



BOARD OF DIRECTORS MEETING - OPEN

February 7, 2024

1700-1800

Virtual via Teams / C.1.229 Meeting Room

[Click here to join the meeting](#)

Or call in (audio only)

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

Phone Conference ID: 273 344 35#



AGENDA

Agenda Item	Page #	Time	Responsibility	Purpose
* indicates attachment / TBC – to be circulated				
1. CALL TO ORDER		1700		
1.1 Territorial Acknowledgement		1701	P. Brasil	
1.2 Welcome		1704	N. Melchers	
1.3 Confirmation of Quorum (7)			N. Melchers	Confirmation
1.4 Declarations of Conflict			N. Melchers	Declaration
1.5 Consent Agenda <i>(Any Board member may request that any item be removed from this consent agenda and moved to the regular agenda)</i>			N. Melchers	Motion
1.5.1 Minutes of December 6, 2023*	3			
1.5.2 Board Attendance Report*	12			
1.5.3 CMH President & CEO Report*	13			
1.5.4 Board Work Plan*	19			
1.5.5 2023/24 Board of Directors Action Log*	27			
1.5.6 Quality Metrics Scorecard*	28			
1.5.7 2023/24 Events Calendar*	32			
1.6 Confirmation of Agenda			N. Melchers	Motion
2. PRESENTATIONS				
2.1 Accreditation 2023 – FINAL Update*	34	1710	L. Barefoot	Information
3. BUSINESS ARISING				
3.1 None				
4. NEW BUSINESS				
4.1 Chair's Update		1715		
4.1.1 Board Report*	51		N. Melchers	Information
4.1.2 December 2023 Board Evaluation Results*	54		N. Melchers	Discussion
4.1.3 Policy 2-C-40 Capital Projects – Change Order Approval Policy			N. Melchers	Information
4.2 Governance Committee				
4.2.1 No Update – (Next Meeting February 21, 2024)				
4.3 Quality Committee		1725		
4.3.1 Report to the Board of Directors* (January 17, 2024)	56		D. Wilkinson	Information
4.4 Audit Committee		1735		
4.4.1 Report to the Board of Directors* (January 22, 2024)	64		M. Hempel	Information

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

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

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

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

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

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

Present:

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

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

Staff Present: S. Beckhoff, M. Iromoto

Guests: D. Boughton

Recorder: K. Hoch

1. CALL TO ORDER

The Chair called the meeting to order at 1700 hours.

1.1. Territorial Acknowledgement

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

1.2. Welcome

N. Melchers welcomed the Board members to the meeting.

1.3. Confirmation of Quorum (7)

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

1.4. Declarations of Conflict

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

1.5. Consent Agenda

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

The consent agenda was approved as presented:

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

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

Comments regarding the consent agenda:

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

1.6. Confirmation of Agenda

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

2. PRESENTATIONS

2.1. IRM Mid-Year Executive Sponsor Update

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

1709h D. Boughton joined the meeting.

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

Board discussion:

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

2.2. **Accessibility Plan Update**

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

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

1728h D. Boughton exited the meeting.

3. **BUSINESS ARISING**

3.1. **WSIB**

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

4. **NEW BUSINESS**

4.1. **Chair's Update**

4.1.1. **Chairs Report**

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

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

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

4.1.3. **OHA Governance Essentials Course Reflections**

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

4.1.4. **Guiding Organizational Change**

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

4.2. **Governance Committee**

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

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

4.2.2. **Dissent of Director Process**

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

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

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

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

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

4.2.3. **Recommendations for 2024 Interview Team**

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

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

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

4.2.4. **Board Education**

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

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

4.3. **Quality Committee**

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

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

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

4.4. **Audit Committee**

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

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

4.5. **Capital Project Sub-Committee**

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

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

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

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

4.6. **Resources Committee**

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

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

4.6.2. **October 2023 Financial Statements**

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

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

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

4.8. **Medical Advisory Committee**

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

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

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

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

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

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

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

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

4.9. **PFAC Update**

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

4.10. **CEO Update**

4.10.1. **Accreditation Update**

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

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

4.10.2. **Staff Innovation Fund**

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

5. **UPCOMING EVENTS**

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

6. **DATE OF NEXT MEETING**

The next scheduled meeting is February 7, 2024

7. **ADJOURNMENT**

The meeting adjourned at 1842h. (Conway)

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

Last 12 Months

1/30/2023 - 1/29/2024

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

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

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

- Legend**
- T-Conference
 - R-Regrets
 - P-Present



CMH President & CEO Report February 2024

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

Accreditation redux

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

Ontario Health recognizes CMH for meeting wait time targets

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

Amanda Thibodeau, Director Construction

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

Health Elliott, Patient Experience Lead

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

Three Wishes Project Celebrated

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

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

CMH Innovation shared at SIMExpo, Ottawa

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

Mental Health Benefit extended to 2024

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

Season two of the Staff Innovation Fund has started!

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

New website published

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

"Busy Hands" quilts donated to ICU and Pediatrics

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

International Volunteer Day – Dec. 5

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

All about food

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

'CMH Smiles' project launched

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

Agenda Item 1.5.4
BOARD WORK PLAN – 2023-24

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

Agenda Item 1.3.8
BOARD WORK PLAN – 2023-24

Charter Section #4	Action (<i>Italics-comments</i>)	Committee Responsible	Oct	Nov	Dec	Feb	Mar	May	Jun	Jun
g	<ul style="list-style-type: none"> ➤ 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			D					
	Financial Viability									
h-i-A,C	<ul style="list-style-type: none"> ➤ Review and approve multi-year capital strategy 	Resources			C					
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	<ul style="list-style-type: none"> ➤ Approve the year-end financial statements 	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>) 	Resources				√	√			
i-i-C	<ul style="list-style-type: none"> ➤ Review of management programs to oversee compliance with financial principles and policies 	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		C	√	√	√	√	
	➤ Review Progress on ABCDE Goals (<i>Director & Chair meet during July/August to establish goals for upcoming Board cycle</i>)	Board			C		√			√
	Fundraising									
k	➤ Support fundraising initiatives including donor cultivation activities. (<i>through Foundation Report and Upcoming Events</i>)	Foundation	C	C	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			C					
Recruitment										
n	➤ Approve interview team membership (noted in By-law)	Governance			C					
	➤ Review recommendations for new Directors, non-director committee members (2-D-20)	Governance							√	
	➤ Conduct the election of officers (2-D-18)	Governance								√
	➤ Review evaluation results and improvement plans for the Board, the Board Chair (by the Governance Chair), Board committees, committee chairs (2-D-40)	Governance							√	
	➤ Review committee reports on work plan achievements (2-A-16)	Governance								√

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 CND OHT evaluation process	P. Gaskin	In progress
06-12-2023	1.5.3 Policy Approvals	2-A-15 & 2-C-40 to be brought back to the Board for review and revision if, upon completion of the Capital Redevelopment Project Sub-Committee is disbanded as of June 2024	P. Gaskin	Will be brought to the Board if needed for review June 2024
06-12-2023	1.5.6 Corporate Scorecard	Under the description of falls, correct the error in narrative on a go-forward basis	P. Gaskin	Completed
06-12-2023	4.2.4 Board Education	Poll members with date options for April, May & June	P. Gaskin	Completed – Date has been added to the Events Calendar, Calendar invite has been sent to all Directors & Independent Directors.
06-12-2023		ABCDE Goals to track by % complete	P. Gaskin	Management will look to update the process / tracking systems

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

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

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



BRIEFING NOTE

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

Attachments/Related Documents: Appendix 1 – Quality Monitoring Scorecard

Alignment with 2022/23 CMH Priorities:

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

Executive Summary

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

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

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

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

Background

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

Analysis

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

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

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

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

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

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

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

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

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

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

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

Next steps:

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



CMH Quality Monitoring Scorecard, FY2023/24

1-8-2024 9:24:01 AM

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

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

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2024)
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			21	14		9				
Audit Committee 5:00pm - 6:30pm			13		22			22	27				
Executive Committee 5:00pm - 6:30pm	28		14				11		14				
CMHVA Board Meetings 9:30am - 11:15am - In Person / Hybrid	27	25	29		31	28	27	24	29	26			
CMHF Board Meetings 4:30pm - 6:30 - In Person / Hybrid	25	23	27	11	22	26	25	22	27	24			
OHT Joint Board Committee 5:30pm - 7:30pm - Virtual Zoom meeting	25	23	27	11	22	26	25	22	27	24			

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2024)
2023-24 Events													
Staff Holiday Lunch - December 7, 2023 11am-2pm / 6-8pm				7									
Career Achievement - TBD													
Chamber Business Awards - November 13, 2023			13										
CMHF Diversity Dinner – October 3, 2023		3											
CMH Staff BBQ - TBD													
CMH Golf Invitational - TBD													
CMH Reveal - February 29, 2024						29							
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>									3				
• <i>Crucial Conversations</i>			15/16						14/15				
• <i>7 Habits of Highly Effective People - Nicola Melchers</i>				5/8									
• <i>Me2You DISC Profile - Diane Wilkinson</i>							12						
• <i>Quality Improvement</i>		6											
• <i>Guiding Organizational Change - Lynn Woeller</i>		11											
• <i>5 Choices</i>													
• <i>Unconscious Bias</i>								6					
<i>Mental Health First Aid</i>													



Accreditation 2023 – FINAL Update

January 17, 2024
Board of Directors



ACCREDITATION
CANADA



Overview

- November 5 – 9, 2023
- Voluntarily chose to have a Patient Surveyor to assess all of our 'partnering with patients' standards – *through the eyes of a patient*



4

Days



4

Surveyors



11

Episodes of
Care

8

Tabletops



3,000+

Documents
Uploaded

R.O.P

READY. EVERYDAY.
CAMBRIDGE MEMORIAL HOSPITAL

Surgical Safety Checklist

- Surgery occurs around the world, and is often the only option available to alleviate disabilities and reduce the risk of death from common conditions.
- Surgical safety is so important, the WHO initiated global standards in the "Safe Surgery Saves Lives" campaign.
- Just 30 seconds of focused team communication, at 3 separate points along the patient's surgical journey is all it takes!

- Before the induction of anesthesia.
- Before surgical incision.
- Before leaving the OR.

ACCREDITATION CANADA



R.O.P

READY. EVERYDAY.
CAMBRIDGE MEMORIAL HOSPITAL

Emergency Preparedness

Knowing what to do in an emergency helps keep all individuals at CMH safe. Here are some things that you can do to be prepared:

- Complete your annual e-learning training for emergency preparedness.
- Participate in emergency code **mock drills** where possible.
- Review the Emergency Preparedness SharePoint page and review policies on an **annual basis**.
- Participate in emergency code **debriefs**.

ACCREDITATION CANADA



R.O.P

READY. EVERYDAY.
CAMBRIDGE MEMORIAL HOSPITAL

Two Client Identifiers

- Confirm that the right patient receives the right care by checking **two CMH-approved patient identifiers** on a patient armband, identification card and/or through verbal communication which includes:

Client's Full Name	Government-Issued Photo Identification
Date of Birth	Student ID
Personal Identification Number	
Health Card Number	
- It is the responsibility of the **Most Responsible Nurse** to ensure that the patient has the appropriate armband on and remove/replace it if it is illegible.
- The client's room, bed number, home address are not person-specific and should not be used as identifiers.

ACCREDITATION CANADA

Getting Prepared!



R.O.P

READY. EVERYDAY.
CAMBRIDGE MEMORIAL HOSPITAL

Hand Hygiene Compliance

- Direct observation is used to assess compliance with the 4 Moments of Hand Hygiene.
- Feedback is offered to staff at the end of the observation.
- Information collected through observations is used to inform actions for improvement.
- Hand hygiene compliance results are shared on the IPAC site of CMHnet, as well as with programs.

ACCREDITATION CANADA



R.O.P

READY. EVERYDAY.
CAMBRIDGE MEMORIAL HOSPITAL

Infection Rates

- Infection Prevention and Control at CMH tracks **healthcare-associated infection rates every day** and supports front line health care providers by meeting with unit leaders to **review patients' infectious disease status**.
- When **healthcare-associated transmission** is identified by IPAC, multidisciplinary unit staff are notified and collaboration is used to **prevent further transmission as quickly as possible**.
- Healthcare-associated infection rates are posted on the CMH website and communicated to staff each month.

ACCREDITATION CANADA



Decision Level...

Decision level	Instrument threshold	Area in	ROP tests for compliance
Accredited	Not		Two or more major tests unmet at on-site survey
Accredited with Commendation			One major test unmet at on-site survey
Accredited with Exemplary Standing*	Met		All tests met at on-site survey ✓

*Cannot be achieved if an organization is under direct supervision at the time of the on-site survey.



Total Criteria: 1700

Total Unmet: 4

Total Met: 99.7%

Organization – Strengths

- The organization is using the strategic plan to align all the work that is being done including operational, clinical and service planning.
- There is a collaborative working relationship between CMH and community partners.
- The organization should be commended for their forward thinking and innovative ideas.
 - E.g., The Liver Health Clinic, a regional program that serves wide range of patients. The Artificial Intelligence program within the Diagnostic Imaging Department where x-rays are scanned and a report is provided to the Radiologist flagging whether there are any early warning signs of osteoporosis.
- The organization's clinical leadership including physician leadership is strong and evident across the organization.

Organization – Strengths (continued)

- The organization has invested tremendous efforts into creating a values-based culture rooted in engagement and what matters to people.
- The organization has a well-developed and communicated ethics framework – YODA.
- There is an excellent team that comes together twice daily to ensure there is continuous flow in an attempt to reduce pressure in the Emergency Room.
- CMH's medication management compliance is consistently evident across the organization.

Organization – Opportunities

- The organization is encouraged to involve patients and family members in other areas of the organization to broaden the scope and impact these team members can have on quality and patient safety.
- The organization is encouraged to be more vocal about all the great work they are doing.
- Consideration should be given to succession planning, ensuring critical roles and functions have a redundancy plan in place.
- The organization is encouraged to support further training on incident management for the leadership team.

Organization – Opportunities (continued)

- The organization is encouraged to standardize the involvement of roles and departments in change management or projects opportunities to continue to integrate infection prevention and control as fundamental to safety and quality improvement.
- Furthering automation is another key suggestion and standardizing corporate data being shared across the board specifically around infection prevention and patient safety metrics.

Board – Strengths

- CMH has engaged in ensuring that they secure a skills-based board of directors and new board members are selected based on the skills needed to fulfill the board mandate.
- The hospital has developed an orientation process for new board members and each new board member is assigned a mentor to support them in their role.
- The senior leadership team and the board are highly engaged and committed and take ownership of the quality and safety of patients, families and staff.
- The governing body is active and up to date with policies and procedures.

Board – Strengths (continued)

- The governing body is invested in the quality and safety metrics of the organization.
- The board has a culture of being respectful, diplomatic and collaborative. This allows board members to feel more comfortable asking more challenging questions.
- The board is familiar with the organization's ethics framework – YODA. Many discussions have occurred where the framework is considered (MAID, resource allocation, discipline).
- A board member sits on PFAC. A PFAC member sits on the Quality Committee and Digital Sub-Committee.

Board – Opportunities

- The organization is encouraged to consider a PFAC member on the Board for the unique skill set and perspectives that can be shared.

Four (4) Standards that were Unmet

Emergency Preparedness:

1. The organization engages with stakeholders to establish, regularly review, and update as needed a business continuity plan to ensure the continuation of essential care services during and following an emergency or disaster.
2. The organization ensures that each site, department, or unit establishes and maintains its own emergency and disaster plan that is aligned and coordinated with the organizational emergency and disaster plan.

Pharmacy

1. Established dosing limits are reviewed every six months and changes are made as required.
2. A structured program has been implemented to reduce the risks associated with polypharmacy, especially with frail or vulnerable clients.

Next Steps

CMH has until early May 2024 to submit evidence for the three (3) high priority standards

CMH will receive an updated certificate and options for outdoor banners

Review Accreditation standards and ROPs at regular intervals

Ensure all ROP tests of compliance are built into/incorporated into the new HIS allowing for easier reporting, trending, & PDSA improvements

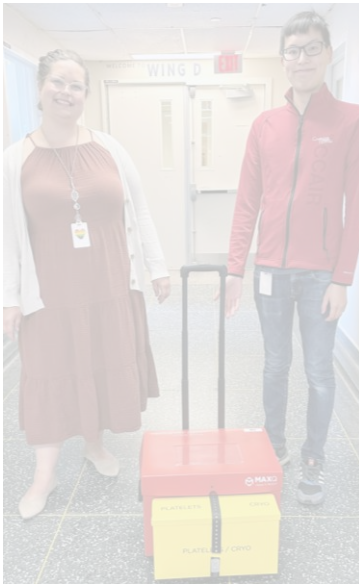




**ACCREDITED WITH
EXEMPLARY STANDING**



**ACCREDITATION
AGRÉMENT
CANADA**





December 7, 2023

Patrick Gaskin
President and Chief Executive Officer
Cambridge Memorial Hospital
700 Coronation Boulevard
Cambridge, Ontario N1R 3G2

Subject: Award - Your November 2023 Qmentum Global On-Site Survey

Dear Patrick Gaskin:

Accreditation Canada is grateful for your continued partnership in our journey together. This letter is to address the review of the results related to your on-site survey from November 5, 2023 to November 9, 2023.

The Accreditation Decision Committee is pleased to inform you that Cambridge Memorial Hospital is **Accredited with Exemplary Standing** under the Qmentum Global accreditation program. This is a milestone to be celebrated, and we congratulate you and your team for your commitment to providing safe, high-quality health services.

There are, however, required follow-ups that must be met within the specified timeline to maintain your status. The list below provides details on the unmet criterion that requires further evidence from your organization. Please submit the requested evidence of compliance to the Accreditation Decision Committee mailbox, at AccreditationDecisionCommittee@accreditation.ca, by **May 7, 2023**.

Criteria Requiring Follow-up:

- Emergency and Disaster Management (3.1.4), (3.1.23)
- Medication Management (6.1.1)

Once you have submitted the evidence, we may request more information from your organization to complete the review. You will receive a decision letter within thirty (30) business days from the evidence submission due date.

We at Accreditation Canada are pleased to work with you on your quality improvement efforts and look forward to continuing to provide you with guidance and support.

If you have any questions or would like to discuss your next steps, feel free to contact Ismael Aquino, Client Engagement Coordinator, at 1-343-809-7407, or by email at Ismael.Aquino@accreditation.ca.

Sincerely,

A handwritten signature in black ink, appearing to read "Langlois". The signature is stylized with a large initial "L" and a cursive "Langlois".

Julie Langlois, RN, PhD
Chair, Accreditation Decision Committee

c.c.: Liane Barefoot, Director, Patient Experience, Risk, Quality, Privacy & IPAC



connect



www.cmh.org

Keeping People at the Heart of ALL we do

January 2024

Board Report

ConnectMyHealth

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

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

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

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



Women Take Charge

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

CMH Learning Lab

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



CMH Holiday Meal

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

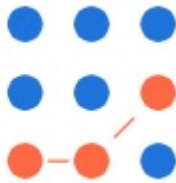
A sincere thank you is extended to the Board members who actively participated, offering a helping hand to the members of CMH's Team Respect during this festive and heartwarming event.



Indigenous Perspectives

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

**INSTITUTE OF
CORPORATE
DIRECTORS**
*THINK BEYOND
THE BOARDROOM.*



Grand Rounds - January

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

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

Keep an eye on your inbox for future invitations.

7 Habits

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



final thoughts...

OHA Regional Session

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

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

Rapid Improvement Session at

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



Reminder

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

For more information or to donate go to:

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

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

Friday, December 01, 2023

Meeting Evaluation Results

Which Committee are y

Board of Directors Meeti

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

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

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

Diversity of Perspectives

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

Open Communication

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

Meaningful Participation

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

Timely resolution of the issues

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

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

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

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

Friday, December 01, 2023

Meeting Evaluation Feedback

Which Committee are you cc

Board of Directors Meeting

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

Excellent meeting. Good discussion

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

None



BRIEFING NOTE

Date: January 22, 2024
Issue: Quality Committee Report to the Board of Directors, January 17, 2024 – OPEN
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Iris Anderson, Administrative Assistant to Clinical Programs
Approved by: Diane Wilkinson, Quality Committee Chair

Attachments/Related Documents: Senior Friendly Action Plan 2024

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

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

Committee Recommendations/Reports – Board Approval Sought
None

Approved Committee Recommendations/Motions:
None

Committee Motions/Recommendations/Report – Board Approval Not Sought

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

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

Committee Matters – For information only

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

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

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

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

CMH Senior Friendly Action Plan 2024

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

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

Appendix A

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



Appendix B

Recognizing and Understanding Delirium Brochure

You can help your loved one!

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

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

How is delirium treated?

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

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

Will your loved one return to normal?

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

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



Recognizing & Understanding Delirium

A guide to
understanding new
confusion



Appendix B

Recognizing and Understanding Delirium Brochure

What is Delirium?

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

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

Is delirium the same as dementia? No!

Delirium

Occurs quickly- hours or days

Usually improves after a few days or weeks

Dementia

Occurs gradually– over months or years

Does not improve over time

Who is at risk for delirium?

People who:

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

Helping identify delirium

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

If you see your loved one is...

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

TELL A NURSE OR A DOCTOR



BRIEFING NOTE

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

Attachments/Related Documents:

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

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

Regrets:

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

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

Committee Recommendations/Reports – Board Approval Sought

None.

Committee Motions/Recommendations/Report – Board Approval Not Sought

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

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

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

Committee Matters – For information only

1. Audit Plan Review

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

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

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

2. Review and Discuss External Auditor's Potential Conflict

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

3. ONCA Committee Compilation

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



BRIEFING NOTE

Date: December 4, 2023
Issue: MAC Credentials & Privileging November 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 Monday December 4, 2023, at 5:30 pm.

Present: Dr. W. Lee, Dr. J. Legassie, Dr. K. Wadsworth, Dr. A. Mendlowitz, Dr. J. Bourgeois, C. Witteveen, Dr. M, Rajguru, Dr. E. Thompson, Dr. T. Holling, Dr. I. Isupov, Dr. A. Nguyen, Dr. M. Kumanan, Dr. I. Morgan, Dr. L. Puopolo

Regrets: Dr. M. Gill, Dr. A. Sharma, Dr. A. Rowe, Dr. L. Green, Dr. M. Runnalls, P. Gaskin, M. Iromoto, Dr. V. Miropolsky

Staff: S. Pearsall, J. Visocchi, R. Howe, Dr. K. Nuri, L. Barefoot, N. Grealy (Recorder)

Guests: D. Wilkinson, C. Wilson, N. Melchers

Committee Recommendations/Reports – Board Approval Sought

Proposed Board Motion:

WHEREAS due diligence was exercised in reviewing the following privileging applications from the November 2023 Credentials Committee and upon the recommendation of the MAC, that the Board approves 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. (Wadsworth, Kumanan) **CARRIED. The attached Briefing Note provided to the Committee** will be noted as well as any further commentary or discussion that is necessary.

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

Date of Meeting: **November 28, 2023**

MAC Meeting Date: **December 4, 2023**

Board of Directors Meeting Date: **February 7, 2024**

New Business:

Credentialing Files for Review:

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Shelley Kuang	Internal Medicine	Oncology	Locum	Requesting extension of locum privileges from October 17, 2023 – October 15, 2024	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Jennifer Rustad	Surgery	Assist	Locum	Requesting extension of locum privileges from October 25, 2023 – October 24, 2024	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Abdallah Maither	Internal Medicine / Respiriology		Locum	Requesting Locum privileges from January 1, 2024 – June 30, 2024	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Tahereh Barmi	Women & Children	Midwife	Active	Resignation of privileges effective November 7, 2023	C. Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Christine Herrera	Family Medicine		Associate	12-month evaluation received	Dr. M. Kumanan	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Ahmed Al-Riyami	Internal Medicine	Cardiology	Associate	Resignation of privileges effective February 2, 2024	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Michael Gallagher	Surgery	Assist	Affiliate	Resignation of privileges effective October 31, 2023	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended



BRIEFING NOTE

Date: December 4, 2023
Issue: MAC Report to the Board of Directors December 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 checked="" type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input checked="" type="checkbox"/> Grow Clinical Services	
<input checked="" type="checkbox"/> Increase Joy In Work	<input checked="" type="checkbox"/> Increase Staff Engagement	<input type="checkbox"/> Staff Shortages
<input type="checkbox"/> Reimagine Community Health	<input checked="" 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 Monday December 4, 2023, at 5:30 pm.

Present: Dr. W. Lee, Dr. J. Legassie, Dr. K. Wadsworth, Dr. A. Mendlowitz, Dr. J. Bourgeois, C. Witteveen, Dr. M, Rajguru, Dr. E. Thompson, Dr. T. Holling, Dr. I. Isupov, Dr. A. Nguyen, Dr. M. Kumanan, Dr. I. Morgan, Dr. L. Puopolo

Regrets: Dr. M. Gill, Dr. A. Sharma, Dr. A. Rowe, Dr. L. Green, Dr. M. Runnalls, P. Gaskin, M. Iromoto, Dr. V. Miropolsky

Staff: S. Pearsall, J. Visocchi, R. Howe, Dr. K. Nuri, L. Barefoot, N. Grealy (Recorder)

Guests: D. Wilkinson, C. Wilson, N. Melchers

Committee Matters – For information only

1. M&T Report: The November M&T report was approved by MAC (Isupov, Mendlowitz)

2. COVID-19 and Infectious Disease Update

Dr. K. Nuri provided an infectious disease update. Over the next two weeks, the prevalence of COVID-19, Influenza, RSV are all projected to increase. The risk of severe respiratory virus illness is high in the pediatric population and general adult population and projected to increase. At CMH, we have had 5 COVID-19 cases in December, but 47 cases in November while there were only 5 cases in August. Currently, there are 7 inpatients (1 ICU, 3 Med A, 2 Med B, and 1

ED). Wastewater signal has been higher in Cambridge compared with Kitchener. CMH is currently not on outbreak. Everyone was encouraged to get their flu and COVID-19 vaccine.

3. Using Blood Wiseley Designation

Dr. J. Bourgeois shared the formal letter designating CMH as a Choosing Blood Wisely organization. Dr. W. Lee congratulated Dr. J. Bourgeois and her team for the leadership to being a Choosing Blood Wisely organization and the medical leadership for their support to move this initiative forward. This is a catalyst for upcoming work in several departments to move the organization forward towards a Choosing Wisely Canada Hospital.

4. Accreditation Update

L. Barefoot provided an update on Accreditation which occurred in November. All Required Organizational Practices (ROPs) were met and only 4 out of approximately 1700 standards were unmet. This result is improved from the last Accreditation cycle. The final Accreditation Canada result has not been received, but the feedback from Accreditation is to be celebrated. Dr. W. Lee thanked MAC for their hard work and support of their programs to achieve such an accomplishment for Accreditation. L. Barefoot will be sharing the final Accreditation Canada report as it is received.

5. Chair Update and Chief's Corner

Dr. W. Lee thanked those who participate in the MAC surveys. Feedback is welcomed and has contributed to positive changes this year. Dr. W. Lee also shared planned work for updating the Chief's Orientation Manual released last year. "In the moment" feedback from Accreditation was that we had a comprehensive resource for our leaders. Dr. W. Lee will be updating some of the documents and will working on a medical leadership organizational resource to support this manual. Chiefs will be asked to provide a "30 second bio" and a picture. In addition, Dr. W. Lee will be arranging a MAC Learning Lab 2.0 with a session focused on conflict management.

Dr. W. Lee shared a special award received on behalf of CMH – "McMaster Regional Assistant Dean Award for Excellence in Medical Education" for 2023 in November. It really highlighted everyone's work to embrace and support the growth of medical education at CMH. In 2023, CMH hosted 138 medical learners across 9 different Departments. More recently, McMaster Waterloo Regional Campus Clinical Education Committee hosted their meeting for the first time in the new Wing A of CMH, with positive feedback on the welcoming space and rich resources for medical learners at CMH. Dr. W. Lee also celebrated Dr. Tasha Stoltz, a CMH Pediatrician who received an award for Excellence in Undergraduate Teaching at McMaster Waterloo Regional Campus. Congratulations to all CMH WRC faculty who have supported medical education at CMH!!!

6. CEO Report

P. Gaskin's CEO report was pre-circulated in the MAC package as part of the Consent Agenda.

7. CNE Report

S. Pearsall provided highlights of ongoing work for recruitment and retention of staff, particularly in the ICU, ED, and Medicine programs. There is commitment to sunset the use of agency nursing staff at CMH in early 2024. There is a concerted regional approach to reduce and eliminate the use of agency nursing staff. Training and onboarding of many new staff are underway in the ICU, which will help with the transition away from agency nursing staff.

8. Board Report

D. Wilkinson informed MAC that the December Board meeting was scheduled for December 6, 2023. On behalf of the Board, she expressed her appreciation of the work of the MAC and wished everyone happy holidays.

9. PFAC Report

Dr. W. Lee informed MAC that the December PFAC meeting was scheduled for December 5, 2023.



BRIEFING NOTE

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

Attachments/Related Documents: None Attached

Alignment with 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 January 10, 2024, at 4:30 pm.

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

Regrets: Dr. A. Sharma, Dr. M. Runnalls, S. Pearsall, Dr. I. Isupov

Staff: P. Gaskin, Dr. K. Nuri, M. Iromoto, L. Barefoot, C. Da Costa, J. Bova, N. Grealy (Recorder)

Guests: D. Wilkinson, C. Wilson

Committee Matters – For information only

1. M&T Report: Due to no M&T meeting since December MAC. The M&T report was deferred.

2. COVID-19 and Infectious Disease Update

Dr. K. Nuri provided a COVID-19 and infectious disease update. Over the next two weeks, the following changes are projected for COVID-19, Influenza and RSV:
 COVID-19 activity is projected to remain stable.
 Influenza activity is projected to increase.
 RSV activity is projected to decrease.

The risk of related severe respiratory virus illness from the most recent weeks data has been high in the pediatric population and very high in the general adult population. But it is expected to increase in both the pediatric population and general adult population in the next two weeks.

Currently, we have COVID-19, Rhinovirus, and Influenza A admissions. COVID-19 cases were highest in November and December at 47 and 45, respectively. In contrast, CMH saw 5 COVID-19 cases in August and 14 cases in September.

With the holidays, and social gatherings, there high number of respiratory illnesses and COVID-19 will be expected to increase in the upcoming weeks.

3. Insulin Order Changes

J. Bova Clinical Educator, provided further updates and education to MAC regarding upcoming changes to Insulin substitutions at CMH. Formal communication to all clinicians will be forthcoming at the end of January 2024. Chiefs were asked to share the information with their Departments in advance of the go-live of the Insulin substitutions. Dr. Nguyen suggested streamlining the process by including the patient's own Insulin prescription on admission in Meditech, to ensure that these prescriptions are included in the discharge prescriptions so as to avoid being replaced by auto substitutions upon discharge.

4. Connect MyHealth

C. Da Costa, CMH Connect MyHealth Specialist provided an update on Connect MyHealth, a new patient portal in Southwestern Ontario. C. Da Costa has been actively engaging patients at various venues (public and within hospital) to enroll patients on Connect MyHealth. Key takeaways from the presentation are that patient results (i.e. diagnostics, lab and pathology) and discharge summaries are released in real-time once it is marked "final/complete" by the clinician. Primary offices and community lab results are not included. There are 34 hospitals participating in southwestern Ontario. It was noted that Grand River Hospital and St. Mary's Hospital are currently not participating. Connect MyHealth pulls data from participating hospitals, and it is released in real-time. Concerns raised by Chiefs included the lack of a time lag for results (both in the outpatient/primary care setting and in the inpatient/ED acute care setting), as patients may receive a diagnosis prior to having the opportunity to discuss with their healthcare provider (e.g. new malignancy diagnosis, pregnancy loss etc.). It also creates a new set of expectations and burden on physicians if they do not have the opportunity to review diagnostics or lab/pathology results with patients to provide context for the findings. C. Da Costa did highlight that Connect MyHealth is unable to delay release of results, but there has been inquiry to see if a delay can be initiated at the facility site. It was shared that feedback from patients, including PFAC, has been overwhelmingly positive. MAC members acknowledged the importance of patient access to records but would appreciate the opportunity to have the patient-physician discussion of results prior to the reports being viewed by the patient. Suggestion was made to gain feedback from clinicians with the increasing use of Connect MyHealth by patients and to connect with similar sized hospitals to understand their experience. C. DaCosta will return with any updates on Connect MyHealth, but leaders are encouraged to educate their colleagues about Connect MyHealth.

5. Accreditation Update

Final Accreditation Canada report was pre-circulated in the MAC package. L. Barefoot shared CMH's Accredited with Exemplary Standing designation, with highlights from the report on physician strengths. The report also identified an opportunity in transfusion services on training staff and physicians, which is being addressed as part of this year's credentialing cycle. L. Barefoot and Dr. W. Lee thanked the collective efforts of the medical leadership in preparing their departments to be "ready everyday", which really came through at Accreditation.

6. CEO Report

P. Gaskin provided the following CEO report on each of the five pillars of the CMH strategic plan.

Our 2022-27 Strategic Plan

Strategic Pillars

Sustain Financial Health

- Financial performance continues to be in a deficit situation. Plan is to be balanced by March 31 2024.
- Budget planning 24/25 underway
- Multi year financial plan – presented to Resources/Board. Will be finalized by Feb.
- Capital Redevelopment Project – on track. Will be done **THIS** year! Amanda Thibodeau has been promoted to Director, Construction
- Next area is Nuclear Med – Feb 2024

Increase Joy in Work

- Expanded hours of Tim Hortons – M-F: 630 am to 8 pm. S/S: 9-5. Use the app!
- Wellness Loop 2024 has started. Encourage staff to participate in a one of the activities. Prize draws throughout the year.
- Renewed MH benefit for staff for 2024.
- VBCs – 28% to goal this year (over 100 completed)
- Hot food 24/7 – popular

Jan 2024

Advance Health Equity

- Indigenous Council – first meeting in December. Reviewed terms of reference, work to date, discussed suggested strategies. Meeting with other ROW hospitals to be scheduled.

Elevate Partnerships in Care

- Continued pressures on CMH and system – thank you!
- Pressures across OH West (and beyond)
- Discussions with EMS Chief & MOH re CMH performance
- OH expectation for CMH to reduce ALC (today is 40+) to be 36. Discussions with OH, region hospitals and community partners this week. Template of action plans due next week. Work aligns to the ALC and ED flow work underway.
- Launched new website: check out CMH's new website www.cmh.org

Reimagine Community Health

- Evaluations for hospital information system (HIS) complete. Preferred vendor identified. Negotiations underway.
- Financing work continues – working with bank, Ontario Financing Authority re: options

7. CNE Report

S. Pearsall's CNE report was pre-circulated in the MAC package. Dr. W. Lee highlighted the success of the ECT (Electroconvulsive therapy) program. Lots of work by Dr. Sharma and the Mental Health team to provide consistent access to ECT, with the support of anesthesia. We are currently providing ECT to 5 patients per day. Re-establishing this service after the pandemic has been such an invaluable service for our patients. Kudos to the Mental Health team!

8. Board Report

D. Wilkinson had no further updates, with items discussed at the last Board meeting included in P. Gaskin's CEO update. The next Board meeting is scheduled in February 2024.

9. PFAC Report

Dr. W. Lee provided a summary of the January 2024 PFAC meeting. Items discussed included the following:

- C. DaCosta, Connect MyHealth, received feedback from PFAC on the use of Connect MyHealth
- PFAC provided feedback on CMH's new website
- New Patient Experience Lead, Heather Elliott, was introduced
- Highlights from the Beryl Institute Experience Assessment survey tool was shared, which demonstrated positive changes across multiple areas of patient experience in the organization.
- Accreditation final report was reviewed with PFAC
- Sequencing tactics over the next 3 years on PFAC's patient experience plan was discussed.



BRIEFING NOTE

Date: January 31, 2024
Issue: 2023-24 Multi-Sector Service Accountability Agreement (M-SAA)
Prepared for: Board of Directors
Purpose: Approval Discussion Information Seeking Direction
Prepared by: Valerie Smith-Sellers, Director, Finance and Interim CFO
Approved by: Patrick Gaskin, President, and CEO

Attachments/Related Documents: Multi-Sector Service Accountability Agreement (M-SAA) Agreement

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 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 checked="" type="checkbox"/> Sustain Financial Health	<input checked="" type="checkbox"/> Grow Ministry Revenue	<input checked="" type="checkbox"/> Revenue & Funding

Recommendation/Motion

Following review and discussion of the information provided, the Board of Directors approves the 2023-24 Multi-Sector Service Accountability Agreement (M-SAA).

Executive Summary

On January 17, 2024, the Ontario Health (OH) provided the 2023/24 Multi-Sector Service Accountability Agreement (M-SAA) for CMH review and signature by January 31, 2024. The M-SAA has been signed and submitted by the due date. A copy has been included with this briefing note.

Background

Annually, CMH is required to submit a Community Accountability Planning Submission (CAPS) to Ontario Health (OH). The CAPS is a detailed operating plan, including financial and statistical budgets and performance indicators that informs the Multi-Sector Service Accountability Agreement (M-SAA). The M-SAA should be finalized and approved by the Board/OH before the start of each fiscal year.

CMH submitted a balanced CAPS in February 2023. OH, completed its review and approved the CAPS submission.

On March 30, 2023, OH advised that the 2023-24 M-SAA was not yet approved. As a result, OH informed CMH that the current M-SAA would be extended to June 30, 2023. All terms and conditions of the 2023/24 M-SAA remained in full force and effect. All regular reporting requirements continued.

On June 20, 2023, CMH received and signed back a notice of extension from June 30, 2023 to September 30, 2023.

On September 6, 2023, CMH received and signed back a notice of extension to March 31, 2024.

On January 17, 2024, CMH received the 2023/24 M-SAA agreement from OH for review and signature by January 31, 2024. This has been signed and submitted to OH.

MULTI-SECTOR SERVICE ACCOUNTABILITY AGREEMENT
April 1, 2023 to March 31, 2024

SERVICE ACCOUNTABILITY AGREEMENT
with
Cambridge Memorial Hospital
Effective Date: April 1, 2023
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SCHEDULES

- Schedule A:** Total Funder Funding
- Schedule B:** Reports
- Schedule C:** Directives, Guidelines & Policies
- Schedule D:** Performance
- Schedule E:** Project Funding Agreement Template
- Schedule F:** Declaration of Compliance/Declaration of Compliance for Municipalities
- Schedule G:** N/A

THIS AGREEMENT effective as of the 1st day of April, 2023

BETWEEN :

ONTARIO HEALTH (the “Funder”)

- and -

Cambridge Memorial Hospital (the “HSP”)

Background:

This service accountability agreement is entered into pursuant to the *Connecting Care Act, 2019* (the “**CCA**”).

The HSP and the Funder are committed to working together, and with others, to achieve evolving provincial priorities including building a connected and sustainable health care system centred around the needs of patients, their families and their caregivers.

In this context, the HSP and the Funder agree that the Funder will provide funding to the HSP on the terms and conditions set out in this Agreement to enable the provision of services to the health system by the HSP.

In consideration of their respective agreements set out below, the Funder and the HSP covenant and agree as follows:

ARTICLE 1 - DEFINITIONS & INTERPRETATION

1.1 **Definitions.** In this Agreement the following terms will have the following meanings:

“**Accountability Agreement**” means the accountability agreement, as that term is defined in the Enabling Legislation, in place between the Funder and the Ministry during a Funding Year;

“**Active Offer**” means the clear and proactive offer of service in French to individuals, from the first point of contact, without placing the responsibility of requesting services in French on the individual;

“**Agreement**” means this agreement and includes the Schedules and any instrument amending this agreement or the Schedules;

“**Annual Balanced Budget**” means that, in each Funding Year of the term of this Agreement, the total revenues of the HSP are greater than or equal to the total expenses, from all sources, of the HSP;

“**Applicable Law**” means all federal, provincial or municipal laws, regulations, common law, orders, rules or by-laws that are applicable to the HSP, the Services, this

Agreement and the parties' obligations under this Agreement during the term of this Agreement;

"Applicable Policy" means any rules, policies, directives, standards of practice or Program Parameters issued or adopted by the Funder, the Ministry or other ministries or agencies of the province of Ontario that are applicable to the HSP, the Services, this Agreement and the parties' obligations under this Agreement during the term of this Agreement. Without limiting the generality of the foregoing, Applicable Policy includes the other documents identified in Schedule C;

"Board" means:

(a) in respect of an HSP that does not have a Long-Term Care Home Service Accountability Agreement with the Funder and is:

(1) a corporation, the board of directors;

(2) a First Nation, the band council; and

(3) a municipality, the municipal council;

and,

(b) in respect of an HSP that has a Long-Term Care Home Service Accountability Agreement with the Funder and may be:

(1) a corporation, the board of directors;

(2) a First Nation, the band council;

(3) a municipality, the committee of management;

(4) a board of management established by one or more municipalities or by one or more First Nations' band councils, the members of the board of management;

"BPSAA" means the *Broader Public Sector Accountability Act, 2010* and regulations made under it, as it and they may be amended from time to time;

"Budget" means the budget approved by the Funder and appended to this Agreement in Schedule A;

"CCA" means the *Connecting Care Act, 2019*, and the regulations under it, as it and they may be amended from time to time;

"CEO" means the individual accountable to the Board for the provision of the Services in accordance with the terms of this Agreement;

"Chair" means, if the HSP is:

(a) a corporation, the Chair of the Board;

(b) a First Nation, the Chief; and

(c) a municipality, the Mayor,

or such other person properly authorized by the Board or under Applicable Law;

“Compliance Declaration” means a compliance declaration substantially in the form set out in Schedule F;

“Confidential Information” means information that is marked or otherwise identified as confidential by the disclosing party at the time the information is provided to the receiving party. Confidential Information does not include information that: (a) was known to the receiving party prior to receiving the information from the disclosing party; (b) has become publicly known through no wrongful act of the receiving party; or (c) is required to be disclosed by law, provided that the receiving party provides Notice in a timely manner of such requirement to the disclosing party, consults with the disclosing party on the proposed form and nature of the disclosure, and ensures that any disclosure is made in strict accordance with Applicable Law;

“Conflict of Interest” in respect of an HSP, includes any situation or circumstance where: in relation to the performance of its obligations under this Agreement:

(a) the HSP;

(b) a member of the HSP’s Board; or

(c) any person employed by the HSP who has the capacity to influence the HSP’s decision,

has other commitments, relationships or financial interests that:

(a) could or could be seen to interfere with the HSP’s objective, unbiased and impartial exercise of its judgement; or

(b) could or could be seen to compromise, impair or be incompatible with the effective performance of its obligations under this Agreement;

“Controlling Shareholder” of a corporation means a shareholder who or which holds (or another person who or which holds for the benefit of such shareholder), other than by way of security only, voting securities of such corporation carrying more than 50% of the votes for the election of directors, provided that the votes carried by such securities are sufficient, if exercised, to elect a majority of the board of directors of such corporation;

“Days” means calendar days;

“Designated” means designated as a public service agency under the FLSA;

“Digital Health” refers to the use of digital and virtual tools, products, technologies, data, and services that enable improved patient experience and population health outcomes, care quality, access, integration, coordination, and system sustainability when they are leveraged by patients, providers and integrated care teams;

“Effective Date” means April 1, 2023;

“Enabling Legislation” means the CCA;

“Explanatory Indicator” means a measure that is connected to and helps to explain performance in a Performance Indicator or a Monitoring Indicator. An Explanatory Indicator may or may not be a measure of the HSP’s performance. No Performance Target is set for an Explanatory Indicator;

“Factors Beyond the HSP’s Control” include occurrences that are, in whole or in part, caused by persons, entities or events beyond the HSP’s control. Examples may include, but are not limited to, the following:

- (a) significant costs associated with complying with new or amended Government of Ontario technical standards, guidelines, policies or legislation;
- (b) the availability of health care in the community (hospital care, long-term care, home care, and primary care);
- (c) the availability of health human resources; arbitration decisions that affect HSP employee compensation packages, including wage, benefit and pension compensation, which exceed reasonable HSP planned compensation settlement increases and in certain cases non-monetary arbitration awards that significantly impact upon HSP operational flexibility; and
- (d) catastrophic events, such as natural disasters and infectious disease outbreaks;

“FIPPA” means the *Freedom of Information and Protection of Privacy Act* (Ontario) and the regulations made under it as it and they may be amended from time to time;

“FLSA” means the *French Language Services Act* and the regulations made under it as it and they may be amended from time to time;

“Funder” means Ontario Health;

“Funding” means the amounts of money provided by the Funder to the HSP in each Funding Year of this Agreement;

“Funding Year” means in the case of the first Funding Year, the period commencing on the Effective Date and ending on the following March 31, and in the case of Funding Years subsequent to the first Funding Year, the period commencing on the date that is April 1 following the end of the previous Funding Year and ending on the following March 31;

“HSP’s Personnel and Volunteers” means the Controlling Shareholders (if any), directors, officers, employees, agents, volunteers and other representatives of the HSP. In addition to the foregoing, HSP’s Personnel and Volunteers shall include the contractors and subcontractors and their respective shareholders, directors, officers, employees, agents, volunteers or other representatives;

“Identified” means identified by the Funder or the Ministry to provide French language services;

“Indemnified Parties” means the Funder and its officers, employees, directors, independent contractors, subcontractors, agents, successors and assigns and His Majesty the King in right of Ontario and His Ministers, appointees and employees, independent contractors, subcontractors, agents and assigns. Indemnified Parties also includes any person participating on behalf of the Funder in a Review;

“Interest Income” means interest earned on the Funding;

“Mandate Letter” has the meaning ascribed to it in the Memorandum of Understanding between the Ministry and the Funder, and means a letter from the Ministry to the Funder establishing priorities in accordance with the Premier’s mandate letter to the Ministry;

“Minister” means such minister of the Crown as may be designated as the responsible minister in relation to this Agreement or in relation to any subject matter under this Agreement, as the case may be, in accordance with the *Executive Council Act*, as amended;

“Ministry” means, as the context requires, the Minister or the Ministry of Health or such other ministry as may be designated in accordance with Applicable Law as the ministry responsible in relation to the relevant matter or the Minister of that ministry, as the context requires;

“Monitoring Indicator” means a measure of HSP performance that may be monitored against provincial results or provincial targets, but for which no Performance Target is set;

“MSAA Indicator Technical Specifications document” means the 2023-23 MSAA Indicator Technical Specifications document, as it may be amended or replaced from time to time;

“Notice” means any notice or other communication required to be provided pursuant to this Agreement or the Enabling Legislation;

“Ontario Health” means the corporation without share capital under the name Ontario Health as continued under the CCA;

“Performance Agreement” means an agreement between an HSP and its CEO that requires the CEO to perform in a manner that enables the HSP to achieve the terms of this Agreement and any additional performance improvement targets set out in the HSP’s annual quality improvement plan under the *Excellent Care for All Act, 2010*;

“Performance Corridor” means the acceptable range of results around a Performance Target;

“Performance Factor” means any matter that could or will significantly affect a party’s ability to fulfill its obligations under this Agreement;

“Performance Indicator” means a measure of HSP performance for which a Performance Target is set; technical specifications of specific Performance Indicators can be found in the MSAA Indicator Technical Specifications document;

“Performance Standard” means the acceptable range of performance for a Performance Indicator or a Service Volume that results when a Performance Corridor is applied to a Performance Target;

“Performance Target” means the level of performance expected of the HSP in respect of a Performance Indicator or a Service Volume;

“person or entity” includes any individual and any corporation, partnership, firm, joint venture or other single or collective form of organization under which business may be conducted;

“Planning Submission” or **“CAPS”** or **“Community Accountability Planning Submission”** means the HSP Board approved planning document submitted by the HSP to the Funder. The form, content and scheduling of the Planning Submission will be identified by the Funder;

“Program Parameter” means, in respect of a program, the provincial standards (such as operational, financial or service standards and policies, operating manuals and program eligibility), directives, guidelines and expectations and requirements for that program;

“Project Funding Agreement” means an agreement in the form of Schedule E that incorporates the terms of this Agreement and enables the Funder to provide one-time or short term funding for a specific project or service that is not already described in the Schedules;

“Reports” means the reports described in Schedule B as well as any other reports or information required to be provided under the Enabling Legislation or this Agreement;

“Review” means a financial or operational audit, investigation, inspection or other form of review requested or required by the Funder under the terms of the Enabling Legislation or this Agreement, but does not include the annual audit of the HSP’s financial statements;

“Schedule” means any one, and **“Schedules”** mean any two or more, as the context requires, of the schedules appended to this Agreement including the following:

Schedule A: Total Funder Funding;

Schedule B: Reports;

Schedule C: Directives, Guidelines & Policies;

Schedule D: Performance;

Schedule E: Project Funding Agreement Template;

Schedule F: Declaration of Compliance/Declaration of Compliance for Municipalities; and

Schedule G: Home and Community Care Services Terms and Conditions.

“**Service Plan**” means the Operating Plan and Budget appended as Schedules A and D2a of Schedule D;

“**Services**” means the care, programs, goods and other services described by reference to the Ontario Healthcare Reporting Standards functional centres in Schedule D2a of Schedule D, and in any Project Funding Agreement executed pursuant to this Agreement, and includes the type, volume, frequency and availability of the care, programs, goods and other services;

“**Service Volume**” means a measure of Services for which a Performance Target is set; and

“**Transition Plan**” means a transition plan, acceptable to the Funder that indicates how the needs of the HSP’s clients will be met following the termination of this Agreement and how the transition of the clients to new service providers will be effected in a timely manner.

- 1.2 **Interpretation.** Words in the singular include the plural and vice-versa. Words in one gender include all genders. The words “including” and “includes” are not intended to be limiting and shall mean “including without limitation” or “includes without limitation”, as the case may be. The headings do not form part of this Agreement. They are for convenience of reference only and will not affect the interpretation of this Agreement. Terms used in the Schedules shall have the meanings set out in this Agreement unless separately and specifically defined in a Schedule in which case the definition in the Schedule shall govern for the purposes of that Schedule.
- 1.3 **MSAA Indicator Technical Specification Document.** This Agreement shall be interpreted with reference to the MSAA Indicator Technical Specifications document.

ARTICLE 2 - TERM AND NATURE OF THIS AGREEMENT

- 2.1 **Term.** The term of this Agreement will commence on the Effective Date and will expire on March 31, 2024 unless terminated earlier or extended pursuant to its terms.
- 2.2 **Service Accountability Agreement.** This Agreement is a service accountability agreement for the purposes of the Enabling Legislation.

ARTICLE 3- PROVISION OF SERVICES

- 3.1 **Provision of Services.**
- (a) The HSP will provide the Services in accordance with, and otherwise comply with:
- (1) the terms of this Agreement, including the Service Plan;

- (2) Applicable Law; and
- (3) Applicable Policy.
- (b) When providing the Services, the HSP will meet the Performance Standards and conditions identified in Schedule D and any applicable Project Funding Agreements.
- (c) Unless otherwise provided in this Agreement, the HSP will not reduce, stop, start, expand, cease to provide or transfer the provision of the Services or change its Service Plan except with Notice to the Funder, and if required by Applicable Law or Applicable Policy, the prior written consent of the Funder.
- (d) The HSP will not restrict or refuse the provision of Services to an individual, directly or indirectly, based on the geographic area in which the person resides in Ontario.
- (e) The HSP will not withdraw any Services from a patient with complex needs who continues to require those Services, unless prior to discharging that patient from the Services, the HSP has made alternate arrangements for equivalent services to be delivered to that patient. Notwithstanding the foregoing, the HSP may discharge a patient with complex needs who continues to require Services if there is a significant risk that an individual providing Services to the patient will suffer serious physical harm and the HSP cannot reasonably reduce the risk so that it is no longer significant, provided that (i) prior to discharge the HSP uses reasonable efforts to make alternate arrangements for the patient, (ii) discharging the patient does not conflict with the HSP's obligations under Applicable Law and (iii) when discharging the patient and terminating Services the HSP complies with its obligations under Applicable Law.

3.2 Subcontracting for the Provision of Services.

- (a) The parties acknowledge that, subject to the provisions of the Enabling Legislation, the HSP may subcontract the provision of some or all of the Services. For the purposes of this Agreement, actions taken or not taken by the subcontractor, and Services provided by the subcontractor, will be deemed actions taken or not taken by the HSP, and Services provided by the HSP.
- (b) When entering into a subcontract the HSP agrees that the terms of the subcontract will enable the HSP to meet its obligations under this Agreement. Without limiting the foregoing, the HSP will include a provision that permits the Funder or its authorized representatives, to audit the subcontractor in respect of the subcontract if the Funder or its authorized representatives determines that such an audit would be necessary to confirm that the HSP has complied with the terms of this Agreement.
- (c) Nothing contained in this Agreement or a subcontract will create a contractual relationship between any subcontractor or its directors, officers, employees, agents, partners, affiliates or volunteers and the Funder.

- (d) When entering into a subcontract, the HSP agrees that the terms of the subcontract will enable the HSP to meet its obligations under the FLSA.

3.3 **Conflict of Interest.** The HSP will use the Funding, provide the Services and otherwise fulfil its obligations under this Agreement, without an actual, potential or perceived Conflict of Interest. The HSP will disclose to the Funder without delay any situation that a reasonable person would interpret as an actual, potential or perceived Conflict of Interest and comply with any requirements prescribed by the Funder to resolve any Conflict of Interest.

3.4 **Digital Health.** The HSP shall make best efforts to:

- (a) align with, and participate in, the Funder’s digital health planning, with the aim to improve data exchange and security, and use digital health to enable optimized patient experience, population health and wellbeing, and system sustainability;
- (b) assist the Funder to implement the provincial digital health plans by designing and modernizing digital health assets to optimize data sharing, exchange, privacy and security;
- (c) track the HSP’s Digital Health performance against the Funder’s plans and priorities;
- (d) engage with the Funder to maintain and enhance digital health assets to ensure service resilience, interoperability, security, and comply with any clinical, technical, and information management standards, including those related to data, architecture, technology, privacy and security, set for the HSP by the Funder and/or the Ministry; and
- (e) operate an information security program in alignment with reasonable guidance provided by Ontario Health.

3.5 **French Language Services.**

3.5.1 The Funder will provide the Ministry “Guide to Requirements and Obligations Relating to French Language Services” to the HSP and the HSP will fulfill its roles, responsibilities and other obligations set out therein.

3.5.2 If Not Identified or Designated. If the HSP has not been Designated or Identified it will:

- (a) develop and implement a plan to address the needs of the local Francophone community, including the provision of information on services available in French;
- (b) work towards applying the principles of Active Offer in the provision of services;
- (c) provide a report to the Funder that outlines how the HSP addresses the needs of its local Francophone community; and
- (d) collect and submit to the Funder as requested by the Funder from time to time, French language service data.

3.5.3 If Identified. If the HSP is Identified it will:

- (a) work towards applying the principles of Active Offer in the provision of services;

- (b) provide services to the public in French in accordance with its existing French language services capacity;
- (c) develop, and provide to the Funder upon request from time to time, a plan to become Designated by the date agreed to by the HSP and the Funder;
- (d) continuously work towards improving its capacity to provide services in French and toward becoming Designated within the time frame agreed to by the parties;
- (e) provide a report to the Funder that outlines progress in its capacity to provide services in French and toward becoming Designated;
- (f) annually, provide a report to the Funder that outlines how it addresses the needs of its local Francophone community; and
- (g) collect and submit to the Funder, as requested by the Funder from time to time, French language services data.

3.5.4 If Designated. If the HSP is Designated it will:

- (a) apply the principles of Active Offer in the provision of services;
- (b) continue to provide services to the public in French in accordance with the provisions of the FLSA;
- (c) maintain its French language services capacity;
- (d) submit a French language implementation report to the Funder on the date specified by the Funder, and thereafter, on each anniversary of that date, or on such other dates as the Funder may, by Notice, require; and
- (e) collect and submit to the Funder as requested by the Funder from time to time, French language services data.

3.6 **Mandate Letter language.** The Funder will receive a Mandate Letter from the Ministry annually. Each Mandate Letter articulates areas of focus for the Funder, and the Ministry's expectation that the Funder and health service providers it funds will collaborate to advance these areas of focus. To assist the HSP in its collaborative efforts with the Funder, the Funder will share each relevant Mandate Letter with the HSP. The Funder may also add local obligations to Schedule D as appropriate to further advance any priorities set put in a Mandate Letter.

3.7 **Policies, Guidelines, Directives and Standards.** Either the Funder or the Ministry will give the HSP Notice of any amendments to the manuals, guidelines or policies identified in Schedule C. An amendment will be effective in accordance with the terms of the amendment. By signing a copy of this Agreement the HSP acknowledges that it has a copy of the documents identified in Schedule C.

ARTICLE 4 - FUNDING

4.1 **Funding.** Subject to the terms of this Agreement, and in accordance with the applicable provisions of the Accountability Agreement, the Funder:

- (a) will provide the funds identified in Schedule A to the HSP for the purpose of providing or ensuring the provision of the Services; and
- (b) will deposit the funds in regular instalments, once or twice monthly, over the term of this Agreement, into an account designated by the HSP provided

that the account resides at a Canadian financial institution and is in the name of the HSP.

4.2 **Limitation on Payment of Funding.** Despite section 4.1, the Funder:

- (a) will not provide any funds to the HSP until this Agreement is fully executed;
- (b) may pro-rate the funds identified in Schedule A to the date on which this Agreement is signed, if that date is after April 1;
- (c) will not provide any funds to the HSP until the HSP meets the insurance requirements described in section 10.4;
- (d) will not be required to continue to provide funds in the event the HSP breaches any of its obligations under this Agreement, until the breach is remedied to the Funder's satisfaction; and
- (e) upon Notice to the HSP, may adjust the amount of funds it provides to the HSP in any Funding Year based upon the Funder's assessment of the information contained in the Reports.

4.3 **Appropriation.** Funding under this Agreement is conditional upon an appropriation of moneys by the Legislature of Ontario to the Ministry and funding of the Funder by the Ministry pursuant to the Enabling Legislation. If the Funder does not receive its anticipated funding the Funder will not be obligated to make the payments required by this Agreement.

4.4 **Additional Funding.**

- (a) Unless the Funder has agreed to do so in writing, the Funder is not required to provide additional funds to the HSP for providing additional Services or for exceeding the requirements of Schedule D.
- (b) The HSP may request additional funding by submitting a proposal to amend its Service Plan. The HSP will abide by all decisions of the Funder with respect to a proposal to amend the Service Plan and will make whatever changes are requested or approved by the Funder. The Service Plan will be amended to include any approved additional funding.
- (c) **Funding Increases.** Before the Funder can make an allocation of additional funds to the HSP, the parties will:
 - (1) agree on the amount of the increase;
 - (2) agree on any terms and conditions that will apply to the increase; and
 - (3) execute an amendment to this Agreement that reflects the agreement reached.

4.5 **Conditions of Funding.**

- (a) The HSP will:
 - (1) fulfill all obligations in this Agreement;

- (2) use the Funding only for the purpose of providing the Services in accordance with Applicable Law, Applicable Policy and the terms of this Agreement;
 - (3) spend the Funding only in accordance with the Service Plan; and
 - (4) plan for and achieve an Annual Balanced Budget.
- (b) The Funder may add such additional terms or conditions on the use of the Funding which it considers appropriate for the proper expenditure and management of the Funding.
 - (c) All Funding is subject to all Applicable Law and Applicable Policy.

4.6 **Interest.**

- (a) If the Funder provides the Funding to the HSP prior to the HSP's immediate need for the Funding, the HSP shall place the Funding in an interest bearing account in the name of the HSP at a Canadian financial institution.
- (b) Interest Income must be used, within the fiscal year in which it is received, to provide the Services.
- (c) Interest Income will be reported to the Funder and is subject to year-end reconciliation. In the event that some or all of the Interest Income is not used to provide the Services, the Funder may take one or more of the following actions:
 - (1) the Funder may deduct the amount equal to the unused Interest Income from any further Funding instalments under this or any other agreement with the HSP;
 - (2) the Funder may require the HSP to pay an amount equal to the unused Interest Income to the Ministry of Finance.

4.7 **Rebates, Credits and Refunds.** The HSP:

- (a) acknowledges that rebates, credits and refunds it anticipates receiving from the use of the Funding have been incorporated in its Budget;
- (b) agrees that it will advise the Funder if it receives any unanticipated rebates, credits and refunds from the use of the Funding, or from the use of funding received from either the Funder or the Ministry in years prior to this Agreement that was not recorded in the year of the related expenditure; and
- (c) agrees that all rebates, credits and refunds referred to in (b) will be considered Funding in the year that the rebates, credits and refunds are received, regardless of the year to which the rebates, credits and refunds relate.

4.8 Procurement of Goods and Services.

- (a) If the HSP is subject to the procurement provisions of the BPSAA, the HSP will abide by all directives and guidelines issued by the Management Board of Cabinet that are applicable to the HSP pursuant to the BPSAA.
- (b) If the HSP is not subject to the procurement provisions of the BPSAA, the HSP will have a procurement policy in place that requires the acquisition of supplies, equipment or services valued at over \$25,000 through a competitive process that ensures the best value for funds expended. If the HSP acquires supplies, equipment or services with the Funding it will do so through a process that is consistent with this policy.

4.9 **Disposition.** The HSP will not, without the Funder's prior written consent, sell, lease or otherwise dispose of any assets purchased with Funding, the cost of which exceeded \$25,000 at the time of purchase.

ARTICLE 5 – REPAYMENT AND RECOVERY OF FUNDING

5.1 Repayment and Recovery.

- (a) **At the End of a Funding Year.** If, in any Funding Year, the HSP has not spent all of the Funding the Funder will require the repayment of the unspent Funding.
- (b) **On Termination or Expiration of this Agreement.** Upon termination or expiry of this Agreement and subject to section 11.4, the Funder will require the repayment of any Funding remaining in the possession or under the control of the HSP and the payment of an amount equal to any Funding the HSP used for purposes not permitted by this Agreement. The Funder will act reasonably and will consider the impact, if any, that a recovery of Funding will have on the HSP's ability to meet its obligations under this Agreement.
- (c) **On Reconciliation and Settlement.** If the year-end reconciliation and settlement process demonstrates that the HSP received Funding in excess of its confirmed funds, the Funder will require the repayment of the excess Funding.
- (d) **As a Result of Performance Management or System Planning.** If Services are adjusted, as a result of the performance management or system planning processes, the Funder may take one or more of the following actions:
 - (1) adjust the Funding to be paid under Schedule A,
 - (2) require the repayment of excess Funding;
 - (3) adjust the amount of any future funding installments accordingly.
- (e) **In the Event of Forecasted Surpluses.** If the HSP is forecasting a surplus, the Funder may take one or more of the following actions:

- (1) adjust the amount of Funding to be paid under Schedule A,
 - (2) require the repayment of excess Funding;
 - (3) adjust the amount of any future funding installments accordingly.
- (f) **On the Request of the Funder.** The HSP will, at the request of the Funder, repay the whole or any part of the Funding, or an amount equal thereto if the HSP:
- (1) has provided false information to the Funder knowing it to be false;
 - (2) breaches a term or condition of this Agreement and does not, within 30 Days after receiving Notice from the Funder take reasonable steps to remedy the breach; or
 - (3) breaches any Applicable Law that directly relates to the provision of, or ensuring the provision of, the Services.
- (g) Sections 5.1(c) and (d) do not apply to Funding already expended properly in accordance with this Agreement. The Funder will, at its sole discretion, and without liability or penalty, determine whether the Funding has been expended properly in accordance with this Agreement.

5.2 **Provision for the Recovery of Funding.** The HSP will make reasonable and prudent provision for the recovery by the Funder of any Funding for which the conditions of Funding set out in section 4.5 are not met and will hold this Funding in accordance with the provisions of section 4.6 until such time as reconciliation and settlement has occurred with the Funder. Interest earned on Funding will be reported and recovered in accordance with section 4.6.

5.3 **Process for Recovery of Funding.** If the Funder, acting reasonably, determines that a recovery of Funding under section 5.1 is appropriate, then the Funder will give 30 Days' Notice to the HSP.

The Notice will describe:

- (a) the amount of the proposed recovery;
- (b) the term of the recovery, if not permanent;
- (c) the proposed timing of the recovery;
- (d) the reasons for the recovery; and
- (e) the amendments, if any, that the Funder proposes be made to the HSP's obligations under this Agreement.

Where the HSP disputes any matter set out in the Notice, the parties will discuss the circumstances that resulted in the Notice and the HSP may make representations to the Funder about the matters set out in the Notice within 14 Days of receiving the Notice.

The Funder will consider the representations made by the HSP and will advise the HSP of its decision. Funding recoveries, if any, will occur in accordance with the timing set out

in the Funder's decision. No recovery of Funding will be implemented earlier than 30 Days after the delivery of the Notice.

- (a) Settlement and Recovery of Funding for Prior Years.
 - (1) The HSP acknowledges that settlement and recovery of Funding can occur up to 7 years after the provision of Funding.
- (b) Recognizing the transition of responsibilities from the Ministry to the Funder, the HSP agrees that if the parties are directed in writing to do so by the Ministry, the Funder will settle and recover funding provided by the Ministry to the HSP prior to the transition of the Funding for the Services to the Funder, provided that such settlement and recovery occurs within 7 years of the provision of the funding by the Ministry. All such settlements and recoveries will be subject to the terms applicable to the original provision of Funding.

5.4 Debt Due.

- a) If the Funder requires the re-payment by the HSP of any Funding, the amount required will be deemed to be a debt owing to the Crown by the HSP. The Funder may adjust future funding instalments to recover the amounts owed or may, at its discretion direct the HSP to pay the amount owing to the Crown and the HSP shall comply immediately with any such direction.
- b) All amounts repayable to the Crown will be paid by cheque payable to the "Ontario Minister of Finance" and mailed or delivered to the Funder at the address provided in section 12.1.

5.5 **Interest Rate.** The Funder may charge the HSP interest on any amount owing by the HSP at the then current interest rate charged by the Province of Ontario on accounts receivable.

ARTICLE 6 - PLANNING & INTEGRATION

6.1 Planning for Future Years.

- (a) **Advance Notice.** The Funder will give at least 60 Days' Notice to the HSP of the date by which a CAPS must be submitted to the Funder.
- (b) **Multi-Year Planning.** The CAPS will be in a form acceptable to the Funder and may be required to incorporate:
 - (1) prudent multi-year financial forecasts;
 - (2) plans for the achievement of Performance Targets; and
 - (3) realistic risk management strategies.

If the Funder has provided multi-year planning targets for the HSP, the CAPS will reflect the planning targets.

- (c) **Multi-year Planning Targets.** Schedule A may reflect an allocation for the first Funding Year of this Agreement as well as planning targets for up to two additional years, consistent with the term of this Agreement. In such an event,
 - (1) the HSP acknowledges that if it is provided with planning targets, these targets:
 - a. are targets only,
 - b. are provided solely for the purposes of planning,
 - c. are subject to confirmation, and
 - d. may be changed at the discretion of the Funder in consultation with the HSP.

The HSP will proactively manage the risks associated with multi-year planning and the potential changes to the planning targets; and

 - (2) the Funder agrees that it will communicate any changes to the planning targets as soon as reasonably possible.
- (d) **Service Accountability Agreements.** The HSP acknowledges that if the Funder and the HSP enter into negotiations for a subsequent service accountability agreement, subsequent funding may be interrupted if the next service accountability agreement is not executed on or before the expiration date of this Agreement.

6.2 Community Engagement & Integration Activities.

- (a) **Community Engagement.** The HSP will engage the community of diverse persons and entities in the area where it provides health services when setting priorities for the delivery of health services and when developing plans for submission to the Funder including but not limited to CAPS and integration proposals. As part of its community engagement activities, the HSPs will have in place and utilize effective mechanisms for engaging families, caregivers, clients, residents, patients and other individuals who use the services of the HSP, to help inform the HSP plans.
- (b) **Integration.** The HSP will, separately and in conjunction with the Funder, other health service providers, if applicable, and integrated care delivery systems, if applicable, identify opportunities to integrate the services of the health system to provide appropriate, coordinated, effective and efficient services.
- (c) **Reporting.** The HSP will report on its community engagement and integration activities, using any templates provided by the Funder, as requested by the Funder and in any event, in its year-end report to the Funder.

6.3 Planning and Integration Activity Pre-proposals.

- (a) **General.** A pre-proposal process has been developed to: (A) reduce the costs incurred by an HSP when proposing operational or service changes;

(B) assist the HSP to carry out its statutory obligations; and (C) enable an effective and efficient response by the Funder. Subject to specific direction from the Funder, this pre-proposal process will be used in the following instances:

- (1) the HSP is considering an integration or an integration of services, as defined in the Enabling Legislation between the HSP and another person or entity;
- (2) the HSP is proposing to reduce, stop, start, expand or transfer the location of services, which for certainty includes: the transfer of services from the HSP to another person or entity anywhere; and the relocation or transfer of services from one of the HSP's sites to another of the HSP's sites anywhere;
- (3) to identify opportunities to integrate the services of the health system, other than those identified in (A) or (B) above; or
- (4) if requested by the Funder.

- (b) **Funder Evaluation of the Pre-proposal.** Use of the pre-proposal process is not formal Notice of a proposed integration under the Enabling Legislation. Funder consent to develop the project concept outlined in a pre-proposal does not constitute approval to proceed with the project. Nor does the Funder consent to develop a project concept presume the issuance of a favourable decision, should such a decision be required by the Enabling Legislation. Following the Funder's review and evaluation, the HSP may be invited to submit a detailed proposal and a business plan for further analysis. Guidelines for the development of a detailed proposal and business case will be provided by the Funder.

- 6.4 **Proposing Integration Activities in the Planning Submission.** No integration activity described in section 6.3 may be proposed in a CAPS unless the Funder has consented, in writing, to its inclusion pursuant to the process set out in section 6.3(b).

ARTICLE 7 - PERFORMANCE

- 7.1 **Performance.** The parties will strive to achieve on-going performance improvement. They will address performance improvement in a proactive, collaborative and responsive manner.

7.2 **Performance Factors.**

- (a) Each party will notify the other party of the existence of a Performance Factor, as soon as reasonably possible after the party becomes aware of the Performance Factor. The Notice will:
- (1) describe the Performance Factor and its actual or anticipated impact;
 - (2) include a description of any action the party is undertaking, or plans to undertake, to remedy or mitigate the Performance Factor;

- (3) indicate whether the party is requesting a meeting to discuss the Performance Factor; and
 - (4) address any other issue or matter the party wishes to raise with the other party.
- (b) The recipient party will provide a written acknowledgment of receipt of the Notice within 7 Days of the date on which the Notice was received (“Date of the Notice”).
 - (c) Where a meeting has been requested under paragraph 7.2(a)(3), the parties agree to meet and discuss the Performance Factors within 14 Days of the Date of the Notice, in accordance with the provisions of section 7.3.

7.3 Performance Meetings. During a meeting on performance, the parties will:

- (a) discuss the causes of a Performance Factor;
- (b) discuss the impact of a Performance Factor on the health system and the risk resulting from non-performance; and
- (c) determine the steps to be taken to remedy or mitigate the impact of the Performance Factor (the “Performance Improvement Process”).

7.4 The Performance Improvement Process.

- (a) The Performance Improvement Process will focus on the risks of non-performance and problem-solving. It may include one or more of the following actions:
 - (1) a requirement that the HSP develop and implement an improvement plan that is acceptable to the Funder;
 - (2) the conduct of a Review;
 - (3) an amendment of the HSP’s obligations;
 - (4) an in-year, or year-end, adjustment to the Funding,
 among other possible means of responding to the Performance Factor or improving performance.
- (b) Any performance improvement process begun under a prior service accountability agreement that was not completed under the prior agreement will continue under this Agreement. Any performance improvement required by a Funder under a prior service accountability agreement will be deemed to be a requirement of this Agreement until fulfilled or waived by the Funder.

7.5 Factors Beyond the HSP’s Control. Despite the foregoing, if the Funder, acting reasonably, determines that the Performance Factor is, in whole or in part, a Factor Beyond the HSP’s Control:

- (a) the Funder will collaborate with the HSP to develop and implement a mutually agreed upon joint response plan which may include an amendment of the HSP’s obligations under this Agreement;

- (b) the Funder will not require the HSP to prepare an Improvement Plan; and
- (c) the failure to meet an obligation under this Agreement will not be considered a breach of this Agreement to the extent that failure is caused by a Factor Beyond the HSP's Control.

ARTICLE 8 – REPORTING, ACCOUNTING AND REVIEW

8.1 Reporting.

- (a) **Generally.** The Funder's ability to enable the health system to provide appropriate, co-ordinated, effective and efficient health services, is heavily dependent on the timely collection and analysis of accurate information. The HSP acknowledges that the timely provision of accurate information related to the HSP, and its performance of its obligations under this Agreement, is under the HSP's control.
- (b) **Specific Obligations.** The HSP:
 - (1) will provide to the Funder, or to such other entity as the Funder may direct, in the form and within the time specified by the Funder, the Reports, other than personal health information as defined in the Enabling Legislation, that the Funder requires for the purposes of exercising its powers and duties under this Agreement, the Accountability Agreement, the Enabling Legislation or for the purposes that are prescribed under any Applicable Law;
 - (2) will fulfil the specific reporting requirements set out in Schedule B;
 - (3) will ensure that every Report is complete, accurate, signed on behalf of the HSP by an authorized signing officer where required and provided in a timely manner and in a form satisfactory to the Funder;
 - (4) agrees that every Report submitted to the Funder by or on behalf of the HSP, will be deemed to have been authorized by the HSP for submission.

For certainty, nothing in this section 8.1 or in this Agreement restricts or otherwise limits the Funder's right to access or to require access to personal health information as defined in the Enabling Legislation, in accordance with Applicable Law for purposes of carrying out the Funder's statutory objects to achieve the purposes of the Enabling Legislation.

- (c) **French Language Services.** If the HSP is required to provide services to the public in French under the provisions of the FLSA, the HSP will be required to submit a French language services report to the Funder. If the HSP is not required to provide services to the public in French under the provisions of the FLSA, it will be required to provide a report to the Funder that outlines how the HSP addresses the needs of its local Francophone community.
- (d) **CEO Changes.** The HSP will immediately notify the Funder if it becomes aware that the HSP's CEO will depart the organization.

- (e) **Declaration of Compliance.** Within 90 Days of the HSP's fiscal year-end, the Board will issue a Compliance Declaration declaring that the HSP has complied with the terms of this Agreement. The form of the declaration is set out in Schedule F and may be amended by the Funder from time to time through the term of this Agreement.
- (f) **Financial Reductions.** Notwithstanding any other provision of this Agreement, and at the discretion of the Funder, the HSP may be subject to a financial reduction in any of the following circumstances:
 - (1) its CAPS is received after the due date;
 - (2) its CAPS is incomplete;
 - (3) the quarterly performance reports are not provided when due; or
 - (4) financial or clinical data requirements are late, incomplete or inaccurate, where the errors or delay were not as a result of Funder actions or inaction or the actions or inactions of persons acting on behalf of the Funder. If assessed, the financial reduction will be as follows:
 - (1) if received within 7 Days after the due date, incomplete or inaccurate, the financial penalty will be the greater of (1) a reduction of 0.02 percent (0.02%) of the Funding; or (2) two hundred and fifty dollars (\$250.00); and
 - (2) for every full or partial week of non-compliance thereafter, the rate will be one half of the initial reduction.

8.2 **Reviews.**

- (a) During the term of this Agreement and for 7 years after the term of this Agreement, the HSP agrees that the Funder or its authorized representatives may conduct a Review of the HSP to confirm the HSP's fulfillment of its obligations under this Agreement. For these purposes the Funder or its authorized representatives may, upon 24 hours' Notice to the HSP and during normal business hours enter the HSP's premises to:
 - (1) inspect and copy any financial records, invoices and other finance-related documents, other than personal health information as defined in the Enabling Legislation, in the possession or under the control of the HSP which relate to the Funding or otherwise to the Services; and
 - (2) inspect and copy non-financial records, other than personal health information as defined in the Enabling Legislation, in the possession or under the control of the HSP which relate to the Funding, the Services or otherwise to the performance of the HSP under this Agreement.
- (b) The cost of any Review will be borne by the HSP if the Review: (1) was made necessary because the HSP did not comply with a requirement under the Enabling Legislation or this Agreement; or (2) indicates that the HSP has not fulfilled its obligations under this Agreement, including its obligations under Applicable Law and Applicable Policy.
- (c) To assist in respect of the rights set out in (a) above, the HSP shall disclose any information requested by the Funder or its authorized representatives

and shall do so in a form requested by the Funder or its authorized representatives.

- (d) The HSP may not commence a proceeding for damages or otherwise against any person with respect to any act done or omitted to be done, any conclusion reached or report submitted that is done in good faith in respect of a Review.

8.3 Document Retention and Record Maintenance. The HSP will

- (a) retain all records (as that term is defined in FIPPA) related to the HSP's performance of its obligations under this Agreement for 7 years after the termination or expiration of the term of this Agreement;
- (b) keep all financial records, invoices and other finance-related documents relating to the Funding or otherwise to the Services in a manner consistent with either generally accepted accounting principles or international financial reporting standards as advised by the HSP's auditor; and
- (c) keep all non-financial documents and records relating to the Funding or otherwise to the Services in a manner consistent with all Applicable Law.

8.4 Disclosure of Information.

- (a) **FIPPA.** The HSP acknowledges that the Funder is bound by FIPPA and that any information provided to the Funder in connection with this Agreement may be subject to disclosure in accordance with FIPPA.
- (b) **Confidential Information.** The parties will treat Confidential Information as confidential and will not disclose Confidential Information except with the consent of the disclosing party or as permitted or required under FIPPA or the *Personal Health Information Protection Act, 2004*, the Enabling Legislation, court order, subpoena or other Applicable Law. Notwithstanding the foregoing, the Funder may disclose information that it collects under this Agreement in accordance with the Enabling Legislation.

8.5 Transparency. The HSP will post a copy of this Agreement and each Compliance Declaration submitted to the Funder during the term of this Agreement in a conspicuous

and easily accessible public place at its sites of operations to which this Agreement applies and on its public website, if the HSP operates a public website.

- 8.6 **Auditor General.** For greater certainty the Funder's rights under this article are in addition to any rights provided to the Auditor General under the *Auditor General Act* (Ontario).

ARTICLE 9- REPRESENTATIONS, WARRANTIES AND COVENANTS

- 9.1 **General.** The HSP represents, warrants and covenants that:

- (a) it is, and will continue for the term of this Agreement to be, a validly existing legal entity with full power to fulfill its obligations under this Agreement;
- (b) it has the experience and expertise necessary to carry out the Services;
- (c) it holds all permits, licenses, consents, intellectual property rights and authorities necessary to perform its obligations under this Agreement;
- (d) all information (including information relating to any eligibility requirements for Funding) that the HSP provided to the Funder in support of its request for Funding was true and complete at the time the HSP provided it, and will, subject to the provision of Notice otherwise, continue to be true and complete for the term of this Agreement; and
- (e) it does, and will continue for the term of this Agreement to, operate in compliance with all Applicable Law and Applicable Policy, including observing where applicable, the requirements of the *Corporations Act* or successor legislation and the HSP's by-laws in respect of, but not limited to, the holding of board meetings, the requirements of quorum for decision-making, the maintenance of minutes for all board and committee meetings and the holding of members' meetings.

- 9.2 **Execution of Agreement.** The HSP represents and warrants that:

- (a) it has the full power and authority to enter into this Agreement; and
- (b) it has taken all necessary actions to authorize the execution of this Agreement.

- 9.3 **Governance.**

- (a) The HSP represents, warrants and covenants that it has established, and will maintain for the period during which this Agreement is in effect, policies and procedures:
 - (1) that set out a code of conduct for, and that identify the ethical responsibilities for all persons at all levels of the HSP's organization;
 - (2) to ensure the ongoing effective functioning of the HSP;
 - (3) for effective and appropriate decision-making;

- (4) for effective and prudent risk-management, including the identification and management of potential, actual and perceived conflicts of interest;
 - (5) for the prudent and effective management of the Funding;
 - (6) to monitor and ensure the accurate and timely fulfillment of the HSP's obligations under this Agreement and compliance with the Enabling Legislation;
 - (7) to enable the preparation, approval and delivery of all Reports;
 - (8) to address complaints about the provision of Services, the management or governance of the HSP; and
 - (9) to deal with such other matters as the HSP considers necessary to ensure that the HSP carries out its obligations under this Agreement.
- (b) The HSP represents and warrants that:
- (1) it has, or will have within 60 Days of the execution of this Agreement, a Performance Agreement with its CEO that ties a reasonable portion of the CEO's compensation plan to the CEO's performance;
 - (2) it will take all reasonable care to ensure that its CEO complies with the Performance Agreement;
 - (3) it will enforce the HSP's rights under the Performance Agreement; and
 - (4) a reasonable portion of any compensation award provided to the CEO during the term of this Agreement will be pursuant to an evaluation of the CEO's performance under the Performance Agreement and the CEO's achievement of performance goals and performance improvement targets and in compliance with Applicable Law.

"compensation award", for the purposes of Section 9.3(b)(4) above, means all forms of payment, benefits and perquisites paid or provided, directly or indirectly, to or for the benefit of a CEO who performs duties and functions that entitle him or her to be paid.

9.4 Funding, Services and Reporting. The HSP represents warrants and covenants that

- (a) the Funding is, and will continue to be, used only to provide the Services in accordance with the terms of this Agreement;
- (b) the Services are and will continue to be provided:
 - (1) by persons with the expertise, professional qualifications, licensing and skills necessary to complete their respective tasks; and
 - (2) in compliance with Applicable Law and Applicable Policy; and
- (c) every Report is accurate and in full compliance with the provisions of this Agreement, including any particular requirements applicable to the Report and any material change to a Report will be communicated to the Funder immediately.

- 9.5 **Supporting Documentation.** Upon request, the HSP will provide the Funder with proof of the matters referred to in this Article.

ARTICLE 10 – LIMITATION OF LIABILITY, INDEMNITY & INSURANCE

- 10.1 **Limitation of Liability.** The Indemnified Parties will not be liable to the HSP or any of the HSP's Personnel and Volunteers for costs, losses, claims, liabilities and damages howsoever caused arising out of or in any way related to the Services or otherwise in connection with this Agreement, unless caused by the negligence or wilful act of any of the Indemnified Parties.
- 10.2 **Ibid.** For greater certainty and without limiting section 10.1, the Funder is not liable for how the HSP and the HSP's Personnel and Volunteers carry out the Services and is therefore not responsible to the HSP for such Services. Moreover, the Funder is not contracting with or employing any HSP's Personnel and Volunteers to carry out the terms of this Agreement. As such, it is not liable for contracting with, employing or terminating a contract with or the employment of any HSP's Personnel and Volunteers required to carry out this Agreement, nor for the withholding, collection or payment of any taxes, premiums, contributions or any other remittances due to government for the HSP's Personnel and Volunteers required by the HSP to carry out this Agreement.
- 10.3 **Indemnification.** The HSP hereby agrees to indemnify and hold harmless the Indemnified Parties from and against any and all liability, loss, costs, damages and expenses (including legal, expert and consultant costs), causes of action, actions, claims, demands, lawsuits or other proceedings (collectively, the "Claims"), by whomever made, sustained, brought or prosecuted (including for third party bodily injury (including death), personal injury and property damage), in any way based upon, occasioned by or attributable to anything done or omitted to be done by the HSP or the HSP's Personnel and Volunteers, in the course of the performance of the HSP's obligations under, or otherwise in connection with, this Agreement, unless caused by the negligence or willful misconduct of any Indemnified Parties.
- 10.4 **Insurance.**
- (a) **Generally.** The HSP shall protect itself from and against all Claims that might arise from anything done or omitted to be done by the HSP and the HSP's Personnel and Volunteers under this Agreement and more specifically all Claims that might arise from anything done or omitted to be done under this Agreement where bodily injury (including personal injury), death or property damage, including loss of use of property is caused.
 - (b) **Required Insurance.** The HSP will put into effect and maintain, with insurers having a secure A.M. Best rating of B+ or greater, or the equivalent, all necessary and appropriate insurance that a prudent person in the business of the HSP would maintain, including, but not limited to, the following at its own expense:
 - (1) Commercial General Liability Insurance, for third party bodily injury, personal injury and property damage to an inclusive limit of not less

than 2 million dollars per occurrence and not less than 2 million dollars products and completed operations aggregate. The policy will include the following clauses:

- a. The Indemnified Parties as additional insureds;
- b. Contractual Liability;
- c. Cross-Liability;
- d. Products and Completed Operations Liability;
- e. Employers Liability and Voluntary Compensation unless the HSP complies with the Section below entitled "Proof of WSIA Coverage";
- f. Tenants Legal Liability; (for premises/building leases only);
- g. Non-Owned automobile coverage with blanket contractual coverage for hired automobiles; and
- h. A 30-Day written notice of cancellation, termination or material change.

(2) **Proof of WSIA Coverage.** Unless the HSP puts into effect and maintains Employers Liability and Voluntary Compensation as set out above, the HSP will provide the Funder with a valid *Workplace Safety and Insurance Act, 1997* ("WSIA") Clearance Certificate and any renewal replacements, and will pay all amounts required to be paid to maintain a valid WSIA Clearance Certificate throughout the term of this Agreement.

(3) All Risk Property Insurance on property of every description, for the term, providing coverage to a limit of not less than the full replacement cost, including earthquake and flood. All reasonable deductibles and self-insured retentions are the responsibility of the HSP.

(4) Comprehensive Crime insurance, Disappearance, Destruction and Dishonest coverage.

(5) Errors and Omissions Liability Insurance insuring liability for errors and omissions in the provision of any professional services as part of the Services or failure to perform any such professional services, in the amount of not less than two million dollars per claim and in the annual aggregate.

(c) **Certificates of Insurance.** The HSP will provide the Funder with proof of the insurance required by this Agreement in the form of a valid certificate of insurance that references this Agreement and confirms the required coverage, on or before the commencement of this Agreement, and renewal replacements on or before the expiry of any such insurance. Upon the request of the Funder, a copy of each insurance policy shall be made available to it. The HSP shall ensure that each of its subcontractors obtains all the necessary and appropriate insurance that a prudent person in the business of the subcontractor would maintain and that the Indemnified Parties are named as additional insureds with respect to any liability arising in the course of performance of the subcontractor's obligations under the subcontract.

ARTICLE 11 - TERMINATION AND EXPIRY OF AGREEMENT

11.1 Termination by the Funder.

- (a) **Without Cause.** The Funder may terminate this Agreement at any time, for any reason, upon giving at least 60 Days' Notice to the HSP.
- (b) **Where No Appropriation.** If, as provided for in section 4.3, the Funder does not receive the necessary funding from the Ministry, the Funder may terminate this Agreement immediately by giving Notice to the HSP.
- (c) **For Cause.** The Funder may terminate all or part of this Agreement immediately upon giving Notice to the HSP if:
 - (1) in the opinion of the Funder:
 - a. the HSP has knowingly provided false or misleading information regarding its funding request or in any other communication with the Funder;
 - b. the HSP breaches any material provision of this Agreement;
 - c. the HSP is unable to provide or has discontinued all or part of the Services; or
 - d. it is not reasonable for the HSP to continue to provide all or part of the Services;
 - (2) the nature of the HSP's business, or its corporate status, changes so that it no longer meets the applicable eligibility requirements of the program under which the Funder provides the Funding;
 - (3) the HSP makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or is petitioned into bankruptcy, or files for the appointment of a receiver; or
 - (4) the HSP ceases to carry on business.
- (d) **Material Breach.** A breach of a material provision of this Agreement includes, but is not limited to:
 - (1) misuse of Funding;
 - (2) a failure or inability to provide the Services as set out in the Service Plan;
 - (3) a failure to provide the Compliance Declaration;
 - (4) a failure to implement, or follow, a Performance Agreement, one or more material requirements of a Performance Improvement Process or of a Transition Plan;
 - (5) a failure to respond to Funder requests in a timely manner;
 - (6) a failure to: A) advise the Funder of actual, potential or perceived Conflict of Interest; or B) comply with any requirements prescribed by the Funder to resolve a Conflict of Interest; and
 - (7) a Conflict of Interest that cannot be resolved.

- (e) **Transition Plan.** In the event of termination by the Funder pursuant to this section, the Funder and the HSP will develop a Transition Plan. The HSP agrees that it will take all actions, and provide all information, required by the Funder to facilitate the transition of the HSP's clients.

11.2 Termination by the HSP.

- (a) The HSP may terminate this Agreement at any time, for any reason, upon giving 6 months' Notice (or such shorter period as may be agreed by the HSP and the Funder) to the Funder provided that the Notice is accompanied by:
 - (1) satisfactory evidence that the HSP has taken all necessary actions to authorize the termination of this Agreement; and
 - (2) a Transition Plan, acceptable to the Funder, that indicates how the needs of the HSP's clients will be met following the termination and how the transition of the clients to new service providers will be effected within the six-month Notice period.
- (b) In the event that the HSP fails to provide an acceptable Transition Plan, the Funder may reduce Funding payable to the HSP prior to termination of this Agreement to compensate the Funder for transition costs.

