-comments</i>)	Committee Responsible	Current Year
				2022-23
i-i-E	Board Effectiveness	Compliance with the By-Law	Governance	
c-i-A, B	Corporate Performance	Ensure there are systems in place to identify, monitor, mitigate, decrease and respond to the principal risks to the Corporation: <ul style="list-style-type: none"> 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	

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

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

Meeting Date	Agenda # / Item Description	Action Item	Owner	Status
25-01-2023	3.1.1 – Committee and Staff appointments	Governance to complete a policy review/update as it relates to staff & Community appointments, specifically when they occur outside of the regular appointment process	P. Gaskin	Will be brought to Governance at a future meeting
01-03-2023	3.9 – Foundation Events	Management to review and include the recommendation in the Board Policies	P. Gaskin	Will be brought to Governance at a future meeting
26-04-2023	4.10 – CND OHT Mental Health & Addictions Clinic	Management to review the data points that will be reviewed through the 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	COMPLETED
04-10-2023	1.7 CMH Fire Update	Management to send thank you statement on behalf of the Board of Directors	P. Gaskin	COMPLETED
04-10-2023	2.1 Patient Experience Plan	Management to incorporate a timeline to the 25 tactical ideas to track progress against the March 2027 completion date	L. Barefoot	In Progress
04-10-2023	4.5.1 August 2023 Financial Statements	Management to follow up with HR to look at if CMH is currently seeing trends of WSIB increase now, the impact of further increases as CMH works to reduce agency staff	P. Gaskin	Update to be provided at December 2023 Board meeting

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

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

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



BRIEFING NOTE

Date: October 11, 2023
Issue: MAC Credentials & Privileging September 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 <input checked="" type="checkbox"/>	2023/24 CMH Priorities No <input checked="" type="checkbox"/>	2023/24 Integrated Risk Management Priorities No <input checked="" type="checkbox"/>
<input type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Ensure Equitable Care For CND Residents	<input type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input type="checkbox"/> Grow Clinical Services	
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Increase Staff Engagement	<input type="checkbox"/> Staff Shortages
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> HIS/ERP Planning and Implementation	<input type="checkbox"/> Access to Care
<input type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Grow Ministry Revenue	<input type="checkbox"/> Revenue & Funding

A meeting of the Medical Advisory Committee took place on Wednesday October 11, 2023 at 4:30 pm.

Present: Dr. W. Lee, Dr. A. Sharma, Dr. L. Green, Dr. K. Wadsworth, Dr. A. Nguyen, Dr. J. Bourgeois, Dr. L. Puopolo, Ms. C. Witteveen, Dr. I. Morgan, Dr. M. Runnalls, Ms. M. Iromoto, Dr. I. Isupov, Dr. J. Legassie, Dr. T. Hollings, Dr. E. Thompson

Regrets: Dr. M. Gill, Dr. M. Rajguru, Dr. M. Kumanan, Dr. A. Mendlowitz, Dr. V. Miropolsky, Dr. A. Rowe,

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

Guests: Ms. D. Wilkinson, Ms. C. Wilson

Committee Recommendations/Reports – Board Approval Sought

Proposed Board Motion:

WHEREAS due diligence was exercised in reviewing the following privileging applications from the September 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. (Holling, Bourgeois) **CARRIED. The attached Briefing Note provided to the Committee** will be noted as well as any further commentary or discussion that is necessary.

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

Date of Meeting: **September 26, 2023**

MAC Meeting Date: **October 11, 2023**

Board of Directors Meeting Date: **November 1, 2023**

New Business:

Credentialing Files for Review:

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Jordan Radigan	Pathology		Locum	Requesting Locum privileges from June 9, 2023 - January 31, 2024	Dr. Jacqueline Bourgeois	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr Jaymee Shell	Internal Medicine		Locum	Requesting Locum privileges from July 1, 2023 – June 30, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Arthur Welsher	Emergency		Locum - RRR	Requesting Locum privileges from July 1, 2023 – June 30, 2024	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Jonathan Kwong	Emergency		Locum - RRR	Requesting Locum privileges from July 1, 2023 – June 30, 2024	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Juliana Duffy	Emergency		Locum - RRR	Requesting Locum privileges from July 1, 2023 – June 30, 2024	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Muneeb Mohammed	Surgery		Locum	Requesting Locum privileges from August 1, 2023 - February 1, 2024 (Covering Dr. Yang's maternity leave)	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Rehman Jinah	Internal Medicine		Locum	Requesting locum privileges from July 1, 2023 – June 30, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Credentialing Committee

Dr. Olgun Akman	Internal Medicine	GI /Hepatology	Locum	Requesting locum privileges from July 4, 2023 – July 28, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Yuming Wang	Internal Medicine		Associate	New Hire starting July 1st	Dr Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Sean Leonard	Pediatrics		Locum	Requesting locum privileges from July 1, 2023 – June 30, 2024	Dr. Manju Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Yo Han Kevin Um	Internal Medicine		Locum	Requesting locum privileges from July 1, 2023 – June 30, 2024	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Shawn Vasdev	Psychiatry		Locum > Associate	New associate physician starting October 1, 2023	Dr. Anjali Sharma	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Hamidreza Faraji	Laboratory Medicine	Pathology	Locum	Requesting extension of locum privileges from June 26, 2023 – December 1, 2023	Dr. J. Bourgeois	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Chaozhe Jiang	Laboratory Medicine	Pathology	Locum	Requesting extension of privileges from June 26, 2023 – December 1, 2023	Dr. J. Bourgeois	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Preveshen Moodley	Surgery	Urology Regional du On-call	Locum	Requesting locum privileges for from July 21, 2023 – July 20, 2024	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Ellen Thompson	Internal Medicine > Hospital Medicine		Associate	Requesting change of department affiliation from IM/Oncology to Hospital medicine	Dr. Jenny Legassie	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Credentialing Committee

