



**BOARD OF DIRECTORS MEETING - OPEN**

**November 6, 2024**

**1845-1855**

**Virtual via Teams / C.1.229**

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**AGENDA**



Agenda Item	Page #	Time	Responsibility	Purpose
* indicates attachment / TBC – to be circulated				
<b>1. CALL TO ORDER</b>				
1.1 Territorial Acknowledgement		1845	L. Woeller	
1.2 Welcome		1846	L. Woeller	
1.3 Confirmation of Quorum (7)		1847	L. Woeller	Confirmation
1.4 Declarations of Conflict		1848	L. Woeller	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>		1849	L. Woeller	Motion
1.5.1 Minutes of October 2, 2024*	4			
1.5.2 2024/25 Board of Directors Action Log*	21			
1.5.3 Board Attendance*	22			
1.5.4 Events Calendar / Meeting Dates*	23			
1.5.5 Committee Reports to the Board of Directors				
1.5.5.1 Executive Committee (No Open matters)				
1.5.5.2 Audit Committee (No update. Next meeting Nov 18, 2024)				
1.5.5.3 Capital Projects Sub-Committee (No update. Next meeting Nov 20, 2024)				
1.5.5.4 Resources Committee* (No update. Next meeting Nov 25, 2024)				
1.5.5.5 Medical Advisory Committee* (Oct 9, 2024)	25			
1.5.5.6 Governance Committee* (No update. Next meeting Nov 20, 2024)				
1.5.5.7 Quality Committee* (October 16, 2024)	28			
1.5.6 CEO Report*	32			
1.5.7 Quality Monitoring Metrics Monthly Report & Scorecard*	38			
1.5.8 Emergency Department Letter*	39			
1.6 Confirmation of Agenda		1850	L. Woeller	Motion
<b>2. PRESENTATIONS</b>				
2.1 No Presentations				
<b>3. BUSINESS ARISING</b>				
3.1 No Items for Discussion				
<b>4. NEW BUSINESS</b>				

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

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

Agenda Item * indicates attachment / TBC – to be circulated	Page #	Time	Responsibility	Purpose
4.1 No Open Matters for Discussion				
<b>5. UPCOMING EVENTS</b>		1851		
5.1 Drum Circle at CMH – November 7, 2024 11:30-12:30 A.0.001 Sanctuary (Located near Tim Hortons)				
5.2 CMHF Celebration of Champions – Oriental Sports Club - November 7, 2024 for information email <a href="mailto:kmcmullen@cmh.org">kmcmullen@cmh.org</a> (Donor appreciation event)				
5.3 Cambridge & North Dumfries Community Awards – Hamilton Family Theatre, Cambridge – November 14, 2024 5:00pm-7:30pm				
5.4 CMHF Giving Tuesday – December 3, 2024				
5.5 CMH Holiday Meal – December 5, 2024 11:00am-2:00pm & 9:00pm – 10:00pm (Details to follow)				
5.6 CMH Wing B Opening, January 10 & 11, 2025 – Details to follow				
5.7 CMHReveal, February 21, 2025, Tapestry Hall, email <a href="mailto:kmcmullen@cmh.org">kmcmullen@cmh.org</a> for details				
<b>6. DATE OF NEXT MEETING</b>	Wednesday December 4, 2024 Location: Hybrid			
<b>7. TERMINATION</b>		1855	L. Woeller	Motion
Link: <a href="#">Board/Committee Evaluation Survey</a>	<i>Following the meeting, please complete within one week.</i>			

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

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



### CMH Board of Directors Motions Page

Agenda Item	Motions Being Brought Forward for Approval – November 6, 2024	
1.5	Consent Agenda	<ul style="list-style-type: none"><li>• That the CMH Board of Directors APPROVES the Consent Agenda as presented (amended)</li></ul>
1.6	Confirmation of Agenda	<ul style="list-style-type: none"><li>• That the Agenda be adopted as presented (amended)</li></ul>

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

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

Cambridge Memorial Hospital  
BOARD OF DIRECTORS MEETING  
**Wednesday, October 2, 2024**  
**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 October 2, 2024 at 1700h.

Present:

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

Regrets: V. Miropolsky, I. Morgan

Staff Present: M. Iromoto, T. Clark, J. Legassie

Guests: None

Recorder: S. Fitzgerald

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**1. CALL TO ORDER**

The Chair called the meeting to order at 1700 hours.

**1.1. Territorial Acknowledgement**

The Chair presented the Territorial Acknowledgement.

**1.2. Welcome**

The Chair 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.

The consent agenda was approved as amended:

- 1.5.1 Minutes of June 26, 2024 and Open (2)
- 1.5.2 2024/25 Board of Directors Action Log
- 1.5.3 Board Attendance
- 1.5.4 Board Work Plan

- 1.5.5 Events Calendar / Meeting Dates
- 1.5.6 Committee Reports to the Board of Directors
- 1.5.7 Governance Policy Summary
  - 2-A-30 Responsibilities of a Director
  - 2-D-08 Board and Committee Meetings
  - 2-D-12 Freedom of Information and Protection of Privacy Act (FIPPA)  
Delegation of Duties
  - 2-D-32 Education for Board Members and Non-Director Committee  
Members
  - 2-D-60 Recognition of Board Service
- 1.5.8 CEO Report
- 1.5.9 Q1 CEO Certificate of Compliance
- 1.5.10 2024/25 Strategic Priorities Tracker Q1 Updates
  - 1.5.10.1 Quality Monitoring Metrics – August 2024
- 1.5.11 Chairs Tips Sheet

Policy 2-D-20 and 2-D-48 were removed from consent. These items require minor modifications and will return to the Board for final approval at a later meeting.

None opposed, **CARRIED.**

1.6. **Confirmation of Agenda**

**MOTION:** That, the agenda be approved as presented.

None opposed, **CARRIED.**

2. **PRESENTATIONS**

No open presentations for discussion.

3. **BUSINESS ARISING**

No open items for discussion.

4. **NEW BUSINESS**

4.1. **Chairs Update**

4.1.1. **Recognition of Service Award**

The Chair congratulated Director Monika Hempel for 10 years of service for the CMH Board through participation as a committee member and Director. The Chair also congratulated Patrick Gaskin for his 15 years of service with CMH.

4.1.2. **Board Chair Report**

The Board reviewed the Chair's report pre-circulated in the meeting agenda package. The report highlighted the commitment of the Directors over the summer.

4.2. **Governance & Partnerships**

The Board reviewed and discussed the briefing note pre-circulated in the meeting agenda package. The Governance Committee is seeking to broaden its role beyond the framework outlined in its current terms of reference. This initiative emerged from the necessity to enhance governance activities related to relationship management, community engagement, and advocacy efforts. The conversation began during a Board meeting in October 2022, where partnerships were a focal point, and it was revisited briefly in May 2023. Following a review of the suggested policy changes and

discussions, the Governance Committee has expressed its support for amending Policy 2-A-16, Governance Terms of Reference, to officially incorporate this expanded scope of responsibilities. These changes enable partnership or advocacy issues arising that warrant Board involvement to be addressed effectively. These matters will be forwarded to the Governance Committee, which will take ownership of them. This approach ensures that there is a designated Board committee overseeing these issues.

**MOTION:** That, the Board of Directors approve policy 2-A-16 - Governance Terms of Reference as presented, to include the addition of Relationship Management, Community Engagement and Advocacy.  
None opposed, **CARRIED.**

4.3. **Quality Committee Update**

4.3.1. The Board reviewed and discussed the briefing note provided in the pre-circulated meeting package. The Chair of the Quality Committee highlighted that there were no changes in the membership. The first meeting was spent to level set and discuss metrics and issues that the committee plans to address in the work plan going forward. The committee reviewed the Terms of Reference and put forward a change to reflect the new CMH organization structure. This will be reviewed by the Governance Committee and then the Board for final approval of the changes. Regular updates were received on the Excellent Care For All Act, Quality and Patient Safety Plan and the Quality scorecard and corporate priorities. There were no questions.

4.4. **Resources Committee**

4.4.1. **August 2024 Financial Statements**

The Board reviewed and discussed the briefing note included in the meeting agenda. As of the end of August, CMH is reporting a year-to-date surplus of \$2.2 million, after accounting for building amortization and related capital grants. This surplus is primarily driven by the unspent budgeted contingency of \$2.7 million and additional recoveries and revenue of \$0.7 million. These gains are partially offset by unfavorable variances in salaries and wages, as well as benefits, totaling \$1.2 million, mainly due to higher-than-expected overtime costs. The Resources Committee discussed the ongoing initiatives aimed at managing overtime. While the PCOP budget is slightly under budget, a projected deficit of \$2 million is anticipated due to surgical volume shortfalls and physician shortages. Quality Based Procedures are on track.

**MOTION:** That, the Board receives the August 2024 financial statements as presented by management and upon the recommendation of the Resources Committee at the meeting of September 24, 2024.  
None opposed, **CARRIED.**

4.5. **Medical Advisory Privileging & Credentialing**

4.5.1. June 2024 Credentialing files were pre-circulated in the package.

**MOTION:** WHEREAS due diligence was exercised in reviewing the following privileging applications from the June 2024 Credentials Committee and upon the recommendation of the MAC, that the Board approve the following privileging applications.  
None opposed, **CARRIED.**

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Matthew Purser	Women & Children	Pediatrics	Associate > Courtesy with Admitting	Requesting change of privileges from associate to Courtesy with admitting effective January 1, 2025	Dr. M. Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Jithin Varghese	Emergency		Locum > Associate	Transitioning from Locum to Associate effective June 24, 2024	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Mohammed Bazarah	Women & Children	OBGYN	Locum	Requesting locum privileges effective July 1, 2024 – June 30, 2025	Dr. A. Mendlowitz	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Shawn Khan	Emergency		Locum	Requesting locum privileges for the <b>mentorship program</b> effective July 1, 2024 – June 30, 2026	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Andrea Martin	Community & Family Medicine		Associate	New associate physician starting July 1, 2024	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Saud Alfayez	Surgery	Orthopedics	Locum	Requesting locum tenens privileges effective July 1, 2024 – December 31, 2024	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Alexandra Allard-Coutu	Surgery		Associate	New associate physician starting July 15, 2024	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Sebastian Vuong	Anesthesia		Locum	Requesting locum tenens privileges effective July 1, 2024 – June 30, 2025	Dr. L. Puopolo	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Melissa Hanson	Surgery		Locum	Requesting locum tenens privileges effective July 1, 2024 – June 30, 2025	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Emily Arndt	Women & Children	Pediatrics	Associate > Courtesy with Admitting	Requesting change of privileges from <b>associate</b> to Courtesy with admitting effective January 1, 2025	Dr. M. Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Fouad Majeed	Emergency		Locum	Requesting locum tenens privileges effective June 20, 2024 – June 19, 2025	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Babak Pourmomenarabi	Surgery	ENT	Locum	Requesting locum privileges effective July 1, 2024 – June 30, 2025, to	Dr. L. Green	<input type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input checked="" type="checkbox"/> Not Recommended <b>No longer seeking Locum opportunity at CMH.</b>



Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
				cover Dr. Nateghifard		
Dr. Andrea Martin	Community & Family Medicine		Associate	Requesting associate privileges effective June 1, 2024	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Fuad Elghamari	Emergency		Locum	Requesting extension of locum privileges from July 1, 2024 to December 31, 2024	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Cecile Davey	Women & Children	Pediatrics	Courtesy with Admitting	New physician starting July 1, 2024	Dr. M. Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Kirk Roth	Surgery	Urology	Active	Resignation of privileges effective September 1, 2024	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Jatinder Juss	Internal Medicine		Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Tianyang Dai	Internal Medicine		Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Kaiser Quereshy	Surgery	Regional ENT	Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Hasaan Chaudhry	Surgery	Spine Surgeon	Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2024	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Preveshen Moodley	Surgery	Regional Urology	Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Guarav Vasisth	Surgery	Regional Urology	Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Abdulrhman Emsalem	Internal Medicine		Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Abdurraouf Elbueishi	Internal Medicine		Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Mohammed Farooqi	Internal Medicine		Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Avijeet Sarker	Internal Medicine		Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Yo Han Kevin Um	Internal Medicine		Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Dan Kottachchi	Internal Medicine		Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Matthew Feldman	Pediatrics	Endocrinology	Locum	Requesting extension of locum privileges effective July 1, 2024 – December 31, 2025	Dr. M. Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Emily Slusarek	Women & Children	Midwifery	Locum	Requesting extension of locum privileges effective July 1, 2024 – December 31, 2024	C. Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Keith Hankinson	Community and Family Medicine		Active	Retiring May 31, 2024 – not renewing privileges	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. David Arnott	Community and Family Medicine		Active	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Harpreet Arora	Community and Family Medicine		Affiliate	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Shefali Arora	Community and Family Medicine		Affiliate	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Sharon Bal	Community and Family Medicine		Active	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Victor Cherniak	Community and Family Medicine		Active	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Kathryn Bennett	Community and Family Medicine		Affiliate	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Paula Carere	Community and Family Medicine		Affiliate	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Randy Davis	Community and Family Medicine		Affiliate	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Jeff Main	Community and Family Medicine		Affiliate	Retired and will not be renewing privileges	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Annada Pandey	Community and Family Medicine		Affiliate	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Alexandra Pennell	Community and Family Medicine		Affiliate	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Dana Pennell	Community and Family Medicine		Affiliate	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Laura Siddall	Community and Family Medicine		Affiliate	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Beth Vallieres	Community and Family Medicine		Active	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Kathryn Walker	Community and Family Medicine		Active	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Adam Wilson	Community and Family Medicine		Affiliate	Not renewing privileges for 2024-2025	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Andrew Worster	Community and Family Medicine		Affiliate	Retired and will not renew privileges	Dr. T. Holling	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Nicholas McFarlane	Surgery	Regional Urology	Courtesy with Admitting	Retired May 31, 2024	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Diana Doe	Women & Children	Midwifery	Active	Not renewing privileges for 2024-2025	C. Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Julia Heyens	Women & Children	Midwifery	Active	Not renewing privileges for 2024-2025	C. Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Beverly Langlois	Women & Children	Midwifery	Active	Resignation of privileges March 31, 2024	C. Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Richard Clarke	Emergency		Active	Resignation of privileges effective April 1, 2024	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Michael Lim	Emergency		Courtesy with admitting	Not renewing privileges for 2024-2025	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Johannes Redelinghuys	Emergency		Active	Not renewing privileges for 2024-2025	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. James Gowing	Oncology		Senior Emeritus	Not renewing privileges for 2024-2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Nori Frape	Oncology		Senior Emeritus	Not renewing privileges for 2024-2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

**2024-25 E-Reappointment Applications for Approval**

**Department of Medicine**

Bishara                      Phoebe                      Affiliate

4.5.2. August 2024 Credentialing files were pre-circulated in the package.

**MOTION:** WHEREAS due diligence was exercised in reviewing the following privileging applications from the August 2024 Credentials Committee and upon the recommendation of the MAC, that the Board approve the following privileging applications.  
None opposed, **CARRIED.**

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/Not Recommended
Dr. Prima Moinul	Surgery	Ophthalmology	Locum	Requesting extension of locum privileges effective July 22, 2024 – June 30, 2025	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Mashael Alhrbi	Diagnostic Imaging		Locum	Requesting extension of locum privileges effective July 1, 2024	Dr. I. Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended
				– June 30, 2025		
Dr. Eric Durrant	Diagnostic Imaging		Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. I. Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Juliana Duffy	Emergency		Locum	Requesting extension of locum privileges effective July 1, 2024 -September 1, 2024	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Kedar Patil	Diagnostic Imaging		Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. I. Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Paul Joonchul Yoon	Diagnostic Imaging		Locum	Requesting extension of locum privileges effective Aug 15, 2024 – June 30, 2025	Dr. I. Isupov	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Milton Wybenga	Anesthesia		Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. L. Puopolo	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended



Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended
Dr. Khalid Tahir	Internal Medicine		Locum	Requesting extension of locum privileges effective August 29, 2024 – June 30, 2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Rehman Jinah	Internal Medicine		Locum	Requesting extension of locum privileges effective July 1, 2024 – June 30, 2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Trevor Semplonius	Internal Medicine		Locum	Requesting extension of locum privileges effective June 24, 2024 – June 30, 2025	Dr. A. Nguyen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Samantha Shiplo	Women & Children	OBGYN	Locum	Requesting locum tenens privileges effective July 1, 2024 – June 30, 2025	Dr. A. Mendlowitz	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Sarion Street	Women & Children	Midwifery	Locum	Requesting locum tenens privileges effective July 1, 2024 – December 31, 2025	C. Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Yuan (Helen) Zhao	Surgery	Surgical Assist	Locum	Requesting extension of locum privileges effective July 7, 2024	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended
				– June 30, 2025		
Dr. Andrew Stewart	Women & Children	OBGYN	Locum	Requesting locum tenens privileges effective July 19 – July 22, 2024	Dr. A. Mendlowitz	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Andrew Stewart	Women & Children	OBGYN	Locum	Requesting locum tenens privileges effective August 22-23, 2024	Dr. A. Mendlowitz	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Vivian Corner	Women & Children	Pediatrics	Courtesy > Active	Requesting transition of privileges from Courtesy to Active.	Dr. M. Rajguru	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Deborah Butler	Women & Children	OBGYN	Active	Requesting medical leave of absence effective - July 23, 2024, for approximately 2 months.	Dr. A. Mendlowitz	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Hamid Nasser	Surgery	Surgical Assist	Locum	Requesting extension of locum tenens privileges effective July 1, 2024 – June 30, 2025	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended
Alexa Chidiac	Women & Children	Midwifery	Active	Requesting maternity leave effective October 1, 2024 – September 30, 2025	C. Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Alexandra Munn	Surgery	Orthopedics	Locum	Requesting extension of locum tenens privileges from September 1, 2024 – August 31, 2025	Dr. L. Green	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Prabhpreet Hundal	Women & Children	OBGYN	Locum	Requesting locum tenens privileges effective August 2, 2024 – July 31, 2025	Dr. A. Mendlowitz	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Asra Varind	Women & Children	Midwifery	Locum	Requesting locum tenens privileges effective August 9, 2024 – July 31, 2025	C. Witteveen	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended
Dr. Alexander Quinlan	Emergency		Locum	Requesting locum tenens privileges effective August 9, 2024 – July 31, 2025	Dr. M. Runnalls	<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Recommended with comments <input type="checkbox"/> Not Recommended

4.6. **Patient Family Advisory Council (PFAC) Update**

The Board delegate for PFAC provided an update from the September meeting. PFAC discussed Ontario Health’s initiative to collect more sociodemographic data from patients. CMH has developed a working group and currently is recruiting members, with several PFAC members expressing interest. Members of PFAC noted that some of the questions that are being considered are sensitive, but the data can enhance the

quality of care provided. There was a strong focus on education and diverse perspectives.

The Patient Experience Office reported a significant decrease in complaints and compliments, and PFAC discussed how to effectively communicate the positive news to frontline staff.

CMH Leadership led a discussion on public perceptions influenced by social media, which helped everyone better understand the challenges faced, particularly regarding misinformation.

A key focus for PFAC this year will be reviewing the Patient Declaration of Values, including a potential refresh.

4.7. **CEO Update**

No open matters for discussion. A question was raised on the ambulance off load times. CMH leadership updated the Board that CMH meets with EMS bi-weekly, and an EMS escalation process has been developed. Further discussion about ambulance off load times will take place during the organization flow discussion in-camera.

5. **DATE OF NEXT MEETING**

There has been a special CMH HIS Information meeting scheduled for October 29, 2024 at 1700hrs. This meeting will be held virtually and will include members from both Resources Committee and Digital Health Strategy Sub-Committee.

The next scheduled Board of Directors meeting is November 6, 2024.

6. **TERMINATION**

**MOTION:** That, the meeting terminated at 1750h.  
None opposed, **CARRIED.**

Meeting Date	Agenda # / Item Description	Action Item	Owner	Status
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 September 2024	P. Gaskin	2-C-40 – Reviewed by Governance will be brought forward for Board approval at the December 2024 meeting  2-A-15 – Recommendation for disbandment will take place at the November Capital Projects/Resources Committee meeting and will be brought forward for Board approval at the December 2024 meeting
06-12-2023	1.5 Consent Agenda	ABCDE Goals to track by % complete	P. Gaskin	Management will look to update the process / tracking systems
06-03-24	2.1 QIP Discussion	CMH to investigate the ability for Directors to take part in the Rainbow Health course	P. Gaskin	<b>Completed – Interested members have been registered.</b>

*\*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)*

**Board of Directors Attendance Report 2024/2025**

	<b>88%</b>	<b>100%</b>	<b>100%</b>	<b>88%</b>	<b>100%</b>	<b>100%</b>	<b>88%</b>	<b>100%</b>	<b>100%</b>	<b>88%</b>	<b>100%</b>	<b>88%</b>
Meeting Dates	Lynn Woeller	Diane Wilkinson	Nicola Melchers	Margaret McKinnon	Julia Goyal	Sara Alvarado	Monika Hempel	Tom Dean	Miles Lauzon	Paulo Brasil	Bill Conway	Jay Tulsani
4-Oct-23	P	P	P	P	P	P	P	P	P	P	P	P
1-Nov-23	R	P	P	R	P	P	P	P	P	P	P	P
6-Dec-23	P	P	P	P	P	P	R	P	P	R	P	P
7-Feb-24	P	P	P	P	P	P	P	P	P	P	P	P
6-Mar-24	P	P	P	P	P	P	P	P	P	P	P	P
1-May-24	P	P	P	P	P	P	P	P	P	P	P	R
5-Jun-24	P	P	P	P	P	P	P	P	P	P	P	P
26-Jun-24	P	P	P	P	P	P	P	P	P	P	P	P
2-Oct-24	P	P	P	P	P	P	P	P	P	P	P	P

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2025)
<b>Board of Directors Regular Meetings</b>													
5:00pm - 9:00pm		2		4			5		7	25			
<b>Board Generative/Education Discussion Meetings</b>													
Mergers/Consolidations										4			
Innovation & Technology in Health Care			6										
Healthcare Trends and the Ontario Landscape						5							
Meeting with City Council and CMH Board of Directors - TBD													
<b>Board Committee Meetings</b>													
<b>Quality Committee</b> 7:00 am – 9:00am	18	16	20		15	19		16	21	18			
<b>Quality Committee QIP Meeting</b> 7:00 am – 9:00 am						6							
<b>Resources Committee</b> 5:00pm – 7:00pm	24		25		27 (if reqd)	24		28	26	23			
<b>Capital Projects Sub - Committee</b> 5:00pm – 6:30pm	23		20										
<b>Digital Health Strategy Sub - Committee</b> 5:00pm – 6:30pm	19		21		16	20		17	15	19			
<b>Governance Committee</b> 5:00pm - 7:00pm	12		20		9		13		15				
<b>Audit Committee</b> 5:00pm - 6:30pm			18		20			28	26				
<b>Executive Committee</b> 5:00pm - 6:30pm		22	19				18		20				
<b>Medical Advisory Committee (MAC)</b> 4:30pm - 7:00pm	11	9	5	2	8	12	12	9	14	11			
<b>CMHVA Board Meetings</b> 9:30am - 11:15am - In Person / Hybrid	25	30	14		29	26	26	30	28	12 / 25			
<b>CMHF Board Meetings</b> 4:30pm - 6:30 - In Person / Hybrid	24		26		28		25		27	24 AGM			

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2025)
<b>Patient Family Advisory Council (PFAC)</b> 5:30pm - 7:30pm In Person / Hybrid	10	1	5	3	14	4	4		6	3			
<b>OHT Joint Board Committee</b> 5:30pm - 7:30pm - Virtual Zoom meeting	23		25	16	27	24	24	28	26	23			
<b>2024-25 Events</b>													
Staff Holiday Lunch - December 5, 2024				5									
Career Achievement								22					
Chamber Business Awards			14										
CMHF Diversity Dinner – CMH Celebration of Champions, Oriental Sports Club			7										
CMH Staff BBQ										12			
CMH Golf Classic - Thursday June 5, 2025 Galt Country Club Further Details to Follow										TBD			
CMH Reveal - Fiesta Mexicana						21							
Board Social - TBD May?													
<b>Board Education Opportunities</b>													
<b>Governors Education Sessions</b>													
Governance Essentials for New Directors - N/A													
Hospital Legal Accountability Framework													
Hospital Accountability Within the Health System													
Governance and Management - The Crucial Partnership													
<i>CMH Leadership Learning Lab</i>													
• <i>Project Management for the Unofficial PM</i>													
• <i>Crucial Conversations</i>													
• <i>7 Habits of Highly Effective People</i>													
• <i>Me2You DISC Profile</i>													
• <i>Quality Improvement</i>													
• <i>Guiding Organizational Change</i>													
• <i>5 Choices</i>													
• <i>Unconscious Bias</i>													
Mental Health First Aid													





# BRIEFING NOTE

**Date:** October 9, 2024  
**Issue:** MAC Report to the Board of Directors October 9, 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

A meeting of the Medical Advisory Committee took place on October 9, 2024, at 1630h.

**Present:** Dr. W. Lee, Dr. I. Isupov, Dr. A. Sharma, Dr. V. Corner, Dr. A. Mendlowitz, Dr. T. Holling, C. Witteveen, Dr. J. Bourgeois, Dr. J. Legassie, Dr. E. Thompson, Dr. A. Nguyen, Dr. M. Runnalls, Dr. M. Hindle, Dr. L. Green, Dr. I. Morgan, Dr. B. Courteau

**Regrets:** P. Gaskin, Dr. M. Rajguru, Dr. V. Miropolsky

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

**Guests:** D. Wilkinson, L. Woeller

## Committee Matters – For information only

1. **M&T Report:** The September M&T report was approved by MAC.
2. **COVID-19 and Infectious Disease Update:** An infectious disease update was provided. Last week of September experienced moderate activity of COVID-19 with 16% positivity. There is currently low activity of influenza, RSV, and other circulating viruses. At CMH, there were 12 COVID cases in August and 11 in September and 9 to date in October. There are currently 3 cases admitted to CMH, 1 ICU intubated. There have been several COVID watches in Medicine and Surgery areas in the last few months, but no COVID outbreaks. PCR swab funding for COVID testing ended September 30, 2024. COVID testing is based on symptomatic surveillance. There is variable practice across the province on universal masking. COVID-19 vaccines are now available for high risk and priority groups and for the public October 28, 2024. Everyone was encouraged to get the flu vaccine as well. Other notable infectious disease updates included an upward trend of pertussis, no change in measles activity since last month, and no Mpox clade 1b in Ontario.
3. **Choosing Wisely Update:** Choosing Wisely Update was provided. Slides from the Choosing Wisely Oversight Committee was shared. Over the last couple of years, CMH has been embracing the Choosing Wisely approach across the organization, initially with Dr. Bourgeois championing our successful designation as a Using Blood Wisely hospital and currently leading the Using Labs Wisely work which will be completing in the last quarter of 2024. In addition to this work, the journey for CMH to achieve a Choosing Wisely Quality Improvement Status hospital designation will involve the final completion of a self-directed

Choosing Wisely QI project. To date, there has been lots of participation from Chiefs, including Dr. Legassie, Dr. Green, Dr. Bourgeois, and Dr. Runnalls on the Choosing Wisely Steering Committee. It was also announced that Dr. Nuri will be the Choosing Wisely Project Physician Quality Lead focused on quality improvement across the hospital, championing interdisciplinary collaboration and providing leadership for the Choosing Wisely initiative. The goal will be to complete the QI project work by next summer, in anticipation to submit for our Choosing Wisely Quality Improvement Status Designation next fall. In October, the Choosing Wisely Steering committee will be communicating more the plans towards achieving the Choosing Wisely Quality Improvement Status designation with Grand Rounds in October 2024 with an invited speaker and Grand Rounds in November 2024 to focus on the QI project for the next year focused on deprescribing, led by Dr. Legassie and the pharmacy team

4. **Deprescribing Initiative Update:** An update on the deprescribing initiative was provided. The Choosing Wisely Quality Improvement Status hospital designation QI project will be focusing on deprescribing proton pump inhibitors (PPIs). There is a high prevalence of overuse of PPIs which contributes to polypharmacy and potential for adverse events with prolonged use. The project plan was described which includes a launch of the program on the medicine units and then roll out to multiple clinical areas in accordance with the requirements for the Choosing Wisely Hospital Quality Improvement Status. An order set for PPI Assessment for Continuation has been developed. CMH pharmacists will complete an initial assessment and identify opportunities to wean or stop the PPI where appropriate. Pharmacists will engage with the patient/patient family, MRP, primary care provider with a proposed plan for discontinuation of the PPI. A Standard tool has been developed to communicate recommendations to primary care providers and community pharmacies. Patient education and documentation will be provided to the patient prior to discharge. The deprescribing project will be shared more broadly at Grand Rounds in November 2024.
5. **Semi-Annual Patient Experience Report:** The semi-annual patient experience report was pre-circulated in the MAC package. Accessibility initiatives, such as the Voyce service, Mobility PLUS drop-offs, and an innovation fund project related to improving management of medically necessary patient belongings was shared. The PX Office volumes of complaints and compliments are on track to align with volumes from the previous two fiscal years. The rate of complaints is substantially lower in most areas compared to the average of the last two years, and this does not include many compliments that may be directly received and captured by the PX Office. New video link was shared <https://youtu.be/6RN-oYxWBHw>
6. **Transfusion Medicine – Emergency Acquisition of Uncross Matched Blood:** Policy # 14-185, Transfusion Medicine – Emergency Acquisition of Uncross Matched Blood was shared with the MAC. The policy to administer uncrossed matched blood was discussed, as it is usually given when the severity of the patient’s condition dictates the time taken to complete compatibility testing would delay their resuscitation and endanger or worsen their condition. The rate of use of uncrossed unmatched blood has been increasing, which indicates the higher acuity of patients. The patient population for the emergency use of uncrossed blood type (O negative and O positive) was reviewed and approved by MAC.
7. **Environmental Sustainability Plan:** Environmental sustainability plan was pre-shared in the MAC package. Highlights discussed were the focus on (1) waste management, reduction, and diversion (2) Education (3) Sustainable administrative processes (4) utility management and (5) chemical management plan. Sustainability ideas were encouraged by the group, in addition to an invitation for physicians who may want to participate on the Environmental Sustainability Committee (ESC). The work arising from the environmental sustainability plan aligns with other initiatives that have begun, such as the Choosing Wisely Deprescribing QI project. The Chiefs were encouraged to reach out with sustainability ideas for the organization or within their departments.

8. **CEO Report:** CEO report was pre-circulated in the MAC package.
9. **CNE Report:** CNE report was pre-circulated in the MAC package. Highlighted several key initiatives and updates across various departments within the hospital. The report covered the ongoing optimization of the ED Track Record and PIA 2, with positive feedback from the team. It also noted the achievement of the CDU compliance target of less than 8%. Improvements in EMS offload and updates to the patient flagging process were discussed, aiming to better manage patients who frequently visit the ED. The report mentioned the implementation of a block utilization tool in the endoscopy area to maximize efficiency and preparations for the inpatient surgery move into the new tower in January, including hiring new nurses and allied health staff. Additionally, the introduction of a pneumatic tube system to improve logistics and addressing challenges related to increased volumes and staffing levels in histology and pathology were highlighted. The report concluded with updates on professional practice initiatives, including medicine charge nurse training and leadership development, and the appointment of a new pharmacy manager.
10. **VP People & Strategy Report:** The VP People & Strategy report was pre-circulated in the MAC package. Highlights discussed were the realignment of departments within the hospital, including the transition of the HR department and others into her portfolio, and IT Digital Health moving to another portfolio. This restructuring was part of an external review aimed at aligning the hospital's structure with similar-sized hospitals and ensuring a robust senior leadership team for better succession planning and operational efficiency. The report also highlighted the hospital's observance of Orange Shirt Day and Truth and Reconciliation Day, with plans to celebrate Islamic History Month, including contributions from physicians Dr. Aziz and Sarfaraz. Additionally, the report mentioned ongoing work on the patient declaration of values, reflecting CMH's commitment to patient care.
11. **Board Report:** Board update was provided to the committee. There was an October 2024 Board meeting which included updates on organizational flow, current quality metrics, the environmental sustainability plan, the capital redevelopment project, and strategic priorities. The hospital is on track to be on target for a surplus budget at the end of the year, which will be needed to support the new HIS project. The budgeting process for 2025-2026 has begun and the focus is on overtime and recruitment priorities across CMH. As well, Patrick Gaskin was recognized for his 15 years of dedication to CMH at the last Board meeting. Dr. Legassie was also thanked for having D. Wilkinson job-shadow her for two half-days.
12. **PFAC Report:** An update was provided to the committee. Updates included the presentation of the Environmental Sustainability Plan, the Semi-annual Patient Experience Office Update, work on the Patient Declaration of Values, organization flow, and CMH communication/website.



# BRIEFING NOTE

**Date:** October 20, 2024  
**Issue:** Quality Committee Report to the Board of Directors, October 16, 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:**

A meeting of the Quality Committee took place on Wednesday, October 16, 2024 at 0700 hours.

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

**Staff Present:** L. Barefoot, M. Iromoto

**Regrets:** C. Bulla

**Guests:** K. Towes, Dr. R. Rajguru, Dr. A. Mendlowitz, C. Witteveen, K. Leslie, H. Elliott, A. Omollo

**Recorder:** I. Anderson

**Committee Matters – For information only**

1. **Quality of Care Information Protection Act (QCIPA) update:** A copy of the Quality of Care Information Protection Act (QCIPA) was pre-circulated to the Committee members for information. See package 2.
2. **Coroner Death Review Committee Summary Report:** A copy of the Coroner Death Review Committee Summary Report was pre-circulated to the Committee members for information. See package 2.
3. **SafeTCast – C MH’s Patient Safety Newsletter: Volume 1; Issues 1 to 4:** Copies of the SafeTCast issues were previously circulated to the Committee members for information. See package 2.
4. **Program Presentation: Women and Children’s Program:** The Chair welcomed the Director of Perioperative and Women & Children’s Program, the Manager of Women & Children’s Program, the Chief of Pediatrics, the Chief of Obstetrics, and the Chief of Midwifery. The Director of Perioperative and Women & Children’s Program referred to the previously circulated presentation and directed the Committee members to view the Strategic Priorities. A staff story was shared about a passionate nurse – a champion in increasing joy in work within the department – who started an initiative in Special Care Nurse to get team members to improve their work environment. Staff members were empowered to partner in the improvements and changes for the program. The Women &

Children's Program's area of focus is the implementation a Pediatric Rapid Assessment Clinic. The goal is to provide a hospital-based clinical setting for assessment of acute conditions in the pediatric population with the goal of preventing hospital admissions and improving quality of care delivered to patients. Currently, there is a gap in the workflow within the organization for acutely sick children who require semi-urgent assessment. Work is still in the early stages. Management is reviewing the workflow referral patterns and what criteria will be involved. CMH has reached out to other organizations who have successfully implemented this. A clinic space has been established. Staff is in place. The project plan is as follows: engage staff, map out the workflow, establish and confirm eligibility criteria, develop measures of success, finalize a referral form, and lastly, roll-out a communication plan to physicians, staff, and community. Management spoke of the multiple leadership changes over the last few years. A Clinical Educator Facilitator (CEF) for the Women and Children's Program has recently been hired. A question was posed about Out of Country Patients. A lengthy discussion took place about the increased level of patients (without OHIP coverage) who are coming to deliver their babies from out of the country. Some patients present to Obstetrician offices, however there are many who arrive directly to Obstetrical triage. Management is working with regional partners for a standardized approach. The physicians addressed the topic of birth tourism and the issues surrounding remuneration. Impacts to the local population and available staff resources were also discussed. Another Committee member asked about the Social Workers who work in the Women and Children's Program. Management explained their roles and responsibilities. A patient/family story was shared that involved the Child Life Specialist. A question was asked about the HUGS project – an infant security tracking measure to keep infants safe. The Chief of Midwifery spoke of the challenges with recruiting midwives. Two new midwives have successfully been recruited; however, the program remains underserved by 7 midwives. The Midwifery Group is advertising with the Association of Ontario Midwives. This is an identified provincial issue, resulting from post-Covid staffing and retirements. The Midwifery Group regularly takes on student midwives in an attempt to recruit them when they graduate. Two recent critical incidents were reported. In response to a question, management explained the Quality of Care Review process. The implementation of a Hot Debrief tool has been created for the purpose of giving staff emotional support immediately following an incident.

5. **Hospital to Home Program:** The H2H program was initiated by Ontario Health. Grand River Hospital and St. Mary's General Hospital started in the Spring of 2024, and currently there are eight hospitals in Ontario Health West embarking on the implementation of their own Hospital to Home program. This program provides patients with up to 16 weeks of services to support patients transitioning from hospital to home. It is also designed to relieve hospitals of ALC pressures. CMH is in the early stage of designing and implementing the program with a soft launch is set for the end of October 2024. Management reported that a project team has been formed, meeting several times a week. The team is targeting those patients in the ED who are not yet designated ALC but may need support for up to 16 weeks and could then transfer to Ontariohealth@home when discharged from the program, as well as inpatients that may qualify for the program. Management has completed a flow mapping session and currently reviewing procurement and contract management. CMH has received confirmed funding to March 31, 2026. CMH is required to enroll 60 patients by March 31, 2025, and over 135 patients in the next fiscal year. The goal of this program is to create capacity in the organization. One Committee member asked about the difference between H2H and Home Care. The VP of Clinical Programs/CNE responded to the question. In response to another question regarding recruitment, Management stated that service provider organization(s) will either recruit or use their own staff to meet



obligations of home care for the program. CMH staff will not be used for service delivery. Questions about catchment area and patient volumes were posed. In response, H2H will provide services to the Cambridge/North Dumfries area. From the physician and oversight perspective, a CMH Navigator will visit the home and will hold conversations with physicians if required. Management will be working with the service provider organization(s) to ensure the quality of care meets standards. Discussion ensued about the 16-week timeline. Management noted that the goal currently is a specific target population, and to possibly expand moving forward. Safety is the first priority. Patients will have a connection to the CMH Navigator to assist in accessing other resources if required. Based on the funding received, CMH will be able to put more services in the home for a short time as opposed to the current Ontario Health at Homestandards. One Committee member led a short conversation about the overlap work with the OHT. CMH has communicated to the OHT about the H2H program and will be partnering with agencies aligned with the OHT. See package 2.

- 6. Patient Experience – Semi-annual update:** As required by the ECFAA, a semi-annual update was given. The following key points were highlighted: 1) Over the past year, the Patient Experience Office has worked with a patient to improve awareness of the Voyce service and specifically American Sign Language interpretation. A video highlighting this collaboration was released in September 2024 to celebrate International Week of Deaf People and International Day of Sign Languages. See video here: <https://youtu.be/6RN-oYxWBHw> ; 2) The Patient Experience Office continues to lead an Innovation Fund Project related to improving management of medically necessary patient belongings at CMH; 3) Quality Metrics: Complaints and Compliments. The rates are based on one per 1000 inpatient days as well as 1: 1000 visits. The rate of complaints is substantially lower in the most areas compared to the average of the past two years. The rate of compliments is higher in ICU, MED A, OB, and ED; 4) June 2023 – Qualtrics Survey: the percentage of patients who rated their experience as 8, 9 or 10 were ED at 29%, MED/Surgery at 76% and OB at 87%. The Patient Experience Office is working on ways to improve these rates; and 5) Standardized External Patient Experience Measurement – maximizing Qualtrics on-line survey platform usage by increasing email address capture across the hospital. A Committee member inquired about the types of feedback that have been received. The following Compliment themes are as follows: great care provided by staff, attitude, and quality of care. Recent complaints were directed to the ED wait times. The Patient Experience Leads reported that all feedback/comments are shared with leaders and staff at departmental meetings. A question was asked about target values. In response, the target for the complaints are averages from the last two years of the actual complaints or compliments. A short conversation took place about the Patient Belongings Project. Patient Experience has completed two trials in the ED and Medicine units to trial new patient belongings containers/bags (brighter colours), use of denture cups, or certain hearing aid holders and documentation logs. An additional trial will take place in the Fall of 2024 based on feedback from the first two trials. New solutions to be implemented late 2024. See package 2.
- 7. Intersection of Sustaining Financial Health & Quality – Overview of PCOP, P4R, QBPs:** The Committee members were directed to the previously circulated presentation. The presentation outlines the intersection of financial health and quality, highlighting key funding sources that incentivize us to improve wait times, surgical throughput, and overall patient experience. The importance of the summary is understanding how much funding CMH is receiving from these programs, and also to understand the underlying drivers of those funding formulas because the underlying drivers are how that funding is calculated. If we understand those underlying drivers, they can help pinpoint to areas of quality. A funding recap was given, explaining two main categories of funding: 1) non-targeted funding which are global funding (accounts

to about 60% of the hospital funding) and 2) targeted funding, which is funding that is attached to specific services/ initiatives specific to growth (roughly 40% of our funding). Weighted Cases were highlighted, and how weighted case funding is determined. The key funding sources (PCOP, QBPs and P4R) and impact to quality was reviewed in detail. In addition, Management explained the metrics related to funding: LWBS, Discharges, ALC Throughput, Surgical Throughput, Surgical Block Utilization, Patient Days/MH and ECT Volumes. An extensive conversation took place about the intersection of finance and quality – what is the driver and what is quality driven. See package 2.

8. **Quality Monitoring Scorecard:** Management reported on four of six indicators that are currently trending in red: Overtime Hours, Sick Hours, ALC Throughput, Ambulance Offload Time, ED Length of Stay, and ED Wait Times for PIA. In response to a question about ED Wait Times for PIA, Management reported the number of variables that affect wait times. Physician recruitment remains a challenge. A high number of admits in the ED (capacity) and trying to flow patients through are other factors that influence wait times. One strategy is hiring more NPs to staff up due to physician vacancies to try and cycle through lower acuity patients. One Committee member guided a discussion regarding the number of admissions versus discharges, and the direct correlation of ALCs and patient flow. The Committee members discussed system pressures.



**CMH President & CEO Report  
November 2024**

This report provides a brief update on some key activities within CMH. As always, I'm happy to answer questions and discuss issues within this report or other matters.

**Project SEARCH has started, and you are an essential part of it!**

- An exciting initiative was launched this earlier this fall and our first interns have already started their journey at the hospital. Over the following weeks staff have seen them navigate the halls in their bright red jackets, working alongside our teams.
- Project SEARCH is a school-to-work transition program designed to give young individuals with intellectual disabilities the opportunity to gain hands-on work experience. These interns are eager to learn and grow and staff involvement can make all the difference in their success. Whether answering their questions, sharing their expertise, or simply engaging with them during the day, all CMH personnel play a key role in their learning journey.
- The program spans nine months, with interns rotating through different areas like Food Services, Housekeeping, Stores, Administration, Medical Day Clinic and Diagnostic Imaging. Each rotation helps them build valuable skills and confidence for their future careers. Mentorship and support in a working environment are vital to shaping their experiences and empowering them to succeed.
- “Having this at our hospital speaks volumes to our commitment to diversity, inclusion, and reinforces a workplace that values accessible and equitable employment opportunities,” says Recruitment Specialist Cheryl Vandervalk is the Business Liaison for the program. She adds that “having this program at CMH helps to create opportunities for our community.”

**CMH receives 2023/24 Ontario Health TGLN Hospital Achievement Award**

- Cambridge Memorial Hospital (CMH) was honoured on Thursday, September 12 to receive the 2023/24 Ontario Health (Trillium Gift of Life Network [TGLN]) Hospital Achievement Award for the second year in a row.
- In 2023/2024, CMH supported two organ donors. This led to nine organs being donated for transplant, saving eight lives. In addition, there were 19 tissue donors that enhanced the lives of many more. The Hospital Achievement Award for Provincial Eligible Approach Rate recognizes the hospital for demonstrating leading practices and facilitating donor discussions with eligible patients and families of patients at end of life. CMH exceeded the target of 90% reaching a 100% eligible approach rate.



- A big thank you to the staff and physicians involved and whose commitment to supporting organ and tissue donation saves lives.

### **Employee Engagement Council quarterly meeting highlights**

- The Employee Engagement Council (EEC) met during Healthy Workplace Month (October) to share key updates on initiatives across the hospital.
- This exceptional group is made up of 27 members that represent staff, physicians, union leadership and management across the organization. Their duties are nothing short of extraordinary as they team up to bring forward questions, ideas, and more on behalf of their teams.
- EEC meets quarterly to plan solutions to concerns and build upon CMH's 2022-2027 Strategic Plan. New this year was a 'What's on Your Mind?' segment to address questions and concerns that were used to inform the Town Hall on October 23, 2024 [Recording].
- Other topics included updates and feedback on incredible initiatives happening across the hospital, including:
  - Project Quantum
  - Career Achievement Refresh
  - Wing B Tower Updates
  - Environmental Sustainability Plan
  - Global Workforce Survey (Accreditation Canada)

### **One year later - reflecting on the teamwork and positive changes from the Oct. 3 fire**

- It's hard to believe that a year has passed since a fire broke out in the Wing B penthouse initiating concurrent codes Red, Green and Grey. As smoke billowed from the elevator shafts through the hallways, those working that sunny Oct. 3 afternoon faced a daunting challenge.
- You faced the adversity head-on, successfully coordinating an evacuation of staff, patients and visitors with no injuries. You came out on top, with high praise coming from the Fire Marshall. Not only that, you helped spark significant growth and improvement across the hospital. By sharing your feedback, you helped make CMH stronger, safer, and more prepared.
- Some significant changes that occurred over the past year include:
  - Formalizing the Emergency Preparedness role
  - Closer collaboration with Cambridge Fire Department
  - Leader Training for the Incident Command Centre protocols
  - Standardizing all three Incident Command Centre locations in hospital
  - Establishing emergency muster points outside of hospital
  - Enhancing available Mental Health Supports following critical incidents, including Ember's presence
- A heartfelt thank you to everyone for your unrelenting compassion and the role you played in keeping us all safe.

### **Code Red and Code Green “All Clear!”, mock code in ICU a success**

- On October 28, ICU was evacuated in 9 minutes 41 seconds; approximately 13 patients were evacuated beyond the Fire Separation Doors into the adjacent zone. Staff worked well together and effectively demonstrated roles and responsibilities for evacuation.
- When the code was called, the word “mock” was not used to ensure consistent response to an emergency situation. However, these “mock” exercises provide opportunity and insight as to how one would respond to an emergency.
- A big shout out to all the volunteers and staff that made the drill a success.

### **Transforming Patient Experiences one solution at a time**

- In January 2023, the hospital introduced Voyce – a platform that would address language barriers in crucial moments at the point of patient-staff interaction and the bedside. Loved ones were often relied upon as interpreters, creating a dependency that put them at risk of misunderstandings in the care required. A new approach to health care at the most basic points of entry to the hospital were desperately needed.
- Voyce is that solution. Designed to connect patients with medically trained interpreters, it breaks down language barriers at crucial moments. By offering access to over 240 languages and dialects, it empowers patients to make informed healthcare decisions in their preferred language. As a tool for advancing health equity, Voyce reflects CMH’s commitment to providing accessible, inclusive care.
- To truly understand the impact of this device, meet Para who recorded a video that can be accessed on CMH’s YouTube channel. Her story highlights the challenges experienced accessing American Sign Language (ASL) interpretation at the hospital. The Patient Experience Team introduced her to CMH’s virtual interpretation solution and worked with her to improve awareness and access to this service.

### **Orange shirt day!**

- Many thanks to all that wore orange to commemorate Orange Shirt Day on Sept. 30, 2024. This day honoured Indigenous children, families, survivors, First Nations, Inuit and Métis communities who had their lives forever changed by the Residential School system across Canada.
- CMH was honoured to have learned so much from Indigenous partners in recent years.
- These opportunities to learn continue to reaffirm the hospital’s commitment to ensure First Nations, Inuit, Métis and Indigenous Peoples all feel they can receive culturally safe care where identities are respected. It is CMH’s privilege to have so many dedicated to showing their support across the hospital.

**Voices of CMH: “I am Canadian” - Liberto Gallego celebrates citizenship**

- Clerical Associate Liberto Gallego has a passion for feeding others. He began his career as a dietitian more than 20 years ago in his home country of Venezuela.
- In September, after moving to Canada just over eight years ago, he received his Canadian Citizenship. “I came to Canada when the political issues in Venezuela started to get worse,” he shared, describing how he had a desire to protect his family. So, began his journey, traveling with his (at the time) pregnant wife and young children, to start a new life filled with opportunities.
- Opportunities, he found. Liberto has been at CMH for about 2.5 years, finding his passion with the feeding of others growing.
- In his role, he manages tally and production sheets, and patient list notes; he also supports staff scheduling, reports to the supervisor, and tracks the diet change reporting for when patients change rooms.
- Put simply, he coordinates those 3,100 meals per week across the hospital!
- That passion is as strong today as it was when he began, saying: “I love that we are helping each other; patients and colleagues. I’m happy to help people who need a hand.” He speaks fondly of the team he has found here and the joy and safety his work and being in Canada brings him and his family.

**Voices of CMH – Shaini Abraham: Understanding Onam**

- Shaini Abraham is a Registered Nurse and is also part of CMH’s Diversity Council. She shares her story about Onam, which was observed on September 6, 2024. The following is an abridged version of her story; Onam, a festival of joy and tradition.
- Onam is the biggest and most significant festival of Kerala, a state in the Southern part of India. It is a harvest festival that is celebrated with much enthusiasm and joy, marking the homecoming of the legendary King Mahabali. According to tradition, King Mahabali’s reign was considered a golden era, and Onam is celebrated to honour the memory of this just and generous ruler.
- The festival spans 10 days, starting with Atham and culminating on Thiruvonam, the most important day. It is a time when people come together to celebrate the bountiful harvest, reflect on the values of unity and equality, and indulge in cultural festivities.
- Some of the most beautiful traditions of Onam include Pooklam, which are intricate carpets with floral designs. These are made using a variety of colourful flowers, and each day of the festival, a new layer is added, making the Pookalam larger and more elaborate.
- Onam Sadhya is a grand vegetarian feast that is an integral part of the Onam festival, celebrated with great joy and enthusiasm, especially in Kerala, India. This traditional meal is a colourful and delightful spread served on a fresh banana leaf, showcasing the rich culinary heritage of Kerala.
- It is more than just a festival; it’s a celebration of the values that bind us together as a community—love, equality, and togetherness. It’s a time when families and friends come together, share meals, exchange gifts, and create memories that

last a lifetime. The festival is a reminder of the importance of living in harmony with one another and with nature.

- For those of us who grew up with these traditions, Onam brings a sense of nostalgia and a connection to our roots. It's a time to pause, reflect, and appreciate the richness of our cultural heritage.
- Even though we may not be celebrating Onam here at CMH, I wanted to share this festival's significance with all of you. Understanding and appreciating each other's cultures brings us closer as a team and enriches our shared experiences.
- Wishing everyone a season of happiness, prosperity, and peace. If you have any questions about Onam or would like to know more, feel free to ask—I'm always happy to share! Happy Onam to all!

### **Maria Fage – Integrated Care Manager, Ontario Health at Home**

- Take #3 and third time is the charm! On Monday October 7 we welcomed back Maria Fage to CMH!
- She returns as the Integrated Manager which she previously fulfilled between 2018-2021 before leaving CMH to pursue a leadership role with the Ontario Health at Home Community Team in Cambridge.
- Maria is an Occupational Therapist with over 20 years of experience in patient care and healthcare leadership in the home and community care and hospital sectors. Maria has been dedicated to serving the Cambridge North Dumfries and Waterloo Wellington areas her entire career and as her photo indicates, she is a (519) for life!
- Maria and her husband make their home in Guelph and have two teenage children. When not at work, Maria can be found on a local soccer field cheering on her children, cycling country roads in Waterloo-Wellington or exploring cities on foot or bike.

### **Wishing everyone a heartfelt and joyful Thanksgiving**

- As we gather to reflect on the meaning of Thanksgiving, we are filled with gratitude for the exceptional dedication and compassion of every member of this hospital—staff, medical professionals, and volunteers alike. Your unwavering commitment to providing exceptional care and support touches countless lives, bringing hope, healing, and comfort to our patients and their loved ones every day.
- This Thanksgiving, we pause to recognize the incredible impact each of you makes. Your tireless efforts, kindness, and teamwork are the true heartbeat of our hospital, and they are deeply appreciated by both our leadership and the community we serve.
- May this Thanksgiving bring you moments of rest, joy, and connection with those you cherish. You deserve it!

### **Masking guidelines in clinical areas changed Oct. 21**

- On Monday October 21, CMH changed the masking requirements in clinical areas. All team members, including volunteers, must wear a hospital-issued

mask when in direct contact with patients, when entering a patient room or when a two-metre distance cannot be maintained.

- This practice is in line with regional hospitals and hospital partners in OH West. The reason is that there has been a detectable increase in COVID-19 activity to varying degrees across the province, especially in recent weeks, including locally and at our hospital.
- When working or volunteering in a unit that is not in outbreak:
  - Masking is required for anyone during all direct inpatient and outpatient encounters, when entering a patient room and when two metres of distancing cannot be maintained.
  - In all circumstances staff are required to do their Point of Care Risk Assessment to determine whether additional PPE may be required (e.g., eye protection).
  - Masks are not required in non-clinical spaces (e.g., nursing stations, hallways, offices, meeting rooms) but continue to be available for anyone who prefers to wear one.
  - Encourage patients & Visitors to wear a mask in clinical areas, especially by the bed side. Likewise, and in the spirit of our mask-friendly policy, should a patient, visitor, or team member with whom you are interacting asks you to wear a mask, please put on a mask.
- When working in a unit that is in active outbreak
  - Universal masking is required on the unit except for breakrooms.
  - Maintain your distance in breakrooms and if needed, please utilize other breakrooms to help create space while eating and drinking unmasked.
  - We remind you that eating must occur only in designated areas (e.g., not at the bedside or nursing stations). Care Partner visits on these units are suspended, except in exceptional circumstances.



# BRIEFING NOTE

**Date:** October 3, 2024  
**Issue:** Quality Monitoring Metrics Monthly Report  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Kristan Chamberlain, Senior Decision Support Specialist  
 Kyle Leslie, Director Operational Excellence  
 Liane Barefoot, Director Patient Experience, Quality, Risk, Privacy & IPAC  
**Approved by:** Mari Iromoto, Vice-President People & Strategy

**Attachments/Related Documents: Appendix A – Quality Monitoring Scorecard August 2024**

## Alignment with 2024/25 CMH Priorities:

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

## Executive Summary

Included in **Appendix A** is the 2024/25 CMH Quality Monitoring Scorecard.

The status for each indicator is reflective of the most recent three reporting periods. A “**red**” status means that the indicator is meeting less than 90% of the performance threshold. A “**green**” status means that the indicator is meeting the performance threshold. A “**yellow**” status means that the indicator is at risk of not meeting target.

There are currently six (6) indicators of the twenty-nine that have had three subsequent periods of “**red**” performance and are being monitored to determine if an action plan for improvement is needed. These indicators, including Board oversight committee, are:

- 1) Overtime hours (Resources Committee)
- 2) Sick hours (Resources Committee)
- 3) ALC Throughput (Quality Committee)
- 4) Ambulance Offload Time (Quality Committee)
- 5) Emergency Department Length of Stay for Complex Patients (Quality Committee)
- 6) Emergency Department Wait time for Initial Assessment (PIA) (Quality Committee)

## Background

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

The Scorecard indicators are regularly reviewed at many internal forums for action planning and awareness. On a weekly basis, Staffing and Flow metrics are reviewed at our leadership huddles. The metrics on our Quality Scorecard are also reported on the Departmental Scorecards to monitor departmental performance and it is an expectation that departments review and develop any necessary departmental action plans to address performance on a monthly basis at the Department Quality and Operations Councils.

## Analysis

Four (4) of the six (6) indicators that are currently trending in red for three or more periods relate to overall flow/throughput and are collectively being addressed by focused work in the Emergency Department and inpatient discharge planning efforts. Flow/throughput has been elevated as an organizational Integrated Risk Management (IRM) priority as well as highlighted internally and publicly as an area of focus via our Quality Improvement Plan (QIP). It is a standing agenda item weekly at Senior Executive, weekly at Operations meeting, weekly meeting with ED and Medicine leadership to review details of outlier cases, and Quality and Operations Councils.

Two (2) of the six (6) indicators are related to staffing, Sick and Overtime, and have Board oversight by Resources Committee who regularly tracks performance and mitigation strategies. Similar to flow/throughput, overtime in the targeted areas of Emergency department, ICU and Medicine has been elevated to an organizational Integrated Risk Management (IRM) priority.

A full Board Scorecard package is provided to all Board Committees and the Board quarterly that includes performance in addition to details of the plans and mitigation strategies.

Below is a summary of the six (6) quality monitoring metrics that are currently at a “red” status with three or more periods outside of the target threshold.

### Efficient

#### 1) Overtime Hours

This indicator measures the total number of overtime hours used vs. budgeted overtime hours. Currently we are significantly over budget, with an average of over 3500 overtime hours/pay period while the target is 850 hours/pay period. The majority of overtime hours (approx. 60%) can be attributed to the Emergency Department, Medicine, and ICU. 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.

#### 2) Sick Hours

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 we are significantly over budget, with an average near 2900 sick hours/pay period while the target is 2090 hours/pay period.

Integrated & Equitable

**3) ALC Throughput** ◆

This indicator monitors the level of ALC activity in the hospital. The ALC throughput ratio measures the new ALC cases vs. discharged ALC cases and is used to monitor turnover and flow of ALC cases. A throughput ratio of one means that for every new ALC case, one current ALC case is discharged. The current ALC Throughput Ratio is 0.77, meaning we are adding more cases than discharging.

Safe, Effective & Accessible

**4) Ambulance Offload Time (90% spent less, in minutes)** ◆

This indicator measures the length of time from ambulance arrival to when the transfer of care from EMS is completed. Our 90th percentile ambulance offload time is 69 minutes (YTD Aug 2024), while the target is <30 minutes. A lower number for this indicator is better as it means patients are receiving timely emergency care.

**5) ED Length of Stay Complex (CTAS 1-3) (90% spent less, in hours)** ◆

This indicator measures the wait-time from triage to disposition from the ED. Currently, 90% of complex ED patients have a length of stay 9.7 hours or less (YTD Aug 2024), while our target is 8 hours or less. A lower number is better as it means patients are receiving care in a timely, effective and efficient way.

**6) ED Wait Time for Physician Initial Assessment (90% spent less, in hours)** ◆

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 7.5 hours (YTD Aug 2024), 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.

**Next steps**


- The Quality Monitoring Scorecard will continue to be included on a monthly basis.


































# Quality Monitoring Scorecard, 24/25

Status (Last 3 Periods)

Meeting Target  8 28%  
 Within 10% of Target  15 52%  
 Exceeding Target  6 21%

Quality Dimension	Indicator	Unit of Measure	Target	YTD	Status (Last 3 periods)	Period
Efficient	Active Staffing Target Achieved (ED/MED/ICU)	%	100.00	90.10		Oct-24
	Conservable Days Rate	%	30.00	34.10		Aug-24
	Overtime Hours - Average per pay period	hours	850.00	3,516.92		Sep-24
	Sick Hours - Average per pay period	hours	2,090.00	2,895.64		Sep-24
Integrated & Equitable	ALC Throughput	Ratio	1.00	0.77		Aug-24
	Percent ALC Days (closed cases)	%	20.00	26.24		Aug-24
	Repeat emergency department visits for Mental Health Care	Patients	11.00	9.80		Aug-24
Patient & People Focused	Organization Wide Vacancy Rate	%	12.00	5.76		Aug-24
Safe, Effective & Accessible	30 Day CHF Readmission Rate	%	14.00	12.05		Jul-24
	30 Day COPD Readmission Rate	%	15.50	9.52		Jul-24
	30 Day In-Hospital Mortality Following Major Surgery	%	1.90	0.78		Jul-24
	30 Day Overall Readmission Rate	%	8.80	5.99		Jul-24
	Ambulance Offload Time (90% Spent Less, in Minutes)	minutes	30.00	69.00		Aug-24
	ED Length of Stay for Admitted Patients (90% Spent Less, in Hours)	hours	33.00	47.50		Aug-24
	ED Length of Stay for Non-Admitted Complex Patients (90% Spent Less, in Hours)	hours	8.00	9.70		Aug-24
	ED Wait Time for Inpatient Bed (90% Spent Less, in Hours)	hours	25.00	38.60		Aug-24
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)	hours	4.00	7.50		Aug-24
	Hip Fracture Surgery Within 48 Hours	%	83.10	94.14		Jul-24
	Hospital Standardized Mortality Ratio (HSMR)	Ratio	100.00	89.74		Jul-24
	In-Hospital Sepsis	per 1000 D/C	3.20	3.91		Jul-24
	Long Waiters Waiting For All Surgical Procedures	%	20.00	15.41		Sep-24
	Low-Risk Caesarean Sections	%	17.30	20.76		Jul-24
	Medication Reconciliation at Admit	%	95.00	97.00		Sep-24
	Medication Reconciliation at Discharge	%	95.00	96.00		Sep-24
	Obstetric Trauma (With Instrument)	%	14.40	14.92		Jul-24
	Patient Safety Event - Falls with Harm	per 1000 PD	0.00	0.10		Sep-24
	Patient Safety Event - Medication Events with Harm	per 1000 PD	0.00	0.00		Sep-24
	Revenue - Achieve budgeted PCOP growth (IRM)	\$	6,117,620.00	6,033,863.00		Aug-24
Revenue - Achieve Quality Based Procedure Funding (IRM)	\$	10,366,740.00	11,146,262.11		Aug-24	

October 23, 2024

To Emergency Department Staff and Physicians,

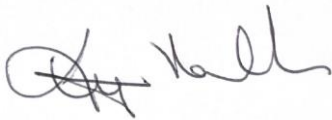
We, the Board of Directors at Cambridge Memorial Hospital, extend our heartfelt gratitude for the exceptional work you continue to do in managing patient flow and enhancing the patient experience in the Emergency Department. Your dedication and tireless efforts do not go unnoticed. We are proud of the work done that has yielded improvements in patient care metrics. We understand that several tactics devised for improvement have not yet shown sustained improvement, however, we have faith in your ability to achieve these goals. Your commitment to ongoing improvement is commendable, and we are confident that your hard work will be met with even greater success.

We deeply appreciate the continuous efforts you put in, despite the ongoing challenges in health human resources, increasing acuity of patients and high hospital occupancy. Your resilience and expertise are truly inspiring, and we are proud to have such a dedicated team in our Emergency Department.

Please know that organization flow within the organization is a critical priority for the Board of Directors, as it is for you. Each Board meeting, we ask Stephanie Pearsall and Dr. Winnie Lee to update us on the status of the work across the organization to improve patient flow.

Thank you for your unwavering commitment and for the exceptional care you provide to our patients every day.

Sincerely,

A handwritten signature in black ink, appearing to read "Lynn Woeller".

Lynn Woeller  
Chair, Board of Directors  
Cambridge Memorial Hospital

cc: P. Gaskin  
Dr. W. Lee  
S. Pearsall