11.3 Opportunity to Remedy.

- (a) **Opportunity to Remedy.** If the Funder considers that it is appropriate to allow the HSP an opportunity to remedy a breach of this Agreement, the Funder may give the HSP an opportunity to remedy the breach by giving the HSP Notice of the particulars of the breach and of the period of time within which the HSP is required to remedy the breach. The Notice will also advise the HSP that the Funder may terminate this Agreement:
 - (1) at the end of the Notice period provided for in the Notice if the HSP fails to remedy the breach within the time specified in the Notice; or
 - (2) prior to the end of the Notice period provided for in the Notice if it becomes apparent to the Funder that the HSP cannot completely remedy the breach within that time or such further period of time as the Funder considers reasonable, or the HSP is not proceeding to remedy the breach in a way that is satisfactory to the Funder.
- (b) **Failure to Remedy.** If the Funder has provided the HSP with an opportunity to remedy the breach, and:
 - (1) the HSP does not remedy the breach within the time period specified in the Notice;
 - (2) it becomes apparent to the Funder that the HSP cannot completely remedy the breach within the time specified in the Notice or such further period of time as the Funder considers reasonable; or
 - (3) the HSP is not proceeding to remedy the breach in a way that is satisfactory to the Funder,

then the Funder may immediately terminate this Agreement by giving Notice of termination to the HSP.

- 11.4 **Consequences of Termination.** If this Agreement is terminated pursuant to this Article, the Funder may:
- (a) cancel all further Funding instalments;
 - (b) demand the repayment of any Funding remaining in the possession or under the control of the HSP;
 - (c) through consultation with the HSP, determine the HSP's reasonable costs to wind down the Services; and
 - (d) permit the HSP to offset the costs determined pursuant to section (c), against the amount owing pursuant to section (b).
- 11.5 **Effective Date.** Termination under this Article will take effect as set out in the Notice.
- 11.6 **Corrective Action.** Despite its right to terminate this Agreement pursuant to this Article, the Funder may choose not to terminate this Agreement and may take whatever corrective action it considers necessary and appropriate, including suspending Funding for such period as the Funder determines, to ensure the successful completion of the Services in accordance with the terms of this Agreement.
- 11.7 **Expiry of Agreement.** If the HSP intends to allow this Agreement to expire at the end of its term, the HSP will provide 6 months' Notice (or such shorter period as may be agreed by the HSP and the Funder) to the Funder, along with a Transition Plan, acceptable to the Funder, that indicates how the needs of the HSP's clients will be met following the expiry and how the transition of the clients to new service providers will be effected within the 6-month Notice period.
- 11.8 **Failure to Provide Notice of Expiry.** If the HSP fails to provide the required 6 months' Notice that it intends to allow this Agreement to expire, or fails to provide a Transition Plan along with any such Notice, this Agreement shall automatically be extended and the HSP will continue to provide the Services under this Agreement for so long as the Funder may reasonably require to enable all clients of the HSP to transition to new service providers.

ARTICLE 12 - NOTICE

- 12.1 **Notice.** A Notice will be in writing; delivered personally, by pre-paid courier, by any form of mail where evidence of receipt is provided by the post office, or by facsimile with confirmation of receipt, or by email where no delivery failure notification has been received. For certainty, delivery failure notification includes an automated 'out of office' notification. A Notice will be addressed to the other party as provided below or as either party will later designate to the other in writing:

To the Funder:

Ontario Health West

356 Oxford St W, London, ON N6H 1T3

Attn: Chief Regional Officer

Email: OH-West-Reports@ontariohealth.ca

To the HSP:

Cambridge Memorial Hospital

700 Coronation Boulevard,

Cambridge, ON N1R 3G2

Attn: President & Chief Executive Officer

Email: pgaskin@cmh.org

- 12.2 **Notices Effective From.** A Notice will be deemed to have been duly given 1 business day after delivery if the Notice is delivered personally, by pre-paid courier or by mail. A Notice that is delivered by facsimile with confirmation of receipt or by email where no delivery failure notification has been received will be deemed to have been duly given 1 business day after the facsimile or email was sent.

ARTICLE 13 – ADDITIONAL PROVISIONS

- 13.1 **Interpretation.** In the event of a conflict or inconsistency in any provision of this Agreement, the main body of this Agreement will prevail over the Schedules.
- 13.2 **Invalidity or Unenforceability of Any Provision.** The invalidity or unenforceability of any provision of this Agreement will not affect the validity or enforceability of any other provision of this Agreement and any invalid or unenforceable provision will be deemed to be severed.
- 13.3 **Waiver.** A party may only rely on a waiver of the party's failure to comply with any term of this Agreement if the other party has provided a written and signed Notice of waiver. Any waiver must refer to a specific failure to comply and will not have the effect of waiving any subsequent failures to comply.
- 13.4 **Parties Independent.** The parties are and will at all times remain independent of each other and are not and will not represent themselves to be the agent, joint venturer, partner or employee of the other. No representations will be made or acts taken by either party which could establish or imply any apparent relationship of agency, joint venture, partnership or employment and neither party will be bound in any manner whatsoever by

any agreements, warranties or representations made by the other party to any other person or entity, nor with respect to any other action of the other party.

- 13.5 **Funder is an Agent of the Crown.** The parties acknowledge that the Funder is an agent of the Crown and may only act as an agent of the Crown in accordance with the provisions of the Enabling Legislation. Notwithstanding anything else in this Agreement, any express or implied reference to the Funder providing an indemnity or any other form of indebtedness or contingent liability that would directly or indirectly increase the indebtedness or contingent liabilities of the Funder or of Ontario, whether at the time of execution of this Agreement or at any time during the term of this Agreement, will be void and of no legal effect.
- 13.6 **Express Rights and Remedies Not Limited.** The express rights and remedies of the Funder are in addition to and will not limit any other rights and remedies available to the Funder at law or in equity. For further certainty, the Funder has not waived any provision of any applicable statute, including the Enabling Legislation, nor the right to exercise its rights under these statutes at any time.
- 13.7 **No Assignment.** The HSP will not assign this Agreement or the Funding in whole or in part, directly or indirectly, without the prior written consent of the Funder. No assignment or subcontract shall relieve the HSP from its obligations under this Agreement or impose any liability upon the Funder to any assignee or subcontractor. The Funder may assign this Agreement or any of its rights and obligations under this Agreement to any one or more agencies or ministries of His Majesty the King in right of Ontario and as otherwise directed by the Ministry.
- 13.8 **Governing Law.** This Agreement and the rights, obligations and relations of the parties hereto will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein. Any litigation arising in

connection with this Agreement will be conducted in Ontario unless the parties agree in writing otherwise.

- 13.9 **Survival.** The provisions in Articles 1.0, 5.0, 8.0, 9.5, 10.0, 12.0, 13.0 and 14.0 will continue in full force and effect for a period of seven years from the date of expiry or termination of this Agreement.
- 13.10 **Further Assurances.** The parties agree to do or cause to be done all acts or things necessary to implement and carry into effect this Agreement to its full extent.
- 13.11 **Amendment of Agreement.** This Agreement may only be amended by a written agreement duly executed by the parties.
- 13.12 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.
- 13.13 **Insignia and Logos.** The HSP shall not use any insignia or logo of His Majesty the King in right of Ontario, including those of the Funder, unless it has received the prior written permission of the Funder to do so.

ARTICLE 14 - ENTIRE

- 14.1 **Entire Agreement.** This Agreement forms the entire Agreement between the parties and supersedes all prior oral or written representations and agreements, except that where the Funder has provided Funding to the HSP pursuant to the April 1, 2019-March 31, 2022 Multi-Sector Accountability Agreement, or amendment thereto, or a prior multi-sector accountability agreement, or amendment thereto, between the HSP and a local health integration network or Funder or to this Agreement, whether by Project Funding Agreement or otherwise, and an amount of Funding for the same purpose is set out in the Schedules, that Funding is subject to all of the terms and conditions on which funding for that purpose was initially provided, unless those terms and conditions have been superseded by any terms or conditions of this Agreement or by the MSAA Indicator Technical Specifications document, or unless they conflict with Applicable Law or Applicable Policy.

-SIGNATURE PAGE FOLLOWS-

The parties have executed this Agreement on the dates set out below.

ONTARIO HEALTH


By:

Susan deRyk, Chief Regional Officer, Date
Ontario Health Central & West Regions


And by:

Mark Brintnell, Vice President, Date
Performance, Accountability and
Funding Allocation

Cambridge Memorial Hospital

By:  _____
Patrick Gaskin, Date
President & Chief Executive Officer
January 23, 2024

I have authority to bind the HSP

And by:  _____
Nicola Melchers, Date
Board Chair
January 23, 2024

Multi-Sector Service Accountability Agreements

Ontario Health - West Region

Health Service Provider: Cambridge Memorial Hospital

2023-2024 Schedule A: Total Funder Funding

Ontario Health Program: Revenue & Expenses	Row #	Account: Financial (F) Reference OHRs VERSION 12.0	2023-2024 Plan Target
REVENUE			
Global Base Allocation	1	F 11006	\$3,045,854
MOHLTC Base Allocation	2	F 11010	\$0
MOHLTC Other funding envelopes	3	F 11014	\$0
Ontario Health One Time	4	F 11008 & 11009	\$0
MOHLTC One Time	5	F 11012	\$0
Paymaster Flow Through (Row 79)	6	F 11019	\$0
Service Recipient Revenue	7	F 11050 to 11090	\$0
Subtotal Revenue Ontario Health/MOHLTC	8	Sum of Rows 1 to 7	\$3,045,854
Recoveries from External/Internal Sources	9	F 12*, [excl. F 1217*, 1219*, 122*]	\$0
Donations	10	F 131*, & 151*	\$0
Other Funding Sources & Other Revenue	11	F 130* to 190*, 110*, [excl. F 11006, 11008 to 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$0
Subtotal Other Revenues	12	Sum of Rows 9 to 11	\$0
TOTAL REVENUE	FUND TYPE 2	13	Sum of Rows 8 and 12
			\$3,045,854
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost) (Row 90+101)	14	F 31010, 31030, 31090, 35010, 35030, 35090	\$1,959,339
Benefit Contributions (Row 91+102)	15	F 31040 to 31085, 35040 to 35085, 38040 to 38085, 39040 to 39085	\$493,963
Employee Future Benefit Compensation	16	F 305*	\$0
Physician Compensation (Row 128)	17	F 39010, 39030, 39090	\$43,180
Physician Assistant Compensation (Row 129)	18	F 39010, 39030, 39090	\$0
Nurse Practitioner Compensation (Row 130)	19	F 38010, 38030, 38090	\$0
Physiotherapist Compensation (Row 131)	20	F 31010, 31030, 31090, 35010, 35030, 35090	\$0
Chiropractor Compensation (Row 132)	21	F 31010, 31030, 31090, 35010, 35030, 35090	\$0
All Other Medical Staff Compensation (Row 133)	22	F 39095	\$0
Sessional Fees	23	F 39092	\$529,851
Service Costs			
Med/Surgical Supplies & Drugs	24	F 460*, 465*, 560*, 565* [excl. F 46080]	\$0
Supplies & Sundry Expenses	25	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$19,521
Community One Time Expense	26	F 69596	\$0
Personal Protective Equipment Expense	27	F 46080	\$0
Equipment Expenses	28	F 7*, [excl. F 750*, 780*]	\$0
Contracted Out Expense	29	F 8*	\$0
Buildings & Grounds Expenses	30	F 9*, [excl. F 950*]	\$0
TOTAL EXPENSES	FUND TYPE 2	31	Sum of Rows 14 to 30
			\$3,045,854
FUND TYPE 2 - NET SURPLUS/(DEFICIT) FROM OPERATIONS	32	Row 13 minus Row 31	\$0
Amortization - Grants/Donations Revenue	33	F 141*	\$0
Amortization - Major Equip, Software License & Fees	34	F 750*, 780*	\$0
Amortization - Building	35	F 950*	\$0
NET SURPLUS/(DEFICIT) Incl. Amortization	36	Sum of Rows 33 to 35	\$0
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	37	F 1*	\$0
Total Expenses (Type 3)	38	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT)	FUND TYPE 3	39	Row 37 minus Row 38
			\$0
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	40	F 1*	\$0
Total Expenses (Type 1)	41	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT)	FUND TYPE 1	42	Row 40 minus Row 41
			\$0

ALL FUND TYPES

Total Revenue (All Funds)	43	Row 15 + Row 39 + Row 42	\$3,045,854	
Total Expenses (All Funds)	44	Row 16 + Row 40 + Row 43	\$3,045,854	
NET SURPLUS/(DEFICIT)	ALL FUND TYPES	45	Row 43 minus Row 44	\$0

Multi-Sector Service Accountability Agreements

Ontario Health - West Region

Health Service Provider: Cambridge Memorial Hospital

2023-2024 Schedule B: Reports - Community Mental Health and Addictions Services

Only those requirements listed below that relate to the programs and services that are funded by Ontario Health will be applicable.

A list of reporting requirements and related submission dates is set out below. Unless otherwise indicated, the HSP is only required to provide information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk “*”.

When a reporting due date falls on a weekend, the report will be due on the next business day.

OHRs/MIS Trial Balance Submission (through OHFS)*	
2023-24	Due Date (Must pass 3c Edits)
2023-24 Q2	October 31, 2023
2023-24 Q3	January 31, 2024
2023-24 Q4	May 31, 2024

Supplementary Reporting - Quarterly Report (through SRI)*	
2023-24	Due Date
2023-24 Q2	November 7, 2023
2023-24 Q3	February 7, 2024
2023-24 Q4	June 7, 2024

Annual Reconciliation Report (ARR) through SRI*	
Fiscal Year	Due Date
2023-24	June 30, 2024

Board Approved Audited Financial Statements *	
Fiscal Year	Due Date
2023-24	June 30, 2024

Declaration of Compliance	
Fiscal Year	Due Date
2023-24	June 30, 2024

Community Mental Health and Addictions Services – Other Reporting Requirements		
Requirement	Due Date	
Common Data Set for Community Mental Health Services (CDS-MH)[i]	See end note	
DATIS (Drug & Alcohol Treatment Information System)	Fifteen (15) business days after end of Q1, Q2 and Q3 - Twenty (20) business days after Year-End (Q4)	
	2023-24 Q1	July 21, 2023
	2023-24 Q2	October 23, 2023
	2023-24 Q3	January 22, 2024
	2023-24 Q4	April 29, 2024

Multi-Sector Service Accountability Agreements

Ontario Health - West Region

Health Service Provider: Cambridge Memorial Hospital

2023-2024 Schedule B: Reports - Community Mental Health and Addictions Services

ConnexOntario

All HSPs that received funding to provide mental health and/or addictions services must participate in ConnexOntario's annual validation of service details; provide service availability updates; and inform ConnexOntario of any program/service changes as they occur.

French Language Service Report	2023-24	April 29, 2024
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Community Engagement and Integration Activities Reporting

Fiscal Year	Due Date
2023-24	June 30, 2024

i As the Mental Health and Addictions Centre of Excellence advances work on a Mental Health and Addictions Data Strategy for the province of Ontario, HSPs will no longer be required to collect or submit the CDS-MH.

- *As of April 1, 2018, the Ministry CDS-MH web submission tool has not been available for the collection of CDS-MH data.*
- *The CDS-MH will be replaced with the Mental Health and Addictions Provincial Data Set (MHA-PDS). Onboarding to the MHA-PDS began in 22/23 and will roll out in phases. The Mental Health and Addictions Centre of Excellence will provide guidance to HSPs on onboarding timelines and processes. Please contact MHACoE@OntarioHealth.ca for more information.*

Multi-Sector Service Accountability Agreements

Ontario Health - West Region

Health Service Provider: Cambridge Memorial Hospital

2023-2024 Schedule C: Directives, Guidelines & Policies - Community Mental Health and Addictions Services

Only those requirements listed below that relate to the programs and services that are funded by Ontario Health will be applicable.

• Addictions & Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)
• Addictions staged screening and assessment tools (2015)
• Broader Public Sector Perquisites Directive, August 2011
• Broader Public Sector Procurement Directive, July 2011
• Community Capital Own Funds Directive, October 2016
• Community Financial Policy, 2016
• Community Health Capital Programs Policy, March 2017
• Community Infrastructure Renewal Guidelines, 2018-2019
• Crisis Response Service Standards for Mental Health Services and Supports (2005)
• Early Psychosis Intervention Standards (March 2011)
• Guide to Requirements and Obligations Relating to French Language Health Services, November 2017
• Guideline for Community Health Service Providers Audits and Reviews, August 2012
• Intensive Case Management Service Standards for Mental Health Services and Supports (2005)
• Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)
• Ontario Healthcare Reporting Standards – OHRs/MIS - most current version available to applicable year
• Ontario Program Standards for ACT Teams (2005)
• Operating Manual for Community Mental Health and Addiction Services (2003)
<u>Chapter 1. Organizational Components</u> 1.2 Organizational Structure, Roles and Relationships 1.3 Developing and Maintaining the HSP Organization Structure 1.5 Dispute Resolution
<u>Chapter 2. Program & Administrative Components</u> 2.3 Budget Allocations/ Problem Gambling Budget Allocations 2.4 Service Provision Requirements 2.5 Client Records, Confidentiality and Disclosure 2.6 Service Reporting Requirements 2.8 Issues Management 2.9 Service Evaluation/Quality Assurance 2.10 Administrative Expectations
<u>Chapter 3. Financial Record Keeping and Reporting Requirements</u> 3.2 Personal Needs Allowance for Clients in Some Residential Addictions Programs 3.6 Internal Financial Controls (except “Inventory of Assets”) 3.7 Human Resource Control
• Psychiatric Sessional Funding Guidelines (2004)
• South Oaks Gambling Screen (SOGS)
• Space Standards for Community Health Care Facilities, March 2018

Multi-Sector Service Accountability Agreements

Ontario Health - West Region
 Health Service Provider: Cambridge Memorial Hospital

2023-2024 Schedule D1: Core Indicators

Performance Indicators	2023-2024 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	>=0
**Percentage Total Margin	0.00%	>= 0%
Service Activity by Functional Centre (Refer to Schedule D2a)		
Number of Individuals Served (By Functional Centre- Refer to Schedule D2a)		
Monitoring Indicators		
Variance forecast to Actual Expenditures		
Variance Forecast to Actual Units of Service		
Alternate Level of Care (ALC) Rate		
Explanatory Indicators		
Cost per Unit Service (by Functional Centre)		
Cost per Individual Served (by Program/Service/Functional Centre)		
Client Experience		
Percentage of Alternate Level of Care (ALC) days		
* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget ** No negative variance is accepted for Total Margin		

Multi-Sector Service Accountability Agreements

Ontario Health - West Region

Health Service Provider: Cambridge Memorial Hospital

2023-2024 Schedule D2A: Clinical Activity - Detail

OHRs Description & Functional Centre		2023-2024 Target	2023-2024 Performance Standard
*These values are provided for information purposes only. They are not Accountability Indicators.			
Medical Resources 72 5 07			
Total Cost for Functional Centre	72 5 07	\$529,851	n/a
Mental Health Sessions	72 5 07	957	813 - 1,101
Clinics/Programs - MH Counseling and Treatment 72 5 10 76 12			
Full-time equivalents (FTE)	72 5 10 76 12	9.70	n/a
Visits	72 5 10 76 12	11,381	10,812 - 11,950
Not Uniquely Identified Service Recipient Interactions	72 5 10 76 12	344	275 - 413
Individuals Served by Functional Centre	72 5 10 76 12	3,073	2,766 - 3,380
Group Sessions	72 5 10 76 12	357	286 - 428
Total Cost for Functional Centre	72 5 10 76 12	\$955,745	n/a
Group Participant Attendances	72 5 10 76 12	1,785	1,607 - 1,964
Service Provider Interactions	72 5 10 76 12	11,381	10,812 - 11,950
Service Provider Group Interactions	72 5 10 76 12	714	607 - 821
MH Community Clinic 72 5 10 76 30			
Full-time equivalents (FTE)	72 5 10 76 30	7.10	n/a
Visits	72 5 10 76 30	3,330	2,997 - 3,663
Individuals Served by Functional Centre	72 5 10 76 30	1,762	1,586 - 1,938
Total Cost for Functional Centre	72 5 10 76 30	\$882,098	n/a
Service Provider Interactions	72 5 10 76 30	3,330	2,997 - 3,663
Day/Night Care Mental Health General 72 5 20 76 10			
Full-time equivalents (FTE)	72 5 20 76 10	5.70	n/a
Individuals Served by Functional Centre	72 5 20 76 10	490	392 - 588
Attendance Days	72 5 20 76 10	4,692	4,223 - 5,161
Total Cost for Functional Centre	72 5 20 76 10	\$678,160	n/a
Service Provider Interactions	72 5 20 76 10	4,692	4,223 - 5,161
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		22.50	n/a
Total Visits for all F/C		14,711	13,975 - 15,447

Multi-Sector Service Accountability Agreements

Ontario Health - West Region

Health Service Provider: Cambridge Memorial Hospital

2023-2024 Schedule D2A: Clinical Activity - Detail

OHRs Description & Functional Centre	2023-2024	2023-2024
<i>*These values are provided for information purposes only. They are not Accountability Indicators.</i>	Target	Performance Standard
Total Not Uniquely Identified Service Recipient Interactions for all F/C	344	275 - 413
Total Hours of Care for all F/C	0	0 - 0
Total Inpatient/Resident Days for all F/C	0	0 - 0
Total Individuals Served by Functional Centre for all F/C	5,325	5,059 - 5,591
Total Attendance Days for all F/C	4,692	4,223 - 5,161
Total Group Sessions for all F/C	357	286 - 428
Total Meals Delivered for all F/C	0	0 - 0
Total Group Participants for all F/C	1,785	1,607 - 1,964
Total Service Provider Interactions for all F/C	19,403	18,433 - 20,373
Total Mental Health Sessions for all F/C	957	813 - 1,101
Total Cost for All F/C	\$3,045,854	n/a
Total Service Provider Group Interactions for all F/C	714	607 - 821

Multi-Sector Service Accountability Agreements

Ontario Health - West Region

Health Service Provider: Cambridge Memorial Hospital

2023-2024 Schedule D2C: CMH&A Sector Specific Indicators

Performance Indicators	2023-2024 Target	Performance Standard
No Performance Indicators	-	-

Explanatory Indicators

Repeat Unplanned Emergency Visits within 30 days for Mental Health conditions
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse conditions
Average Number of Days Waited from Referral/Application to Initial Assessment Complete
Average number of days waited from Initial Assessment Complete to Service Initiation

Developmental Indicators

Ontario Common Assessment of Need (OCAN)
Ontario Perception of Care Tool for MH&A (OPOC)

Multi-Sector Service Accountability Agreements

Ontario Health - West Region

Health Service Provider: Cambridge Memorial Hospital

2023-2024 Schedule D3: Local Obligations

This schedule sets out provincial goals identified by Ontario Health (OH) and the Local Obligations associated with each of the goals. The provincial goals apply to all HSPs and HSPs must select the most appropriate obligation(s) under each goal for implementation. HSPs must provide a report on the progress of their implementation(s) as per direction provided by OH regional teams.

Goal: Improve Access and Flow by Reducing Alternate Level of Care (ALC)

Local Obligations related to goal:

- Participate in and align with regional plans to support admission diversion, maximize capacity, and support patients transition to community.

Goal: Advance Indigenous Health Strategies and Outcomes

Local Obligations related to goal:

- Develop and/or advance First Nations, Inuit, Métis and Urban Indigenous (FNIMUI) FNIMUI Health Workplan:
 - a. Partner with your OH team to work through a process of establishing a First Nations, Inuit, Métis and Urban Indigenous Health Workplan, which aligns with provincial guidance, and includes a plan for Indigenous cultural awareness (improving understanding of Indigenous history, perspectives, cultures, and traditions) and cultural safety (improving understanding of anti-racist practice and identifying individual and systemic biases that contribute to racism across the health care system). Ontario Health will provide guidance material to support this process.
 - b. Or, if a First Nations, Inuit, Métis and Urban Indigenous Health Workplan (or similar) already exists, demonstrate advancement to implementation of the plan.
- Demonstrate progress (and document in reporting template) on outcomes, access and/or executive training:
 - a. Improvement in outcomes regarding First Nations, Inuit, Métis and Urban Indigenous health (note for 23/24 this will give HSPs the opportunity to demonstrate any improvement based on the data currently available to them. In future years, standardized indicators will be developed.)
 - b. Progress in increasing culturally safe access to healthcare services, programs to foster Indigenous engagement, and relationship building to improve Indigenous health (note for 23/24 this will give HSPs the opportunity to demonstrate any improvement based on initiatives they have targeted in their First Nations, Inuit, Métis and Urban Indigenous Health Workplan. In future years, standardized indicators will be developed.)
 - c. Demonstrate that executive level staff have completed Indigenous Cultural Safety Training

Goal: Advance Equity, Inclusion, Diversity, and Anti-Racism Strategies to Improve Health Outcomes

Local Obligations related to goal:

- Develop and/or advance an organizational health equity plan
 - develop an equity plan that aligns with OH equity, inclusion, diversity and anti-racism framework, and existing provincial priorities, where applicable (i.e., French language health services plan; Accessibility for Ontarians with Disabilities Act; the provincial Black Health Plan; High Priority Community Strategy; etc.). Please note that HSPs will be provided with guidance materials to help develop their equity plan and complete a reporting template to submit to the region.
 - Or, if an equity plan already exists, demonstrate advancement to implementation of the plan, by completing the equity reporting template and submitting to the region.
- Increase understanding and awareness of health equity through education/continuous learning
 - Continue capacity-building through knowledge transfer, education, and training about health equity within the Region, HSPs will demonstrate that a minimum, executive level staff have completed relevant equity, inclusion, diversity, and anti-racism education (recommended education options to be provided).

Multi-Sector Service Accountability Agreements

Ontario Health - West Region

Health Service Provider: Cambridge Memorial Hospital

2023-2024 Schedule E: Project Funding Agreement Template

Project Funding Agreement Template

Note: This project template is intended to be used to fund one-off projects or for the provision of services not ordinarily provided by the HSP. Whether or not the HSP provides the services directly or subcontracts the provision of the services to another provider, the HSP remains accountable for the funding that is provided by Ontario Health.

THIS PROJECT FUNDING AGREEMENT ("PFA") is effective as of [insert date] (the "Effective Date") between:

ONTARIO HEALTH

- and -

[Legal Name of the Health Service Provider] (the "HSP")

WHEREAS Ontario Health and the HSP entered into a Service Accountability Agreement dated [insert date] (the "SAA") for the provision of Services and now wish to set out the terms of pursuant to which Ontario Health will fund the HSP for [insert brief description of project] (the "Project");

NOW THEREFORE in consideration of their respective agreements set out below and subject to the terms of the SAA, the parties covenant and agree as follows:

1.0 Definitions. Unless otherwise specified in this PFA, capitalized words and phrases shall have the meaning set out in the SAA. When used in this PFA, the following words and phrases have the following meanings:

"Project Funding" means the funding for the Services;

"Services" mean the services described in Appendix A to this PFA; and

"Term" means the period of time from the Effective Date up to and including [insert project end date].

2.0 Relationship between the SAA and this PFA. This PFA is made subject to and hereby incorporates the terms of the SAA. On execution this PFA will be appended to the SAA as a Schedule.

3.0 The Services. The HSP agrees to provide the Services on the terms and conditions of this PFA including all of its Appendices and schedules.

4.0 Rates and Payment Process. Subject to the SAA, the Project Funding for the provision of the Services shall be as specified in Appendix A to this PFA.

5.0 Representatives for PFA.

(a) The HSP's Representative for purposes of this PFA shall be [insert name, telephone number, fax number and e-mail address.] The HSP agrees that the HSP's Representative has authority to legally bind the HSP.

(b) Ontario Health's Representative for purposes of this PFA shall be: [insert name, telephone number, fax number and e-mail address.]

6.0 Additional Terms and Conditions. The following additional terms and conditions are applicable to this PFA.

(a) Notwithstanding any other provision in the SAA or this PFA, in the event the SAA is terminated or expires prior to the expiration or termination of this PFA, this PFA shall continue until it expires or is terminated in accordance with its terms.

(b) [insert any additional terms and conditions that are applicable to the Project]

IN WITNESS WHEREOF the parties hereto have executed this PFA as of the date first above written.

[insert name of HSP]

By:

[insert name and title]

Ontario Health

By:

[insert name and title]

Multi-Sector Service Accountability Agreements

Ontario Health - West Region

Health Service Provider: Cambridge Memorial Hospital

APPENDIX A: SERVICES

1. DESCRIPTION OF PROJECT
2. DESCRIPTION OF SERVICES
3. OUT OF SCOPE
4. DUE DATES
5. PERFORMANCE TARGETS
6. REPORTING
7. PROJECT ASSUMPTIONS
8. PROJECT FUNDING

8.1 The Project Funding for completion of this PFA is as follows: [X]

8.2 Regardless of any other provision of this PFA, the Project Funding payable for the completion of the Services under this PFA is one-time funding and is not to exceed [X].

Multi-Sector Service Accountability Agreements

Ontario Health - West Region

Health Service Provider: Cambridge Memorial Hospital

2023-2024 - Schedule F: Declaration of Compliance

DECLARATION OF COMPLIANCE

Issued pursuant to the MSAA effective April 1, 2023

To: The Board of Directors of the [insert name of Ontario Health Region].
Attn: Board Chair.

From: The Board of Directors (the "Board") of the [insert name of HSP] (the "HSP")

Date: [insert date]

Re: April 1, 2023 – March 31, 2024 (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the MSAA between the Ontario Health Region and the HSP effective April 1, 2023.

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the HSP on a day to day basis, e.g. the Chief Executive Office or the Executive Director] and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "MSAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the MSAA concerning applicable procurement practices;
- (ii) The *Connecting Care Act, 2019*; and
- (iii) Any compensation restraint legislation which applies to the HSP

[insert name of Chair], [insert title]

Multi-Sector Service Accountability Agreements

Ontario Health - West Region

Health Service Provider: Cambridge Memorial Hospital

Appendix 1 - Exceptions

[Please identify each obligation under the MSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]