Vision

Creating healthier communities, together Mission

An exceptional healthcare organization

keeping people at the heart of all we do

BOARD OF DIRECTORS MEETING - OPEN

May 7, 2025

1700-1745

Virtual via Teams / C.1.229

Join the meeting now



Values Caring, Collaboration, Accountability, Innovation, Respect

Or call in (audio only)

833-287-2824,,440193256Canada (Toll-free)

Phone Conference ID: 440 193 256#

AGENDA

Agenda Item * indicates attachment / TBC – to be circulated	Page #	Time	Responsibility	Purpose
1. CALL TO ORDER				
1.1 Territorial Acknowledgement		1700	L. Woeller	
1.2 Welcome		1703	L. Woeller	
1.3 Confirmation of Quorum (7)		1704	L. Woeller	Confirmation
1.4 Declarations of Conflict of Interest		1705	L. Woeller	Declaration
1.5 Consent Agenda (Any Board member may request that any item be removed from this consent agenda and moved to the regular agenda)		1706	L. Woeller	Motion
1.5.1 Minutes of March 5, 2025*	4			
1.5.2 2024/25 Board of Directors Action Log*	9			
1.5.3 Board Attendance*	10			
1.5.4 Board Work Plan*	11			
1.5.5 Events Calendar*	21			
1.5.6 Committee Reports to the Board of Directors				
1.5.6.1 Executive Committee* (Mar 18, 2025)	23			
1.5.6.2 Audit Committee* (Apr 28, 2025)	25			
1.5.6.3 Digital Health Strategy Sub-Committee (Apr 17, 2025)	26			
1.5.6.4 Resources Committee* (Apr 28, 2025)	28			
1.5.6.5 Medical Advisory Committee* (Mar 3 & Apr 9, 2025)	29			
1.5.6.6 Governance Committee* (Mar 13, 2025)	34			
1.5.7 Governance Policy Summary* Policies for Approval: (track changes version found in Package 2) 2-A-09 Nominating Sub-Committee Terms of Reference	36			
2-A-09 Normating Sub-Committee Ferms of Reference 2-A-17 Digital Health Strategy Sub-Committee Terms of Reference	37 41			
1-C-20 Reporting on Compliance	45			
2-D-02 Board Policy Development Review & Approval	50			
2-D-12 Freedom of Information and Protection of Privacy Act (FIPPA) Delegation of Duties	52			
1.5.8 Quality Monitoring Metrics – Monthly Report*	55			
1.5.9 CEO Certificate of Compliance Q4 (Jan-Mar 2025)*	81			
1.5.10 Bill S-211 Forced Labour in Canada Supply Chain Submission*	82			
1.5.11 CMH President & CEO Report*	101			

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

genda Item indicates attachment / TBC – to be circulated	Page #	Time	Responsibility	Purpose
1.6 Confirmation of Agenda		1714	L. Woeller	Motion
2. PRESENTATIONS				
2.1 Accessibility Plan Update*	106	1715	L. Barefoot	Information
3. BUSINESS ARISING				
3.1 No Items for Discussion				
4. NEW BUSINESS				
4.1 Chair's Update				
4.1.1 Board Chair's Report*	118	1725	L. Woeller	Informatior
4.1.2 CCDI UnConference 2025		1730	N. Melchers	Informatior
4.2 Quality Committee (Apr 16, 2025)				
4.2.1 Report to the Board of Directors*	121	1735	D. Wilkinson	Informatior
4.3 Patient Family Advisory Council (PFAC) Update		1740	N. Melchers	Informatior
4.4 CEO Update				
4.4.1 No Open Matters for Discussion				
5. UPCOMING EVENTS		1744	L. Woeller	Information
5.1 Grand Rounds, May 22, 2025, virtual (details to follow)				
5.2 CMH Golf Classic, Galt Country Club, June 5, 2025, <u>CMH</u> <u>Golf Classic 2025 - Cambridge Memorial Hospital</u> <u>Foundation</u>				
5.3 CMH Walk from Cambridge to Paris, June 8, 2025				
5.4 Board Social, June 10, 2025, 5:30pm – The Venue				
5.5 CMH Staff BBQ, June 12 – 12:00pm-2:00pm / 9:00pm- 10:00pm				
5.6 Armenian Prelacy Golf Tournament, location TBD, June 12, 2025				
5.7 Grand Rounds, June 26, 2025, virtual (details to follow)				
6. DATE OF NEXT MEETING	Wee	dnesday J	June 4, 2025 (Genera Location: Hybrid	ative Session)
7. TERMINATION		1745	L. Woeller	Motion
Link: Board/Committee Evaluation Survey	Follow	ing the me	eting, please complete	within one wee

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 B	rought Forward for Approval – May 7, 2025
1.5	Consent Agenda	 That the CMH Board of Directors approves the Consent Agenda as presented/amended
1.5.10		• That, the Board of Directors approves CMH's Fighting Against Forced Labour and Child Labour in Supply Chains Act ("Act") questionnaire response and report and authorizes the filing of the submission and report with the Government of Canada and the posting of the material on the CMH website on or before May 31, 2025 upon recommendation of the Audit Committee at the meeting of April 28, 2025.
1.6	Confirmation of Agenda	That the agenda be adopted as presented/amended

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

Cambridge Memorial Hospital BOARD OF DIRECTORS MEETING Wednesday, March 5, 2025 OPEN SESSION

Minutes of the open session of the <u>Board of Directors</u> meeting, held via hybrid model (video conference and within Cambridge Memorial Hospital, C.1.229) on March 5, 2025.

Present:

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

Regrets: Dr. M. McKinnon

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

Guests: L. Barefoot, H. Elliott

Recorder: S. Fitzgerald

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 and guests to the meeting.

1.3. Confirmation of Quorum (7)

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

1.4. Declarations of Conflict of Interest

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

1.5. Consent Agenda

Prior to approving the Consent Agenda, the Chair asked if any items required removal for further discussion. The obstetric trauma (with instrument) indicator was removed from the Quality Monitoring Scorecard for further discussion during the *in-camera* session.

The consent agenda was approved as amended:

- 1.5.1 Minutes of February 5, 2025
- 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

Digital Health Strategy Sub-Committee Report to the Board of Directors Resources Committee Report to the Board of Directors

Medical Advisory Committee Report to the Board of Directors

- 1.5.7 Q3 CEO Certificate of Compliance
- 1.5.8 2024/25 Strategic Priorities Tracker Q3 Updates
 - 1.5.8.1 Quality Monitoring Metrics Monthly Report

1.5.9 CMH President & CEO Report None opposed, **CARRIED.**

1.6. Confirmation of Agenda

MOTION: That, the agenda be approved as presented. None opposed, **CARRIED**.

2. PRESENTATIONS

2.1. Patient Declaration of Values

CMH leadership highlighted that in Ontario it is a requirement to have a Patient Declaration of Values (PDOV) under the *Excellent Care for all Act*. Based on feedback from patients and staff, CMH recognized the need for an update of the organization's PDOV which was last updated in 2018.

The Patient and Family Advisory Council (PFAC) was engaged early in the process; they felt that making the document more meaningful and impactful would be best achieved from a patient perspective specifically. To that end, the PFAC took the lead in creating the values, excusing management from the process. The draft PDOV has been reviewed through various CMH committees as well as by the Quality Committee of the Board of Directors.

CMH is currently developing plans to measure its adherence to this updated direction, which will involve survey data and other methods. The Board appreciated the "I" versus "You" approach in presenting the document, emphasizing statements like "my care team considers all my health needs appropriately."

For dissemination to patients, there are several planned steps: updating the information on the CMH website; refreshing plaques throughout the hospital with updated content; and sharing updates via social media.

The Board recognized and thanked the PFAC members for their work on this important document.

MOTION: That, the Board of Directors approves the updated CMH Patient Declaration of Values that was created in partnership with the CMH Patient and Family Advisory Council and upon recommendation of the Quality Committee at the meeting of February 19, 2025 and upon consideration of the suggested feedback provided by the Board of Directors.

None opposed, CARRIED.

H. Elliott left the meeting.

3. BUSINESS ARISING

No open items for discussion.

4. NEW BUSINESS

4.1. Board Chair's Report

The Board reviewed the information provided in the meeting agenda package. The Chair thanked the Board for all their support through the last few months by attending various events. The Board's presence is appreciated by staff and management. The Chair also congratulated Sara Alvarado for receiving the King Charles III coronation medal in Ottawa for her work in sustainable finance in Canada, and Dr. Margaret McKinnon on her nomination for the YWCA Hamilton Women of Distinction award.

4.2. Quality Committee

4.2.1. Quality Committee Report to the Board of Directors

The Board reviewed and discussed the information provided in the briefing note included in the pre-circulated meeting agenda package. The Chair of the Quality Committee highlighted that the Medicine Program presented key initiatives aimed at improving patient safety and care processes. The presentation highlighted compelling patient and staff stories that underscored the importance of these efforts. There is an emphasized focus on reducing falls and medication errors and this will be further advanced through the implementation of Project Quantum and a closed medication system, which will significantly enhance medication administration processes. Additionally, a unique recruitment process using clinical simulation was praised for providing applicants with a realistic view of nursing on medical units. The Quality Committee Chair noted that despite recommending only four QIP indicators for public reporting, other mechanisms are in place to monitor and measure quality throughout the organization.

4.2.2. 2025 Quality Improvement Plan (QIP)

The Board reviewed and discussed the information provided in the briefing note included in the pre-circulated meeting agenda package. CMH leadership highlighted that two meetings have taken place with the Quality Committee to finalize the QIP indicators. CMH leadership provided an overview of the process in which the indicators came to be recommended to the Board.

A question was raised about the ambulance offload target. CMH leadership explained that while the target is still aimed at the provincial standard of 30 minutes, setting a more realistic benchmark of 43 minutes allows teams to see success and maintain motivation. It was emphasized that achieving these intermediate goals does not mean ceasing efforts toward the provincial standard.

Another question was raised about the significance of the 8:00am time for patients waiting for beds. CMH leadership explained that the time is chosen because it aligns with hospital discharge scheduled and lower emergency volumes, making it a good predictor of daily admissions. This metric was set by Ontario Health as one of three indicators to help ensure success throughout the day and that it is a provincial standard.

MOTION: That, the Board approves the four (4) 2025 Quality Improvement Plan (QIP) Metrics as presented below and upon the recommendation of the Quality Committee at the meeting of February 19, 2025;

- 1. Reduce the 90th Percentile Ambulance Offload time from x min to 43 minutes
- Reduce the 90th Percentile Physician Initial Assessment (PIA) time for CTAS 1&2's combined from x to 4.0 hours
- 3. Reduce the 90th Percentile Physician Initial Assessment time for all CTAS levels combined from x hours to 4.6 hours
- Reduce the daily average number of patients waiting in the ED for an inpatient bed at 8 AM from x to 10 None opposed, CARRIED.

NOTE - x' for each metric will be updated to reflect current state at the time the QIP is loaded into the OH Navigator

MOTION: That, the Board approves the 2025 Quality Improvement Plan (QIP) Narrative as presented in Appendix 1 and upon recommendation of the Quality Committee at the meeting of February 19, 2025. None opposed, **CARRIED**.

L. Barefoot left the meeting.

4.3. Resources Committee

4.3.1. January 2025 Financial Statements and Year-End Forecast

The Board reviewed and discussed the information provided in the briefing note included in the pre-circulated meeting agenda package. The Chair of Resources provided an update to the board, highlighting that CMH's net surplus currently stands at \$9.7 million, with an unused portion of the contingency fund amounting to \$5 million. Additional revenue sources include Bill 124, PCOP funding, and QBP funding, which have helped offset overspending on salaries and wages by \$3.9 million. The surplus is forecasted to carry through to the year-end, with an estimated total of approximately \$9 million. It was noted that the Resources Committee discussed the surplus with management and inquired about how it would be perceived by other hospitals; it is noted that this level of surplus is common among hospitals receiving PCOP funding.

A question was raised regarding PCOP and QBP: whether there are any differences since the CPSO finance presentation. The Board was updated that efforts to capture relevant data have begun, and this information has started cascading through the physicians. While there is still work to be done, more consistent language in documentation is being observed.

MOTION: That, the Board receives the January 2025 financial statements as presented by management and upon the recommendation of the Resources Committee at the meeting of February 24, 2025. None opposed, **CARRIED**.

4.4. Medical Advisory Committee 4.4.1. New Credentialed Physicians January 2025

The Board reviewed the information provided in the briefing note in the precirculated meeting agenda package. The Deputy COS highlighted that CMH has welcomed a new physician in Mental Health and a midwife to the program.

A member raised a question on how CMH gets the organization recognized in terms of recruitment. The Deputy COS advised the Board that the Medical Affairs office employs various methods for recruitment. Standard postings are regularly made in journals and conferences, and there is close collaboration with the Doctors 4 Cambridge (our local recruitment effort) to target regional and local job fairs. Additionally, the Medical Affairs office targets specific international sites where Canadian students are studying abroad. CMH is also now part of a Southwestern Ontario group to enhance its recruitment efforts. Word-of-mouth also plays a significant role, leveraging connections within various training programs. The office invites learners at all levels of training, as evidence shows that early engagement often leads to future returns. Furthermore, involvement in educational programs helps spread the word about CMH's opportunities and achievements by promoting affiliations and networking.

4.5. Patient Family Advisory Council (PFAC) Update

The Patient and Family Advisory Council (PFAC) received a presentation from the mental health team on their ongoing mental health education series, which began on February 6 and runs for approximately eight weeks. The series is intended for patients and their families. While they have seen some initial attendance, with about 10 participants at present, they are keen to expand participation through increased promotion via Facebook and word-of-mouth.

PFAC also received information on the CMH@Home program and a presentation on an upcoming educational initiative for waiting room televisions. The initiative aims to inform patients about their health journey and wait times while keeping them engaged.

Additionally, PFAC was updated on sociodemographic data collection requirements from Ontario Health. The questions and surveys have been tested and refined based on feedback.

4.6. CEO Update

No open matters for discussion.

5. UPCOMING EVENTS

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

6. DATE OF NEXT MEETING

The next scheduled Board of Directors meeting is May 7, 2025

7. TERMINATION

MOTION: That, the meeting terminated at 1739h. None opposed, **CARRIED.**

2024/25 Board of Directors Action Log – May 2025

Agenda Item 1.5.2

Meeting Date	Agenda # / Item Description	Action Item	Owner	Status			
No Action Log Items to Report							

*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

	100%	100%	100%	89%	100%	100%	100%	100%	100%	100%	100%	56%
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
1-May-24	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	R
5-Jun-24	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р
26-Jun-24	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р
2-Oct-24	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р
29-Oct-24	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	R
6-Nov-24	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	R
4-Dec-24	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	R
5-Feb-25	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р
5-Mar-25	Р	Р	Р	R	Р	Р	Р	Р	Р	Р	Р	Р



Agenda Item 1.5.4

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee		Action Arising	Work Planned / Completed							
		prate Culture	y		N									
	co	etting the tone for a culture throughout the Corporation that is onsistent with the mission, vision and values and supports the orporation's strategy	1-A-05		~	share, measure and improve culture by setting ABCDE goals a)Attend – attend Board/committee meetings b)Be engaged – be an active contributor to the committee and Board work c)Connect – attend staff huddles, events d)Donate – support the CMH Foundation e)Educate – undertake education, courses	Complete							
	4b Strate	4b Strategic Planning												
	m	easuring and monitoring the implementation and achievement the Corporation's strategic plans and performance targets	2-C-50	Quality / Resources	>	progress report on Strategic Plan - received quarterly through Strategic Priorities tracker	Complete							
	4c Corpo	orate Performance		•	•		-							
	ii m	onitor, mitigate and respond to the principal risks		Quality	≻	review critical incident reports (as per the Excellent Care for all Act)	Complete							
	v im	nsure processes are in place to monitor and continuously nprove upon the performance targets	2-C-50	Quality	AA	receive and review the Quality Monitoring Metrics receive and review the Strategic Priorities Tracker	Complete							
	the	gularly review the functioning of the Corporation in relation to e objects of the Corporation as stated in the Letters Patent, e By-Laws, legislation, and any applicable accountability greements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	A	receive and approve the quarterly CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	Complete							
02-Oct-24	4f Oversi	4f Oversight of Medical/Professional Staff												
		edential Medical/Professional Staff	1-C-13	MAC	AA	make the final appointment, reappointment, and privilege decisions ensure the effectiveness and fairness of the credentialing process	Complete							
		ovide oversight of the Medical/Professional Staff through and ith the Medical Advisory Committee and Chief of Staff		MAC	8	receive the MAC Report to the Board of Directors	Complete							
	4g Relati	onships					•							
	Tr Co Mu He en an Ho Mu	ne Board shall build and maintain good relationships with the orporation's key stakeholders including, without limitation, OH, Ontario Health, Cambridge North Dumfries Ontario ealth Team (CND OHT), community leaders, patients, mployees, families, caregivers, other health service providers nd other key stakeholders, donors, Cambridge Memorial ospital Foundation ("CMH Foundation") and the Cambridge emorial Hospital Volunteers Association			A	receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed	Complete							
		Effectiveness												
		eriodically review and revise governance policies, processes, nd structures as appropriate		Governance	>	review & approve Board policies as recommended by Governance Committee	Complete							



Agenda Item 1.5.4

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee		Action Arising	Work Planned Completed						
	4k Fur	ndraising	,										
		The Board supports fundraising initiatives of the Foundation	2-A-30		>	review upcoming events reported through Directors ABCDE Goals	Complete						
	4c Co	rporate Performance	I		~								
	ii .	monitor, mitigate and respond to the principal risks		Quality	>	review critical incident reports (as per the Excellent Care for all Act)	Complete						
November 6, 2024	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	7	receive and review the Quality Monitoring Metrics	Complete						
(Generative	4f Ove	ersight of Medical/Professional Staff											
	i	credential Medical/Professional Staff	1-C-13	MAC	A A	make the final appointment, reappointment, and privilege decisions ensure the effectiveness and fairness of the credentialing process	Complete						
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	A	receive the MAC Report to the Board of Directors	Complete						
	4a Co	4a Corporate Culture											
	ii	overseeing the establishment and monitoring of such a culture through appropriate mechanisms, including assessing the Chief Executive Officer, and Chief of Staff of the Corporation against this expectation		Executive	8	receive & review the mid-year CEO and COS report and provide input							
	4b Str	4b Strategic Planning											
	ii	measuring and monitoring the implementation and achievement of the Corporation's strategic plans and performance targets	2-C-50	Quality / Resources	>	progress report on Strategic Plan - received quarterly through Strategic Priorities tracker	Complete						
	4c Co	rporate Performance	•				•						
	ii	monitor, mitigate and respond to the principal risks		Quality Audit / Quality / Resources	A A	review critical incident reports (as per the Excellent Care for all Act) receive mid-year IRM report	Complete Complete						
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	AA	receive and review the Quality Monitoring Metrics receive and review the Strategic Priorities Tracker	Complete						
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	A A	receive & approve the quarterly CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements receive & approve Certificate of Compliance – Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding (semi-annual)	Complete						
	4e Su	ccession Planning		•									
	i	provide for Chief Executive Officer succession plan and process	2-B-10	Executive	>	receive confirmation that succession plans are in place through the Executive Committee Report to the Board of Directors	Complete						
	ii	provide for Chief of Staff succession plan and process	2-B-12	Executive	>	receive confirmation that succession plans are in place through the Executive Committee Report to the Board of Directors	Complete						



Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee		Action Arising	Work Planned / Completed
		ensure that the Chief Executive Officer and Chief of Staff	2-B-10	Executive	\triangleright	receive confirmation that succession plans are in place through the Executive	Complete
		establish an appropriate succession plan for both executive	2-B-12			Committee Report to the Board of Directors	•
	iii	management and Medical/Professional Staff leadership					
	4f Ove	ersight of Medical/Professional Staff	•				•
04-Dec-24	i	credential Medical/Professional Staff	1-C-13	MAC	AA	make the final appointment, reappointment, and privilege decisions ensure the effectiveness and fairness of the credentialing process	Complete
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	A	receive the MAC Report to the Board of Directors	Complete
	4g Re	lationships	•				•
	iv	The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital Volunteers Association ard Effectiveness periodically review and revise governance policies, processes, and structures as appropriate ndraising	2-A-30	Governance		receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed review & approve Board policies as recommended by Governance Committee review upcoming events	Complete Complete Complete Complete
	41 5	The Board supports fundraising initiatives of the Foundation				reported through Directors ABCDE Goals	
	4I Pro	grams Required under the <i>Public Hospitals Act</i>		Quality	~	an active the energy of Tailling Off of Life Lindets	Ormulate
	"	ensure that policies are in place to encourage and facilitate organ procurement and donation		Quality		receive the annual Trillium Gift of Life Update	Complete
	iii	ensure that the Chief Executive Officer, Chief of Staff, 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	A	receive the annual Emergency Preparedness update	Complete
	4n Dir	rector Recruitment, Orientation, and Evaluation					
		formal process for the recruitment of Directors, and the evaluation of the Board, the Board Chair, its committees, committee Chairs and individual Directors.	2-D-20		A	approve the members of the Nominating Sub-Committee & Interview Team	Complete
	4c Co	rporate Performance					



Meeting Date	Ref. #	Board of Directors Terms of Reference	Relevant	Relevant		Action Arising	Work Planned						
Meeting Date	ποι. π	The Board of Directors are responsible for:	Policy	Committee		Action Ansing	Completed						
	ii	monitor, mitigate and respond to the principal risks		Quality	٨	review critical incident reports (as per the Excellent Care for all Act)	Complete						
		ensure processes are in place to monitor and continuously			\triangleright	receive and review the Quality Monitoring Metrics	Complete						
	v	improve upon the performance targets	2-C-50	Quality									
February 5, 2024	4f Ove	ersight of Medical/Professional Staff											
(Generative	i	credential Medical/Professional Staff	1-C-13	MAC	٨	make the final appointment, reappointment, and privilege decisions	Complete						
Session)					\triangleright	ensure the effectiveness and fairness of the credentialing process							
06331011)		provide oversight of the Medical/Professional Staff through and		MAC	≻	receive the MAC Report to the Board of Directors	Complete						
		with the Medical Advisory Committee and Chief of Staff											
	4i Boa	rd Effectiveness											
	iv	periodically review and revise governance policies, processes,		Governance	٨	review & approve Board policies as recommended by Governance Committee	Complete						
		and structures as appropriate											
	4b Strategic Planning												
	iv	ensuring that key corporate priorities are formulated that help		Quality	٨	review & approve Annual Quality Improvement Plan (QIP)	Complete						
		the Corporation accomplish its mission and actualize its vision		Resources	≻	review & approve Hospital Service Accountability Agreement (HSAA)							
		in accordance with the strategic plan. The corporate priorities			~	review & approve Multi-Sector Service Accountability Agreement (MSAA)							
		shall be reflective of the Board's primary accountability to the			~	review & approve Community Accountability Planning Submission (CAPS)							
		Ministry of Health ("MOH") and Ontario Health and any			1	review & approve Hospital Accountability Planning Submission (HAPS)							
		applicable accountability agreements with the MOH or Ontario											
		Health											
	v	approving operating and capital plans	2-C-31	Resources	A	review & approve the annual Operating Plan	Complete						
						review & approve the Annual Capital Plan							
	4c Cor	rporate Performance	-		_								
	ii	monitor, mitigate and respond to the principal risks		Quality	\triangleright	review critical incident reports (as per the Excellent Care for all Act)	Complete						
		ensure processes are in place to monitor and continuously			\checkmark	receive and review the Quality Monitoring Metrics	Complete						
	v	improve upon the performance targets	2-C-50	Quality									
	4f Ove	ersight of Medical/Professional Staff											
	i	credential Medical/Professional Staff	1-C-13	MAC	\triangleright	make the final appointment, reappointment, and privilege decisions	Complete						
					\triangleright	ensure the effectiveness and fairness of the credentialing process	•						
05-Mar-25		provide oversight of the Medical/Professional Staff through and		MAC	\triangleright	receive the MAC Report to the Board of Directors	Complete						
		with the Medical Advisory Committee and Chief of Staff											
	4g Re	lationships											



Date	Ref. # Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee		Action Arising	Work Planned Completed
	The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital Volunteers Association			×	receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed	Complete
	4h Financial Viability		4			
	i establish key financial objectives that support the Corporation's financial needs		Resources / Quality	>	review & approve Annual Operating & Capital Plans - service changes, operating plan, capital plan, salary increases, material amendments to benefit plans, programs and policies	Complete
	4k Fundraising					
	The Board supports fundraising initiatives of the Foundation	2-A-30		7	review upcoming events reported through Directors ABCDE Goals	Complete
	4.c Corporate Performance					
	i identify principal risks to the Corporation in line with the Board's Integrated Risk Management policy	2-C-20	Audit Quality Resources	A	review & approve the IRM process undertaken by management to identify and develop the in-year IRM risks and associated mitigation strategies	Due
	ii monitor, mitigate and respond to the principal risks		Quality	\triangleright	review critical incident reports (as per the Excellent Care for all Act)	Due
		2-C-50	Quality	AA	receive and review the Quality Monitoring Metrics receive and review the Strategic Priorities Tracker	Due
		1-C-02 1-C-20	Resources	>	receive and approve the quarterly CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	Due
	4f Oversight of Medical/Professional Staff					
	5	1-C-13	MAC	AA	make the final appointment, reappointment, and privilege decisions ensure the effectiveness and fairness of the credentialing process	Due
	iii provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	۶	receive the MAC Report to the Board of Directors	Due



Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee		Action Arising	Work Planned / Completed
		The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital Volunteers Association			A	receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed	Due
	4i Boa	ard Effectiveness					
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	>	review & approve Board policies as recommended by Governance Committee	Due
	4k Fur	ndraising					
		The Board supports fundraising initiatives of the Foundation	2-A-30		AA	review upcoming events reported through Directors ABCDE Goals	Due
	4a Co	rporate Culture					
	ii	overseeing the establishment and monitoring of such a culture through appropriate mechanisms, including assessing the Chief Executive Officer, and Chief of Staff of the Corporation against this expectation	2-B-25 2-B-26	Executive	8	receive & review the annual CEO and COS survey results & self-appraisal and provide input	
		ategic Planning					
	ii	measuring and monitoring the implementation and achievement of the Corporation's strategic plans and performance targets	2-C-50	Quality Resources	>	progress report on Strategic Plan - received quarterly through Strategic Priorities tracker	
	4c Co	rporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	\succ	review critical incident reports (as per the Excellent Care for all Act)	
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	8	receive and review the Quality Monitoring Metrics	
	vi	regularly review the functioning of the Corporation in relation to	1-C-02 1-C-20	Resources	AAA A	receive & approve Declaration of Compliance with MSAA Schedule F receive & approve Declaration of Compliance with BPSAA Schedule A receive & approve Certificate of Compliance – Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding (semi-annual) receive the legislative compliance review	
June 4, 2025	4f Ove	ersight of Medical/Professional Staff					
(Generative Session)	i	credential Medical/Professional Staff	1-C-13	MAC	A A	make the final appointment, reappointment, and privilege decisions ensure the effectiveness and fairness of the credentialing process	
,	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	>	receive the MAC Report to the Board of Directors	



Date	Ref. #	Board of Directors Terms of Reference	Relevant	Relevant	Action Arising	Work Plann
		The Board of Directors are responsible for:	Policy	Committee	, tenen y	Complete
	4h Fina	ancial Viability				
		ensure that the organization undertakes the necessary financial planning activities so that resources are allocated effectively and within the parameters of the financial performance indicators		Resources	 receive updates on how the budget is being developed through the Resources Committee Report to the Board of Directors receive and approve the year-end financial statements 	
	1 Poo	rd Effectiveness	l			
	41 D0a		[Declaration of conflict acrossment signed by Directors	
	I	monitor Board members' adherence to corporate governance principles and guidelines		Governance	 Declaration of conflict agreement signed by Directors Directors Consent to Act Governance Report to the Board of Directors 	
		periodically review and revise governance policies, processes, and structures as appropriate		Governance	review & approve Board policies as recommended by Governance Committee	
	4n Dire	ector Recruitment, Orientation, and Evaluation				
		The Board shall ensure there is an appropriate, objective, and formal process for the recruitment of Directors, and the evaluation of the Board, the Board Chair, its committees, committee Chairs and individual Directors.	2-D-20		 review recommendations for new Directors, non-Director committee members review the results of the annual evaluation surveys through the Governance Committee Report to the Board of Directors 	
	4b Stra	ategic Planning	•	•		
	ii	measuring and monitoring the implementation and achievement of the Corporation's strategic plans and performance targets	2-C-50	Quality Resources	progress report on Strategic Plan - received quarterly through Strategic Priorities tracker	
	4c Cor	porate Performance				
		monitor, mitigate and respond to the principal risks		Quality	review critical incident reports (as per the Excellent Care for all Act)	
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	 receive and review the Quality Monitoring Metrics receive and review the Strategic Priorities Tracker 	
		regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	receive and approve the quarterly CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	
	4f Ove	rsight of Medical/Professional Staff	-			
	i	credential Medical/Professional Staff	1-C-13	MAC	ensure the effectiveness and fairness of the credentialing process	Complete
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	receive the MAC Report to the Board of Directors	

Agenda Item 1.5.4



Meeting Date	Ref. # Board of Directors Terms of Reference	Relevant	Relevant		Action Arising	Work Planned /
25-Jun-25	The Board of Directors are responsible for:The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital Volunteers Association	Policy	Committee	À	receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed	Completed
	4i Board Effectiveness Fundraising ensure ethical behaviour and compliance with laws and regulations, audit and accounting principles, accreditation iii requirements and the By-Laws		Audit	>	review & receive the annual Audit Findings Report review & approve the year-end financial statements	
	4k Fundraising		-			
	The Board supports fundraising initiatives of the Foundation	2-A-30		>	review upcoming events reported through Directors ABCDE Goals	
	4I Programs Required under the Public Hospitals Act					
	i (i)ensure that an occupational health and safety program and a health surveillance program are established and regularly reviewed			A	reported through annual attestations	
	4n Director Recruitment, Orientation, and Evaluation		-			
	The Board shall ensure there is an appropriate, objective, and formal process for the recruitment of Directors, and the evaluation of the Board, the Board Chair, its committees, committee Chairs and individual Directors.	2-D-20		AAA	conduct the election of officers receive committee reports on work plan achievements review Board annual survey results	
	4a Corporate Culture	-				-
	overseeing policies in respect of the Corporation's code of iii conduct	1-A-04		A	review the organizations code of conduct policy every three years (last reviewed May 9. 2024)	
	4b Strategic Planning					
	 ensuring that a strategic planning process is undertaken with Board, employees and Medical/Professional Staff involvement and approved by the Board from time to time contributing to the development of and approving the mission, vision, values, and strategic plan of the Corporation 			A	Strategic Plan: approve process, participate in development, approve plan - (last completed in 2022, will be done again in 2027)	
	4d Chief Executive Officer and Chief of Staff					



Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee		Action Arising	Work Planned / Completed
	i	select the Chief Executive Officer in accordance with the relevant Board policies	2-B-15	Executive	A	recruit, select, and hire and individual with the requisite skills, abilities, and competencies to effectively perform the job as President and Chief Executive Officer (CEO) of the organization	
	ii	delegate responsibility for the management of the Corporation to the Chief Executive Officer and require accountability to the Board	2-B-05	Executive			
	iii	establish a Board policy for the performance evaluation and compensation of the Chief Executive Officer	2-В-20 2-В-25	Executive / Governance	A	review & approve the Board's policies 2-B-20 CMH Executive Compensation Policy (last reviewed May 26, 2021) 2-B-25 CEO Performance Review Policy (last reviewed May 25, 2022)	In Progress
	iv	select the Chief of Staff in accordance with the relevant Board policies	2-B-16	Executive	>	recruit, select, and hire and individual with the requisite skills, abilities, and competencies to effectively perform the job as President and Chief Executive Officer (CEO) of the organization	
As Needed	V	delegate responsibility for the management of the Corporation to the Chief of Staff and require accountability to the Board	2-B-06	Executive			
	vi	establish a Board policy for the performance evaluation and compensation of the Chief of Staff	2-В-20 2-В-26	Executive / Governance	A	review & approve the Board's policies 2-B-20 CMH Executive Compensation Policy (last reviewed May 26, 2021) 2-B-26 CEO Performance Review Policy (last reviewed May 25, 2022)	In Progress
	4j Effe	ective Communication and Community Relationships					
	i	establish processes for community engagement to receive public input on material issues	1-A-05 2-D-09		A A	Post meeting agenda packages and minutes publically on the CMH Website review & approve the Board policy 2-D-09 (last reviewed June 28, 2023)	
	ii	promote effective collaboration and engagement between the Corporation and its community, particularly as it relates to organizational planning, mission, and vision			7	Strategic Plan	
	4m Co	ommunications Policy	-	-			
		The Board shall establish a communications policy for the Corporation and oversee the maintenance of effective relations with stakeholders (e.g. MOH, Ontario Health, CND OHT, other health service providers, clients, patients, employees, volunteers, Medical/Professional Staff, CMH Foundation, CMH Volunteer Association, federal, provincial, regional and city politicians) through the Corporation's communications policy and programs	2-D-11	Governance	A	review & approve Board policy 2-D-11 every three years (last reviewed April 22, 2022)	In Progress



Agenda Item 1.5.4

Cambridge Memorial Hospital Board of Directors - 2024-25 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
	rev refe	n behalf of the Board, the Governance Committee shall view and assess the adequacy of the Board terms of ference at least every 3 years and submit proposed changes the Board for consideration		Governance	review & approve the Board of Directors Terms of Reference (last reviewed June 28, 2023)	

DELAYED

Date	ref #	Item	Rationale	New Due Date

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	Jun	July	Aug	Sep (2025)
Board of Directors Regular Meetings		1		I	I	I	1	1	I	1	1	L	
5:00pm - 9:00pm		2		4			5		7	25			
Board Generative/Education Discussion Meetings			•										
Mergers/Consolidations										4			
Innovation & Technology in Health Care			6										
Heathcare Trends and the Ontario Landscape						5							
Meeting with City Council and CMH Board of Directors - February 18						18							
Board Committee Meetings													
Quality Committee	18	16	20		15	19		16	21	18			
7:00 am – 9:00am													
Quality Committee QIP Meeting						6							
7:00 am – 9:00 am													
Resources Committee	24		25			24		28	26	23			
5:00pm – 7:00pm													
Digital Health Strategy Sub - Committee	19		21		16	20		17	15	19			
5:00pm – 6:30pm													
Governance Committee	12		20		9		13		15				
5:00pm - 7:00pm													
Audit Committee			18		20			28	26				
5:00pm - 6:30pm													
Executive Committee		22	19				18		20				
5:00pm - 6:30pm													
Medical Advisory Committee (MAC)	11	9	5	2	8	12	3	9	14	11			
4:30pm - 7:00pm													
CMHVA Board Meetings	25	30	14		29	26	26	30	28	12			
9:30am - 11:15am - In Person / Hybrid										AGM			
CMHF Board Meetings	24		26		28		25		27	24			
4:30pm - 6:30 - In Person / Hybrid										AGM			

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	Jun	July	Aug	Sep (2025)
Patient Family Advisory Council (PFAC)	10	1	5	3	14	4	4		6	3			
5:30pm - 7:30pm In Person / Hybrid													
OHT Joint Board Committee	23		25	16	27	24	24	28	26	23			
5:30pm - 7:30pm - Virtual Zoom meeting													
2024-25 Events													
Staff Holiday Lunch				5									
Chamber Business Awards			14										
Cambridge City Council Workshop - Bowman Room, City Hall						18							
CMHF Diversity Dinner – CMH Celebration of Champions, Oriental Sports Club			7										
CMH Staff BBQ										12			
Career Achievement										12			
CMH Golf Classic - Galt Country Club Further Details to Follow										5			
CMHF Reveal - Fiesta Mexicana						21							
Board Social - The Venue - Cambridge Hotel & Conference Centre										10			
Board Education Opportunities			•		•						•		•
Governors Education Sessions													
Governance Essentials for New Directors - N/A													
Hospital Legal Accountability Framework													
Hospital Accountability Within the Health System													
Governance and Management - The Crucial Partnership													
CMH Leadership Learning Lab													
 Project Management for the Unofficial PM 													
Crucial Conversations													
• 7 Habits of Highly Effective People													
Me2You DISC Profile													
Quality Improvement													
Guiding Organizational Change													
• 5 Choices													
• Unconscious Bias													
Mental Health First Aid													



Date:	March 18, 2025
Issue:	Executive Committee Report to Board of Directors March 18,
	2025 OPEN
Prepared for:	Board of Directors
Purpose:	□ Approval □ Discussion ⊠ Information □ Seeking Direction
Prepared by:	Stephanie Fitzgerald, Administrative Assistant
Approved by:	Lynn Woeller, Executive Committee Chair & Patrick Gaskin,
_	President & CEO

Attachments/Related Documents: None

A meeting of the Executive Committee took place on Tuesday, March 18, 2025 at 1700h						
<u>Attendees</u> :	L. Woeller (Chair), T. Dean, M. Hempel, D. Wilkinson, N. Melchers					
Staff Present:	P. Gaskin, Dr. W. Lee					
<u>Regrets:</u>						

Committee Matters – For information only.

- 1. Welcome & Territorial Acknowledgement: The Chair presented the Territorial Acknowledgement and welcomed members to the meeting.
- 2. Executive Committee Policy Review: The Executive Committee reviewed several policies, including succession planning for the CEO and executive staff, recruitment and selection of the CEO and Chief of Staff, and performance review policies. Members of the Committee provided feedback and suggested changes to ensure alignment with current practices and roles and will be brought back to the May Executive Committee meeting for final review.
- **3. Executive Committee Feedback Survey Results:** The Executive Committee reviewed the comments provided from the November 2024 meeting. The Chair thanked the Committee members for their participation and feedback.
- 4. Board & Committee Meeting Dates 2025/2026: The Executive Committee reviewed the proposed dates for the 2025/2026 Board cycle. Final draft of the dates will be approved by the Board of Directors at the June 4, 2025 Board of Directors meeting.
- 5. CEO Performance Review Outline: The Executive Committee reviewed and approved the 2024/25 CEO Performance Participant List with amendments, proposed timeline and timing and responsibilities for the CEO Performance Evaluation, and the survey tool with amendments. The survey will be distributed in April 2025. Results will be reviewed by the Executive Committee at the May 2025 meeting, and brought forward to the June 4, 2025 Board of Directors meeting for input.

- 6. COS Performance Review Outline: The Executive Committee reviewed and approved the 2024/25 COS Performance Participant List with amendments, proposed timeline and timing and responsibilities for the COS Performance Evaluation, and the survey tool with amendments. The survey will be distributed in April 2025. Results will be reviewed by the Executive Committee at the May 2025 meeting, and brought forward to the June 4, 2025 Board of Directors meeting for input.
- 7. CEO Goals for 2025/26: The Executive Committee reviewed the proposed 2025/26 CEO goals framed by the strategic pillars. The Committee provided feedback related to the proposed goals and alignment of the performance-based compensation. Based on the feedback provided, the goals and performance-based compensation will be revised and brought forward to the Executive Committee for approval at the May 2025 Executive Committee meeting.
- 8. COS Goals for 2025/26: The Executive Committee reviewed the proposed 2025/26 COS goals framed by the strategic pillars. The committee provided feedback related to the proposed goals and alignment of the performance-based compensation. Based on the feedback provided, the goals and performance-based compensation will be revised and brought forward to the Executive Committee for approval at the May 2025 meeting.
- **9.** Succession Planning for President & CEO: The Executive Committee reviewed and discussed the succession planning strategy for the President & CEO. The Executive Committee approved and is comfortable with the approach.
- **10. Succession Planning for Critical Management Positions:** The Executive Committee reviewed and discussed the succession planning strategy for critical management positions in the organization. The Executive Committee approved and is comfortable with the approach.
- **11. Succession Planning for Chief of Staff:** The Executive Committee reviewed and discussed the succession planning strategy for the Chief of Staff. The Executive Committee approved and is comfortable with the approach.



Date:	May 2, 2025
Issue:	Audit Committee Report to Board of Directors May 7, 2025 OPEN
Prepared for:	Board of Directors
Purpose:	□ Approval □ Discussion ⊠ Information □ Seeking Direction
Prepared by:	Bonnie Collins, Administrative Assistant
Approved by:	Jay Tulsani, Audit Committee Chair

Attachments/Related Documents: None

BRIEFING NOTE

A meeting of	A meeting of the Audit Committee took place on Monday, April 28, 2025 at 1700h						
Present:	Jay Tulsani (Chair), Paulo Brasil, Bill Conway, Roger Ma, Nicola Melchers, Scott Merry, Brian Quigley, Chris Whiteley, Diane Wilkinson						
Regrets:	Bonita Bonn						
Staff:	Liane Barefoot, Maria Burzynski, Trevor Clark, Lisa Costa, Christian D'Amore, Patrick Gaskin, Rob Howe, Mari Iromoto, Erin Rideout, Valerie Smith-Sellers,						
Guests:							

Committee Matters – For information only

- 1. Capital Redevelopment Project ESG Initiatives Report: Further to the Audit Committee's request from the January 2025 meeting, management provided highlights on the integration of Environmental, Social, and Governance (ESG) principles into CMH's Capital Redevelopment Project (CRP) that commenced prior to ESG being adopted at CMH. Despite the project's initiation before ESG practices were introduced, it was noted that numerous elements aligned with an ESG-focused approach, as detailed in the briefing note. Efforts were made to ensure environmental sustainability throughout the construction and operation phases of the project, reflecting CMH's proactive stance towards sustainable development.
- 2. Bill S-211 Forced Labour in Canada Supply Chain Submission: Management provided an update on CMH's Bill S-211 compliance and presented the report and Board attestation required to be submitted to the federal government by May 31, 2025. To date, there remain no mandatory minimums or specific targets that CMH is required to meet. CMH's report is closely tied with Mohawk Medbuy (MMC), as much of the hospital's procurement is done through this group purchasing organization. Since CMH's initial submission last year, the entire sourcing team has completed MMC's Bill S-211 training, CMH's procurement templates and standard contract templates have been updated to include Bill S-211 language, and CMH has joined MMC's ESG Committee. Next year, CMH plans to undertake an update of its procurement policies to also reflect Bill S-211.



BRIEFING NOTE

April 17, 2025		
Digital Health Strategy Sub-Committee Report to Board of		
Directors May 7, 2025 OPEN		
Board of Directors		
□ Approval □ Discussion ⊠ Information □ Seeking Direction		
Kristen Hoch, Administrative Assistant		
Sara Alvarado, Digital Health Strategy Sub-Committee Chair		

Attachments/Related Documents: None

A meeting of the Digital Health Strategy Sub-Committee took place on Thursday, April 17, 2025 1700h		
	Present:	Sara Alvarado (Chair), Joel Campbell, Masood Darr, Miles Lauzon, Paul Martinello, Margaret McKinnon, Richard Neidert, Lynn Woeller
	Regrets:	Jim Gates, Suzanne Sarrazin
	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

- 1. HIMSS25-Key Learnings and Takeaways: CMH's significant investment in attending HIMSS reflects its strong commitment to the ongoing digital health transformation. There was a notable presence of cyber security vendors at the event. Artificial Intelligence (AI) has received CMH's endorsement, and there was a robust discussion about AI during this week's Quality Committee meeting. Moving forward, there is an opportunity for CMH to engage more with medical professionals to gain important perspectives from care professionals. The largest clinical trend regarding digital transformation is that AI needs to be considered as a way to manage future resource constraints for clinical and medical professionals. Collaborations with vendor partners are ongoing to utilize existing alerts, review of unused existing functionalities, RTLS implementation, and enhancements to the cyber security platform. A robust discussion took place highlighting AI's growing importance. There has been positive feedback from the patient population pertaining to AI in healthcare. The use of digital solutions enhances the patient experience, diminishes administrative burden, and increases efficiency.
- 2. Digital Health Plan Update: The Digital Health Plan fosters critical collaborative connections across various portfolios and is monitored by the Clinical Informatics and Information Technology Committee. Progress has been made in cyber security maturity, a key aspect of infrastructure readiness. Change management practices have been tested through the WFP process, supporting the Digital Health Plan and Integrated Risk

Management (IRM) risks. Continued integration supports a broader regional digital structure and enhances innovation submissions. There are ongoing discussions to provide clarity and accountability around the ownership of products and strategies of key platforms. Work is ongoing regarding identification of data for safe use with the focus on identifying and ensuring the quality of necessary data from platforms to support efficiencies and directly inform staff. Data extraction is an ongoing, rigorous process. The Clinical Operational Excellence Committee (COEC) engages medical and operational leaders to use data for informed decision-making in quality and operations. They conduct significant data audits to ensure metric accuracy, validating codes through clinical audits. The platform isolates outliers, which are then assessed by clinical leaders. The COEC shows great interest in the data and remains highly engaged.



Date: Issue:	May 2, 2025 Resources Committee Report to Board of Directors May 7, 2025 OPEN
Prepared for: Purpose:	Board of Directors
Prepared by: Approved by:	Bonnie Collins, Administrative Assistant Monika Hempel, Chair

Attachments/Related Documents: None

BRIEFING NOTE

A meeting of	the Resources Committee took place on Monday, April 28, 2025 at 1700h
Present:	Monika Hempel (Chair), Sara Alvarado, Tom Dean, Miles Lauzon, Shannon Maier, Lori Peppler-Beechey, Janet Richter, Lynn Woeller
Regrets:	
Staff:	Liane Barefoot, Trevor Clark, Lisa Costa, David Cox, Patrick Gaskin, Rob Howe, Mari Iromoto, Erin Rideout, Valerie Smith-Sellers
Guests:	

Committee Matters – For information only

1. Borrowing and Investment Policy Compliance Review: Management reported that CMH was in compliance with the Investment (2-C-38) and Borrowing (2-C-36) policies throughout the past year. CMH ended fiscal 2024-25 with no debt and a strong cash position. CMH's cash balance is expected to decrease in 2025-26 due to capital purchases and the pending HIS implementation.



Date: Issue:	March 3, 2025 MAC Report to the Board of Directors March 3, 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

BRIEFING NOTE

A meeting of	the Medical Advisory Committee took place on Monday, March 3, 2025, at 1730h
Present:	Dr. W. Lee, Dr. J. Legassie, Dr. J. Bourgeois, Dr. I. Isupov, C. Witteveen, Dr. E. Thompson, Dr. K. Wadsworth, Dr. A. Sharma, Dr. M. Shafir, Dr. M. Patel, Dr. B. Courteau, Dr. M. Hindle, Dr. T. Holling, Dr. V. Corner, Dr. A. Nguyen, Dr. V. Miropolsky
Regrets:	Dr. M. Rajguru, Dr. R. Shoop, Dr. M. Runnalls, Dr. L. Green, P. Gaskin, M. Iromoto, S. Pearsall
Staff:	M. Iromoto, L. Barefoot, Dr. K. Nuri, J. Visocchi, M. Hasan, K. Leslie
Guests:	D. Wilkinson

Committee Matters – For information only

- 1. **M&T Report:** February M&T report was shared with MAC.
- 2. COVID-19 and Infectious Disease Update: In 2025, there were 119 confirmed measles cases across 23 regions, with a significant outbreak affecting New Brunswick where 141 children and 36 adults, mostly vaccinated, contracted the disease. This led to 18 hospitalizations among children and one ICU admission, but no deaths. Meanwhile, the local area remained unaffected by the outbreak. Additionally, reports indicated a decline in respiratory illnesses such as COVID-19, with its positivity rate dropping to 5%, while influenza activity decreased but stayed high at 21% positivity; RSV activity stabilized at 2.9%, and seasonal human coronavirus was most prevalent at an 8.1% positivity rate. In February, Cambridge Memorial Hospital saw 8 COVID-19 cases, 30 influenza cases, and 3 RSV cases, highlighting a positive trend in reducing respiratory illness impact.
- 3. Adoption and Technology update for Fluency Flex/Fluency Direct & AI Scribe Solutions: In February 2025, active user adoption of the front-end speech platform rose from 46 to 57 users. Two training sessions have been completed this year with additional sessions scheduled for ongoing support, aiming to transition all physicians to the platform by year-end while discontinuing phone dictation. Efforts are also underway to integrate high-volume areas and collaborate with Heidi AI to enhance physician documentation practices. Monthly updates and feedback will be sought to ensure the needs of physicians are met throughout this process. Feedback for increasing uptake of front-end dictation included

increasing access to workstations and reviewing and streamlining the process to access front-end dictation across the organization.

- **4. Post CRP Occupancy Update:** The hospital is addressing the remaining deficiencies after completing CRP. A briefing note regarding the post-CRP updates was pre-circulated to MAC. The update stressed the importance of leaders being aware of this process and knowing how to effectively escalate any gaps or issues within their departments.
- 5. Code Transfusion Massive Hemorrhage Protocol: Update provided on the evolving Code-transfusion protocol, which is regularly refined based on mock scenarios and actual hospital events. Efforts were made to align terminology across records, preprinted orders, and policies for clearer clinical staff guidance. The team focused on streamlining blood delivery processes to improve patient outcomes in critical situations such as massive hemorrhages. Committee members praised the protocol's effectiveness in stabilizing patients needing extensive transfusions, and the ongoing commitment to improvements.
- 6. Chair Update; Survey Results: Pre-circulated survey results were reviewed by the committee.
- 7. Medicine Department Update: Medicine program presentation provided an update to the department and evolving program. The Medicine program has seen substantial expansion over the last ten years, growing from 9 to 36 positions, with new subspecialty departments, such as nephrology, now in place. Recruitment remains challenging for specialties such as cardiology and neurology, though strategies are being developed to improve this. A key focus is on creating a supportive workplace culture that enhances joy at work and strengthens collaborative efforts between departments. The program also aims to maintain robust connections between community and hospital care to improve overall patient care experiences.
- 8. Community and Family Medicine Update: The team comprises 51 positions across surgery assistance and community roles, with family medicine having a significant presence throughout the hospital. For instance, a family physician participates in care of approximately 50 to 60 deliveries annually and manage on-call surgical assist support, while supporting the rehabilitation program. The department faces recruitment challenges but emphasizes fostering an open culture of appreciation and communication among all teams. Efforts are directed towards enhancing community support and collaborative problem-solving to improve sustainability and joy in work.



Date:	April 9, 2025	
Issue:	MAC Report to the Board of Directors April 9, 2025 OPEN	
Prepared for:	Board of Directors	
Purpose:	Approval Discussion Information Seeking Direction	
Prepared by:	Dr. Jenny Legassie, Deputy Chief of Staff, Dr. Winnie Lee, Chief of Staff	
Approved by:	Patrick Gaskin, President & CEO	

Attachments/Related Documents: None

BRIEFING NOTE

A meeting of 1630h	the Medical Advisory Committee took place on Wednesday, April 9, 2025, at
Present:	Dr. W. Lee, Dr. J. Legassie, Dr. J. Bourgeois, Dr. I. Isupov, Dr. E. Thompson, Dr. K. Wadsworth, Dr. A. Sharma, Dr. M. Shafir, Dr. M. Patel, Dr. M. Hindle, Dr. T. Holling, Dr. V. Corner, Dr. A. Nguyen, Dr. V. Miropolsky, Dr. L. Green, Dr. M. Runnalls,
Regrets:	Dr. M. Rajguru, Dr. R. Shoop, Dr. B. Courteau, C. Witteveen
Staff:	M. Iromoto, P. Gaskin, S. Pearsall, L. Barefoot, Dr. K. Nuri, J. Visocchi, M. Hasan, K. Leslie
Guests:	D. Wilkinson

Committee Matters – For information only

- 1. M&T Report: March M&T report was shared with MAC.
- 2. COVID-19 and Infectious Disease Update: Respiratory virus rates have decreased and remain at a low level. Respiratory Syncytial virus rates are predicted to remain the same over the next two weeks while rates of COVID19 and Influenza are predicted to decrease. Ministry funding for COVID therapies including antivirals and monoclonal antibody therapies ended March 2025. New treatment guidelines have been released and are consistent with existing practice at CMH. CMH does have a supply of remdesivir on site and can easily access additional therapies through partner hospitals and suppliers. A gastroenteritis outbreak was declared on Medicine B April 8. As of April 10, seven cases had been identified, and an outbreak was on track to be declared over April 13 if no additional cases are identified.
- 3. Choosing Wisely Update: In May 2025, the choosing labs wisely working group will begin their campaign to reduce Erythrocyte Sedimentation Rate (ESR) testing. Current guidelines support ESR testing in a small number of very specific situations. Our partner hospitals have stopped performing ESR testing (some sending their requests to CMH). Once education has been provided to front line staff, access to ESR will be reduced and ultimately, testing will be deferred to life labs when ESR results are needed (time to results

is 24 hours). The goal is an 80% reduction in ESR testing at CMH by autumn 2025 or 0.24 tests per 100 bed days.

An update on current CMH Choosing Wisely projects will be the topic of Grand Rounds in April 2025.

4. Fluency Flex/Fluency Direct Adoption & Al Scribe Update: Currently, there are 73 physicians, nurse practitioners and midwives now using Fluency Flex (16 more than last month). Training and education continue. Efforts to upgrade workstations to support use of fluency flex are being initiated. The goal is to have 100% of practitioners using Fluency Flex by the end of 2025, with discontinuation of existing phone-based dictation system shortly thereafter.

Heidi AI Scribe is in final stages of template and process development for use in the emergency department. Training will be provided to physicians prior to implementation in the workflow. Patients facing information materials are being prepared to assist in communication around use of this technology.

5. Policies: The following medical directives were brought to the committee for approval.

Policy #	Title	Update vs New	Motion
2-407	Corporate Legal Claims Request	Update	Approved
14-185	Transfusion Medicine – Emergency Acquisition of Uncross Matched Blood	Update with addition of new form for documenting physician signature for uncross matched blood.	Approved
1-180	Transfusion Medicine Administration Guidelines – Blood Products & Fractioned Blood Products	Update	Approved
3-45	Death Management – Viable/Non- Viable Fetus	Update	Approved

6. OH West Central Intake: Ontario Health West is leading a central intake process for Diagnostic Imaging for outpatient MRI and CT. Hamilton Health Sciences has been selected as the lead site for OH West and will be coordinating referrals and bookings. When implemented, patients will be offered the option to have imaging at sites more distant from their home hospital which may have shorter wait times.

While significant work remains to be done to align referral forms, education of ordering practitioners and education of patients, the central referral process is aimed at operationalizing later in 2025.

- **7.** Chair Update; Survey Results: MAC members indicated that they would appreciate 'take home messages' for invited presentations (i.e. Health Information Systems) to assist in reporting back to their departments. This will be explored for future meetings.
- 8. Emergency Department Update: The emergency department continues to be busy both with patient volumes and improvement projects. Filling their staffing needs has been attributed to increased performance and morale. Gaps remain but significant gains have been made in this area. Overall performance metrics have improved despite a 15% increase in emergency room visits. The department remains committed to using innovative ideas (i.e. mentorship programs, senior year trainees), AI and new processes to continue to make improvements.
- **9.** Surgery Department Update: The surgical department is a highly specialized and varied program encompassing a wide range of services from minor procedures to complex breast reconstruction, adult and pediatric services and elective and emergency interventions. They have recently recruited new physicians to some key areas (ENT, urology, general surgery) and continue to recruit to grow other services. Use of the new B4 inpatient unit and addition

of step-down beds allows them to provide high quality care to patients in the peri-operative period. Plans for the future include strengthening relationships with regional partners to support access to procedures not provided at CMH, expansion of the breast reconstruction program to remain a leader in this area and addition of new services.



	I IOUTITIE
Date:	March 20, 2025
Issue:	Governance Committee Report to Board of Directors March 13, 2025 OPEN
Prepared for:	Board of Directors
Purpose: Prepared by: Approved by:	□ Approval □ Discussion ⊠ Information □ Seeking Direction Stephanie Fitzgerald, Administrative Assistant Julia Goyal - Governance Committee Chair, Patrick Gaskin - President & CEO,

Attachments/Related Documents: None

BRIEFING NOTE

A meeting of the	Governance Committee took place on Thursday March 13, 2025 at 1700h
<u>Attendees</u> :	J. Goyal (Chair), A. Stewart, B. Conway, M. Protich, Dr. M. McKinnon D. Wilkinson, L. Woeller
Staff Present:	P. Gaskin, S. Pearsall
<u>Regrets:</u>	

Committee Matters – For information only.

- 1. Welcome & Territorial Acknowledgement: The Chair presented the Territorial Acknowledgement and announced the resignation of Governance Committee member Jody Stecho.
- 2. Policy Reviews and Approvals: The Governance Committee reviewed five policies and those policies will be reviewed for approval during agenda item 1.5.7 of the May 7, 2025 Board of Directors meeting for Board approval.
- 3. Board/Committee Feedback Reports Review: The Governance Committee reviewed the feedback reports from the Board and Committee meetings held in January and February 2025. A concern was raised regarding lower survey response rates for the Digital Health Strategy Sub-Committee. It was noted that February's response rate of 67% was notably lower than previous months. The Governance Committee noted that concerns raised should be brought to the attention of the respective Committee Chair and agreed that it is important to address feedback promptly to maintain trust and engagement among participants.
- 4. HSO Governing Body Assessment Survey Overview and Next Steps: An overview of the HSO Governing Body Assessment was provided, explaining its requirement for accreditation and noting that CMH can add up to ten custom multiple-choice questions to the survey, as part of the process recommended by Accreditation Canada within the first two years.
- 5. HSO Governing Body Assessment Customized Multiple-Choice Questions to add to the Assessment: It was highlighted that a comparative analysis was conducted between the Ontario Hospital Association (OHA) tool and the HSO Governing Body

Page 1 of 2



Assessment (GBA) tool. The OHA tool is an annual survey provided to hospital boards, but CMH chose not to participate this year since it plans to focus on the GBA assessment instead. A robust discussion took place, and the Governance Committee provided CMH leadership with input and suggestions for development of the questions. CMH leadership will integrate the input provided by the committee to develop potential new questions. These proposed questions will then be presented at the next Governance Committee meeting for further discussion and presented to the Board of Directors in June for final approval.

6. Update on Governance Committee Member: Dr. A. Stewart informed the Governance Committee that he would be resigning at the end of this Board cycle due to relocation for a new job opportunity.



BRIEFING	NOTE	

Date:	April 30, 2025
Issue:	Board Policy Review Summary
Prepared for:	Board of Directors
Purpose:	🛛 Approval 🖾 Discussion 🛛 Information 🗆 Seeking Direction
Prepared by:	Stephanie Fitzgerald, Administrative 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 and upon recommendation of the Governance Committee at the meeting of March 13, 2025

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: **CARRIED.**

2-A-09	Nominating Sub-Committee Terms of Reference
2-A-17	Digital Health Strategy Sub-Committee Terms of Reference
1-C-20	Reporting on Compliance
2-D-02	Board Policy Development Review & Approval
2-D-12	Freedom of Information and Protection of Privacy Act (FIPPA)
	Delegation of Duties

Background

The following policies were reviewed and discussed at the March 13, 2025 Governance Committee meeting and were amended / updated as attached: *Note track changes version found in Package 2)

Policy No.	Policy Name
2-A-09	Nominating Sub-Committee Terms of Reference
2-A-17	Digital Health Strategy Sub-Committee Terms of Reference
1-C-20	Reporting on Compliance
2-D-02	Board Policy Development Review & Approval
2-D-12	Freedom of Information and Protection of Privacy Act (FIPPA) Delegation of Duties



BOARD MANUAL

SUBJECT: Nominating Sub-Committee Terms of Reference		NO.: 2-A-09	
SECTION: Structure, Roles and Responsibilities			
APPROVED	BY: Board of Directors	DATE: TBD	

1. Application

Under direction of the Governance Committee of the Board, the Nominating Sub-Committee of the Board has the primary responsibility for recommending candidates for election as Directors and for appointment as non-Director committee members based on their qualifications, competencies, and ability to contribute effectively to the governance of the Corporation as outlined in policy 2-D-20 Recruitment, Selection, and Nomination of Directors and non-Director committee members.

2. Composition

The composition of the Nominating Sub-Committee is recommended annually by the Governance Committee to the Board of Directors and shall be comprised of Board members and selected non-Director members of the Governance Committee

In addition, the Board will approve the membership of the Interview team which shall be comprised of the Nominating Sub-Committee and a board member from a community partner agency and a member of the Patient and Family Advisory Council, if available.

3. Meetings

The Committee shall meet as necessary to fulfill its responsibilities.

4. Specific Duties and Responsibilities

The Sub-Committee shall make recommendations to the Board through the Governance Committee with respect to the appropriate structure and composition of the Board and its committees, consistent with policy 2-D-20, so that the Board may fulfill its functions and comply with all legal requirements and Board policies.

(a) New Applicants for Election to the Board

The Sub-Committee shall:

- (i) receive applications from persons eligible and interested to be elected as Directors;
- (ii) review prospective candidates against the Board Skills profile;

Nominating Sub-Committee Terms of Reference Board Manual 2-A-09 Cambridge Memorial Hospital TBD



- (iii) develop a short list of candidates for interview;
- (iv) organize interview team(s) and undertake interviews of candidates to assess the prospect's interest and qualifications against the Board's needed competencies;
- (v) select and provide the Board, through the Governance Committee, with information about the recommended candidates for nomination for election as Directors;

The decision of the Board as to whether a candidate is qualified to serve on the Board or committee shall be final.

(b) Appointment of Non-Director Committee Members

The Sub-Committee shall:

- (i) receive applications from persons eligible and interested to be elected as Directors;
- (ii) review prospective candidates against the Board Skills profile;
- (iii) develop a short list of candidates for interview;
- (iv) organize interview team(s) and undertake interviews of candidates to assess the prospect's interest and qualifications against the Board's needed competencies;
- (v) select and provide the Board, through the Governance Committee, with information about the recommended candidates for nomination for election as Directors;

The decision of the Board as to whether a candidate is qualified to serve on the Board or committee shall be final.

5. Guidelines for Nominations and Recommendations of Appointment

The Sub-Committee shall:

- (i) make certain that a balance is maintained among skills, experience, and personal qualities
- (ii) consider the need for ongoing expertise on the Board and succession planning
- (iii) make certain that candidates possess universal competencies such as commitment, effective communication, integrity, and analytical decision making

Nominating Sub-Committee Terms of Reference Board Manual 2-A-09 Cambridge Memorial Hospital TBD



- (iv) strive to achieve collective competencies including leadership, strategic planning, governance practices, business acumen, finance, health field experience, risk management, public affairs, patient advocacy, community involvement, etc.
- (v) consider a diverse range of skills, experiences, and personal qualities that reflect the demographics of the communities served by the Corporation. This includes but not limited to considerations across various demographic factors such as age, gender, ethnicity, cultural background, economic status, geographic location, and linguistic diversity. The goal is to build a Board that not only possesses the necessary competencies but also mirrors the tapestry of the community it serves. By actively seeking candidates who bring varied perspectives and backgrounds, the Corporation can enhance its decision-making processes and better address the needs of all stakeholders within the community.

6. General

The Sub-Committee shall:

- (a) report to the Governance Committee on material matters arising at Sub-Committee meetings following each meeting of the Sub-Committee;
- (b) maintain minutes or other records of meetings and activities of the Sub-Committee;
- (c) perform such other functions and tasks as may be assigned from time to time by the Governance Committee



DEVELOPED: TBD			
REVISED/REVIEWED:			
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Nominating Sub-Committee Terms of Reference Board Manual 2-A-09 Cambridge Memorial Hospital TBD



BOARD MANUAL

SUBJECT: Digital Health Strategy Subcommittee Terms of Reference		NO.: 2-A-17
SECTION: Structure, Roles and Responsibilities		
APPROVED BY: Board of Directors DATE: April 27, 2022		I 27, 2022

1. Application

Reporting to the Resource Committee of the Board, the Digital Health Strategy Sub-Committee of the Board has the primary responsibility to oversee the successful execution of the Cambridge Memorial Hospital digital e-health plan, operational excellence plan, and research & innovation plan. The Committee is a temporary committee to support the strategies and the requirement for it to continue will be evaluated by December 31, 2025.

2. Composition

- a. The Sub-Committee shall be a sub-committee of the Resources Committee, composed of the following voting members:
 - i. Up to three (3) elected Directors
 - ii. Up to five (5) other members from the broader community who have experience in clinical informatics, information technology and digital health.
 - iii. One member, appointed by the Patient Family Advisory Committee
- b. Non-voting resources to the Sub-Committee will include:
 - i. President & Chief Executive Officer (CEO)
 - ii. Vice President, Finance and Corporate Services and Chief Financial Officer
 - iii. Vice President, People and Strategy
 - iv. Director, Digital Health & Chief Information Officer
 - v. Director, Operational Excellence
 - vi. Clinical Representative(s)

Digital Health Strategy Sub-Committee Charter Board Manual 2-A-17 Cambridge Memorial Hospital April 27, 2022

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The Committee Chair is appointed by the Board and is a Director.

3. Meetings

The Sub-Committee shall:

- (a) meet at least four (4) times annually, or more frequently as circumstances dictate;
- (b) conduct all or part of any meeting in the absence of management, and, at a minimum, conduct such a session at each regularly-scheduled Sub-Committee meeting;
- invite to its meetings any Director, member of management or such other persons as it considers appropriate in order to carry out its duties and responsibilities;
- (d) exclude from its meetings any persons it considers appropriate in order to carry out its duties and responsibilities.

4. Specific Duties and Responsibilities

The Sub-Committee shall:

- (a) Monitor project performance for projects and make recommendations with respect to:
 - 1. Reporting and progress updates
 - 2. Risk mitigation strategies on project deliverables
 - 3. Benefits realization and return on investment
 - 4. Innovation and further intellectual capital development opportunities
- (b) Approve or recommend the use of expenditures from each project's contingency and/or change requests, as guided by policy
- (c) Provide private sector and/or international implementation and operations experience and advice
- (d) Optimize opportunities for effectiveness and certainty for project deliverables of scope and function, capital and operating costs, schedule, quality, communication and risk management
- (e) Provide oversight of the capital financing strategy regarding required debt or alternate financing models, when appropriate
- (f) Provide regular progress updates to the Resources Committee

Digital Health Strategy Sub-Committee Charter Board Manual 2-A-17 Cambridge Memorial Hospital April 27, 2022



5. General

The Sub-Committee shall have the following additional general duties and responsibilities:

- (a) report to the Resources Committee on material matters arising at the Sub-Committee meetings following each meeting of the Sub-Committee;
- (b) maintain minutes or other records of meetings and activities of the Sub-Committee;
- (c) conduct an annual evaluation of the Sub-Committee in which the Sub-Committee reviews the Sub-Committee's performance for the preceding year for the purpose, among other things, of assessing whether the Sub-Committee fulfilled the purposes and responsibilities stated in the terms of reference;
- Review and assessing the adequacy of the terms of reference on an annual basis and submitting any proposed amendments to the Resources Committee, Governance Committee and the Board for approval;
- (e) Provide an orientation for new committee members; and
- (f) Perform such other functions and tasks as may be assigned from time to time by the Resources Committee.

At the completion of the digital health plan operational excellence plan, and research & innovation plan., the Resources Committee will review the continuing need and relevance of the Sub-Committee and make a recommendation concerning its continuance through the Governance Committee to the Board.

Digital Health Strategy Sub-Committee Charter Board Manual 2-A-17 Cambridge Memorial Hospital April 27, 2022

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DEVELOPED: April 27, 2022			
REVISED/REVIEWED:	-		
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Digital Health Strategy Sub-Committee Charter Board Manual 2-A-17 Cambridge Memorial Hospital April 27, 2022



BOARD MANUAL

SUBJECT: Reporting on Compliance		NO.: 1-C-20
SECTION: Legal Structure		
APPROVED BY: Board of Directors	DATE: TBD	

Policy

To meet their fiduciary obligations, the Directors need confirmation that the risk of claims against Cambridge Memorial Hospital ("CMH") and / or the Directors personally has been mitigated. The President and CEO ("CEO") shall ensure that processes and operating policies are in place to ensure compliance with government legislation, regulations, and/or bylaws (federal/provincial/municipal), statutory filings and any associated risks identified and mitigated. The President and CEO shall report to the Board in accordance with the provisions of this policy.

Procedure

- 1. The CEO shall report at each Board meeting, for a period up to the date of each report on CMH's compliance with respect to the preparation of accurate financial statements and that CMH has, as required by by-law, paid all:
 - (a) Salary, wages, and vacation pay owing to CMH employees
 - (b) Remittances for employee income tax deductions, Canada Pension Plan (CPP) and Employment Insurance (EI) premiums and contributions
 - (c) Workplace Safety and Insurance Board (WSIB) premiums
 - (d) Employer Health Tax (EHT)
 - (e) Harmonized Sales Tax (HST)
 - (f) If applicable, remittances for required deductions for payments to non-residents

The Certificate of Compliance will be in the form set out in Appendix A.

- 2. The CEO shall report to the Board, through the appropriate committee where applicable, on an annual or bi-annual basis on CMH's compliance with respect to the maintenance of applicable insurance and compliance with legislative obligations, including the following:
 - (a) Compliance with health & safety legislation and regulations (Audit Committee)
 - (b) Compliance with environmental legislation and regulations (Audit Committee)

Reporting on Compliance Board Manual 1-C-20 Cambridge Memorial Hospital TBD

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- (c) Compliance with all other legislation or regulations applicable to operation of CMH (Audit Committee)
- (d) All property, casualty and liability insurance is in place and coverage is suitable and in accordance with risk, the indemnity amount is sufficient in light of risk, all premiums have been paid and the policy is up to date (Resource Committee)
- (e) Directors' and Officers' liability insurance is in place and coverage is suitable and in accordance with risk, the indemnity amount is sufficient in light of risk, all premiums have been paid and the policy is up to date (Resource Committee)

The Certificate of Compliance will be in the form set out in Appendix B.

- 3. In accordance with the *Broader Public Sector Accountability Act, 2010*, the CEO shall prepare and submit to the Board for approval all required CEO attestations on CMH's compliance with:
 - (a) The completion and accuracy of reports required on the use of consultants
 - (b) Compliance with the prohibition on engaging lobbyist services using public funds
 - (c) Compliance with expense claim directives consistent with the Broader Public Sector Directives
 - (d) Compliance with the perquisite directives issued by the Broader Public Sector Directives
 - (e) Compliance with the procurement directives issued by Broader Public Sector Directives
 - (f) Such other requirements as may be established under the *Broader Public Sector Accountability Act, 2010* from time to time.

CMH will post all approved attestations that are required to be posted on its website.

4. In accordance with the requirements of the *Commitment to the Future of Medicare Act 2004*, the CEO shall prepare and submit to the Board for approval all required CEO attestations on CMH's compliance with the H-SAA and M-SAA with Ontario Health/Ministry of Health.

Reporting on Compliance Board Manual 1-C-20 Cambridge Memorial Hospital TBD



DEVELOPED: November 26, 2014

REVISED/REVIEWED:

May 30, 2018	April 28, 2021	March 6, 2024
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Reporting on Compliance Board Manual 1-C-20 Cambridge Memorial Hospital TBD

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Appendix A

TO: The Board of Directors, Cambridge Memorial Hospital

Date:

Reporting Period:

RE: CEO Certificate of Compliance

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

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

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

Exceptions: NIL or [describe exceptions]

[name], President and CEO

Reporting on Compliance Board Manual 1-C-20 Cambridge Memorial Hospital TBD

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Appendix B

Annual Report

TO: The Board of Directors, Cambridge Memorial Hospital

Date:

Reporting Period:

RE: CEO Certificate of Compliance

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

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

- 1. Insurance:
 - (a) All property, casualty and liability insurance is in place and coverage is suitable and in accordance with risk, the indemnity amount is sufficient in light of risk, all premiums have been paid and the policy is up-to-date;
 - (b) Directors' and Officers' liability insurance is in place and coverage is suitable and in accordance with risk, the indemnity amount is sufficient in light of risk, all premiums have been paid and the policy is up-to-date
 - (c) CMH is not in default with respect to any provisions contained in any insurance policy; and
 - (d) CMH has provided all notices and presented all claims under any insurance policy in accordance with the notice periods established by the insurer.
- 2. Compliance:
 - (a) CMH is in compliance, in all material respects, with applicable health & safety legislation and regulations
 - (b) CMH is in compliance, in all material respects, with applicable environmental legislation and regulations
 - (c) CMH is in compliance, in all material respects, with all other applicable legislation or regulations applicable to operation of CMH

Exceptions: NIL or [describe exceptions]

[name], President and CEO

Reporting on Compliance Board Manual 1-C-20 Cambridge Memorial Hospital TBD

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BOARD MANUAL

SUBJECT: Board Policy Development, Review and Approval		NO.: 2-D-02
SECTION: Board Process		
APPROVED BY: Board of Directors	DATE: TBD)

Policy

From time to time, the Board will adopt and articulate policies that are designed to guide the work and decisions of the President & CEO (CEO), Chief of Staff (COS) and the Board itself.

The Board is responsible for setting the strategic context in which policies are developed and for the formal review and approval of policies. The Board may delegate development and review of policies to a committee.

The Board will generally limit its policy making to matters of governance.

Development and Implementation

Except as set out below, the Governance Committee is responsible for the development of new policies.

Policies may be initiated, in consultation with the Governance Committee Chair, by any committee when a policy is required. Draft policies developed by a committee will be forwarded to the Governance Committee for review.

The Governance Committee will recommend all new policies and any revisions to existing policies to the Board for approval.

The Governance Committee will:

- Develop (in conjunction with other committees as required), recommend and maintain governance policies to promote effective functioning of the Board and committees
- Maintain a Board policy manual

The CEO is responsible for:

- Storage of hard copy and electronic policy files
- A system for the maintenance of policies, to ensure on-going review, version control and archiving of policies
- Referring policies that are due for review to the Governance Committee for policy oversight
- Reviewing policies to ensure consistent format and established guidelines are followed

Board Policy Development, Review and Approval Board Manual 2-D-02 Cambridge Memorial Hospital TBD Page 1 of 2



 Making minor modifications to policies that do not alter the substantive context, intent or compliance requirements

Review and Revision

The Governance Committee will oversee the review process with assistance from the CEO's office staff. Policies will be reviewed at least every three years. Any Board committee may at any time, initiate a review of a Board policy within the scope of their terms of reference.

The "Date" date indicates the date of Board approval of the most recent version. The "Revised/Reviewed" dates record the dates of various policy amendments since the original policy was approved.

For Board policies requiring minor modifications, such as corrections for spelling, grammar, punctuation, and stylistic enhancements that do not alter the substantive content, intent, or compliance requirements of the policy, no formal approval process is required. Such modifications can be implemented by the CEO's office after ensuring that these changes do not inadvertently affect the meaning or enforcement of the policy. Documentation of these changes is maintained for transparency and audit purposes, but they will not impact the policy's review date.

Approval

Policies are approved as a consent or discussion item on the agenda, and a vote in the open meeting of the Board.

A policy will be effective upon approval unless an effective date in the future is specified. The date when a new policy was first approved will be recorded as the "Developed". The "Developed" will never change over the life of the policy.

DEVELOPED: November 24, 2010 REVISED/REVIEWED:			
September 28, 2011	January 28, 2015	May 26, 2021	
December 6, 2023	Click or tap to enter a date.	Click or tap to enter a date.	
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BOARD MANUAL

SUBJECT: Freedom of Information and Protection of Privacy Act (FIPPA) Delegation of Duties		NO.: 2-D-12	
SECTION: Board Process			
APPROVED	BY: Board of Directors	DATE: TB	D

This policy is identical to Corporate Manual Policy 2-21. The Board endorses and adheres to the Corporate FIPPA Delegation Policy 2-21

Policy

Section 2 (1) (a.1) of the *Freedom of Information and Protection of Privacy Act*, 1990 (FIPPA) defines "head" in the case of a public hospital, as the chair of the board of the hospital.

Section 62 (1) of FIPPA specifies that a head may, in writing, delegate a power or duty granted or vested in the head, to an officer of the institution.

The term "officer" is not explicitly defined in FIPPA and as such, is interpreted in this policy to mean an employee with oversight for the privacy program at Cambridge Memorial Hospital who holds the title Chief Privacy Officer.

The officer to whom the accountabilities are delegated must ensure:

- The Hospital responds to Freedom of Information (FOI) requests in compliance with FIPPA; and
- Personal information is collected, used, disclosed, retained, and disposed of in accordance with FIPPA.

Procedure

- 1. Delegation under Section 62 (1) of FIPPA shall be made in writing as described in Appendix A. Changes to, or cancellation of a delegation must also be in writing.
- 2. The delegation will be updated when there is a change in the Board Chair.
- 3. A delegation is made to a position or title and not to a named individual. CMH has named the position Chief Privacy Officer as the delegated position and the position Privacy Officer as the alternate.
- 4. The Hospital maintains records of the delegation of duties for FIPPA in the CEO's office.

FIPPA Delegation of Duties Board Manual 2-D-12 Cambridge Memorial Hospital TBD

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DEVELOPED: December 7, 2020			
REVISED/REVIEWED:	I	I	
April 28, 2021	April 27, 2022	March 13, 2025	
October 2, 2024	Click or tap to enter a date.	Click or tap to enter a date.	
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FIPPA Delegation of Duties Board Manual 2-D-12 Cambridge Memorial Hospital TBD



Appendix A

Delegation of the Chair of the Board's FIPPA Duties

I, <u>(Name)</u>, as Chair of the Board of Cambridge Memorial Hospital, delegate all of my powers and duties under *Freedom of Information and Protection Act*, 1990 to the Chief Privacy Officer. When the Chief Privacy Officer is not reasonably available (e.g. due to illness, vacation), Chief Privacy Officer has the authority to delegate their powers to a designated CMH Privacy Officer.

Board Chair	Director, Patient Experience, Risk & Quality & Chief Privacy Officer
mm/dd/yyyy	mm/dd/yyyy
Witness Name	Witness Name
mm/dd/yyyy	 mm/dd/yyyy

FIPPA Delegation of Duties Board Manual 2-D-12 Cambridge Memorial Hospital TBD

Page 3 of 3



Date:	April 10, 2025
Issue:	Quality Monitoring Metrics
Prepared for:	Board of Directors
Purpose:	□ Approval □ Discussion ⊠ Information □ Seeking Direction
Prepared by:	Kristan Chamberlain, Senior Decision Support Specialist
	Kyle Leslie, Director Operational Excellence
	Liane Barefoot, Director Patient Experience, Quality, Risk,
	Privacy and IPAC; Chief Privacy Officer
Approved by:	Mari Iromoto, Vice President, People & Strategy

Attachments/Related Documents: Appendix A – Quality Monitoring Scorecard

Alignment with 2024/25 CMH Priorities:

BRIEFING NOTE

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

Executive Summary

Included in **Appendix A** is the 2024/25 CMH Quality Monitoring Scorecard along with a detailed indicator trending page for key clinical quality indicators.

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 eight (8) 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 are:

- 1) Overtime hours (Resource Committee)
- 2) Sick hours (Resource Committee)
- 3) ALC Throughput (Quality Committee)
- 4) Percent ALC Days (Quality Committee)
- 5) 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)
- 7) ED Wait Time for Inpatient Bed (90% spent less, in hours) (Quality Committee)

8) ED Wait Time for Physician Initial Assessment (90% spent less, in hours) (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 publicly 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

Six (6) of the eight (8) 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 eight (8) 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.

Below is a summary of the eight (8) quality monitoring metrics that are currently at a "**red**" status with three or more periods outside of the target threshold.

Efficient:

1) Overtime Hours 🔶

This indicator measures the total number of overtime hours used vs. budgeted overtime hours. Currently we are significantly over budget, with an average of over 3700 overtime hours/pay period while the target is 850 hours/pay period. The majority of overtime hours (approx. 60%) can be attributed to the Emergency Department, Medicine, and ICU. A lower number on this indicator means that we are staffing less with OT which has a positive impact to Joy in Work as it is an indication that we have improved staffing levels, leading to reduced staff burnout.

2) Sick Hours 🔶

This indicator monitors the average sick hours per pay period per month. A lower number is better as that means there are less staff off and unable to work due to illness. Currently we are significantly over budget, with an average over 3100 sick hours/pay period while the target is 2090 hours/pay period.

Integrated & Equitable:

3) ALC Throughput & Percent ALC Days 🔶

These indicators monitor the level of ALC activity in the hospital. The ALC throughput ratio measures the new ALC cases vs. discharged ALC cases and is used to monitor turnover and flow of ALC cases. A throughput ratio of one means that for every new ALC case, one current ALC case is discharged. The current ALC Throughput Ratio is 0.77, meaning we are adding more cases than discharging. The percentage of ALC days for closed cases measures the proportion of inpatient days occupied by patients who no longer require acute care but are waiting for appropriate care elsewhere. A lower ALC Rate is desirable as it indicates better resource utilization and access to appropriate care. YTD February, 26% of inpatient days are spent waiting for alternate level of care for acute patients, while the target is 20%.