Dr. Johnny Huang	Emergency		Associate > Courtesy w/ Admitting.	Resignation of Associate privileges starting Oct.2023, transition to Courtesy w/admitting	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Etai Shachar	Emergency	Restricted Resident	Locum	Requesting locum tenens privileges from July 1, 2023 – June 30, 2024	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Timothy Rice	Surgery		Locum	Requesting locum tenens privileges from July 17, 2023 – July 24, 2023 to assist with complex surgical case.	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Edward Feng	Emergency		Locum	Request locum tenens privileges from August 1, 2023 – July 31, 2024	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Khalid Tahir	Internal Medicine		Locum	Request Locum tenens privileges from August 29, 2023 – August 28, 2024	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Sivakumar Raghavan	Anesthesia		Locum	Request Locum tenens privileges from Aug 19, 2023- Aug 27, 2023	Dr. L. Puopolo	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Kelsi Cole	Emergency		Locum	Requesting locum privileges from December 1, 2023 – June 1, 2024	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Menachem Loewenthal	Emergency		Locum	Requesting locum privileges from December 1, 2023 – June 1, 2024	Dr. Matt Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Raj Shah	Community & Family Medicine	Surgical Assist	Associate	New Associate Physician starting October 1, 2023	Dr. M. Kumanan	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Credentialing Committee

Dr. Michael Pasyk	Radiology		Locum	Requesting locum privileges from October 1, 2023– Sept 30, 2024	Dr. Inga Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Kyoo-Yoon Choi	Surgery	Surgical Assist	Locum	Requesting locum privileges from September 14, 2023 - August 14, 2024	Dr. Lawrence Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Kazim Mirhadi	Psychiatry		Locum	Requesting extension of locum privileges from September 22 2023 – September 21 2024	Dr. Anjali Sharma	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Leigh Bishop	Surgery	Breast Recon.	Locum	Requesting extension of locum privileges from October 12, 2023 – December 31, 2023	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Olgun Akman	Internal Medicine	GI / Hepatology	Associate	New Associate physician (<i>transition from Locum</i>) starting October 3, 2023	Dr. Augustin Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Todd Walters	Health Safety & Wellness		Locum	Requesting extension of locum privileges from September 1, 2023 – August 31, 2024	Ms. Susan Toth	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Megan Laupacis <i>*Plan to transition to Associate*</i>	Women & Children	Pediatrics	Locum	Requesting extension of locum privileges from July 25, 2023 – December 1, 2023	Dr. M. Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Vivian Ng <i>*Plan to transition to Associate*</i>	Women & Children	Pediatrics	Locum	Requesting extension of locum privileges from September 1, 2023 – December 1, 2023	Dr. M. Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Emily Arndt <i>*Plan to transition to Associate*</i>	Women & Children	Pediatrics	Locum	Requesting extension of locum privileges from July 25, 2023 – December 1, 2023	Dr. M. Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Credentialing Committee

Dr. Dimitar Kolev <i>*Plan to transition to Associate*</i>	Emergency		Locum	Requesting extension of locum privileges from July 25, 2023 – December 1, 2023	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Ms. Kirsten Ingram <i>*Plan to transition to Associate*</i>	Women & Children	Midwifery	Locum	Request extension of locum privileges from July 1, 2023 – December 1, 2023	Ms. Corine Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Ms. Tahareh Barmi	Women & Children	Midwifery	Active	Request LOA until March 2024, <i>has been off since March 7, 2023</i>	Ms. Corine Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Kunal Bhanot	Surgery	Spine Surgery Regional On-call	Locum > Regional affiliate	Transition from locum to regional affiliate <i>(Associate at GRH)</i>	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Rebecca Richard	Surgery	Urology Regional On-Call	Locum > Regional affiliate	Transition from locum to regional affiliate <i>(Regional affiliate at GRH)</i>	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Hasan Chaudhry	Surgery	Spine Surgery Regional On-call	Locum	Requesting extension of locum privileges from July 1, 2023 to June 30, 2024 <i>(Locum at GRH)</i>	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Duncan Cushnie	Surgery	Spine Surgery Regional On-Call	Locum	Requesting extension of locum privileges from July 1, 2023 - June 30, 2024 <i>(Locum at GRH)</i>	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Ahmed Quateen	Surgery	Spine Surgery Regional On-Call	Locum > Regional affiliate	Transition from locum to regional affiliate <i>(Active at GRH)</i>	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Diana Khalil	Surgery	ENT Regional On-Call	Locum > Regional affiliate	Transition from locum to regional affiliate <i>(Associate at GRH)</i>	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Credentialing Committee

Dr. Taehyoung Lee	Surgery	Urology Regional On-Call	Locum > Regional affiliate	Transition from locum to regional affiliate (Active at GRH)	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Aftab Zafar	Surgery	Ophthalmology Regional On-Call	Locum > Regional affiliate	Transition from locum to regional affiliate (Active at GRH)	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Matthew Lenardis	Surgery	Urology Regional On-Call	Locum > Regional affiliate	Transition from locum to regional affiliate (Regional affiliate at GRH)	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Jason Ding	Oncologist	GRH Oncology	Locum > Regional affiliate	Transition from locum to regional affiliate (Active at GRH)	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Tianyang Dai	Oncologist	GRH Oncology	Locum	Requesting extension of locum privileges from July 1, 2023 – June 30, 2024 (Locum at GRH)	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Kaiser Quereshy	ENT	Regional On-Call	Locum	Requesting extension of locum privileges from July 1, 2023 – June 30, 2024 (Locum at GRH)	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended