

**Vision**  
Creating healthier communities,  
together

**Mission**  
An exceptional healthcare organization  
keeping people at the heart of all we do

**Values**  
Caring, Collaboration, Accountability,  
Innovation, Respect

**BOARD OF DIRECTORS MEETING - OPEN**

**February 5, 2025**

**1845-1900**

**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>   |        | 1845 |                |              |
| 1.1 Territorial Acknowledgement   |        |      | L. Woeller     |              |
| 1.2 Welcome – Dr. Mark Shafir, VP MPSA  | 4      |      | L. Woeller     |              |
| 1.3 Confirmation of Quorum (7)  |        |      | L. Woeller     | Confirmation |
| 1.4 Declarations of Conflict of Interest  |        |      | L. Woeller     | Declaration  |
| 1.5 Consent Agenda<br><i>(Any Board member may request that any item be removed from this consent agenda and moved to the regular agenda)</i> |        |      | L. Woeller     | Motion       |
| 1.5.1 Minutes of December 4, 2024*  | 5      |      |                |              |
| 1.5.2 2024/25 Board of Directors Action Log*  | 10     |      |                |              |
| 1.5.3 Board Attendance*   | 11     |      |                |              |
| 1.5.4 Board Work Plan*  | 12     |      |                |              |
| 1.5.5 Events Calendar / Meeting Dates*  | 19     |      |                |              |
| 1.5.6 Committee Reports to the Board of Directors   |        |      |                |              |
| 1.5.6.1 Quality Committee* (Jan 15, 2025)   | 21     |      |                |              |
| 1.5.6.2 Executive Committee (Next Meeting Mar 18, 2025)   |        |      |                |              |
| 1.5.6.3 Audit Committee* (Jan 20, 2025)   | 26     |      |                |              |
| 1.5.6.4 Digital Health Strategy Sub-Committee* (Jan 16, 2025)   | 27     |      |                |              |
| 1.5.6.5 Resources Committee* (Next Meeting Feb 24, 2025)  |        |      |                |              |
| 1.5.6.6 Medical Advisory Committee* (Dec 2, 2024 & Jan 8, 2025)   | 29     |      |                |              |
| 1.5.6.7 New Credentialed Physicians November 2024*  | 33     |      |                |              |
| 1.5.6.8 Governance Committee* (Jan 9, 2025)   | 34     |      |                |              |
| 1.5.7 Governance Committee – Recommendations for 2025 Interview Team*   | 35     |      |                |              |
| 1.5.8 Governance Policy Summary*<br>Policies for Approval: (track changes version found in Package 2)   | 36     |      |                |              |
| 2-C-36  |        |      |                |              |
| Borrowing Policy  |        |      |                |              |
| 1.5.9 CMH President & CEO Report*   | 39     |      |                |              |
| 1.5.10 Quality Monitoring Metrics Monthly Report*   | 48     |      |                |              |
| 1.6 Confirmation of Agenda  |        | 1857 | L. Woeller     | Motion       |
| <b>2. PRESENTATIONS</b>   |        |      |                |              |
| 2.1 No Presentations  |        |      |                |              |

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, Stephanie Pearsall, Dr. Mark Shafir

| Agenda Item  | Page #   | Time | Responsibility | Purpose     |
|--|--|------|----------------|-------------|
| * indicates attachment / TBC – to be circulated  |  |      |                |             |
| <b>3. BUSINESS ARISING</b>   |  |      |                |             |
| 3.1 No Open Matters for Discussion   |  |      |                |             |
| <b>4. NEW BUSINESS</b>   |  |      |                |             |
| 4.1 No Open Matters for Discussion   |  |      |                |             |
| <b>5. UPCOMING EVENTS</b>  |  | 1858 | L. Woeller     | Information |
| 5.1 CMH Session with Cambridge City Council, February 18, 2025, 5:00pm-7:00pm, Cambridge City Hall – Bowman Room                   |  |      |                |             |
| 5.2 CMHReveal, February 21, 2025, Tapestry Hall, <a href="https://trellis.org/cmhreveal2025">https://trellis.org/cmhreveal2025</a> |  |      |                |             |
| 5.3 Grand Rounds – Details to Follow, February 27, 2025 8:00am-9:00am (Virtual)  |  |      |                |             |
| <b>6. DATE OF NEXT MEETING</b>   | Wednesday March 5, 2025<br>Location: Hybrid                    |      |                |             |
| <b>7. TERMINATION</b>  |  | 1900 | 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

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CMH Board of Directors Motions Page

| Agenda Item | Motions Being Brought Forward for Approval – February 4, 2025 |  |
|-------------|---|--|
| 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, Stephanie Pearsall, Dr. Mark Shafir

# Dr. Mark Shafir

- **Dr. Mark Shafir graduated from medical school at Queen's University in 1989 and trained in Family Medicine at the University of Western Ontario (Western University).**
- **Dr. Shafir has practiced Emergency Medicine for 31 years, the last 27 at CMH. Dr. Mark Shafir served as the Chief of the Department of Emergency Medicine for 8 years, Deputy Department Chief for 1 year, Deputy Chief of Staff for 3 years, and most recently as the Emergency Department Lead for the Waterloo Wellington region from January 2020 to December 2021 (i.e., during the pandemic).**
- **Dr. Shafir has served on many hospital committees including: MAC, Credentials, Medications and Therapeutics, Transfusion, and Ethics, and Co-Chaired the Code Blue Committee. He has also led a Medical-Professional Staff Bylaws review.**
- **Dr. Shafir recently retired from clinical practice and has assumed the role of Vice-President, Medical/Professional Staff Association.**



Cambridge Memorial Hospital  
BOARD OF DIRECTORS MEETING  
**Wednesday, December 4, 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 December, 2024 at 1700h.

Present:

|                    |                           |
|--------------------|---------------------------|
| L. Woeller, Chair  | Dr. W. Lee                |
| S. Alvarado        | Dr. M. McKinnon (Virtual) |
| B. Conway          | Dr. I. Morgan             |
| T. Dean            | S. Pearsall               |
| P. Gaskin          | D. Wilkinson              |
| J. Goyal (Virtual) | N. Melchers               |
| M. Lauzon          | P. Brasil                 |
| M. Hempel          | Dr. V. Miropolsky         |

Regrets: J. Tulsani

Staff Present: M. Iromoto, T. Clark, R. Howe, Dr. J. Legassie, S. Beckhoff

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 November 6, 2024
- 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-14 Resources Committee Terms of Reference
    - 2-A-18 Quality Committee Terms of Reference
    - 2-C-40 Capital Projects – Change Order Approval Policy
    - 2-D-20 Recruitment, Selection, and Nomination of Directors and Non-Director Committee Members
    - 2-D-48 Whistleblower Policy
  - 1.5.8 Q2 CEO Certificate of Compliance
  - 1.5.9 2024/25 Strategic Priorities Tracker Q2 Updates
    - 1.5.9.1 Quality Monitoring Metrics
  - 1.5.10 CMH President & CEO Report
  - 1.5.11 Certificate of Compliance – Semi Annual Distribution and Stipend Funding
- None opposed, **CARRIED**.

Agenda item 1.5.6.6 Governance Committee Report to the Board of Directors was pulled for discussion and will be discussed during agenda item 4.2.

1.6. **Confirmation of Agenda**

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

None opposed, **CARRIED**.

2. **PRESENTATIONS**

2.1. **2024-27 Environmental Sustainability Plan**

The Board reviewed and discussed the CMH 2024-27 Environmental Sustainability Plan pre-circulated in the meeting package. CMH Leadership highlighted that the plan is the result of significant work by a cross-functional team. The plan focuses on the five strategic pillars aimed at organizational sustainability efforts. The plan includes goals for energy conservation and demand management, targeting a 16% reduction in electricity consumption, a 19% reduction in natural gas consumption, and a 19% reduction in greenhouse gas emissions by the end of fiscal year 2027/28. Achieving these goals will require significant effort and potentially investment. Directors requested specific details about the baseline year, the inclusion of Wing A in the data, and the expected cost savings from the sustainability efforts. Directors also noted that with 32 tactics and objectives, there needs to be a prioritization to focus on the most impactful actions. This will help in effectively managing resources and achieving the sustainability goals.

**MOTION:** That, the Board of Directors approves the FY 2024-27 Environmental Sustainability Plan as presented.

None opposed, **CARRIED**.

**ACTION:** CMH to confirm and follow up with the Board regarding the baseline year, the inclusion of Wing A in the data, and the expected cost savings from the sustainability efforts.

3. **BUSINESS ARISING**

No open items for discussion.

4. **NEW BUSINESS**

4.1. **Chairs Update**

4.1.1. **Board Chair Report**

The Board reviewed the Chair's report that was pre-circulated in the meeting agenda package. The Chair expressed gratitude to the members for their dedication to supporting the hospital at various events over the past two months. Additionally, the Chair congratulated Nicola Melchers for being awarded the Board Member of the Year by the Cambridge Chamber of Commerce, acknowledging her commitment and contributions to the Board. With the Capital Projects Sub-Committee nearing disbandment, the Chair thanked Tom Dean for bringing expertise, leadership and skills to the Committee. Tom joined the Committee as a community member in 2015, taking on a Director position in 2016 and became Chair in 2017. The Chair also highlighted that the Trees of Caring initiative raised over \$57,000 and extended thanks to the Directors who participated. The campaign received contributions from the boards and a generous matching donation from the CMHF Board Chair

4.2. **Governance Committee – Recommendations for 2025 Interview Team**

**MOTION:** That, the Board of Directors approve the following individuals as the interview team for the 2025-26 Board and committee member recruitment:

*Julia Goyal – Interview Team Chair*

*Nicola Melchers*

*Margaret McKinnon*

*Jody Stecho*

*Bill Conway*

*Community Member – TBD*

None opposed, **CARRIED.**

One Director inquired about the concern surrounding the Audit Committees Terms of Reference. The Chair of Governance explained that concerns were expressed about the change in membership classification due to ONCA amendments, which reclassified non-Directors to expert advisors with a non-voting status. The Chair of Audit followed up with each member to confirm their continued interest. All non-Directors confirmed their willingness to stay on the Audit Committee despite the reclassification. Moving forward, any new expert advisors joining the Audit Committee will be fully informed about their role within the Committee. At this time the Chair of Governance does not feel that there is any cause for concern.

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 the meeting this month featured a presentation on operational readiness and CRP. The presentation covered the progress of various projects, highlighting that legacy materials and information are being transferred as the project nears its conclusion to ensure nothing is lost. Emergency preparedness updates were included in the package, aligning with the Board's work plan, and various improvements to the organization's emergency response protocols were discussed. A detailed list of these changes was provided. Additionally, an exciting update on the "Hospital to Home" program was shared, with progress noted as three patients have been successfully moved through the program. The Quality Committee acknowledged the great work done by the team in achieving the Trillium Gift of Life Award for organ donation again this year.

A robust discussion took place regarding the Hospital to Home program. The program is in early stages, with ongoing monitoring of success rates. There's concern about the service provider, and the risk of being overextended. Feedback is being gathered to assess the effectiveness of the care delivery. The program works closely with Ontario Health at Home and community partners, aiming for seamless coordination. The transition from hospital care to home care and potential future involvement in OHTs is part of the program's long-term strategy. Metrics will be tracked to assess the program's success, including patient volumes and costs. Feedback from the integrated care manager and navigator will inform improvements in the program.

#### 4.4. Resources Committee

##### 4.4.1. October 2024 Financial Statements

The Board reviewed and discussed the pre-circulated briefing note included in the meeting agenda package. Cambridge Memorial Hospital (CMH) has a \$3.9M year-to-date surplus position at the end of October after building amortization and related capital grants. The major drivers of the surplus are the unused portion of the budgeted contingency (\$3.8M), quality-based procedures (QBP) (\$1.7M), recoveries and other revenue (\$1.1M) partially offset by unfavourable variances in salaries & wages and benefits (\$2.1M), primarily due to higher overtime than budget. CMH is forecasting a surplus of \$3.6M for 2024-25 driven by unused contingency (\$6.3M), Incremental Surgical Recovery Funding (\$3M), however offset by ongoing salaries & wages pressures (\$6M).

**MOTION:** That, the Board receives the October 2024 financial statements as presented by management and upon the recommendation of the Resources Committee at the meeting of November 25, 2024.  
None opposed, **CARRIED.**

##### 4.4.2. Disbanding of the Capital Projects Sub-Committee

The Board reviewed the pre-circulated briefing note included in the meeting agenda package. The Capital Projects Sub-Committee was formed in autumn of 2013. Substantial completion was reached in November of 2024 with final completion expected in January 2025. As such, it is proposed to now disband the Capital Projects Sub-Committee. The Chair of the Capital Projects Sub-Committee thanked all members for their wonderful contributions over its 11 years of service.

**MOTION:** That, the Board of Directors approve the disbandment of the Capital Projects Sub-Committee.  
None opposed, **CARRIED.**

#### 4.5. Medical Advisory Committee

##### 4.5.1. New Credentialed Physicians October 2024

The Board reviewed the pre-circulated briefing note included in the meeting agenda package highlighting two physicians that will embark on or continue their journey with CMH.

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

The Board delegate for PFAC provided an update from the October & November meeting. The Council received a patient experience update and discussed the lost



belongings project, which is progressing well. PFAC has been providing input on website changes and the emergency department (ED) wait time clock, with suggestions to improve patient stays and waits in the ED. Additionally, PFAC celebrated its 10-year anniversary with a special event where they received a presentation on the journey of the council over the past 10 years.

4.7. **CEO Update**

No open matters for discussion.

5. **UPCOMING EVENTS**

The Chair reviewed the upcoming events and encouraged Directors to participate when able.

**ACTION:** CMH Management to add the Choosing Wisely & The Clinical Impact of Hospital Flow presentations to the GovHub so those who missed can view.

6. **DATE OF NEXT MEETING**

The next scheduled Board of Directors meeting is February 5, 2025

7. **TERMINATION**

**MOTION:** That, the meeting terminated at 1751h.

None opposed, **CARRIED.**

DRAFT

| Meeting Date | Agenda # / Item Description                   | Action Item  | Owner     | Status   |
|--------------|---|--|-----------|--|
| 06-12-2023   | 1.5 Consent Agenda                            | ABCDE Goals to track by % complete   | P. Gaskin | <b>Complete</b> – Updated excel spreadsheet located on Gov Hub for Directors to self report completion |
| 04-12-2024   | 2.1 2024-27 Environmental Sustainability Plan | CMH to confirm and follow up with the Board regarding the baseline year, the inclusion of Wing A in the data, and the expected cost savings from the sustainability efforts. | R. Howe   | <b>Complete</b> – Email sent to the Board on December 18 with answers to the follow up questions       |
| 04-12-2024   | 5.0 Upcoming Events                           | CMH Management to add the Choosing Wisely & The Clinical Impact of Hospital Flow presentations to the GovHub so those who missed can view.                                   | P. Gaskin | <b>Complete</b> – accessible via Gov Hub   |

*\*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>100%</b>  | <b>100%</b>     | <b>100%</b>     | <b>100%</b>       | <b>100%</b> | <b>100%</b>   | <b>100%</b>   | <b>100%</b> | <b>100%</b>  | <b>100%</b>  | <b>100%</b> | <b>56%</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           |
| 29-Oct-24     | P            | P               | P               | P                 | P           | P             | P             | P           | P            | P            | P           | R           |
| 6-Nov-24      | P            | P               | P               | P                 | P           | P             | P             | P           | P            | P            | P           | R           |
| 4-Dec-24      | P            | P               | P               | P                 | P           | P             | P             | P           | P            | P            | P           | R           |

Agenda Item 1.5.4  
**BOARD WORK PLAN – 2024-25**

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

**BOARD WORK PLAN – 2024-25**

| 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"> <li>➤ Review and approve the Hospital Services Accountability Agreement (H-SAA)</li> <li>➤ Review and approve Multi-Sector Accountability Agreement (MSAA)</li> <li>➤ Review and Approve Community Annual Planning Submission (CAPS)</li> <li>➤ Review and Approve Hospital Accountability Planning Submission (HAPS)</li> </ul> | Resources, Quality    |     |     |     |     | √   |     |     |     |
| b-iii-C            | <ul style="list-style-type: none"> <li>➤ Monitor performance indicators and progress toward achieving the quality improvement plan</li> </ul>   | Quality               |     |     | C   | √   |     |     | √   |     |
| c-i-B              | <ul style="list-style-type: none"> <li>➤ 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>)</li> </ul>   | Quality               | C   | C   | C   | √   |     | √   | √   | √   |
| c-i-B              | <ul style="list-style-type: none"> <li>➤ Monitor, mitigate, decrease and respond to principal risks</li> </ul>  | Audit                 |     |     |     |     |     |     |     | √   |
| c-i-E              | <ul style="list-style-type: none"> <li>➤ Review the functioning of the Corporation, in relation to the objects of the Corporation the Bylaw, Legislation, and the HSAA</li> </ul>   | Governance            | C   |     | C   |     | √   | √   | √   |     |
|                    | <ul style="list-style-type: none"> <li>➤ Receive and review the Corporate Scorecard</li> </ul>  | Board                 | C   |     | C   |     |     | √   |     | √   |
|                    | <ul style="list-style-type: none"> <li>➤ Declaration of Compliance with M-SAA Schedule F (due 90 days after fiscal year end)</li> </ul>   | Resources             | C   |     |     |     |     |     | √   |     |
| c-i-F              | <ul style="list-style-type: none"> <li>➤ Declaration of Compliance with BPSAA Schedule A (due May 31 to the OH)</li> </ul>  | Resources             |     |     |     |     |     |     | √   |     |
| c-i-F              | <ul style="list-style-type: none"> <li>➤ Receive and review quarterly the CEO certificate of compliance regarding the obligations for payments of salaries, wages, benefits, statutory deductions and financial statements</li> </ul>   | Resources             | C   |     | C   |     |     | √   |     | √   |
| c-i-F              | <ul style="list-style-type: none"> <li>➤ Procedures to monitor and ensure compliance with applicable legislation and regulations</li> </ul>   | Audit                 |     |     |     |     |     |     | √   |     |
| c-ix-G             | <ul style="list-style-type: none"> <li>➤ Board Generative/Education Discussions</li> </ul>  | Board                 |     | C   |     |     | √   |     | √   |     |

Agenda Item 1.3.4  
**BOARD WORK PLAN – 2024-25**

| Charter Section #4         | Action ( <i>Italics-comments</i> )  | Committee Responsible   | Oct              | Nov        | Dec        | Feb        | Mar        | May        | Jun        | Jun         |
|----------------------------|---|---|------------------|------------|------------|------------|------------|------------|------------|-------------|
|                            |   |   |                  |            |            |            |            |            |            |             |
| e-i-A                      | Receive a summary report on: <ul style="list-style-type: none"> <li>• CEO succession plan and process</li> <li>• COS succession plan and process</li> <li>• Succession plan for executive management and professional staff leadership</li> </ul>   | Executive<br>Executive<br>Executive   |                  |            |            |            |            |            |            | √<br>√<br>√ |
| <b>Professional Staff</b>  |   |   |                  |            |            |            |            |            |            |             |
| f-i-A                      | <ul style="list-style-type: none"> <li>➤ Ensure the effectiveness and fairness of the credentialing process</li> <li>➤ Monitor indicators of clinical outcomes, quality of service, patient safety and achievement of desired outcomes</li> </ul>   | MAC/Quality<br>MAC  | C                | C          | C          | √          | √          | √          | √          | √           |
| f-i-B/C<br>f-i-C           |   | <ul style="list-style-type: none"> <li>➤ Make the final appointment, reappointment and privilege decisions for Medical/Professional Staff</li> <li>➤ Oversee the Medical/Professional Staff through and with the MAC and COS</li> </ul> | Board<br><br>COS | C<br><br>C | C<br><br>C | C<br><br>C | √<br><br>√ | √<br><br>√ | √<br><br>√ | √<br><br>√  |
| <b>Build Relationships</b> |   |   |                  |            |            |            |            |            |            |             |
| g                          | <ul style="list-style-type: none"> <li>➤ Build and maintain good relationships with the Corporation’s key stakeholders               <ul style="list-style-type: none"> <li>➤ 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.</li> </ul> </li> <li>➤ Invite Annual Volunteer Association Presentation</li> </ul> | Board   |                  |            |            |            |            |            |            | √           |
| <b>Financial Viability</b> |   |   |                  |            |            |            |            |            |            |             |

**BOARD WORK PLAN – 2024-25**

| Charter Section #4         | Action ( <i>Italics-comments</i> )   | Committee Responsible | Oct | Nov | Dec | Feb | Mar | May | Jun | Jun    |
|----------------------------|--|-----------------------|-----|-----|-----|-----|-----|-----|-----|--------|
|                            |  |                       |     |     |     |     |     |     |     |        |
| h-i-A,C                    | ➤ Review and approve multi-year capital strategy   | Resources             |     |     | C   |     |     |     |     |        |
| h-i-A,C                    | ➤ Review and approve annual operating plan – service changes, operating plan, capital plan, salary increases, material amendments to benefit plans, programs and policies  | Resources/<br>Quality |     |     |     |     | ✓   |     |     |        |
| h-i-A, B                   |  | Board                 |     |     |     |     |     |     | ✓   |        |
| h-i-A                      | ➤ Approve the year-end financial statements  | Board                 |     |     |     |     |     |     |     |        |
| i-i-C                      | ➤ Approve key financial objectives that support the corporation’s financial needs (including capital allocations and expenditures) ( <i>assumptions for following year budget</i> )  | Resources             |     |     |     |     | ✓   |     |     |        |
|                            | ➤ Review of management programs to oversee compliance with financial principles and policies   | Resources             |     |     |     |     |     |     | ✓   |        |
|                            | ➤ Affirm signing officers for upcoming year  | Board                 |     |     |     |     |     |     |     | ✓      |
|                            | ➤ Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding  | Resources             |     |     | C   |     |     |     | ✓   |        |
| <b>Board Effectiveness</b> |  |                       |     |     |     |     |     |     |     |        |
| i                          | ➤ Establish Board Work Plan – (CMH updating the work plan to the new format to reflect updated policies and terms of reference)  | Board                 | C   |     |     |     | ✓   |     |     |        |
| i-i-A                      | ➤ Ensure Board Members adhere to corporate governance principles and guidelines  | Governance            |     |     |     |     |     |     |     | ✓<br>✓ |
|                            | <ul style="list-style-type: none"> <li>➤ Declaration of conflict agreement signed by Directors</li> <li>➤ Director Consent to Act</li> </ul>   |                       |     |     |     |     |     |     |     |        |
| 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/<br>Board  |     |     |     |     |     |     |     | ✓      |
| i-i-C                      | ➤ Ensure compliance with audit and accounting principles   | Audit                 |     |     |     |     |     |     | ✓   |        |

**BOARD WORK PLAN – 2024-25**

| Charter Section #4                            | Action ( <i>Italics-comments</i> )   | Committee Responsible | Oct | Nov | Dec | Feb | Mar | May | Jun | Jun |
|---|--|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|
|   |  |                       |     |     |     |     |     |     |     |     |
| i-i-D   | ➤ Periodically review and revise governance policies, processes and structures as appropriate  | Governance            | C   |     | C   | √   | √   | √   | √   |     |
|   | ➤ Review Progress on ABCDE Goals ( <i>Director &amp; Chair meet during July/August to establish goals for upcoming Board cycle</i> )   | Board                 |     |     | C   |     |     | √   |     | √   |
| <b>Fundraising</b>                            |  |                       |     |     |     |     |     |     |     |     |
| k   | ➤ Support fundraising initiatives including donor cultivation activities. ( <i>through Foundation Report and Upcoming Events</i> )   | Foundation            | C   | C   | C   | √   | √   | √   | √   | √   |
| <b>Public Hospitals Act required programs</b> |  |                       |     |     |     |     |     |     |     |     |
| 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               |     |     |     |     |     |     |     | √   |
| 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   |     |     |     |     |     |
| <b>Recruitment</b>                            |  |                       |     |     |     |     |     |     |     |     |
| 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            |     |     |     |     |     |     |     | √   |



**BOARD WORK PLAN – 2024-25**

| Charter Section #4 | Action ( <i>Italics-comments</i> )   | Committee Responsible    | Oct | Nov | Dec | Feb | Mar | May | Jun | Jun |
|--------------------|--|--------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
|                    |  |                          |     |     |     |     |     |     |     |     |
|                    | <ul style="list-style-type: none"> <li>➤ Review evaluation results and improvement plans for the Board, the Board Chair (by the Governance Chair), Board committees, committee chairs (2-D-40)</li> <li>➤ Review committee reports on work plan achievements (2-A-16)</li> </ul> | Governance<br>Governance |     |     |     |     |     |     | √   | √   |

**ON GOING AS NEEDED**

| Charter Section #4 | Charter Item          | Action ( <i>Italics-comments</i> )   | Committee Responsible       | Current Year |
|--------------------|-----------------------|--|-----------------------------|--------------|
|                    |                       |  |                             | 2024-25      |
| 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"> <li>o financial</li> <li>o quality</li> <li>o patient/workplace safety</li> </ul> | Audit, Resources<br>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/<br>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/<br>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/<br>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/<br>Executive    |              |

**ON GOING AS NEEDED**

| Charter Section #4 | Charter Item        | Action ( <i>Italics-comments</i> )       | Committee Responsible | Current Year |
|--------------------|---------------------|--|-----------------------|--------------|
|                    |                     |  |                       | 2024-25      |
| h                  | Financial Viability | Approve collective bargaining agreements | Board                 |              |
| h                  | Financial Viability | Approve capital projects                 | Resources             |              |

**DELAYED**

| Charter Section #4 | Charter Item | Rationale |
|--------------------|--------------|-----------|
|                    |              |           |

| Board/Committee Meetings and Event Dates                             | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun       | July | Aug | Sep<br>(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><br>7:00 am – 9:00am                         | 18  | 16  | 20  |     | 15  | 19  |     | 16  | 21  | 18        |      |     |               |
| <b>Quality Committee QIP Meeting</b><br>7:00 am – 9:00 am            |     |     |     |     |     | 6   |     |     |     |           |      |     |               |
| <b>Resources Committee</b><br>5:00pm – 7:00pm                        | 24  |     | 25  |     |     | 24  |     | 28  | 26  | 23        |      |     |               |
| <b>Digital Health Strategy Sub - Committee</b><br>5:00pm – 6:30pm    | 19  |     | 21  |     | 16  | 20  |     | 17  | 15  | 19        |      |     |               |
| <b>Governance Committee</b><br>5:00pm - 7:00pm                       | 12  |     | 20  |     | 9   |     | 13  |     | 15  |           |      |     |               |
| <b>Audit Committee</b><br>5:00pm - 6:30pm                            |     |     | 18  |     | 20  |     |     | 28  | 26  |           |      |     |               |
| <b>Executive Committee</b><br>5:00pm - 6:30pm                        |     | 22  | 19  |     |     |     | 18  |     | 20  |           |      |     |               |
| <b>Medical Advisory Committee (MAC)</b><br>4:30pm - 7:00pm           | 11  | 9   | 5   | 2   | 8   | 12  | 12  | 9   | 14  | 11        |      |     |               |
| <b>CMHVA Board Meetings</b><br>9:30am - 11:15am - In Person / Hybrid | 25  | 30  | 14  |     | 29  | 26  | 26  | 30  | 28  | 12 / 25   |      |     |               |
| <b>CMHF Board Meetings</b><br>4:30pm - 6:30 - In Person / Hybrid     | 24  |     | 26  |     | 28  |     | 25  |     | 27  | 24<br>AGM |      |     |               |

| Board/Committee Meetings and Event Dates  | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | July | Aug | Sep<br>(2025) |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|---------------|
| <b>Patient Family Advisory Council (PFAC)</b><br>5:30pm - 7:30pm In Person / Hybrid | 10  | 1   | 5   | 3   | 14  | 4   | 4   |     | 6   | 3   |      |     |               |
| <b>OHT Joint Board Committee</b><br>5:30pm - 7:30pm - Virtual Zoom meeting          | 23  |     | 25  | 16  | 27  | 24  | 24  | 28  | 26  | 23  |      |     |               |
| <b>2024-25 Events</b>   |     |     |     |     |     |     |     |     |     |     |      |     |               |
| Staff Holiday Lunch   |     |     |     | 5   |     |     |     |     |     |     |      |     |               |
| Career Achievement  |     |     |     |     |     |     |     | 22  |     |     |      |     |               |
| Chamber Business Awards   |     |     | 14  |     |     |     |     |     |     |     |      |     |               |
| City Council Board Presentation Meeting - Cambridge City Hall Bowman Room           |     |     |     |     |     | 18  |     |     |     |     |      |     |               |
| CMHF Diversity Dinner – CMH Celebration of Champions, Oriental Sports Club          |     |     | 7   |     |     |     |     |     |     |     |      |     |               |
| CMH Staff BBQ   |     |     |     |     |     |     |     |     |     | 12  |      |     |               |
| CMH Golf Classic - Galt Country Club Further Details to Follow                      |     |     |     |     |     |     |     |     |     | 5   |      |     |               |
| 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:** January 20, 2025  
**Issue:** Quality Committee Report to the Board of Directors, January 15, 2025 – OPEN  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Iris Anderson, Administrative Assistant to Clinical Programs  
**Approved by:** Diane Wilkinson, Quality Committee Chair

**Attachments/Related Documents:** None

A meeting of the Quality Committee took place on Wednesday, January 15, 2025 at 0700 hours.

**Attendees:** D. Wilkinson (Chair), K. Abogadil, M. Adair, P. Brasil, C. Bulla, B. Conway, N. Gandhi, P. Gaskin, J. Goyal, R. Howe, Dr. W. Lee, A. McCarthy, Dr. M. McKinnon, T. Mohtsham, S. Pearsall  
**Staff Present:** L. Barefoot, M. Iromoto  
**Regrets:** None  
**Guests:** D. Didimos, Dr. A. Sharma, K. Leslie  
**Recorder:** I. Anderson

## Committee Matters – For information only

1. **Annual Review of Senior Friendly Report:** The Annual Senior Friendly Report and list of updated deliverables were pre-circulated. No discussion was had. **See package 2.**
2. **Recruitment – Employee Position on the Quality Committee:** The Chair gave thanks to the current QC staff members, R. Howe and K. Abogadil, for serving on the committee for the last several years. The QC staff members will end their tenure in June of 2025. In order to meet the Board Appointment process, recruitment for a new QC staff member is underway. The Chair referenced the pre-circulated posting and policy. Interested candidates are directed to the Human Resources Director. The application closing date is January 31, 2025. Appointment will commence July 1st. The Chair will communicate next steps as the process unfolds.
3. **Program Presentation: Mental Health Services:** The Chair welcomed the Director of Mental Health and the Chief of Psychiatry to the meeting. The Director of Mental Health referred the Committee members to the pre-circulated presentation and highlighted the Quality Priorities and Metrics: Census overview – continue to maintain a census of 20; December 2024 volumes have been low (same as previous fiscal); all Schedule 1 facilities data is tracked through Ontario Health and the average census is below 70 regionally. TACTICS are: institute a direct admit process; increase access to ECT; complete short term admission process for substance use disorder; complete outpatient process; and, CMH has established a formalized outpatient process with GRH. Questions were posed throughout the presentation. One Committee member inquired about patient transfers from other hospitals (those patients with status of ‘admit to no

bed to MH'). The Director of Mental Health stated that CMH will accept transfers. Regional Bed Calls are reviewed daily, and needs are accessed. The process of admitting patients to PCU (Psychiatric Care Unit) was explained in detail. The summary of Quality Priorities and Metrics continued. Improve staff engagement by addressing workplace safety, staffing and education. TACTICS are: develop new master schedules – the RN schedule has been completed; work continues in drafting the RPN schedule; currently recruiting part-time positions – results will decrease usage of overtime; focus on staff retention by completing Value Based Conversations with staff (62% completed YTD); Code White training continues; and the development of 1-day nursing education day specific to MH is underway. It was noted to strengthen education of DEI – only 35% of staff have completed Rainbow Health education. TACTICS are: schedule staff when census is low; 100% of staff to complete education by March 31, 2025; and, include DEI in Staff Huddles. To increase psychiatric consult response time and decrease time to inpatient bed, the TACTICS are: develop a standard work for PAAN and MH clerical staff, as well as a consult process for ED physicians and psychiatrists; and, develop admission criteria for PCU and MH Inpatient unit . The Director of Mental Health spoke to expanding outpatient services. The Day Hospital will be providing a Patient & Family Education Series to support patients, their families, and the community. Weekly evening sessions will focus on diagnoses, MH conditions in both children and adults, as well as processes. The series will commence early February 2025 and will run to the end of March 2025. The first session will focus on how to navigate hospital services. These sessions will be attended by one psychiatrist every week who will respond to questions. Another expanding MH Outpatient service is the OCEANS Referral Process. In collaboration with Ontario Health, CMH will transition to the OCEANS portal. This transition will allow for more immediate, direct, and easier communication between the physician, MH clinic and patient. This will go live on August 31, 2025. The Chief of Psychiatry spoke to CMH's partnership with The Bridges. A plan is being developed to have a CMH Psychiatrist provide some on-site services at the shelter. The Committee members were informed of the successful recruitment of a new Outpatient Adult Services Psychiatrist, who will start in March 2025. It was asked of the Director of Mental Health to elaborate on the Patient & Family Education Series. A short discussion took place, and several Committee members commented and suggested the following: information about the series should be shared on CMH's external website and other media outlets; following the initial series consider hosting the Patient & Family Education Series at different off-site community locations and/or virtual options; offer complimentary parking or bus tickets to attendees, to encourage the uptake of community engagement and bring awareness not only to mental health, but supports that are available., and it was suggested that PFAC be consulted for further recommendations. A discussion ensued regarding patients who present to the ED and require a detox bed. The Chief of Psychiatry added that admitted patients are offered that opportunity. Management is currently reviewing plans to open an ED/MH Swing Room (rather than a seclusion room) for younger patients. Another Committee member requested Management to provide further details of MH Day Hospital's Programming Streams (6-week programs). Behavioral Activation and Stabilization Stream (BASS) is designed to support patients with depression, thought disorders or for individuals whose cognition is impacted by their mental illness. Skills for Balanced Living (SBL) is for patients who have difficulty with impulse control, anxiety, emotional regulation, and other mood disorders. After the 6-week completion, both streams are offered aftercare through CMH's Peer Support Navigator (extending for another six weeks). At all points during these weeks, patients have the ability to communicate with their therapist through the Day Hospital about other resources that they might need or access. The programs are run by a collaborative team, including two Day Hospital Psychiatrists, five Therapists,

two Occupational Therapists, one nurse and one Peer Support Navigator. Additional discussion took place regarding central intake. The Chief of Psychiatry reported that over the holiday season, a collaborative centralized approach, where Chiefs of all regional hospitals, managers, and directors, were engaged to discuss bed capacities and volumes. The Chief of Psychiatry reflected on being mindful of potential surges and perhaps a more formal/centralized process can be developed in the future. Another Committee member questioned the process for clients when they decline recommended treatments. Management detailed the patient's right to consent and that other therapies may be offered. The Chair thanked the MH Team for their full presentation and commitment to providing mental health services, creativity, innovation, and dedication to patients. **See package 2.**

- 4. Quality Improvement Plan QIP – In-year Progress Report and Update:** The pre-circulated report provided an update on highlights from Ontario Health (OH) for QIP preparation for fiscal 2025-26. The Director of Patient Experience/Quality/Risk detailed the OH updates and gave some background information regarding QIP planning. The OH updates to the 2025 QIP are: a) Emergency Department Return Visit Quality Program and the QIP submissions have been integrated – both will be submitted via the QIP Navigator. Completed return visit audit files will also be uploaded through the QIP Navigator; b) New emergency department related indicators that are aligned to the provincial Pay-for-Results (P4R) program have been included as either Priority or Optional metrics; (i) Unchanged, Priority – 90th percentile ambulance offload time, (ii) New, Priority – daily average number of patients waiting in the emergency department for an inpatient bed at 8 AM; (iii) New, Priority (aligned to P4R) – 90th percentile emergency wait time to physician initial assessment; (iv) New, Optional (aligned to P4R) – 90th percentile emergency department length of stay for admitted patients; (v) New, Optional (aligned to P4R) – 90th percentile emergency department length of stay for non-admitted patients with low acuity; and, (vi) New, Optional (aligned to P4R) – 90th percentile emergency department length of stay for non-admitted patients with high acuity. It was stated that the ALC throughput ratio has been removed as a Priority indicator. The next steps are as follows: CMH management is in the process of reviewing all QIP planning documentation provided by OH Health including an analysis of all suggested Priority & Optional indicators; Special QIP Planning meeting has been set for Quality Committee members on February 6, 2025 to review indicator analysis. Final QIP metrics and narrative to be approved by Quality Committee on February 19, 2025; Final QIP metrics and narrative to be approved by Board of Directors on March 5, 2025; Final QIP metrics and narrative including ED Return Visit to be uploaded to OH online portal, Navigator, by March 31, 2025. One question was posed about the New QIP Priority – daily average number of patients waiting in the emergency department for an inpatient bed at 8 am and why 8 am is used for the metric. The Vice President of Clinical Programs & CNE provided clarification. Hospital movement (discharge times) and PIA times were also discussed. See package 2.

- 6. Quality Monitoring Scorecard:** Management reported there are currently eleven (11) indicators of the twenty-nine that have had three subsequent periods of “red” performance and are being monitored; Conservable Bed Days Rate (Quality Committee); Overtime hours (Resource Committee); Sick hours (Resource Committee); ALC Throughput (Quality Committee); ALC Rate (Quality Committee); Ambulance Offload Time (90% spent less, in minutes) (Quality Committee); ED Length of stay for Admitted patients (90% spent less, in hours) (Quality Committee); ED Length of Stay, Non-Admitted Complex (CTAS 1-3) (90% spent less, in hours) (Quality Committee); ED Wait Time for Inpatient Bed (90% spent less, in hours) (Quality Committee); ED Wait Time for Physician Initial Assessment (90% spent less, in hours) (Quality Committee); and Obstetric Trauma (with Instrument) (NEW to Quality Committee). A discussion took place regarding Indicator #11. Management and the physician lead of Women’s & Children’s Services have reviewed seven (7) months of cases. There were a total of 86 cases that involved instrumentation and 18 of those resulted in what is deemed as trauma. Upon review, the physician lead noted the indications for the instrumentation use was appropriate and the episiotomy performed was necessary to prevent further trauma. Coding is currently under review; Management will continue to closely monitor patient charts. The Committee encouraged a continued focus on this metric and the consideration of mental health supports for patients who undergo these procedures.
- 7. CIHI on the Your Health System (YHS):** The Director of Operational Excellence joined the meeting. The Canadian Institute for Health Information (CIHI) provides standardized and actionable data and information to drive improvements in health care. The published data and information is available to the public. The Committee members were directed to the circulated meeting material. The metrics that depict CMH performance compared to peers and trends over time based on 2023-2024 data. CMH Data includes the following: 1 indicator above average performance of peers and a stable trend (Medical Patients Readmitted to Hospital 23-24); 8 indicators with average performance and a stable trend; (Obstetrics Readmissions, Pediatric Readmissions, Surgical Readmissions, Hospital Deaths following Major Surgery, Hip Fracture Surgery within 48 hours, Hospital Deaths, Low Risk C-section Rates, Obstetrical Trauma with Instruments); 1 indicator with average performance with an improving trend (in-hospital sepsis); 2 indicators with below average performance (ED Wait Time for PIA, ED LOS for Admitted Patients). In response to a question, the YHS Matrix is used to help understand current performance versus comparator hospitals and is used to update the targets and thresholds that are listed in the Quality Monitoring Scorecard. **See package 2.**
- 8. CNE Report:** Management provided program updates with a focus on the organizational priorities: Diagnostic/Cardiology Services – a new echocardiography unit arrived on January 2, 2025. Ultrasound Services – ED weekend hours expanded to 2300hr, with on-call coverage from 2300-0700, to support and facilitate flow through the department. ED – seen improvements in data for most P4R metrics. The DREAM or



Dementia Resource Consultant team moved into the ED on January 6, 2025. The program works directly in ED to divert people living with dementia and their families/care partners. The Inpatient Surgery unit moves into their new tower on January 19, 2025. MED B and TCU are moving into their new spaces today, January 15, 2025. Decision Support has created a Medicine dashboard for flow to understand throughput. CMH@Home Patient Navigator continues to attend rounds on all units. Professional Practice – ten (10) new Clinical Externs have joined CMH as of December bringing the total to 36 Clinical Externs. There is an active posting for an additional 21 Clinical Externs expected to start in February 2025. Also, CMH has converted 40 of our students (nursing, allied, and clerical) to staff and 22 of our clinical externs to permanent registered nursing staff. The Pharmacy team continues with the Choosing Wisely deprescribing PPI Quality Improvement Project and are seeing early reductions in PPI use. Pediatric Rapid Assessment Clinic (PRAC) details are being finalized – target completion is late January 2025. RSV prophylaxis program - 149 doses have been administered which is 68% uptake. Ontario is at a 55.3% uptake. Ongoing education is being provided to both staff and patients. Management described the recruitment strategy regarding Student conversions. **See package 2.**



# BRIEFING NOTE

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**Date:** January 27, 2025  
**Issue:** Audit Committee Report to Board of Directors January 20, 2025  
**OPEN**  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Bonnie Collins, Administrative Assistant  
**Approved by:** Jay Tulsani, Chair

**Attachments/Related Documents:**

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A meeting of the Audit Committee took place on Monday, January 20, 2025 at 1700h

**Present:** Jay Tulsani (Chair), Bonita Bonn, Paulo Brasil, Bill Conway, Roger Ma, Nicola Melchers, Scott Merry, Brian Quigley, Chris Whiteley, Diane Wilkinson, Lynn Woeller

**Regrets:**

**Staff:** Liane Barefoot, Trevor Clark, Patrick Gaskin, Rob Howe, Valerie Smith-Sellers,

**Guests:** Ramsha Ahmed, (KPMG) Suk Bedi (KPMG), Kim Haley (KPMG)

**Committee Matters – For information only**

1. **Audit Plan Review:** Representatives from KPMG presented the audit plan for the Committee’s information. No new significant risk areas have been identified as part of the fiscal 2025 audit, as compared to the prior year audit plan. The audit approach, strategies for areas of significant risk and other areas of focus were highlighted. In response to the auditor’s required inquiries, the Audit Committee confirmed that there are no known incidents of fraud and no known complaints regarding CMH’s financial reporting. The Committee recommended that the HIS negotiations be considered a significant, unusual transaction for audit testing if a contract is signed before the end of the fiscal year. The proposed 2024-25 audit fees were reviewed.
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.



# BRIEFING NOTE

**Date:** January 23, 2025  
**Issue:** Digital Health Strategy Subcommittee Report to Board of Directors January 16, 2025 OPEN  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Bonnie Collins, Administrative Assistant  
**Approved by:** Sara Alvarado, Chair

**Attachments/Related Documents:** None

A meeting of the Digital Health Strategy Subcommittee took place on Thursday, January 16, 2025 at 1700h

**Present:** Sara Alvarado (Chair), Joel Campbell, Masood Darr, Jim Gates, Miles Lauzon, Paul Martinello, Richard Neidert, Suzanne Sarrazin, Lynn Woeller

**Regrets:** Dr. Margaret McKinnon

**Staff:** Jennifer Backler, Trevor Clark, Patrick Gaskin, Rob Howe, Mari Iromoto, Dr. Winnie Lee, Kyle Leslie, Stephanie Pearsall, Valerie Smith-Sellers

**Guests:**

## Committee Matters – For information only

- Research & Innovation Plan Update:** Management highlighted key points and priority themes from the Research & Innovation Plan. The desired outcome of the plan is to elevate CMH from a Level 2 to a Level 4 on the E&Y’s Innovation Activation Periodic Table, a framework that can be used to elevate innovation capability within an organization. Feedback from the CMH Directors’ Council, Senior Leadership Team, the CMH Research Innovation Impact Committee, and the November 6, 2024 Board generative session was incorporated into the Research & Innovation Plan, and management presented the Plan to the Subcommittee for endorsement. Questions were entertained, and management confirmed that CMH is involved with the Waterloo Region Innovation Ecosystem by participating in various forums. Regarding regional innovation collaboration, CMH is part of a formal Waterloo Research and Ethics Committee with GRH/SMGH. Informally, CMH also works with GRH/SMGH when the opportunity presents. Management also explained that GRH/SMGH are ahead of CMH in innovation development, and that GRH/SMGH and the University of Waterloo have joined a forum called Care Next for advancing innovation. CMH will continue to build its innovation infrastructure and culture before advancing to this next step. CMH showcased nearly 20 innovations through the innovation poster fair at the CMH B Tower community open house on January 11, celebrating staff inspired innovations. The posters will be kept on display and staff that were involved with these innovations will participate in

sessions to promote the 2025 staff innovation initiative. The Subcommittee encouraged management to leverage CMH Foundation to engage and to develop strategies around possible campaigns to attract interest and financial support for innovation and research. In addition, the Subcommittee suggested launching a Foundation campaign to promote support of CMH's digital requirements.

The Subcommittee was in agreement that, for a hospital of its size, CMH has taken an aggressive approach and developed an aggressive plan for research and innovation and has already made great strides.

2. **Digital Health Strategy Subcommittee Terms of Reference Review:** The Subcommittee supported the proposed changes to the Digital Health Strategy Subcommittee Terms of Reference and recommended maintaining annual charter reviews. The Terms of Reference will go to the Governance Committee for review and finalization.



# BRIEFING NOTE

**Date:** December 2, 2024  
**Issue:** MAC Report to the Board of Directors December 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 December 2, 2024, at 1730h.

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

**Regrets:** Dr. E. Thompson, Dr. V. Corner, Dr. M. Runnalls, Dr. M. Rajguru

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

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

## Committee Matters – For information only

**1. COVID-19 and Infectious Disease Update:** An infectious disease update was provided. There has been moderate COVID-19 activity, with 11.9% positivity. There have been no laboratory-confirmed cases of influenza A (H5N1) reported in Ontario. There has been one case of avian flu in a teenager in B.C. with no known exposure. In the next two weeks, SARS-CoV-2 activity is projected to decrease, influenza activity is projected to remain stable, and RSV activity is projected to increase. The risk of severe respiratory virus illness is high in the pediatric population and moderate in the general adult population. However, the overall risk of severe respiratory illness among the pediatric and adult population is projected to increase.

In November 2024, 12 COVID-19 cases were admitted and 1 case of Influenza A. Public Health Lab has the ability to test and identify H5N1 Influenza A and it can be requested directly to a public health lab, with a 24 hour turn around for results. Acceptable samples include NPS, throat swab, and conjunctival swabs.

To date in 2024, there has been 18% mycoplasma pneumonia positive testing at PHO, exceeding previous years, including prior to the COVID-19 pandemic. The percentage of specimens testing positive began to increase in May 2024. By August 2024, it had reached nearly 305 and has remained high since. Positive specimens were identified primarily from children, especially 5-17 years, followed by those age 1-4 years. Pertussis, iGas, Measles

and MPox data was also shared. Pertussis rates peaked in July. To date, there have been no cases of MPox (Clade 1b) have been reported in Ontario. Measle cases have been predominantly related to the unimmunized and from travel. 2024 iGas numbers have been lower than the prior year, with a 40% reduction in the incidence rate.

2. **CEO Report:** CEO report was pre-circulated in the MAC package. Organizational updates as it pertained to CMH's strategic plan was shared. Key highlights included organizational flow and the new CMH Hospital-to-home program, the environmental sustainability plan, and a financial update. CMH's PFAC also recently celebrated its 10<sup>th</sup> year anniversary, highlighting a decade of partnering with our patients to improve care in the organization. The New Wing Celebration with a ribbon-cutting ceremony for the new Wing B is scheduled for January 10<sup>th</sup>, 2025, with a public opening January 11<sup>th</sup>, 2025, and patients moving in shortly thereafter.
3. **CNE Report:** CNE report was pre-circulated in the MAC package. Highlights discussed were that There continues significant effort on organization flow, with a value stream mapping session to review "Left without being seen (LBWS)." ED has been experiencing higher volumes since May 2024. The ED website is currently being reviewed with feedback from the Patient Experience office and PFAC. Diagnostic Cardiology has welcomed new locum cardiologists to the department to prepare for Dr. Martin's retirement in December 2024. DI began the 40–49-year-old OBSP screening expansion initiative. The Nuclear Medicine department is facing a radiopharmaceutical shortage that impacts the weekly supply over the next few weeks. Despite this, there has not been any cancellation of appointments with conservation strategies in place. Memos have been sent to referring physicians to keep them informed. Mental Health program is currently reviewing the MH Consultant Liaison team to identify opportunities in this service. The OR has seen a reduction in returned surgical OR time, with new surgeons beginning recently at CMH> The WW Regional Cancer Program acknowledged CMH's surgical oncology performance which meets or exceeds performance targets for Wait 1 and Wait 2. New educator in Women's and Children's program who will focus on priority areas for education. The OB HR continues to be strained. Currently, there is work to assess our induction rates C-section rates
4. **VP People & Strategy Report:** VP People & Strategy updated was provided to the committee. Project SEARCH launched in Sept 2024, in collaboration with Waterloo District School Board and KW Habilitation. Four learners with developmental or intellectual disabilities have been gaining hands-on experience at CMH. Early highlights have demonstrated a positive impact for both the participant and the organization. There have been ongoing efforts for staff to complete the Rainbow Health Foundation training. The Global Workforce Survey has resulted in 417 staff responses required for threshold for Accreditation Canada. The survey results will be shared in the new year. The CMH Research and Innovation plan is currently being refreshed based on the discussion from the Board generative discussion in November 2024. With the successful Substantial Completion date for the CRP, there are final training sessions, move-planning meetings, development of risk registries and communication plans for the upcoming moves in the new year. There is work ongoing with the corporate communication plan with a branding review, CRP planning and digital assets refresh for 2025 (i.e., website, social media and CMHnet).
5. **Board Report:** Board update was provided to the committee. The Board had a generative discussion at the November Board meeting, focused on innovation and AI at CMH, with invited guests from Ernst & Young, and Trillium Health Partners.
6. **PFAC Report:** PFAC update was provided to the committee. In December, PFAC celebrated its 10th year anniversary, with invited members from current and previous PFACs. It was a wonderful evening to celebrate the accomplishments and successes of PFAC in the last decade. PFAC has been highly engaged with the hospital and has made significant contributions over the years.



# BRIEFING NOTE

**Date:** January 8, 2025  
**Issue:** MAC Report to the Board of Directors January 2025 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 Wednesday, January 8, 2025, at 1630h virtually via MS Teams.

**Present:** Dr. W. Lee, Dr. J. Legassie, Dr. L. Green, Dr. M. Patel, Dr. A. Nguyen, Dr. J. Bourgeois, Dr. R. Shoop, Dr. V. Corner, Dr. K. Wadsworth, Dr. I. Isupov, Dr. T. Holling, Dr. M. Hindle, Dr. M. Runnalls, Dr. B. Courteau, Dr. M. Shafir, Dr. A. Sharma, C. Witteveen, Dr.

**Regrets:** Dr. A. Mendlowitz, Dr. V. Miropolsky, Dr. E. Thompson, Dr. M. Rajguru,

**Staff:** P. Gaskin, S. Pearsall, M. Iromoto, Dr. K. Nuri, J. Visocchi

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

## Committee Matters – For information only

1. **M&T Report:** November M&T report was shared with MAC.

**MOTION:** That the November M&T report be approved as distributed.  
None Opposed. **CARRIED.**

2. **COVID-19 and Infectious Disease Update:** Update provided on COVID-19, influenza, RSV, and other infectious diseases, highlighting an expected increase in activity and severity of COVID-19 and other respiratory illnesses in the upcoming weeks. There are no laboratory-confirmed cases of influenza A (H5N1) in Ontario and a case of avian flu in BC in a teenage girl.

3. **Policy 2-409: Most Responsible Practitioner Status:** An updated version of Policy 2-409: Most Responsible Practitioner Status was shared, including edits aligning with the Admission Criteria policy. There was discussion on clarifying the admitting physician and consulting physician within the document. The Policy will be updated with the feedback from MAC, with a revised version for review at the January 2025 Credentials Committee and February MAC for review/approval.

4. **Choosing Wisely Update:** A presentation update was shared with MAC. The Choosing Wisely team discussed the progress of the Choosing Wisely initiative, including the success of the Lab in achieving the Choosing Lab Wisely designation in December 2024. This achievement supports CMH's journey towards the Choosing Wisely Quality Improvement

Status in 2025. A submitted abstract to the Choosing Wisely National Meeting in May 2025 titled “Eliminating unnecessary RBC Folate Testing at Cambridge Memorial Hospital” was accepted for an in-person presentation at the conference. The de-prescribing QI project has also been progressing, demonstrating a reduction of 6.3% of PPI (proton pump inhibitors) orders prior to discharge from the hospital. Post-intervention data to date has shown a 14.4% de-prescribing rate. In November, the QI project rolled out in the areas where PPIs are most ordered (i.e., Medicine and Surgery units).

- 5. **Sepsis Medical Directive:** A new sepsis and febrile neutropenia management in the Emergency Department (MD-230) was shared and approved following discussion.

**MOTION:** That the new Sepsis and Febrile neutropenia management in the Emergency Medical Directive # 230 be approved.

None Opposed. **CARRIED.**

- 6. **CNE, CNE, VP People & Strategy Report:** The CEO, CNE/VP Clinical Programs, and Chair of Quality Committee of the Board provided updates on various hospital operations, including financial health, staffing recruitment, and updates on strategic priorities. The upcoming celebration, ribbon-cutting ceremony, and public open house for the opening of Wing B was shared. Upcoming moves for several programs/departments are scheduled for January following the public open house weekend. A PFAC update included a discussion on patient portals and work on a refreshed Declaration of Values.

CMH

## Our 2022-27 Strategic Plan

### Strategic Pillars

Advance Health Equity

- Regional Indigenous Advisory Circle – across Waterloo Region. First meeting last month. Commitment made by group to support hospitals, meeting monthly.

Jan 2025

**Sustain Financial Health**

- October statements reported at last month's meeting. Don't have November's to share today. Year end forecast – surplus

**Elevate Partnerships in Care**

- Flow
- Ribbon cutting ceremony – January 10.
- Community open house for Wing B – January 11. 10 am to 2 pm
- Wear your T shirt

**Increase Joy in Work**

- Town Hall – Jan 21
- On-site massages this month
- Diversity Council meeting later this month

**Reimagine Community Health**

- December Board meeting approved a ten-year total cost of ownership “maximum”, shared instance approach, loan negotiations up to \$20M
- Workforce planning system – continues.
- Innovation at CMH – discussion at Board (artificial intelligence, partnerships with University, tech sector). Plan in development. Aiming for Board approval in the coming months

4





# BRIEFING NOTE

**Date:** December 2, 2024  
**Issue:** New Credentialed Physicians - November 2024  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Dr. Winnie Lee, Chief of Staff and Dr. Jenny Legassie, Chair of Credentials Committee  
**Approved by:** Patrick Gaskin, President & CEO

**Attachments/Related Documents:** None attached.

**Alignment with 2024/25 CMH Priorities:**

| 2022-2027 Strategic Plan<br>No <input type="checkbox"/> | 2024/25 CMH Priorities<br>No <input type="checkbox"/>                        | 2024/25 Integrated Risk Management Priorities<br>No <input type="checkbox"/> |
|---|--|--|
| <input type="checkbox"/> Elevate Partnerships in Care   | <input type="checkbox"/> Improve Patient Flow (PIA, Time to Bed, ALC)        | <input 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 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 type="checkbox"/> Revenue & Funding                                   |

This past month, we are thrilled to announce the addition of several highly skilled physicians to our hospital team. These new members bring a wealth of experience and expertise in various medical fields, further enhancing our commitment to providing exceptional patient care. The new medical professional staff joining CMH include:

1. Dr. Nicole Carpe, Community and Family Medicine Physician, Start date November 1, 2024. Dr. Nicole Carpe is a dedicated family doctor currently working at Two Rivers FHT HealthLink in Cambridge. Dr. Carpe completed her medical education at the University of Toronto.

Please join us in welcoming our new medical professionals as they embark on their journey with us, contributing to the health and wellness of our community. We look forward to having them join the CMH medical professional staff!



# BRIEFING NOTE

**Date:** January 29, 2025  
**Issue:** Governance Committee Report to Board of Directors January 9, 2025  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Stephanie Fitzgerald, Administrative Assistant  
**Approved by:** Patrick Gaskin - President & CEO, Julia Goyal - Governance Committee Chair

**Attachments/Related Documents:** None

A meeting of the Governance Committee took place on Thursday January 9, 2025 at 1700 hours.

Attendees: J. Goyal (Chair), J. Stecho, Dr. A. Stewart, B. Conway, D. Wilkinson, L. Woeller

Staff Present: P. Gaskin. M. Iromoto, S. Pearsall

Regrets: M. Protich, Dr. M. McKinnon

## Committee Matters – For information only.

1. **Welcome & Territorial Acknowledgement:** The Chair presented the Territorial Acknowledgement and welcomed new and returning members.
2. **Policy Reviews and Approvals:** The Governance Committee reviewed policy 2-C-34 and recommended this for approval by the Board. This is noted as agenda item 1.5.7 of the February 5, 2025 Board of Directors meeting for Board approval.
3. **Terms of Reference Alignment:** CMH Leadership updated the Committee Terms of Reference to ensure consistent language and alignment across meeting sections and general policies. These updates do not alter existing processes and were presented to the Governance Committee for awareness.
4. **Board/Committee Feedback Reports Review:** The Governance Committee reviewed the feedback reports from the November 2024 and December 2024 Board and Committee meetings. There were no concerns.
5. **Community Member for the Interview Team:** The Governance Committee discussed integrating added perspectives into the Board interview team by including a community member and potentially Patient Family Advisory Council representative to seek input for their patient-oriented insights. The Governance Committee agreed upon a shortlist of organizations, starting with Fairview Mennonite Homes, followed by the Cambridge Shelter and Langs. A motion for the recommendation of the addition of a member of the Patient & Family Advisory council is reflected in agenda item 1.5.7.



## BRIEFING NOTE

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**Date:** January 29, 2025  
**Issue:** Selection of Interview Team - Updated  
**Prepared for:** Governance Committee  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Stephanie Fitzgerald, Executive Assistant  
**Approved by:** Patrick Gaskin, President & CEO

**Attachments/Related Documents:** None

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### Recommendation/Motion

#### **Board**

that, the Board of Directors approves the updated interview team for the 2025-26 Board and committee member recruitment as follows:

*Julia Goyal – Interview Team Chair*

*Nicola Melchers*

*Margaret McKinnon*

*Jody Stecho*

*Bill Conway*

*Community Member – Jennifer Gleeson, Fairview Seniors Community Board Member*

*CMH PFAC Member – Dilys Haughton*

#### **Governance Committee**

that, after further reflection, the Governance Committee recommends to the Board of Directors the addition of a member of the Patient & Family Advisory Council to join the interview team.

**CARRIED.**

#### **Executive Summary**

The Governance Committee discussed adding the patient perspectives into the Board interview team by including a Patient Family Advisory Council representative to seek input for their patient-oriented insights. The Governance Committee agreed upon a shortlist of organizations, starting with Fairview Seniors Community, followed by the Cambridge Shelter and Langs.



# BRIEFING NOTE

**Date:** November 15, 2024  
**Issue:** Board Policy Review Summary  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Stephanie Fitzgerald, Executive Assistant  
**Approved by:** Patrick Gaskin, President & CEO

**Attachments/Related Documents:** Policies

## Recommendation/Motion

### **Board**

That, the Board of Directors approve the following policies as presented.

|        |                         |
|--------|-------------------------|
| 2-C-36 | <i>Borrowing Policy</i> |
|--------|-------------------------|

### **Governance Committee**

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

|        |                         |
|--------|-------------------------|
| 2-C-36 | <i>Borrowing Policy</i> |
|--------|-------------------------|

**CARRIED.**

### **Background**

The following policies were reviewed and discussed at the January 9, 2025 Governance Committee meeting and were amended / updated as attached:

*\*Note only policies with tracked changes are attached to the package*

| Policy No. | Policy Name      |
|------------|------------------|
| 2-C-36     | Borrowing Policy |

## BOARD MANUAL

|   |                    |
|---|--------------------|
| <b>SUBJECT: Borrowing</b>                           | <b>NO.: 2-C-36</b> |
| <b>SECTION: Corporate Performance and Oversight</b> |                    |
| <b>APPROVED BY: Board of Directors</b>              | <b>DATE: TBD</b>   |

### Policy

The Board sets borrowing limits and approves any changes to these limits. Cambridge Memorial Hospital (the Hospital) maintains a Board approved long-term cash strategy plan that strives to minimize reliance on debt while ensuring access to necessary funds for operational and capital needs. Annually, these plans are assessed in the context of the organization’s operating and capital planning cycle. All borrowing will comply with governmental obligations.

### Guideline

1. Board approval is required for the Hospital to borrow money.
2. The Hospital will only borrow money for the following purposes:
  - (a) To secure bridge financing for working capital requirements;
  - (b) To secure operating financing (line of credit) to fund normal operating requirements arising from timing differences between cash inflows and expenditures;
  - (c) To secure capital project financing to support a capital project;
  - (d) To lease or finance capital equipment that is part of the organization’s Board-approved capital project plan;
  - (e) To lease or finance the purchase of land or property consistent with the Hospital’s Master Plan and/or space planning needs; or
  - (f) To support an expenditure justified by a business case with an acceptable financial return.
3. The Hospital will maintain a line of credit to cover short-term funding requirements subject to the following:
  - (a) Board approval is obtained for the establishment of the line of credit and any other debt instruments.
  - (b) Any changes to these limits will require Board approval that will be linked to a business case and a repayment strategy.
  - (c) The Chief Executive Officer and Chief Financial Officer may use the line of credit or any other debt instruments, but must ensure that:
    - (i) All borrowing is in compliance with the Hospital’s long-term cash strategy plan;
    - (ii) Regular monitoring and reporting of debt utilization is maintained to ensure that it remains within approved limits;
  - (d) The Chief Executive Officer will inform the Resources Committee and the Board of the use of the line of credit at their next regularly scheduled meeting, including:

- (i) A detailed explanation of the borrowing requirements and justification for the use of the line of credit;
- (ii) An update on the repayment strategy and expected timeline for repayment;

4. The Hospital will establish, as needed, a debt management plan that outlines the following:

- (a) A review process to ensure compliance with the Hospital’s long-term cash strategy plan;
- (b) Regular monitoring of debt utilization and reporting to the Board;
- (c) A framework for managing interest rates, fees, and other costs associated with borrowing;
- (d) A plan for reviewing and updating the debt management plan annually or as needed;

**Responsibilities**

- The Board of Directors is responsible for approving borrowing limits and changes to these limits.
- The Chief Executive Officer and Chief Financial Officer are responsible for ensuring compliance with the Hospital’s long-term cash strategy plan and debt management plan.
- The Resources Committee is responsible for reviewing and recommending updates to the investment policy and debt management plan.

| <b>DEVELOPED: October 27, 2010</b> |                               | <b>REVISED/REVIEWED:</b>      |
|------------------------------------|-------------------------------|-------------------------------|
| May 29, 2013                       | September 30, 2015            | October 17, 2018              |
| Click or tap to enter a date.      | Click or tap to enter a date. | Click or tap to enter a date. |
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## CMH President & CEO Report February 2025

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.

### Thank you to everyone that helped

- To our incredible staff and volunteers,
- Thank you for your time, energy, and creativity in making the ribbon-cutting ceremony, innovation fair and open house for our newly refurbished Patient Care Wing such a resounding success.
- Your hard work shone through every detail, from the warm welcome extended to government officials and dignitaries to the seamless tours enjoyed by nearly 1,000 visitors.
- The feedback was unanimous: the event was impeccably organized, and your dedication truly showcased the best of who we are as an organization. You went above and beyond, demonstrating not just professionalism but a genuine reflection of our values in action.
- On behalf of the executive team, thank you for your outstanding contributions and for making this milestone celebration so meaningful. We are grateful for everything you do.

### Ribbon Cutting Ceremony Jan. 10

- On Friday, January 10, Cambridge Memorial Hospital proudly unveiled its newest patient care wing, marking the completion of a transformative, multi-year project that represents the single largest health care investment in Cambridge and North Dumfries history. The new facility, spanning almost 400,000 square feet of new construction and refurbished patient care space, makes it the most technologically advanced hospital in the region.
- The grand opening ceremony brought together government, municipal and healthcare leaders, staff, volunteers, and community members to celebrate this milestone. Reflecting on the significance of the day, Lynn Woeller, Chair of the CMH Board of Directors shared, "This is more than just a building—it's a promise to our community. It's a space built for healing, connection, and growth, equipped with cutting-edge technology and designed with care and compassion at its core."
- After an indigenous blessing by Clarence Cachagee, remarks were made by Premier Doug Ford, Region of Waterloo Chair Karen Redman, City of Cambridge

Mayor Jan Liggett (by video) and North Dumfries Mayor Sue Foxton, all of whom spoke of the need for a strong health care system for our communities.

- Punctuating the event were six children that were born in the new Wing A patient care facility in 2020, signifying the first generation that would benefit exclusively from our brand new hospital.
- The full video of the ceremony can be viewed from CMH's YouTube channel (@ourCMH).

### **Community Open House a success!**

- On Saturday January 11, CMH opened its doors to the community for a peek at the newly refurbished Wing B patient care facility.
- Originally built in 1970's at a cost of \$12M, the Wing B facility was thoroughly refurbished to the same standards as its Wing A sister facility. Boasting no ward rooms and 90% single occupancy, the public was able to see some of the unique features that make this wing stand out:
  - B3 Activities of Daily Living room that allows clinicians to assess a patient before they go home and to reinforce teaching on how to navigate laundry, common kitchen appliance and a bathroom
  - B2 & 4 satellite gyms bring services and features to the patient instead of having to take them elsewhere in the hospital
  - B3 dining lounge is a beautiful space that encourages interaction amongst the longer term patients
- During both the open house and the Ribbon Cutting, VIPs and visitors alike had the opportunity to explore CMH innovations, showcased through engaging poster displays. Past Innovation Fund projects, such as the Patient Registration Check-In System, Lab Specimen Tracking, ER Tracker Board Improvements, ICU Acuity Tool, and Reducing Lost Patient Belongings, highlight the possible with our talented staff.
- Approximately 1000 people attended the community open house. Over the week of January 13, programs slowly moved into the space fully occupying by January 19, 2025.
- Read Krysta Garton's story for a first hand perspective on what this transformation means for staff.

### **Voices of CMH: Krysta Garton reflects on the BIG changes**

- *This message was originally posted to LinkedIn*
- Tonight, as I reflect on the last two days celebrating the completion of Cambridge Memorial Hospital's (CMH) capital redevelopment, I'm reminded of how far we've come.
- When I was preparing to go on maternity leave when CMH broke ground on this transformation, and I started saying goodbye to our old hospital. It was aging and outdated, but it held so many memories from the early days of my career.
- At the time, I wondered how we could possibly transform a hospital while continuing to operate, and there were certainly challenges along the way.



- We faced countless changes in paths of travel, and I had many conversations with patients and families while escorting them to their destinations. It wasn't until this week, when a new hallway finally appeared, that I understood the full scope of our headaches and the magnitude of what we'd been working toward. The hospital layout finally made sense!
- This project has been a true labor of love, a much-needed transformation for our front-line staff. Walking through the hospital this week, I couldn't help but reflect on the conversations I had with colleagues about what we had versus what now stands before us — a stunning, modern facility.
- One moment stands out in particular: I was stationed in a semi-private room in the B tower where I once worked as a nurse.
- There are still patients and colleagues I hold close from those years, and I shared with the community how this room used to be part of a four-bed ward, with a bathroom so small that I had to squeeze in to care for patients. Now, those memories live alongside the reality of our spacious, private rooms and the vision for a brighter future.
- The highlight of the day was dreaming about what lies ahead for both our hospital and our community. It was an absolute pleasure to showcase our new features, including nearly 90% private rooms in the A and B towers.
- I'm so proud to have helped plan these 2 days of events, and even prouder of how smoothly they went, thanks to the leadership, staff, volunteers, and students who made it all possible.
- It's amazing to witness the incredible teamwork that happens when we come together to achieve something great.
- One of the most powerful moments of the VIP open house came from Sue Foxtan who spoke passionately about CMH's staff, mentioning how they had saved her life. She spoke of new life, death, and the life-saving treatments happening within our walls.
- As she spoke, lives were being saved — and those words resonated deeply with me. It's a reminder of the vital role all of our staff plays in making a difference in the lives of our community.
- Today felt full circle for me — a moment of reflection and gratitude for everything we've achieved and everything that's yet to come.
- I now remind myself that our change in path of travel, throughout the years, just deepened my connection to our community and allowed conversations that inspired me to stay true to my career. The gift is in the journey!

### **Inpatient Unit moves to Wing B go as planned (almost)**

- The Week of January 13 marked a truly momentous milestone for our hospital and a long-awaited achievement for our team. After years of planning, preparation, and waiting, three inpatient units successfully moved into their new home in Wing B—a space designed to support the exceptional care we provide to the community every day.
- It was a near perfect ending if it were not for the respiratory season that arrived with a fury in early January.

- In response to high patient volumes and surging illnesses, part of the new facility opened ahead of schedule on January 15 to ease pressures on the Emergency Department. Patients from the Transitional Care Unit (TCU) were warmly welcomed into the ready Medicine B3 Inpatient Unit to make more beds available for the hospital.
- Despite the last minute change, it did not dampen the excitement as the “official” moves for the other units took place over the Friday and the weekend.
- By 10 a.m. January 17, the first patients arrived into the brand new Medicine B3 Inpatient Unit. The final moves occurred on Sundays with the Inpatient Surgery Unit leaving Wing C to its final home on B4.
- Our staff demonstrated incredible precision, care and teamwork throughout. Every detail was double- and triple-checked, ensuring patients were transferred safely and comfortably, with all their personal belongings and equipment accounted for.
- CMH truly has an amazing team.

### **CMH@Home to enhance patient care in the home**

- We’re excited to share with you CMH@Home - a new service designed to enhance patient care while easing hospital pressures. Aligned with Ontario Health’s (OH) Hospital 2 Home standards, CMH@Home supports modernized healthcare and ensures patients receive care where they’re most comfortable— at home.
- The program focuses on patients who have come into hospital from home and are at risk of a prolonged length of stay or alternate level of care (ALC) designation who require professional, restorative, or rehabilitation care. At this time, it is not designed to support individuals with significant behavioral issues, precarious housing situations, or waiting currently for Long Term Care.
- Program Goals:
  - Reducing Emergency Department visits, hospital admissions or readmissions, decreasing hospital Length of Stay and ALC days.
  - Standardizing home-based care to align with OH’s modernization goals.
- Program Features
  - Patient Navigation: A dedicated navigator will identify eligible patients in the Emergency Department or inpatient units, ensuring smooth transitions with our community-based service provider Bayshore HealthCare.
  - Bundles of Care: Up to 16 weeks of tailored services, such as nursing, therapy, and social work.
  - Follow-Up: Discharge plans include ongoing communication with primary care providers and follow-up within seven days of transition.
  - Continuous Improvement: We’re gathering patient feedback and conducting evaluations to refine the program. Key metrics include patient satisfaction, service timeliness, and readmission rates.

## **CMH designated as one of Waterloo Area's Top Employers**

- Bookended on the heels of the momentous events and the finality of the last remaining program moves, CMH was honoured to be designated as a top employer by Waterloo Area's Top Employer, an annual competition organized by the Mediacorp Canada Inc. editors of Canada's Top 100 Employers.
- This special designation recognizes the employers in the Kitchener-Waterloo area that lead their industries in offering exceptional places to work.
- "We're absolutely thrilled to be named one of the top employers in the region," said Susan Toth, Director Human Resources and Chief Human Resources Officer, "This recognition reflects our ongoing commitment to creating an exceptional workplace where our staff and clinicians feel supported and valued. Over the past year, we've celebrated major milestones—like the completion of our hospital construction project—and those achievements are a testament to the dedication of our team. While health care can be challenging, this designation highlights the incredible efforts we've made together to foster a positive and rewarding environment."
- Employers were reviewed on eight criteria: (1) Workplace; (2) Work Atmosphere & Social; (3) Health, Financial & Family Benefits; (4) Vacation & Time Off; (5) Employee Communications; (6) Performance Management; (7) Training & Skills Development; and (8) Community Involvement.
- The full list of Waterloo Area's Top Employers (2025) was announced January 14, 2025 in a special magazine published online in the Waterloo Record. Detailed 'reasons for selection' for each of this year's winners, as well as stories and photos about their initiatives, were released today by the editors and are accessible via the competition homepage

## **PFAC celebrates 10 years**

- On Thursday, November 28, Patient & Family Advisory Council (PFAC) members past and present, celebrated its 10th birthday.
- During a brief presentation with Liane Barefoot, we led guests down memory lane, highlighting PFAC's unwavering continuity, resilience, and dedication since 2014.
- One amazing fact is that PFAC has not missed a meeting in 10 years. Not even the difficult days of COVID stopped this dedicated group from meeting. Through creative brainstorming and adaptability, PFAC held their meeting during the lockdowns and restrictions, continuing their important work and ensuring the patient viewpoint remained a central priority at CMH.
- Guests shared memories that include the changes that have been implemented at CMH that stemmed from their recommendations; the positive impact of community-made masks during the pandemic; and laughter about 'voodoo donuts'.
- A collective sentiment echoed all around the table: PFAC is a valuable, engaging, cherished council that everyone delights in attending month after month.

## CMH earns Using Labs Wisely designation

- The journey to becoming a fully designated Choosing Wisely (CW) hospital leapt forward in November with the successful completion and achievement of the “Using Labs Wisely” designation.
- This designation recognizes our commitment to reducing low-value laboratory testing and enhancing patient care.
- “This achievement not only speaks to the dedication of our team members, but also that CMH has upheld its promise of implementing successful strategies to reduce low-value lab testing.” Kenneth Abogadil, Director, Laboratory Medicine, Diagnostic Imaging and Diagnostic Cardiology Services shared. He emphasizes the importance of CMH's dedication to evidence-based practices, patient safety, and efficient use of healthcare resources. “This says a lot about CMH,” he added, explaining that CMH is among a small, select group of Canadian hospitals recognized for their leadership in lab stewardship.
- The Using Labs Wisely Designation success is attributed to the important roles played by staff that follow several key steps:
- Implementing Change: we identified local priorities for improvement, developed annual quality improvement plans, and executed interventions to reduce unnecessary lab tests.
- Sharing Data: we submitted aggregated data on specific lab tests and received comparative reports to assess its performance relative to peer institutions.
- Learning with Others: we participated in interactive learning sessions with other Canadian hospitals, gaining access to tools, coaching, and networking opportunities with clinicians, lab experts, researchers, and administrators.
- To achieve this, the CMH community—clinicians, physicians, administrators, the decision support team, and front-line lab staff—came together and embraced the new practices. Our work is not done as we continue reinforcing this new mindset to ensure the CW initiatives remain sustainable at the hospital.

## One year later: Innovative AI system revisited

- *The following is adapted from an article published in the Record and Cambridge Times on January 8, 2025*
- A new artificial intelligence system at Cambridge Memorial Hospital has changed the way radiologists detect abnormalities in X-rays, which in turn has helped in early diagnoses for thousands of patients.
- Cambridge Memorial Hospital (CMH) is the first to adopt a new artificial intelligence technology called Rho, which uses X-ray images to assess patients.
- “The tool aims to pre-screen routine X-rays to identify patients that are at risk of low bone mineral density or osteopenia, which can lead to osteoporosis,” said Kenneth Abogadil, Cambridge Memorial Hospital’s director of laboratory medicine, diagnostic imaging, and diagnostic cardiology.
- “You won’t know sometimes that you have osteoporosis until you break a bone.”
- Rho combines readings of spine, chest, pelvis, knee and hand X-rays, primarily for patients ages 50 and above.

- “Through the AI of Rho, it estimates the bone mineral density and provides us with a score from 1 to 10, with 10 indicative of high risk for osteoporosis,” said Abogadil.
- CMH uses a conservative threshold of 8 to flag patients for follow-up testing. Once flagged, the AI generates a report radiologist can review. “The radiologist may choose to include it in their findings to suggest a clinical fracture risk assessment. This report is then sent to the ordering physician, who can decide on further action, like a bone density test,” Abogadil said.
- Over the past year, at CMH, Rho has analyzed 17,749 X-rays and identified 2,949 patients at high risk for osteopenia, an early warning sign of osteoporosis.
- As a result, 74 patients have undergone further testing through bone mineral density (BMD) studies. Before this innovation, Abogadil said identifying osteoporosis through X-rays was not standard practice.
- The AI system boasts a positive predictive value of 90 per cent when detecting low bone mineral density, based on comparisons with DXA scans, the current gold standard for osteoporosis screening.
- “The tool is really good because it’s opportunistic. We are actually identifying it earlier,” he said.
- However, patients still require a recommendation from their family physician to proceed with further tests.
- Kenneth said the hospital is working on improving follow-ups and creating an easier referral process for physicians to ensure more patients benefit from the technology.
- As the first hospital to adopt this technology, Abogadil said they were being mindful and careful. “We made sure the system was fully tested before implementation,” he said. “The hospital has also developed an AI policy to guide the future of tools like these.”
- Developed by 16 Bit, Rho has been recognized for its ability to provide additional insights through routine X-rays.
- According to the founder of 16 Bit, Dr. Mark Cicero, the AI has screened nearly 250,000 patients to date, and the company is targeting one million screenings by the end of 2025.
- “We have been reminded by very slow sales and adoption cycles in the health care industry but remain steadfast in our goal of widely distributing Rho across Canada and globally,” the founder said.
- Feedback has been encouraging. At Sunnybrook Health Sciences Centre in Toronto, 80 per cent of radiologists have adopted the AI system, and 75 per cent of patients and referring doctors found it useful.
- However, there are some limitations. Plans are underway at Cambridge Memorial to expand BMD screening capacity and make it easier for patients flagged by Rho to receive follow-up care.
- Other Canadian hospitals, including Sunnybrook, Trillium Health Partners and University Health Network, have started exploring the use of Rho.
- Recently, the system received FDA authorization in the United States, and 16 Bit expects more hospitals to adopt it for osteoporosis screening.

- Globally, the company is pursuing regulatory approvals in Australia and Europe and is working on partnerships in the Middle East and Asia. “We hope that looking back in five years from now, Rho will be the new standard of care,” said Cicero.
- “Selling a medical device is not a trivial pursuit, as there is a tremendous amount of compliance and documentation that needs to be performed,” Cicero added.
- “The innovative members of the CMH medical imaging department have provided us with a unique opportunity to hone our internal operations.”
- Abogadil offered a reassurance that the design of the tool doesn’t impact jobs.
- “It’s an added value, using existing X-rays to filter individuals who may benefit from further testing,” he said. “There has been no job displacement due to this AI tool.”

### **Welcome back Kora Bennett**

- We were very pleased to learn that Kora Bennett accepted the position of Clinical Coordinator for the Medicine Program, effective January 13.
- Kora is a registered Occupational Therapist who worked clinically for over a decade, caring for all age ranges in a variety of clinical and community settings.
- Ten years ago, she accepted the role of Care Coordinator with Home & Community Care Support Services Waterloo Wellington (HCCSS WW).
- She joined us in 2023 as an Integrated Discharge Planning Manager, with dual reporting to both CMH and HCCSS WW. She left CMH late 2024 to briefly take an internal position with HCCSS WW.
- Part of Kora’s motivation is her a passion for innovation when it comes to patient care and the health of the community which is why she returned to CMH
- Outside of work, Kora enjoys spending time with friends and family, and walking the family dog. Kora recently started to try yoga and enjoys reading and travelling.
- Please join me in welcoming Kora Bennett back to CMH.

### **Mental Health benefit extended to 2025**

- We were very pleased to extend the Mental Health benefit to all staff and medical professionals into 2025.
- This initiative is part of our ongoing commitment to Increase Joy at Work by creating meaningful and enabling work environments that support the well-being of all CMH personnel.

### **Holiday celebrations at CMH**

- Over the holidays, visitors to the main lobby were treated to a display that celebrated the many holidays that are observed in December and January. Below is a short summary of some of these observances. However you celebrate, it is with heartfelt wishes that we hope you had a wonderful holiday season!
  - **Hanukkah** translates to “dedication,” yet is better known as the Festival of Lights. It is an eight-day Jewish holiday commemorating the rededication of

- the Holy Temple in Jerusalem. Hanukkah is a reflection of this historic event and celebrates both religious and cultural traditions of the Jewish people.
- **Winter Solstice** has been observed by Indigenous Peoples for millennia. The day marks the “rebirth of the sun” when it’s at its lowest point in the sky, making it the shortest day and longest night of the year. Many Indigenous cultures host Winter Solstice ceremonies to honour the Earth’s natural cycles and patterns. It is an important time for gathering together and telling stories:
  - **Kwanzaa** is celebrated on December 26 to January 1 where each day represents the seven principles of Pan-African culture. It brings communities of African descent in Canada, the United States, and some countries across the world together to celebrate family, community, culture, and the harvest. The name “Kwanzaa” comes from the Swahili phrase *matunda ya kwanza*, meaning “first fruits of the harvest.”
  - **Christmas** is celebrated by many across the world. While its roots lie in Christianity, commemorating the birth of Jesus Christ, it has evolved into a religious, non-religious, and cultural occasion embraced by people with diverse beliefs. **Orthodox Christmas** is celebrated on January 6 and January 7 (according to the Julian calendar), depending on the region and group celebrating. It is a deeply spiritual event filled with liturgical traditions that emphasize public and formal worship.



# BRIEFING NOTE

**Date:** January 9, 2025  
**Issue:** Quality Monitoring Metrics Monthly Report  
**Prepared for:** Quality Committee  
**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, VP Strategy and People

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

## Alignment with 2024/25 CMH Priorities:

| 2022-2027 Strategic Plan<br>No <input type="checkbox"/>          | 2024/25 CMH Priorities<br>No <input type="checkbox"/>                                   | 2024/25 Integrated Risk Management Priorities<br>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 eleven (11) 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 the Board oversight committee are:

- 1) Conservable Bed Days Rate (Quality Committee)
- 2) Overtime hours (Resource Committee)
- 3) Sick hours (Resource Committee)
- 4) ALC Throughput (Quality Committee)
- 5) ALC Rate (Quality Committee)
- 6) Ambulance Offload Time (90% spent less, in minutes) (Quality Committee)
- 7) ED Length of stay for Admitted patients (90% spent less, in hours) (Quality Committee)



- 8) ED Length of Stay, Non-Admitted Complex (CTAS 1-3) (90% spent less, in hours) (Quality Committee)
- 9) ED Wait Time for Inpatient Bed (90% spent less, in hours) (Quality Committee)
- 10) ED Wait Time for Physician Initial Assessment (90% spent less, in hours) (Quality Committee)
- 11) Obstetric Trauma (with Instrument) (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**

Eight (8) of the eleven (11) 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 ten (10) 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.

The Low-Risk Caesarean Section Rate is being reviewed at program Quality and Operations councils for corrective action.

Below is a summary of the eleven (11) quality monitoring metrics that are currently at a “red” status with three or more periods outside of the target threshold.

**Efficient:**

**1) Conservable Days Rate** 

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 sixteen percent over the target of 30%, with 34.9% of acute days considered to be over benchmark (YTD). Our conservable bed day rate has trended up since Sep.

**2) 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.

**3) 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 over 3000 sick hours/pay period while the target is 2090 hours/pay period.

**Integrated & Equitable:****4) ALC Throughput & Percent ALC Days** ◆

Both of these indicators monitor the level of ALC activity in the hospital. The percentage of ALC Days for closed cases measures the number of days' patients are in hospital with an ALC designation vs. Number of days in hospital for acute care. A lower percentage means better access to post-acute care. YTD, the percent ALC days is above target (20%) at 25.8%. 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 0.80, meaning we are adding more cases than discharging.

**Safe, Effective & Accessible:****5) 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 75 minutes (YTD Nov 2024), while the target is <30 minutes. A lower number for this indicator is better as it means patients are receiving timely emergency care.

**6) ED Length of Stay for Admitted patients (90% spent less, in hours)** ◆

This indicator measures the wait-time from triage to the time an admitted patient arrives to an inpatient bed. A shorter time means that patients are more efficiently and effectively flowing from ED to an IP bed. Our YTD Nov performance is 51.3 hours, while our target is 33 hours or less.

**7) ED Wait Time for Inpatient Bed (90% spent less, in hours)** ◆

This indicator measures the time elapsed between the decision to admit a patient to when the patient arrives to an inpatient bed. A shorter time means that patients are more efficiently and effectively flowing from ED to an IP bed. Our YTD Nov performance is 42.3 hours, while our target is 25 hours or less.

**8) ED Length of Stay, Non-Admitted 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 Nov 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.

**9) 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 7.6 hours (YTD Nov 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.

**10) Obstetric Trauma (with Instrument) ◆**

This indicator monitors obstetrics trauma with instrument and is calculated as the rate per 100 instrument-assisted deliveries. Lower is better as it means that there were fewer lacerations of third degree or greater severity. YTD Nov our performance is 20.7% while our target is <14.4%.

**Next steps**

- The Quality Monitoring Scorecard will continue to be included on a monthly basis
- Indicators at a “red’ status are being reviewed with specific clinical teams at monthly program Quality and Operations Councils.

# CAMBRIDGE MEMORIAL HOSPITAL Quality Monitoring Scorecard, 24/25

Status (Last 3 Periods)

- Meeting Target ● 5 17%
- Within 10% of Target ▲ 13 45%
- Exceeding Target ◆ 11 38%

| Quality Dimension                                       | Indicator  | Unit of Measure | Target        | YTD           | Status (Last 3 periods) | Period |
|---|--|-----------------|---------------|---------------|-------------------------|--------|
| Efficient   | Active Staffing Target Achieved (ED/MED/ICU)                                   | %               | 100.00        | 90.25         | ▲                       | Dec-24 |
|   | Conservable Days Rate  | %               | 30.00         | 34.99         | ◆                       | Nov-24 |
|   | Overtime Hours - Average per pay period  | hours           | 850.00        | 3,569.50      | ◆                       | Dec-24 |
|   | Sick Hours - Average per pay period  | hours           | 2,090.00      | 3,145.66      | ◆                       | Dec-24 |
| Integrated & Equitable                                  | ALC Throughput   | Ratio           | 1.00          | 0.76          | ◆                       | Dec-24 |
|   | Percent ALC Days (closed cases)  | %               | 20.00         | 25.82         | ◆                       | Nov-24 |
|   | Repeat emergency department visits for Mental Health Care                      | Patients        | 11.00         | 10.25         | ▲                       | Nov-24 |
| Patient & People Focused                                | Organization Wide Vacancy Rate   | %               | 12.00         | 5.43          | ●                       | Dec-24 |
| Safe, Effective & Accessible                            | 30 Day CHF Readmission Rate  | %               | 14.00         | 14.20         | ▲                       | Oct-24 |
|   | 30 Day COPD Readmission Rate   | %               | 15.50         | 13.57         | ▲                       | Oct-24 |
|   | 30 Day In-Hospital Mortality Following Major Surgery                           | %               | 1.90          | 1.48          | ▲                       | Oct-24 |
|   | 30 Day Overall Readmission Rate  | %               | 8.80          | 6.58          | ●                       | Oct-24 |
|   | Ambulance Offload Time (90% Spent Less, in Minutes)                            | minutes         | 30.00         | 75.00         | ◆                       | Nov-24 |
|   | ED Length of Stay for Admitted Patients (90% Spent Less, in Hours)             | hours           | 33.00         | 51.30         | ◆                       | Nov-24 |
|   | ED Length of Stay for Non-Admitted Complex Patients (90% Spent Less, in Hours) | hours           | 8.00          | 9.70          | ◆                       | Nov-24 |
|   | ED Wait Time for Inpatient Bed (90% Spent Less, in Hours)                      | hours           | 25.00         | 42.30         | ◆                       | Nov-24 |
|   | ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)       | hours           | 4.00          | 7.60          | ◆                       | Nov-24 |
|   | Hip Fracture Surgery Within 48 Hours   | %               | 83.10         | 93.85         | ●                       | Oct-24 |
|   | Hospital Standardized Mortality Ratio (HSMR)                                   | Ratio           | 100.00        | 103.73        | ▲                       | Oct-24 |
|   | In-Hospital Sepsis   | per 1000 D/C    | 3.20          | 2.83          | ▲                       | Oct-24 |
|   | Long Waiters Waiting For All Surgical Procedures                               | %               | 20.00         | 22.26         | ▲                       | Dec-24 |
|   | Low-Risk Caesarean Sections  | %               | 17.30         | 22.94         | ▲                       | Nov-24 |
|   | Medication Reconciliation at Admit   | %               | 95.00         | 97.00         | ▲                       | Dec-24 |
|   | Medication Reconciliation at Discharge   | %               | 95.00         | 96.00         | ●                       | Dec-24 |
|   | Obstetric Trauma (With Instrument)   | %               | 14.40         | 20.69         | ◆                       | Oct-24 |
|   | Patient Safety Event - Falls with Harm   | per 1000 PD     | 0.00          | 0.09          | ▲                       | Dec-24 |
|   | Patient Safety Event - Medication Events with Harm                             | per 1000 PD     | 0.00          | 0.02          | ▲                       | Dec-24 |
|   | Revenue - Achieve budgeted PCOP growth (IRM)                                   | \$              | 9,788,192.00  | 10,866,923.00 | ▲                       | Nov-24 |
| Revenue - Achieve Quality Based Procedure Funding (IRM) | \$   | 16,586,784.00   | 18,937,546.55 | ●             | Nov-24                  |        |