Safe, Effective & Accessible:

4) 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 inpatient bed. YTD February, 90% of admitted patients had a length of stay of 51.7 hours or less, while our target is 33 hours or less.

5) 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 inpatient bed. YTD February, 90% of admitted patients waited 42.7 hours or less for an inpatient bed, while our target is 33 hours or less.

6) 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 February), 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.

7) ED Wait Time for Physician Initial Assessment (90% spent less, in hours) 🔶

This indicator measures the wait-time from triage to being seen by a physician or nurse practitioner in the ED. Currently, 90% of ED patients were seen by a physician or nurse practitioner within 7.5 hours (YTD February), while our internal target is to see 90% of patients within 4 hours. A lower number is better as it means that patients are seen by a physician or nurse practitioner within an appropriate timeframe in the emergency department.

Next Steps

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

CAMBRIDGE Quality Monitoring Scorecard, 24/25

Status (Last 3 Periods)

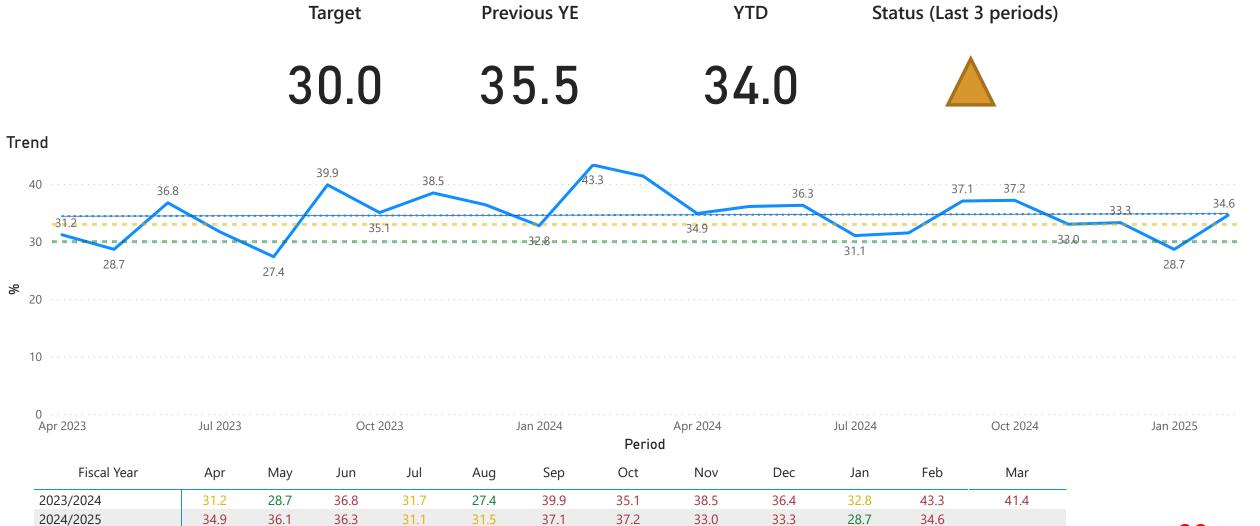
Meeting Target828%Within 10% of Target1345%Exceeding Target828%

Quality Dimension	Indicator	Unit of Measure	Target	YTD	Status (Last 3 periods)	Period
Efficient	Active Staffing Target Achieved (ED/MED/ICU)	%	100.00	95.58		Mar-25
	Conservable Days Rate	%	30.00	33.99		Feb-25
	Overtime Hours - Average per pay period	hours	850.00	3,754.28	\diamond	Mar-25
	Sick Hours - Average per pay period	hours	2,090.00	3,162.99	\diamond	Mar-25
Integrated & Equitable	ALC Throughput	Ratio	1.00	0.77	\diamond	Feb-25
	Percent ALC Days (closed cases)	%	20.00	26.03	\diamond	Feb-25
	Repeat emergency department visits for Mental Health Care	Patients	11.00	10.27		Feb-25
Patient & People Focused	Organization Wide Vacancy Rate	%	12.00	5.42		Feb-25
Safe, Effective & Accessible	30 Day CHF Readmission Rate	%	14.00	13.88		Jan-25
	30 Day COPD Readmission Rate	%	15.50	10.00		Jan-25
	30 Day In-Hospital Mortality Following Major Surgery	%	1.90	1.46		Jan-25
	30 Day Overall Readmission Rate	%	8.80	6.85		Jan-25
	Ambulance Offload Time (90% Spent Less, in Minutes)	minutes	30.00	68.00		Feb-25
	ED Length of Stay for Admitted Patients (90% Spent Less, in Hours)	hours	33.00	51.70	\diamond	Feb-25
	ED Length of Stay for Non-Admitted Complex Patients (90% Spent Less, in Hours)	hours	8.00	9.70	\diamond	Feb-25
	ED Wait Time for Inpatient Bed (90% Spent Less, in Hours)	hours	25.00	42.70	\diamond	Feb-25
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)	hours	4.00	7.50	\diamond	Feb-25
	Hip Fracture Surgery Within 48 Hours	%	83.10	93.47		Jan-25
	Hospital Standardized Mortality Ratio (HSMR)	Ratio	100.00	102.91		Jan-25
	In-Hospital Sepsis	per 1000 D/C	3.20	3.41		Jan-25
	Long Waiters Waiting For All Surgical Procedures	%	20.00	9.47		Mar-25
	Low-Risk Caesarean Sections	%	17.30	21.63		Feb-25
	Medication Reconciliation at Admit	%	95.00	97.00		Mar-25
	Medication Reconciliation at Discharge	%	95.00	96.00		Mar-25
	Obstetric Trauma (With Instrument)	%	14.40	20.02		Jan-25
	Patient Safety Event - Falls with Harm	per 1000 PD	0.00	0.09		Mar-25
	Patient Safety Event - Medication Events with Harm	per 1000 PD	0.00	0.02		Mar-25
	Revenue - Achieve budgeted PCOP growth (IRM)	\$	13,458,764.00	15,169,051.00		Feb-25
	Revenue - Achieve Quality Based Procedure Funding (IRM)	\$	22,806,828.00	27,259,810.66		Feb-25



Description

The total patient days over the benchmark LOS (conservable days) as a percentage of the total acute patient days for patients discharged from MEDA/MEDB. The benchmark LOS is determined by case mix group, age, and resource intensity level of a discharge.



Data Source

Discharge Abstract Database (DAD)

60



ALC Dashboard

ALC Rate

Description			Data Source	Description							Data	Source	
	is the ratio of the number of ewly added and redesignated		WTIS	The proportion level of care (acute care se care services.	ALC) servi rvices but	ce. ALC pa	atients ar	e those wh	o no long	er need	Data	harge Ak base (D/	
Target	Previous YE	YTD	Status (Last 3 periods)	Target	l	Previou	ıs YE	Y	TD	Sta	tus (Las	t 3 pe	riods)
1.0	0.8	0.8	\diamond	20.0)	25	.4	28	5.0			\diamond	
ALC Throughput	tTrend		Δ	LC Rate Tren	d								
1.0 110 0.7 ≈ 0.5	0.8 0.7 0.7	0.9 0.6	0.8	30 20 23.4	20.1	30.5	0.8	23.8		30.4	2	31.2	23_5
0.0 Apr 2023 Jul	l 2023 Oct 2023 Jan 2	024 Apr 2024 Jul 20 Period)24 Oct 2024 Jan 2025	0 Apr 2023 .	lul 2023	Oct 2023	3 Jan	2024 A _l Perio	or 2024 1	Jul 2024	Oct 2024	Jan	2025
Fiscal Year Apr	May Jun Jul Aug	Sep Oct Nov De	c Jan Feb Mar	Fiscal Year A	or May	Jun	Jul	Aug Sep	o Oct	Nov D	Dec Jan	Feb	Mar
2023/2024 1.0	0.7 1.0 0.9 0.8	0.9 0.7 1.0 0.8		2023/2024 23 2024/2025 27		23.3 23.4		20.130.921.226.7			9.327.31.224.8	34.7 23.5	23.8
2024/2025 0.9	0.6 0.7 0.8 0.8	0.7 0.7 0.8 0.8	3 0.8 0.8									61	



Target

Description

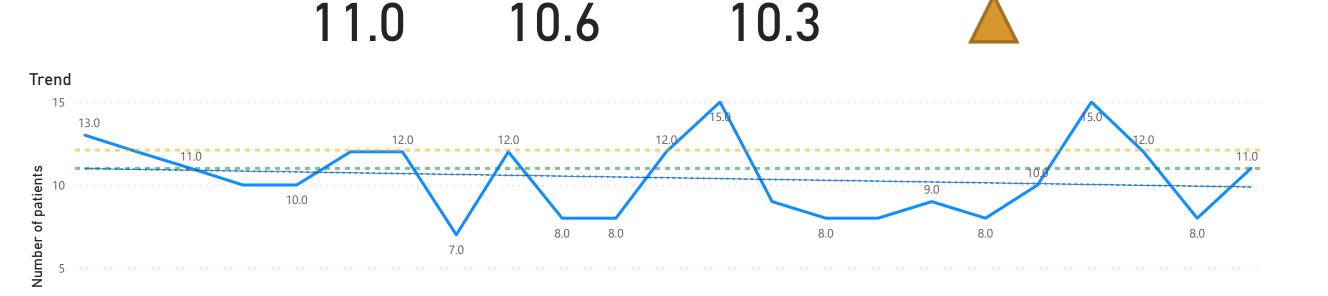
Number of patients who have four or more repeat unscheduled visits to the emergency department in the last 12 months for mental health or substance abuse condition

Previous YE

Data Source

National Ambulatory Care Reporting System (NACRS)

Status (Last 3 periods)



YTD

0 Apr 2023	Jul 2023			2023		Jan 2024	Period	Apr 2024		Jul 2024		Oct 2024	Jan 2025
Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2023/2024	13.0	12.0	11.0	10.0	10.0	12.0	12.0	7.0	12.0	8.0	8.0	12.0	
2024/2025	15.0	9.0	8.0	8.0	9.0	8.0	10.0	15.0	12.0	8.0	11.0		<u> </u>

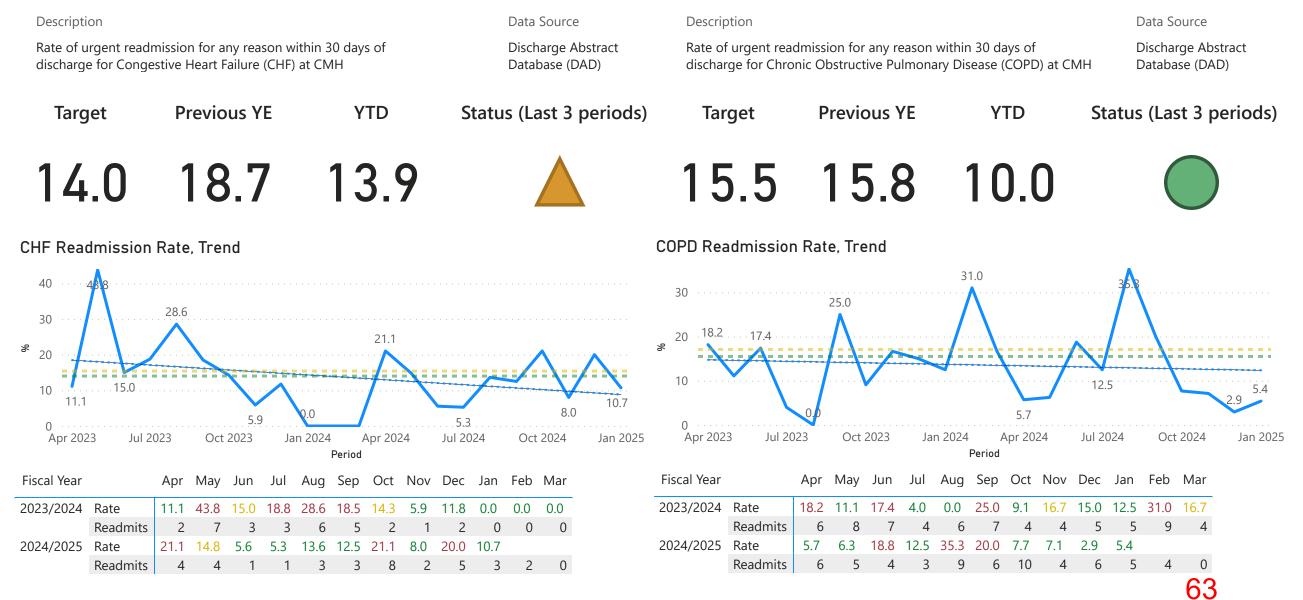
CAMBRIDGE Readmissions within 30 Days:

HOSPITAL Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD)

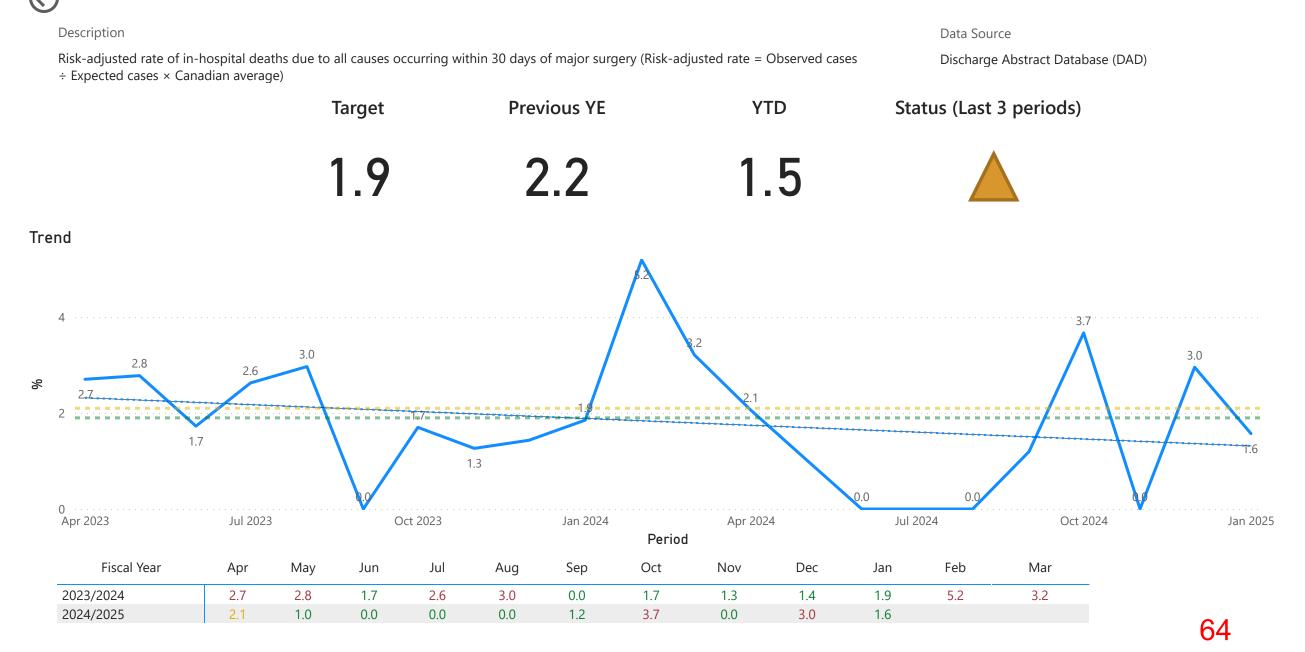
CHF Readmissions

 \bigcirc

COPD Readmissions



CAMBRIDGE 30 Day In-Hospital Mortality Following Major Surgery Rate



CAMBRIDGE 30 Day Overall Readmission Rate

Description

The rate of urgent readmissions within 30 days of discharge for episodes of care for the following patient groups: medical, obstetric, paediatric, and surgical. Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average

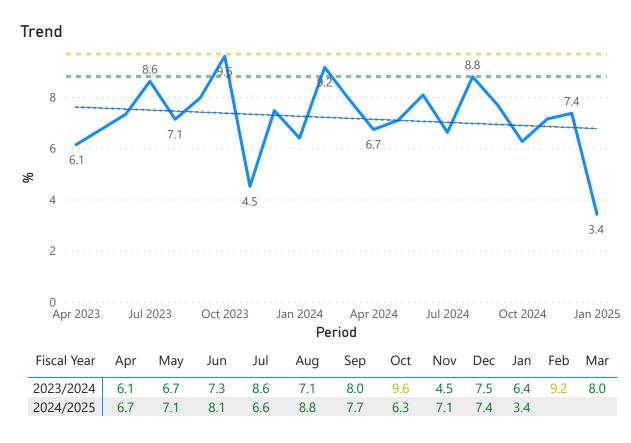


Target





Previous YE



Data Source

Discharge Abstract Database (DAD)

Status (Last 3 periods)



Readmissions by Patient Group

Readinissions, by Fatient of oup											
IndicatorName	Target	YTD	Status (Last 3 periods)								
30 Day Medical Readmission Rate	13.40	10.09									
30 Day Obstetric Readmission Rate	1.40	1.10									
30 Day Paediatric Readmission Rate	6.70	6.13									
30 Day Surgical Readmission Rate	5.90	5.38									

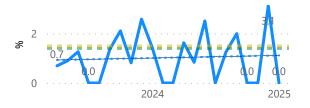
Medical Readmissions Trend

YTD

6.9



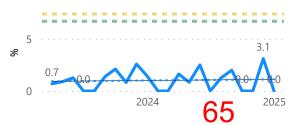
Obstetric Readmissions Trend



Surgical Readmissions Trend

Paediatric Readmissions Trend





CAMBRIDGE Ambulance Offload Time, minutes, 90th percentile

Description

The total time, in minutes, in which 9 out of 10 patients who arrived via ambulance waited for transfer of care process to be completed, calculated as the total time elapsed from ambulance arrival to completion of transfer of care process.

Data Source

National Ambulatory Care Reporting System (NACRS)

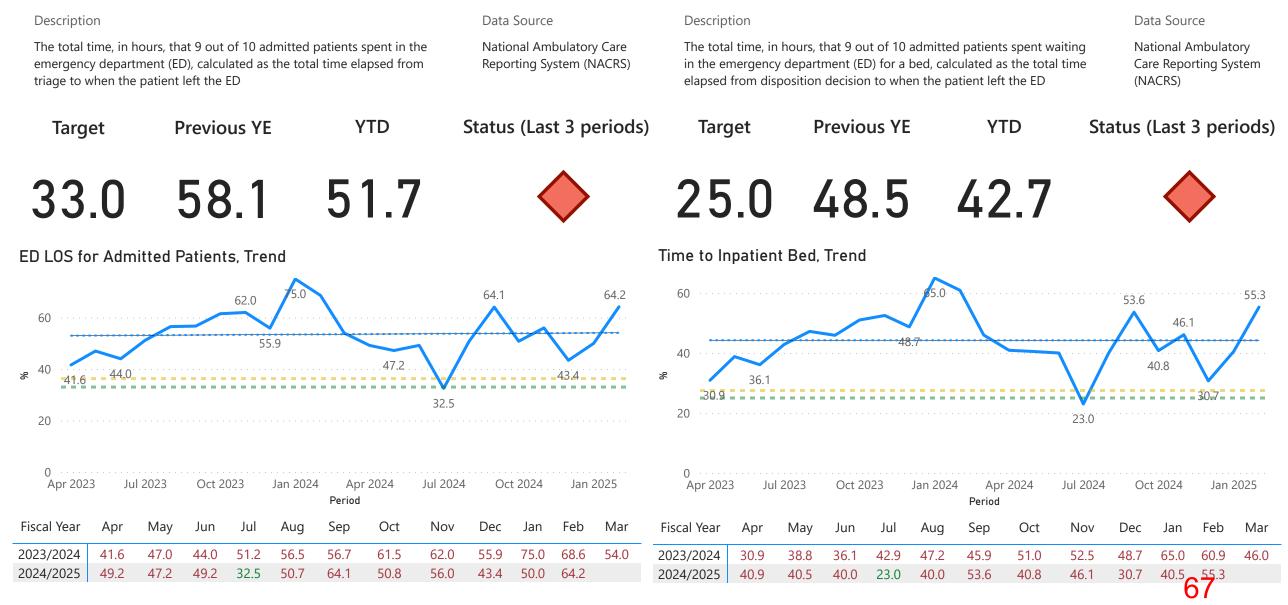


CAMBRIDGE ED LOS for Admitted Patients, hours, 90th percentile

Total ED LOS for Admitted Patients

 (\mathbf{x})

Time to Inpatient Bed



CAMBRIDGE ED LOS for Non-Admitted, Complex Patients, hours, 90th percentile

Description

Data Source

The total time, in hours, that 9 out of 10 high-urgency patients (CTAS 1-3) who were not admitted spent in the emergency department (ED), calculated as the total time elapsed from triage to when the patient left the ED

National Ambulatory Care Reporting System (NACRS)



0 Apr 2023	Jul 2023			2023		Jan 2024	Period	Apr 2024		Jul 2024		Oct 2024	Jan 2025
Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2023/2024	9.8	9.3	9.8	10.0	9.4	9.4	10.7	9.8	9.4	10.8	9.4	9.5	
2024/2025	9.3	9.3	9.5	9.8	10.4	9.8	9.9	9.5	9.9	9.5	9.5		•
													6

CAMBRIDGE Provider Initial Assessment Time, hours, 90th percentile

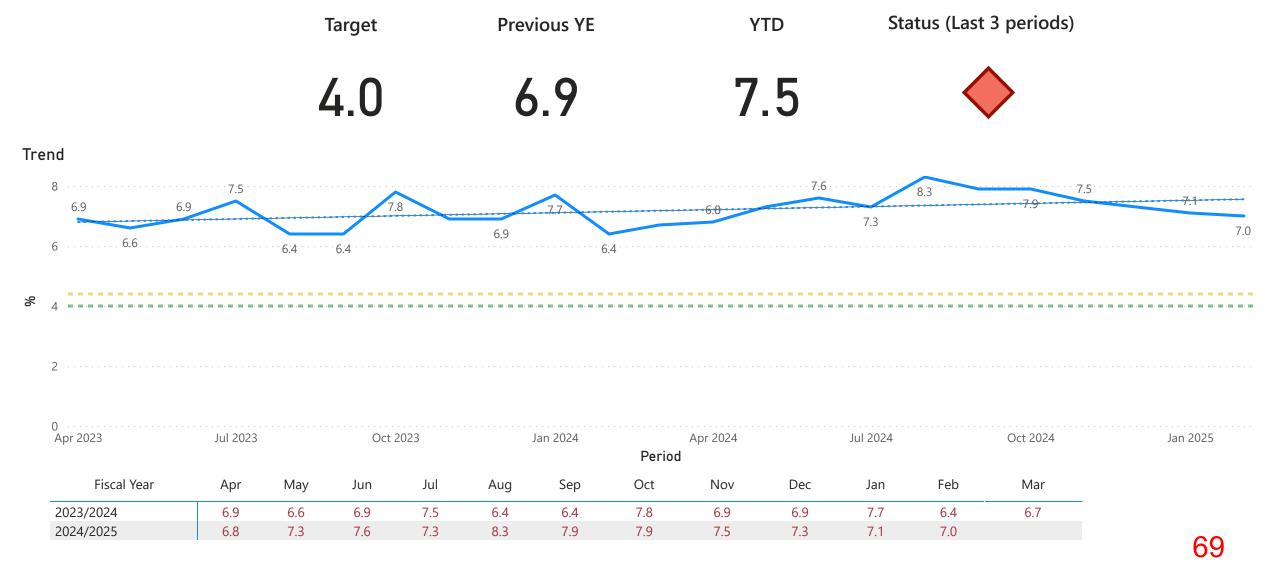
Description

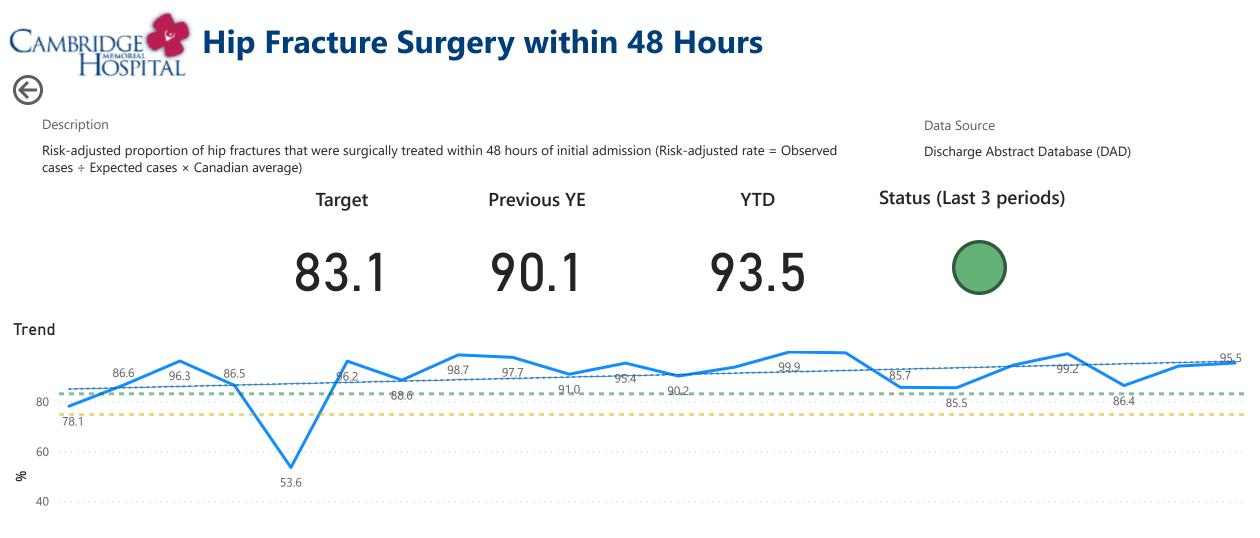
 (\rightarrow)

The total time, in hours, that 9 out of 10 patients spent waiting for their first assessment by a doctor or nurse practitioner in the emergency department (ED), calculated as the total time elapsed from triage to time of initial assessment

Data Source

National Ambulatory Care Reporting System (NACRS)

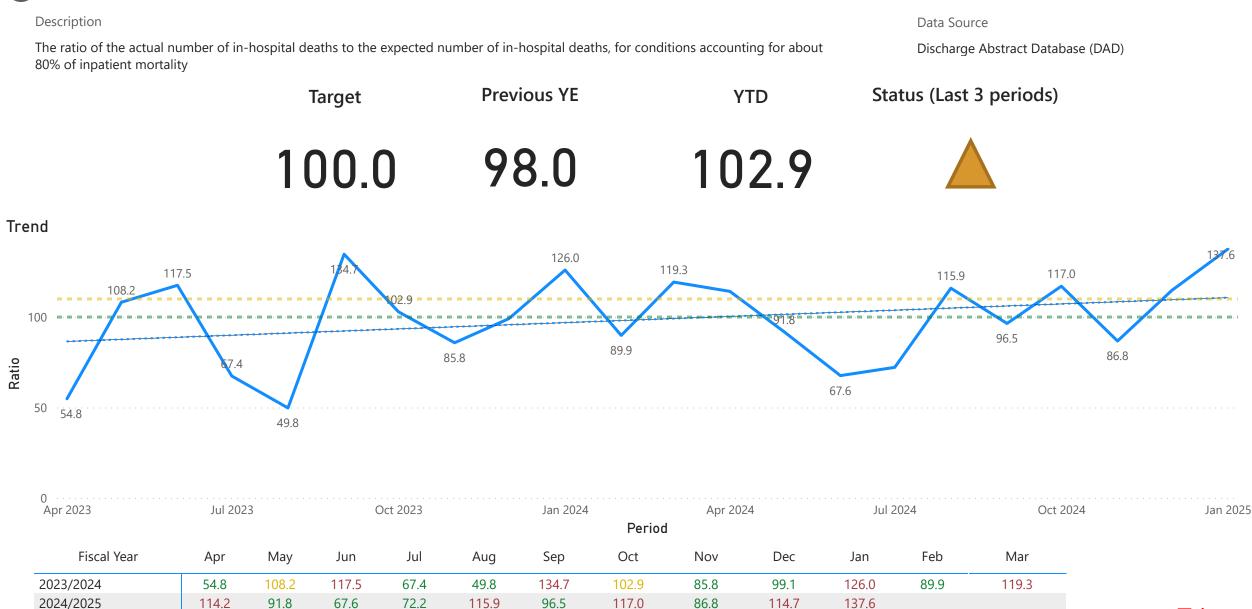




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Apr 2023	Jul 2023		Oct 2023			Jan 2024 Apr 2024					2024	Oct 2024	Ja
							Period						
Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2023/2024	78.1	86.6	96.3	86.5	53.6	96.2	88.6	98.7	97.7	91.0	95.4	90.2	
2024/2025	93.8	99.9	99.5	85.7	85.5	94.6	99.2	86.4	94.2	95.5			
													(0)

CAMBRIDGE HOSPITAL HOSPITAL HOSPITAL HOSPITAL





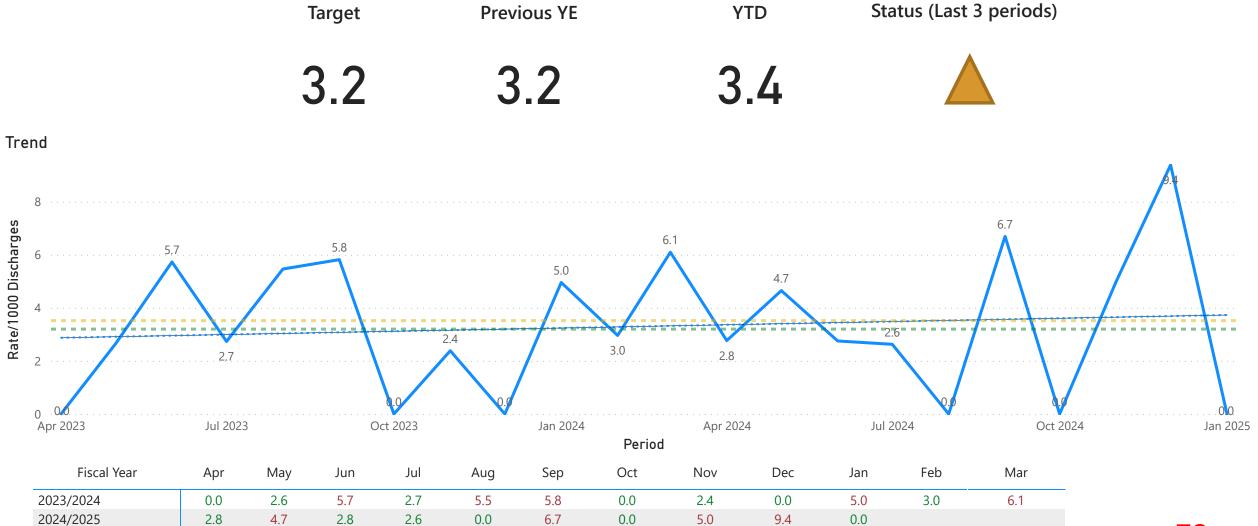
Description

Rate/1000 Discharges

Risk-adjusted rate of sepsis that is identified after admission, per 1,000 discharges (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average)

Data Source

Discharge Abstract Database (DAD)





Target

Description

This indicator measures the rate of deliveries via Caesarean section among singleton term cephalic pregnancies for low-risk nulliparous women in spontaneous labour

Previous YE

Data Source

Discharge Abstract Database (DAD)

Status (Last 3 periods)



YTD

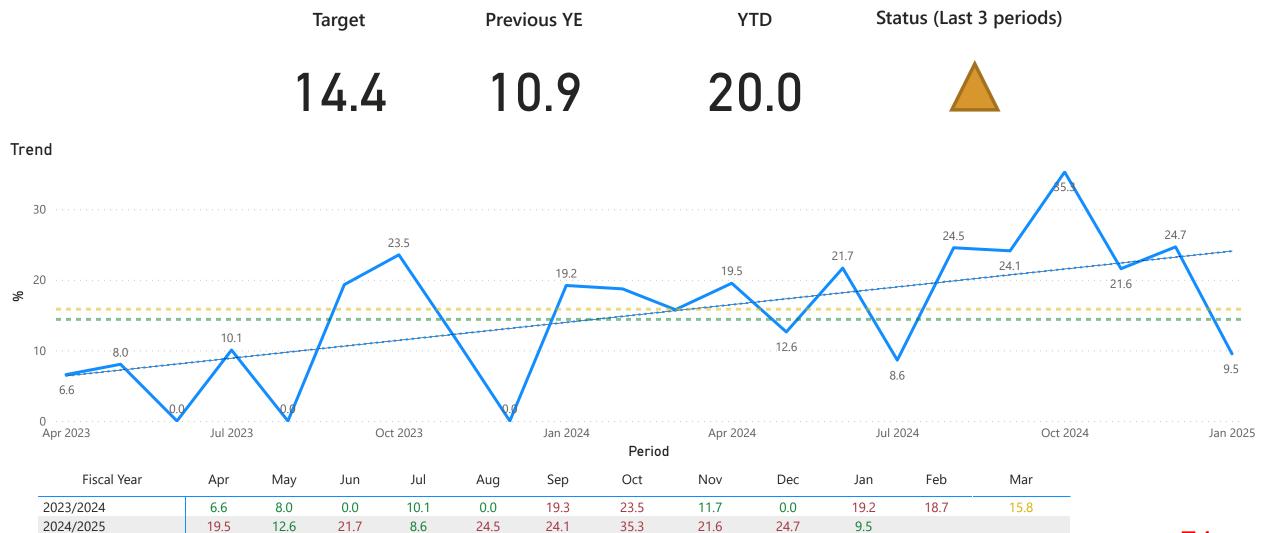


Description

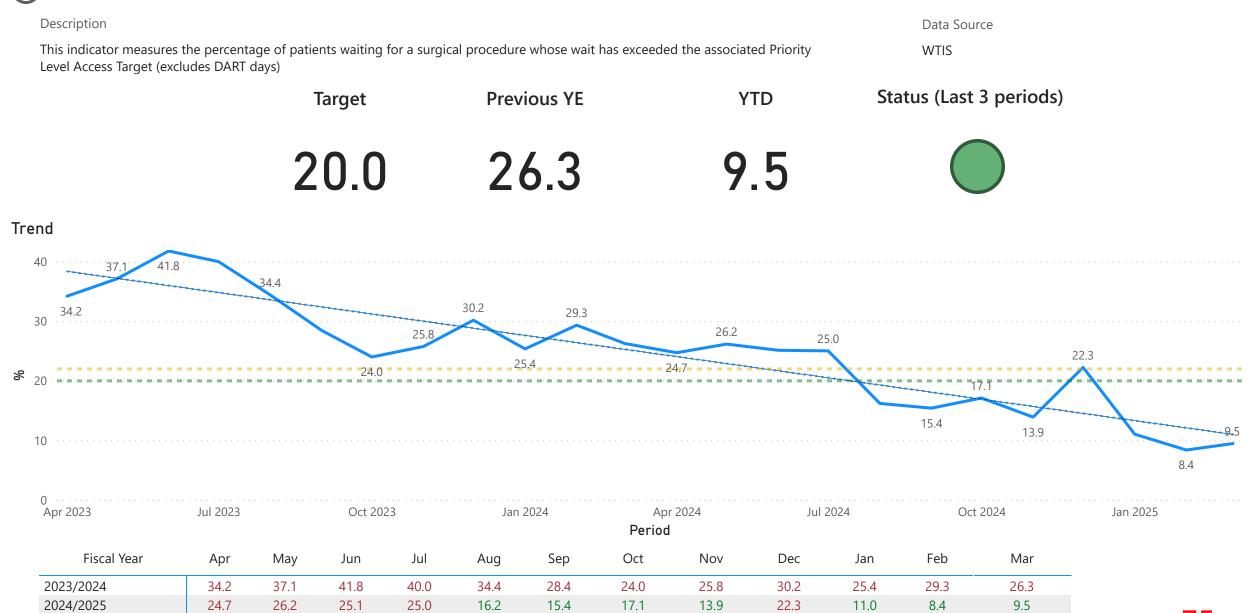
Risk-adjusted rate of obstetric trauma (lacerations that are third degree or greater in severity) for instrument-assisted vaginal deliveries (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average)

Data Source

Discharge Abstract Database (DAD)



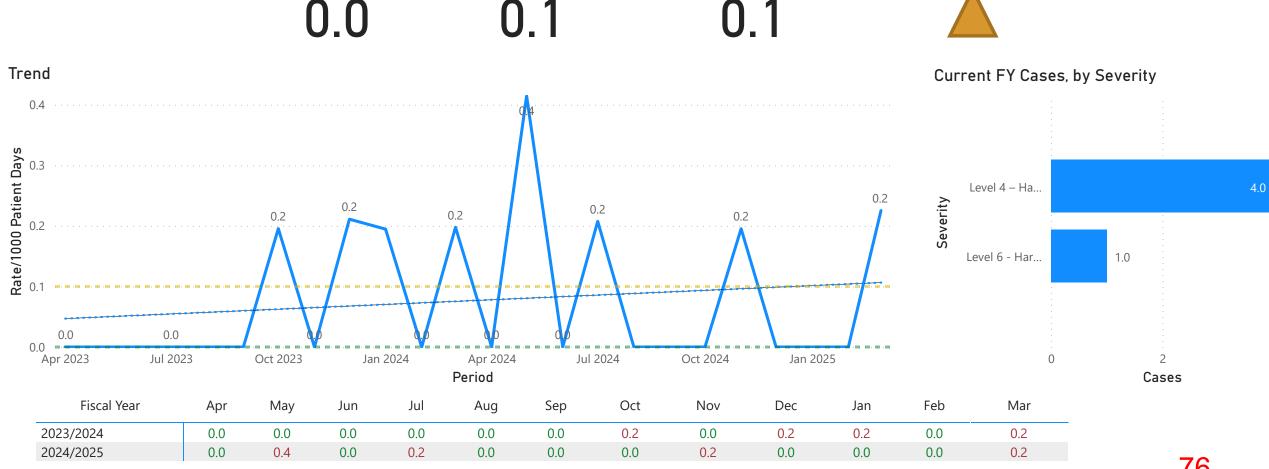
CAMBRIDGE Long Waiters Waiting for Surgical Procedures



CAMBRIDGE Patient Safety Event - Falls with Harm Rate HOSPITAL \bigcirc Description Data Source The number of falls with harm per 1,000 inpatient days. This includes events where after review, the severity is deemed to have incurred ReportLink, Meditech moderate or severe harm, or a critical incident involving death.

Previous YE

Target

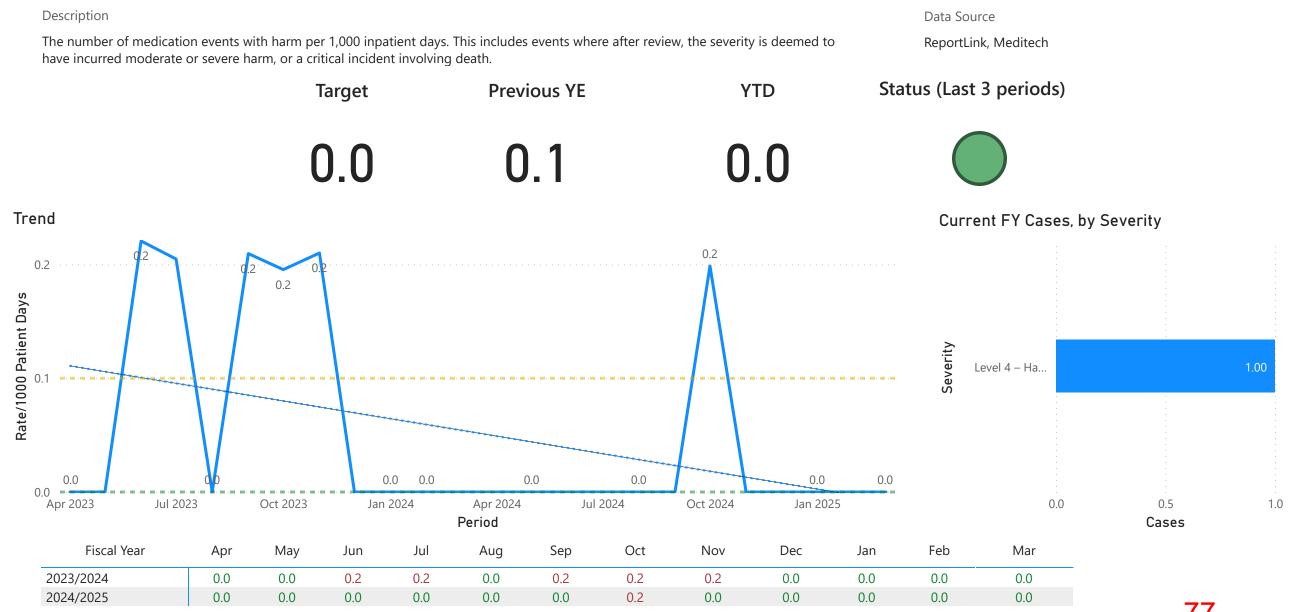


YTD

Status (Last 3 periods)

76

CAMBRIDGE Patient Safety Event - Medication Events with Harm Rate





Discharge

Description The total number of patients who were discharged who had a Best Possible Medication History (BPMH) completed divided by the total number of patients who were discharged home			Data Source Meditech Pharmacy Patient Profile Description The percentage of Yes responses to the question "Was the CM community pharmacy prescription completed? " for all inpaties locations participating in medication reconciliation at discharg				tient	t		
Target	Previous YE	YTD	Status (Last 3 periods)	Target	Previo	ous YE	YTI	D St	atus (Las	st 3 periods)
95	94	97		95	9	5	9	6		
Trend			-	Trend						
9 4.0 - 93.0	90.0	<u>.</u> 0 <u>93.0</u> <u>96.0</u>	90.0 91.0	96.0 94.0	97.0	94.0		97.0 93.0	95.0	97:0 93:0 94.0
60 ·····				60 40 20						
0 Apr 2023 Ju	ul 2023 Oct 2023 Jan 2	2024 Apr 2024 Jul 202 Period	4 Oct 2024 Jan 2025	0 Apr 2023 Jul 202	23 Oct 2023	Jan 2024	Apr 2024 Period	Jul 2024	Oct 2024	Jan 2025
	May Jun Jul Aug Se	- 		Fiscal Year Apr M		<u> </u>				
	93.0 94.0 94.0 94.0 90. 95.0 96.0 96.0 95.0 94.			2023/2024 94.0 96 2024/2025 96.0 96						78

CAMBRIDGE Post-Construction Operating Plan (PCOP) Revenue

YTD Target

Description

 \bigotimes

The revenue achieved through all PCOP service areas, including Acute Inpatient, ED, Day Surgery, Mental Health Day Hospital, Mental Health Inpatient, ECT, and Ambulatory Clinics (Mental Health, Paediatric, Fracture, Surgery)

Monthly Target

1.2M 13.5M 15.2M Trend 1.94M 2.0M 1.74M 1.71M 1.5M 1.36M 1.28M 1.21M 1.20M Dollars 1.02M 1.04M 26M 1.0M 1:11M 1.05M 0.88M 0.74M 0.72M 0.5M 0.48M 0.48M 0.0M Oct 2023 Jan 2024 Apr 2024 Jan 2025 Apr 2023 Jul 2023 Jul 2024 Oct 2024 Period Feb **Fiscal Year** Apr May Jun Jul Aug Sep Oct Nov Dec Jan Mar 2023/2024 868,333 1,197,393 1,206,082 476,064 1,018,286 1,039,991 479,434 1,277,651 1,210,179 736,381 1,709,051 1,332,977 2024/2025 1.051.697 1,737,596 722,779 1,358,633 882,895 1,363,416 2,141,704 1,106,891 1,941,391 1,606,752 1,255,297 79

YTD Total

Data Source

Discharge Abstract Database, National Ambulatory Care Reporting System, Meditech

Status (Last 3 periods)



The revenue achieved through all Quality Based Procedures, including Urgent QBPs & Non-Urgent Surgical QBPs (OH), Systemic Treatment (CCO), GI Endoscopy (CCO), and Cancer Surgery (CCO).

Monthly Target

22.8M 27.3M 2.1M Trend 2.7M 2.7M 2.6M 2.4M 2.4M 2.4M 2.2M 2.6M 2.1M 2.4M 2.3M 2.2M 2M 2.0M 2.0M Dollars 2.0M 1.9M 1.9M 1M 0M Jan 2024 Apr 2024 Apr 2023 Jul 2023 Oct 2023 Jul 2024 Oct 2024 Jan 2025 Period Fiscal Year May Jul Sep Feb Mar Apr Jun Aug Oct Nov Dec Jan 2023/2024 1,972,527 2,235,688 2,367,270 1,946,141 2,126,125 2,028,233 2,306,078 2,385,196 1,984,618 2,632,629 2,309,502 1,903,172 2024/2025 2,258,532 2,663,573 2,445,693 2,682,601 2,265,445 2,197,474 2,436,657 2.368.276 2,944,766 2,409,880 2,586,914

YTD Total

Data Source

Discharge Abstract Database, National Ambulatory Care Reporting System

Status (Last 3 periods)

YTD Target



 Patrick Gaskin

 President and CEO

 Phone:
 (519) 621-2333, Ext. 2301

 Fax:
 (519) 740-4953

 Email:
 pgaskin@cmh.org



MEMORANDUM

TO:	Board of Directors, Cambridge Memorial Hospital
DATE:	April 23, 2025
REPORTING PERIOD:	January 1, 2025 – March 31, 2025
FROM:	Patrick Gaskin President and CEO
RE:	CEO Certificate of Compliance

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

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

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

Exceptions: NIL

H NIA

Patrick Gaskin President and CEO



BRIEFING NOTE

April 23, 2025
Fighting Against Forced Labour and Child Labour in Supply
Chains Act
Audit Committee
☑ Approval ☐ Discussion ☐ Information ☐ Seeking Direction
Erin Rideout, Manager of Purchasing & Supply Chain
revor Clark, VP Finance & Corporate Services, CFO

Attachments/Related Documents:

- 1. CMH Report 2025
- 2. Statutory Questionnaire Response
- 3. Letter from Mohawk Medbuy Corporation
- 4. Board Attestation

Alignment with 2024/25 CMH Priorities:

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

Recommendation/Motion

Board

That, the Board of Directors approves CMH's Fighting Against Forced Labour and Child Labour in Supply Chains Act ("Act") questionnaire response and report and authorizes the filing of the submission and report with the Government of Canada and the posting of the material on the CMH website on or before May 31, 2025 upon recommendation of the Audit Committee at the meeting of April 28, 2025.

Audit Committee

Following review and discussion of the information provided, the Audit Committee of the Board recommends that the Board of Directors approves CMH's Fighting Against Forced Labour and Child Labour in Supply Chains Act ("Act") questionnaire response and report and that, upon approval by the Board of Directors, the submission and report be filed with the Government of Canada and posted on the CMH website on or before May 31, 2025. **CARRIED.**

Executive Summary

The Fighting Against Forced Labour and Child Labour in Supply Chains Act is a federal statute. CMH meets the definition of an entity defined in the Act and must comply by completing a questionnaire and submitting a Board-approved report on actions taken in the previous fiscal year to combat forced and child labour in its supply chains. CMH will complete a questionnaire (see attached) and submit a report (see attached) on the seven mandatory reporting requirements set out in the Act for the financial reporting year of April 1, 2024, to March 31, 2025. This report requires CEO and Board approval prior to submission and the report must be posted on CMH's public website.

Analysis

CMH is a member of Mohawk Medbuy Corporation (MMC), a shared service organization, which negotiates consumables, capital, and service contracts on behalf of CMH. Most procurement activities at CMH are awarded to vendors who participate in a competitive process and are qualified by, and managed through, initiatives run by MMC. Most goods procured by CMH in the last year have been purchased from the Canadian market and delivered by a network of local distribution sites. Due to the specific needs of the medical community, some items are unable to be sourced locally and are therefore procured from international sources in accordance with Ontario's Broader Public Sector Procurement Directive and related policies. MMC and CMH are not aware of any instances where forced labour or child labour exist within the hospital's supply chain.

CMH understands that fighting against forced labour and child labour requires a continuous review of its ever-evolving supply chain. Over the past reporting year, CMH has updated its standard procurement and contract templates to include language and questions in support of the Act to help prevent and reduce the risk of forced and child labour in supply chains. CMH has joined MMC's Environmental Social Governance (ESG) Committee and all CMH Supply Chain staff have completed MMC's ESG training video on this subject. CMH is committed to ongoing education and supply chain policy review while continuing to work collaboratively with MMC to reduce the risk of forced and child labour in the supply chain.

MMC has attested to issuing a supplier risk assessment survey in September 2024 (see attached letter from MMC to members, March 7, 2025), and is currently collecting data (including third-party assessment reports). They are also preparing to launch a "Supplier Code of Conduct" in fiscal 2025-26 to reinforce procurement standards and expectations of the vendor community. MMC and CMH have not been made aware of any instances where forced labour or child labour exist within its current supply chain. CMH is also committed to the obligations mandated by the government, including the Ontario Human Rights Code and Employment Standards Act, and is guided by corporate policies on Health & Safety, Human Rights Policy, Whistleblower Policy, Abuse – Child and Duty to Report, and Respectful Workplace Program. CMH does not currently have a dedicated policy on forced labour or child labour in direct relation to its supply chain.

Failure to comply to this Act or providing false or misleading statements are deemed an offence. The Act exposes directors, officers, agents, or mandataries of an entity to <u>personal</u> liability of up to \$250,000 if they are found to have participated in the failure to comply.

Consultation

This report has been reviewed by CMH in-house legal counsel. CMH has also worked closely with its regional hospital partners when reviewing the structure of reporting and information included in the report. CMH will be including the letter from MMC in its submission, which details work and steps they have taken so far on behalf of the hospital it facilitates contracts for. The work completed at CMH in this area over the past year continues to be in line with its peers.

Next Steps

Looking forward, CMH will continue to work with MMC via the ESG Committee and its regional partners. CMH will review educational opportunities and training for sourcing and supply chain roles.



700 Coronation Blvd. Cambridge, ON N1R 3G2 www.cmh.org



REPORT Fighting Against Forced Labour and Child Labour in Supply Chains Act (S.C. 2023, c. 9)

For the fiscal year ending March 31, 2025

Approved by the Board of Directors on May 7, 2025

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Executive Summary

Cambridge Memorial Hospital ("CMH") is committed to providing exceptional health care to the communities it serves, while striving to create healthier communities, together. CMH is a values-based organization committed to a process of continuous quality improvement. Through the values of Accountability and Respect, CMH is committed to public reporting of performance indicators to promote system-wide benefits and best practices. CMH's ethical standards are outlined in its Human Rights¹ and Respectful Workplace Program² policies. CMH employs just over 1,700 physicians, midwives and staff, and is required to comply with several statutes, including the Ontario Human Rights Code³ and Employment Standards Act, 2000⁴.

CMH acknowledges and is committed to complying with the Fighting Against Forced Labour and Child Labour in Supply Chains Act ("Act"). CMH views the Act as a necessary step forward to combat forced and child labour, and to facilitate and track the work as the years progress. This annual report is CMH's second report under this legislation and is prepared in compliance with Section 11 of the Act for the financial reporting year of April 1, 2024 to March 31, 2025. It outlines CMH's work completed in relation to this legislation.

CMH recognizes the continuous work required to help prevent forced and child labour in supply chains. Through annual reporting, CMH commits to ongoing updates to develop adequate policies and provide training programs for staff who will work to ensure CMH's supply chain is free of forced or child labour.

CMH's annual report will be available to the public online for viewing and download at: www.cmh.org

Section 11 Response

During the 2024-2025 fiscal year, CMH continued to leverage most of its contracts through Mohawk Medbuy Corporation (MMC) for consumables, services and capital equipment. MMC provided Environmental, Social and Governance (ESG) training to all relevant employees. MMC also issued a supplier risk assessment in September 2024 to its top 200 vendors. MMC continued to collect this data along with any third-party risk assessment reports. CMH updated its procurement templates and questionnaires to include modern slavery language. CMH also updated its standard contract language to include modern slavery language. CMH is not currently aware of any instances of forced or child labour being used in the minority of contracts that are sourced outside of MMC. Moreover, MMC and CMH have not been made aware of any instances where forced labour or child labour exist in current supply chains. Should any issues be identified, CMH will investigate accordingly. CMH joined MMC's ESG Committee and will continue to work with MMC as their process develops to ensure the response from the healthcare industry remains cohesive.

Section 1: Structure, Activities and Supply Chains

CMH is an acute care hospital corporation based in Cambridge, Ontario and is governed by a Board of Directors. With an employee count of 1,720 physicians and employees, CMH services the growing and diverse populations of Cambridge, North Dumfries and the Region of Waterloo, and is a teaching hospital affiliated with McMaster University. CMH operates from its Cambridge, Ontario location and does not have any additional sites. A separately incorporated corporation not controlled by the hospital operates a gift shop on the hospital's premises and at times provides donations to the hospital through its proceeds. CMH also leases spaces to third-party entities for the provision of food services and clinical services. CMH sells medical supplies to patients for a fee where they are not otherwise funded by the provincial health insurance plan ("OHIP"). Examples include but are not limited to orthopedic supplies such as casts and braces and premium cataract lenses.

CMH is a member of a shared service organization, MMC, which negotiates capital, consumable and service contracts on behalf of CMH. Most procurement activities at CMH are awarded to vendors who participate in a competitive process and are qualified by, and managed through, the initiatives run by MMC. CMH also utilizes other shared service organizations including Health Pro Canada, Ontario Education Collaborative Marketplace, Ministry of Ontario – Vendor of Records Arrangements and Kinetic GPO. Most of the goods procured by CMH in the last year have been procured from the Canadian market and delivered by a network of local distribution sites. Due to the specific needs of the

medical community, some items are unable to be sourced locally and are therefore procured from international sources in accordance with Ontario's Broader Public Sector Procurement Directive and related policies.

MMC and CMH are not aware of any instances where forced labour or child labour exist within our supply chain. CMH is committed to monitoring this matter and will make reports if applicable.

Section 2: Policies and Due Diligence Processes

CMH belongs to MMC who facilitate most of the contracts it leverages. MMC attested to issuing a supplier risk assessment survey in September of 2024 to its top 200 vendors as well as requesting third-party risk assessment reports (see letter from MMC to members, March 7, 2025)⁵. CMH updated its standard contract language and competitive procurement templates as well as questionnaires, to include language that supports the reduction of forced and child labour. MMC and CMH have not been made aware of any instances where forced labour or child labour exist within the current supply chain. CMH is committed to its obligations mandated by the government, such as Ontario Human Rights Code³ and Employment standards Act⁴ and is guided by its corporate policies on Health & Safety, Human Rights Policy, Whistleblower Policy, Abuse – Child and Duty to Report, and Respectful Workplace Program. CMH does not currently have a specific policy on forced labour or child labour in direct relation to the supply chain but is committed to reviewing its policies and practices.

Section 3: Forced Labour and Child Labour Risks

CMH acknowledges that procurement and supply chains can carry risk of forced labour or child labour in a direct or indirect way. CMH has not directly begun work to identify parts of its supply chain or activities that carry a risk of forced labour or child labour outside of the work completed by MMC. CMH joined MMC's ESG Committee to ensure it is up to date with best practices on modern slavery. As mentioned previously in the report, CMH leverages contracts set up through MMC, which has confirmed its due diligence and compliance with the Act⁵. MMC sent out a supplier risk assessment in September of 2024 and is currently conducting a review with the vendor community to identify what risks could potentially be in the supply chain. CMH updated its procurement templates, questionnaires and contract templates to obtain a commitment to combat modern slavery from the vendor community with any new contract signed. CMH and MMC have not currently been made aware of any instances where forced labour or child labour exists in the supply chain.

4

Section 4: Remediation Measures

CMH is committed to meeting its standard obligations set forth by the provincial and federal governments. CMH and MMC have not been made aware of any instances of forced or child labour within the supply chain. Accordingly, CMH has not taken any direct measures of remediation work aimed to counteract or address any human rights harms that may have occurred within the supply chain.

Section 5: Remediation of Loss of Income

CMH and MMC have not been made aware of any instances of forced or child labour within the supply chain. Accordingly, CMH has not taken any measures to combat or eliminate forced labour or child labour, nor has it taken measures to remediate loss of income.

Section 6: Training

To date, all CMH supply chain staff have watched MMC's ESG training video on modern slavery. CMH joined MMC's ESG Committee and is committed to keeping up with best practices on this subject.

Section 7: Assessing Effectiveness

CMH understands that fighting against forced labour and child labour requires a continuous review of the ever-evolving supply chain. CMH is committed to ongoing reviews, when required, regarding its supply chain policies and to working collaboratively with MMC to reduce the risk of the use of forced labour and child labour in the supply chain. CMH is awaiting the completion of MMC's vendor survey and third-party assessment to review what is applicable to CMH's own supply chain. CMH joined MMC's dedicated ESG Committee to remain up to date on any current progress being made in the healthcare sector.

Attestation

Reporting Entity's Legal Name: Cambridge Memorial Hospital

Reporting Year: April 1, 2024 to March 31, 2025

In accordance with the requirements of the Act, and in particular Section 11 thereof, we attest that we have reviewed the information contained in the report for the entity listed above. Based on our knowledge, and having exercised reasonable diligence, we attest that the information in the report is true, accurate and complete in all material respects for the purposes of the Act, for the reporting year listed above.

We further attest that the Board of Directors of Cambridge Memorial Hospital has reviewed and approved this report.

We have the authority to bind Cambridge Memorial Hospital

Date: May 7, 2025

Signed Lynn Woeller

Director and Chair of the Board of Directors

Signed Patrick Gaskin

President & CEO, Cambridge Memorial Hospital and Secretary, Board of Directors

References

- 1. Human Rights Policy available upon request
- 2. Respectful Workplace Program available upon request
- 3. Ontario Human Rights Code, Ontario Human Rights Commission,

The Ontario Human Rights Code | Ontario Human Rights Commission (ohrc.on.ca)

4. Employment Standards Act, 2000 (ESA), Government of Ontario, Employment Standards Act, 2000, S.O. 2000, c. 41,

Employment Standards Act, 2000, S.O. 2000, c. 41 (ontario.ca)

5. MMC Reporting for the Fighting Against Forced Labour and Child Labour in Supply Chains Act letter – dated March 7, 2025

End of Report

CMH Proposed Submission for Government's Online Questionnaire May 8, 2025

Entities and government institutions must ensure that the information provided in the questionnaire is consistent with the information provided in their report(s). Entities and government institutions will be asked to confirm that they have read and understand the information in the data management disclaimer and privacy notice statement included at the beginning of the questionnaire. Entities and government institutions will also be asked to provide the name, title and email address of the person authorized to fill out the questionnaire. Public Safety Canada may use the contact information provided should it require additional details regarding the submission. The questionnaire may be used as a resource for the report. The questions found within the questionnaire can be viewed at any time without launching the questionnaire. Entities and government institutions may easily refer to the information as they prepare their report:

Questions marked with an asterisk (*) are mandatory.

- 1. *This report is for which of the following? (Required)
 - Entity
- 2. *Legal name of reporting entity or government institution (Required)
 - Cambridge Memorial Hospital (CMH)
- 3. *Financial reporting year (Required)
 - April 1, 2024, to March 31, 2025
- 4. *Is this a revised version of a report already submitted this reporting year? (Required)
 - No
- 5. For entities only: Business number(s) (if applicable):
 - 118826270
- 6. For entities only: *Is this a joint report? (Required)
 - No

7. For entities only: *Is the entity also subject to reporting requirements under supply chain legislation in another jurisdiction? (Required)

• *No*

7.1 *If yes, indicate the applicable law(s). Select all that apply. (Required) Other, please specify:

• Reporting obligations under provincial boarder public sector procurement legislation and related directives.

8. For entities only: *Which of the following categorizations applies to the entity? Select all that apply. (Required)

- Canadian business presence (select all that apply):
 - Has a place of business in Canada
 - Does business in Canada

- Has assets in Canada
- Meets size-related thresholds (select all that apply):
 - Has at least \$20 million in assets for at least one of its two most recent financial years
 - Has generated at least \$40 million in revenue for at least one of its two most recent financial years
 - Employs an average of at least 250 employees for at least one of its two most recent financial years

9. For entities only: *Which of the following sectors or industries does the entity operate in? Select all that apply. (Required)

• Health care and social assistance

10. For entities only: *In which country is the entity headquartered or principally located? (Required)

• Canada

10.1 If in Canada: *In which province or territory is the entity headquartered or principally located? (Required)

Ontario

Annual Report

Reporting for entities

1. *What steps has the entity taken in the previous financial year to prevent and reduce the risk that forced labour or child labour is used at any step of the production of goods in Canada or elsewhere by the entity or of goods imported into Canada by the entity? Select all that apply. (Required)

Other, please specify:

- CMH has updated its procurement templates to include language and questions that support the reduction of modern slavery.
- CMH has updated contract templates to include language that combats forced and child labour.
- CMH works primarily with Mohawk Medbuy Corporation (MMC), a shared services organization who has issued a supplier risk assessment to the top 200 vendors, as well as collected third-party risk assessment reports.
- CMH supply chain staff have all completed MMC's Environmental Social Governance (ESG) training.

2. Please provide additional information describing the steps taken (if applicable) (1,500 character limit).

• CMH has updated the procurement templates used in all public procurements to include updated language to combat modern slavery. CMH has updated the vendor questionnaires to include language and questions that help identify and combat risks of modern slavery in CMH's supply chain. CMH has also updated the standard contract templates to include updated language that helps support

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the reduction in child and forced labour. All CMH supply chain staff have completed MMC's ESG training and are educated on the Fighting Against Forced Labour and Child Labour in Supply Chains Act. CMH continues to belong to the Shared Service Organization called Mohawk Medbuy Corporation ("MMC") and has joined its ESG Committee which continues this work on our behalf as CMH leverages most of its contracts through this organization. MMC has issued a supplier risk assessment to the top 200 vendors to collect data, including thirdparty risk assessment reports. CMH is in active contact with other Hospitals, the Ontario Hospital Association ("OHA") and other Shared Service Organizations (mainly MMC) to ensure we are aware of any new education or training opportunities and staying up to date with any market changes.

- 3. *Which of the following accurately describes the entity's structure? (Required)
 - Corporation

4. *Which of the following accurately describes the entity's activities? Select all that apply. (Required)

- Selling goods
 - in Canada
 - o outside Canada
- Importing into Canada goods produced outside Canada

5. Please provide additional information on the entity's structure, activities and supply chains (1,500 character limit).

 Cambridge Memorial Hospital is an acute care hospital corporation based in Cambridge, Ontario and is governed by a Board of Directors. With an employee count of 1,720 physician & employees, CMH services the growing and diverse populations of Cambridge, North Dumfries and the Region of Waterloo and is a teaching hospital affiliated with McMaster University. CMH operates from its Cambridge, Ontario location and does not have any additional sites. A separately incorporated not-for-profit corporation not controlled by the hospital, operates a gift shop on the hospital's premises and at times provides donations to the hospital through its proceeds. CMH also leases space to third-party entities for the provision of food services or clinical services. CMH sells medical supplies to patients for a fee where they are not otherwise funded by the provincial health insurance plan ("OHIP"). Examples include but are not limited to orthopedic supplies such as casts, braces, premium cataract lenses. CMH is a member of a Shared Service Organization, MMC, which negotiates capital, consumable and service contracts on behalf of CMH. Most procurement activities at CMH are awarded to vendors who participate in a competitive process and are qualified by, and managed through, the initiatives run by MMC. CMH also utilizes other Shared Service Organizations such as Health Pro Canada, Ontario Education Collaborative Marketplace, Government of Ontario – Vendor of Records Arrangements and Kinetic GPO. Most goods procured by CMH in the last year have been procured from the Canadian market and delivered by a network of

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local distribution sites. Due to the specific needs of the medical community, some items are unable to be sourced locally and are therefore procured from international sources in accordance with Ontario's Broader Public Sector Procurement Directive and related policies. MMC and CMH are not aware of any instances where forced labour or child labour exist within the supply chain. CMH is committed to monitoring this matter and will make reports if applicable.

6. *Does the entity currently have policies and due diligence processes in place related to forced labour and/or child labour? (Required)

• No

7. Please provide additional information on the entity's policies and due diligence processes in relation to forced labour and child labour (if applicable) (1,500 character limit).

 CMH belongs to MMC which facilitates most of the contracts CMH leverages. MMC issued a supplier risk assessment survey in September to the top 200 vendors as well as third-party risk assessment reports. MMC and CMH have not been made aware of any instances where forced labour or child labour exist within the current supply chain. CMH is committed to meeting its obligations under The Ontario Human Rights Code, and has corporate policies on Health & Safety, Human Rights Policy, Whistleblower Policy, Abuse – Child and Duty to Report, and Respectful Workplace Program. CMH does not have a specific policy on forced labour or child labour in direct relation to our supply chain but is committed to reviewing its policies and practices where required.

8. *Has the entity identified parts of its activities and supply chains that carry a risk of forced labour or child labour being used? (Required)

• We have not identified any risks.

9. *Has the entity identified forced labour or child labour risks in its activities and supply chains related to any of the following sectors and industries? Select all that apply. (Required)

• None of the above

10. Please provide additional information on the parts of the entity's activities and supply chains that carry a risk of forced labour or child labour being used, as well as the steps that the entity has taken to assess and manage that risk (if applicable) (1,500 character limit).

• CMH and MMC have not been made aware of any instances where forced labour or child labour exist within its supply chain. MMC issued a supplier risk assessment in September to the top 200 vendors as well as reviewed third-party risk assessment reports. CMH belongs to MMC's ESG Committee and is committed to continuing a review of CMH's & MMC's internal policies and practices.

Page 4 of 6

11. *Has the entity taken any measures to remediate any forced labour or child labour in its activities and supply chains? (Required)

• Not applicable, we have not identified any forced labour or child labour in our activities and supply chains.

12. Please provide additional information on any measures the entity has taken to remediate any forced labour or child labour (if applicable) (1,500 character limit).

• MMC and CMH have not been made aware of any instances where forced labour or child labour exist within the supply chain. CMH has not had to take any measures to remediate forced labour or child labour to date.

13. *Has the entity taken any measures to remediate the loss of income to the most vulnerable families that results from any measure taken to eliminate the use of forced labour or child labour in its activities and supply chains? (Required)

• Not applicable, CMH has not identified any loss of income to vulnerable families resulting from measures taken to eliminate the use of forced labour or child labour in its activities and supply chains.

14. Please provide additional information on any measures the entity has taken to remediate the loss of income to the most vulnerable families that results from any measure taken to eliminate the use of forced labour or child labour in its activities and supply chains (if applicable) (1,500 character limit).

• CMH has not taken any measures of remediation work aimed to counteract or address any human rights harms that may have occurred.

15. *Does the entity currently provide training to employees on forced labour and/or child labour? (Required)

• Yes – to supply chain staff only.

16. Please provide additional information on the training the entity provides to employees on forced labour and child labour (if applicable). (1,500 character limit).

• All supply chain staff at CMH have taken MMC's training video on the topic and currently are members of MMC's ESG Committee.

17. *Does the entity currently have policies and procedures in place to assess its effectiveness in ensuring that forced labour and child labour are not being used in its activities and supply chains? (Required)

• *No*

18. Please provide additional information on how the entity assesses its effectiveness in ensuring that forced labour and child labour are not being used in its activities and supply chains (if applicable). (1,500 character limit).

• CMH is an active member of MMC's ESG Committee to ensure the organization is at the forefront of any major changes that may occur during the active review of the healthcare supply chain. Once the vendor risk assessment is complete by

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MMC, CMH will review the list to confirm if further action is required based on the items procured from any vendor identified as a risk.

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March 7, 2025

Reporting for the Fighting Against Forced Labour and Child Labour in Supply Chains Act

Dear Member,

We provide this letter in connection with Bill S-211, the Fighting Against Forced Labour and Child Labour in Supply Chains Act ("the Act", "Bill S-211", "the Bill").

In providing this letter, we have exercised care and diligence that would reasonably be expected of a Chief Operating Officer, and Chief Marketing Officer and Senior Vice President, Strategy, in these circumstances.

The following steps have been undertaken by Mohawk Medbuy during the **current fiscal year** and may be included for completeness in legislative reporting completed by the Hospital for compliance with Bill S-211.

- Mohawk Medbuy has provided Environmental, Social and Governance (ESG) training (including that specific to Bill S-211) to all relevant employees (including all Sourcing staff). This training highlights obligations, Request for Proposal (RFP), and contract language relevant to Bill S-211 and guides the employees to not allow removal of that language through any negotiations.
- Mohawk Medbuy issued a "Supplier Risk Assessment" in September 2024 to our top 200 suppliers, and Mohawk Medbuy continued to collect this data, including any EcoVadis or similar 3rd party risk assessment reports.
- Mohawk Medbuy's ESG Team has been making preparations to launch a "Supplier Code of Conduct" in FY25 which will further reinforce Mohawk Medbuy's standards and expectations of suppliers (including the elimination of forced labour and child labour).

The following steps were undertaken by Mohawk Medbuy during the previous fiscal year.

- Mohawk Medbuy has modified standard contract language to include the following in Representation and Warranties:
 - The goods and any services provided by the Supplier under this agreement are not the result of, and in no way involve, forced labour or child labour (as such terms are defined in Canada's Fighting against Forced Labour and Child Labour in Supply Chain's Act).
- Mohawk Medbuy has modified competitive procurement templates (e.g. RFP), to include the following language that suppliers/vendors bidding for Hospital business must attest to:
 - Warrants that the goods and services that the Proponent is proposing to provide to the Purchaser are not the result of, and in no way involve, forced labour or child labour (as such terms are defined in Canada's Fighting Against Forced Labour and Child Labour in Supply Chains Act).



Other relevant information includes the following:

- Mohawk Medbuy has not been made aware of any instances where forced labour or child labour exists in current supply chains, but should such instances come to light, Mohawk Medbuy will inform your Chief Financial Officer.
- Mohawk Medbuy formalized an emphasis on sustainability and ESG elements, through the creation of a focused ESG team. This team is responsible for program development, to ensure our organization's ongoing sustainability, as well as supporting our Members as an enabler of a cohesive sustainable health care supply chain built on a high degree of standards.

Sincerely,

MOHAWK MEDBUY

Janice Mundell

Janice Mundell Chief Marketing Officer and Senior Vice President, Strategy

Peter Longo

Peter Longo Chief Operating Officer



700 Coronation Blvd. Cambridge, ON N1R 3G2 www.cmh.org

Prepared in accordance with the requirements of the "Fighting Against Forced Labour and Child Labour in Supply Chains Act", (the "Act") and in particular section 11

To: From:

Date: Reporting Period: The Board of Cambridge Memorial Hospital, (the "Board") Patrick Gaskin, President & Chief Executive Officer Cambridge Memorial Hospital May 7, 2025 April 1, 2024 to March 31, 2025

On behalf of Cambridge Memorial Hospital, in accordance with the requirements of the Act, and in particular section 11 thereof, I attest that I have reviewed the information contained in the report for the entity listed above. Based on my knowledge, and having exercised reasonable diligence, I attest that the information in the report is true, accurate and complete in all material respects of the purposes of the Act, for the reporting year listed above.

Patrick Gaskin President & CEO Cambridge Memorial Hospital Date: May 7, 2025

[Signature] I have the authority to bind Cambridge Memorial Hospital

I certify that this attestation has been approved by the Board of Cambridge Memorial Hospital on Date: May 7, 2025

[Signature] I have the authority to bind Cambridge Memorial Hospital

Lynn Woeller Chair of the Board Cambridge Memorial Hospital



CMH President & CEO Report May 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.

Joining Elder Myeengun Henry on the Nish Vibes Podcast

- I had the honour and pleasure of joining Elder Myeengun Henry on the University of Waterloo Faculty of Health's Nish Vibes Podcast.
- During the one-hour podcast, our conversation centred on our organization's ongoing efforts to foster inclusivity and provide equitable healthcare for Indigenous Peoples in hospitals.
- To access the podcast, please visit: <u>https://youtu.be/Aa0c0ip9aYI</u>

Medical Day Clinic (MDC) passes audit with flying colours

- This past December, OH-CCO (Ontario Health-Cancer Care Ontario) audited community cancer treatment sites across Ontario to identify improvement opportunities for the administration of systemic treatments. Systemic treatment is the delivery of medicine either intravenously (IV), by pill, or by injection that spreads throughout the whole body to treat cancer.
- The Systemic Treatment Delivery Quality and Safety Assessment was done by the WRHN Regional Cancer Centre (formerly, Grand River Hospital). "Like every other community hospital in Ontario, we welcomed a team of pharmacists, nurses, educators, and administrators to assess our practices with the safe handling, preparation and administration of various treatments that are offered at CMH. The review also looked at staff education, training practices, policies, and patient education. It was quite comprehensive," says Sandra Bakewell, Manager Medical Day Clinic and Ambulatory Care.
- "Nothing was overlooked Ultimately, it was a "deep dive" into the nuts and bolts of MDC and see if our team of nurses, physicians, pharmacists, and pharmacy techs met the high standards of care for safe, patient-centred cancer treatment," Bakewell explained.
- The results were delivered in March 2025 and CMH met all 32 criteria.
- Many thanks to the entire MDC team for this amazing achievement. It is a testament to their commitment to patient safety and excellence in care.

Prevention key to reducing spread of Gastroenteritis

• At the time of this report, a gastroenteritis outbreak is nearing its end on the B2 Medicine Unit, South section. As such, it is an important reminder for us all to

keep IPAC measure top of mind to minimize the risk of spreading the disease and getting sick.

- Gastroenteritis, often referred to as "stomach flu," is an inflammation of the stomach and intestines caused by viruses, bacteria, or parasites. It is highly contagious and can spread quickly in hospital environments. The incubation period is quite short. Common symptoms include nausea, vomiting, diarrhea, abdominal cramps, and fever – all of which can occur in as little as 12-48 hours after contact with an infectious source.
- The virus can be transmitted through contaminated surfaces or direct person-toperson contact, making it essential to make personal protective equipment (PPE) and hand hygiene a priority.
- Using the appropriate Droplet/Contact PPE (gloves, masks, eye protection, and gown) helps to protect both you and others from exposure to potentially infectious bodily fluids or contaminated environments.
- By consistently using PPE and adhering to proper hand hygiene methods, we can significantly reduce the risk of transmission and keep our workplace safe for staff and patients.

April is BeADonor month

- The success of organ and tissue donation in Ontario relies on the hard work and dedication of hospitals, like CMH.
- Our commitment is to work closely with the Trillium Gift of Life Network (TGLN) to ensure families have the opportunity to honour the wishes of their loved ones and save and enhance lives through organ and tissue donation.
- This was demonstrated by receiving the Ontario Health (Trillium Gift of Life Network (TGLN) Hospital Achievement Award for two consecutive years. In 2024, TGLN sent a heartfelt note of appreciation with an official letter that lauded his invaluable support in an organ donation care, saying his and the team's impressive work saved four lives with five organs transplanted.
- Everyone can help save a life by registering, updating, and checking their organ donation status.

CMH introduces new Library Service partnership

- In April we had the pleasure to announce that CMH joined a Regional Library Service (RLS) hosted by Woodstock Hospital
- The Regional Library Service delivers high-quality information resources and services to facilitate evidence- based decision-making across participating health organization. The service is aligned with the strategic initiatives of each hospital organization and adheres to professional library standards. Some of the services include:
 - o Information resources
 - Literature searches
 - Research support and instruction
 - Patient education
 - Additional supports

• Whether needing assistance with literature searches, citation formatting, or even guidance on using new technologies, a trained health librarian is available to help.

April is Sikh Heritage month

- April is recognized as Sikh Heritage Month in Canada, a time dedicated to honour the rich history, culture, and contributions of Sikh Canadians.
- In Cambridge, the Sikh community makes up about 2.9% of the population (about 4,015 people), forming an integral part of the city's multicultural fabric. Sikhism is also one of the three largest religious groups in the city, reflecting Cambridge's diversity and the active participation of the Sikh community in shaping local life.
- Across Canada, over 750,000 Sikhs call this country home, forming the largest Sikh population outside of India.
- This annual observance acknowledges the profound impact Sikh communities had and continue to have on Canadian society, influencing various sectors including politics, business, and healthcare.

CMH Celebrates volunteer week

- Justus Schafer and Marcus Leone are CMH volunteers turning a passion for healthcare into real-world experiences, while making a difference in the lives of patients and families. As fourth year Biomedical Science students at the University of Guelph, they both share a common goal to pursue careers in medicine. They also know that getting into these programs is very competitive and that volunteering at a hospital provides invaluable experience.
- "This has given me insight into hospital life how it helps people," shares Leones with Shafer adding: "But it is more than a transaction. It gives me the opportunity to give back to my community, which is important."
- They explain Biomedical Science is a gateway program that opens doors to many opportunities, like medicine, pharmacy, or personal training even. There are so many directions they can take. However, the time spent at CMH has helped strengthen their resolve to becoming doctors.
- Both emphasize that pursuing a career in medicine is not without its challenges. Between the demands of studying and commitments to their lives outside of school, they are continually balancing their priorities.
- Soon, this will include passing the MCATs (Medical College Admission Test), which is required to be accepted into a Medicine Program. It's common for students to take this grueling test many times, so most have a back-up should they not get into Medical School right away.
- For Shafer, he will continue down the same path with a Master's in Biomedical Science, while Leone is considering a Master's in Anatomy as his back-up.
- They both credit Tracy Moxon, Volunteer Coordinator, and their fellow volunteers for their amazing support—swapping shifts and helping them stay on track. They are especially grateful for the wealth of lived experiences they have been able to

draw on from so many diverse backgrounds – including fellow students, part-time and full-time workers and retirees looking to lend a hand.

- The CMHVA's (CMH Volunteer Association) volunteers range from 16 years old—the minimum, allowed—to 93. More than 200 volunteers donate their time to the hospital throughout the year.
- During National Volunteer Week (April 27 to May 3, 2025), we celebrated all of our volunteers—for their time, compassion, and commitment to care.

Public Sector Salary Disclosure list published

- In accordance with the Public Sector Salary Disclosure Act (PSSD), 1996, organizations that receive public funding from the province are required to publish a list of employees who earned more than \$100,000 in salary and taxable benefits during the previous calendar year. The purpose of this law is to provide a more open and accountable system of government. This list can be found on the Government of Ontario's website and CMH.org/financials.
- In total, 315 Cambridge Memorial Hospital staff are listed on the 2024 PSSD list, which is 29 more employees than 2023 (n=286).
- Overtime contributed significantly to the 2024 list. Healthcare Human Resources became depleted during the pandemic, continuing its impact to the system that year. Like many other hospitals, CMH relied on its dedicated, hardworking staff to ensure there were no gaps in service. This included the use of overtime among other strategies. Over the past two years, CMH has been diligent to recruit and retain staff. It successfully reduced its vacancy rates from over 200 in 2023 to just under 80 in March 2025.
- Recruitment and retention remain priorities for the hospital. The goal over the next year will be to continue these efforts, while emphasizing staff wellness to ensure everyone gets to use their time away from work.
- Other contributing factors include SEIU union contract settlements and retroactive payments, plus annual cost of living increases. Non-union & management compensation, including executive pay, were analyzed and reviewed to ensure they were competitive with peer market wages - adjustments to non-union salaries were made in 2024. Within this context, it is noteworthy that some employees appear on the 2024 PSSD list due to retroactive payments and not because it reflects their annual salary.

Parking Pay Station relocated to better serve patients

- Based on patient and visitor feedback, the parking pay station was relocated from Wing C to Wing D to better serve patients and visitors parking in Lot #4.
- The Wing C location was originally chosen as many inpatient and outpatient programs were operating out of that Wing.
- However, the decanting of inpatient units to the newly refurbished Wing B facility in January provided the final push to move the station to Wing D.

CMH Accessibility Committee hosts community members

- Members of the CMH Accessibility Committee had the pleasure of touring our newly opened spaces with Dan Lajoie and Sheri Roberts, two community members who use wheelchairs. We toured Phlebotomy, Fracture Clinic, Diagnostic Imaging, Endoscopy, Surgical Daycare, PACU and inpatient areas on B2, B3, and B4.
- They provided fantastic insights with constructive feedback and many "wows."
- Overall, they were incredibly impressed with the accessible features that went into the design. The Accessibility Committee will review the list of potential items and prioritize how best to address.

CMH staff participate World Delirium Day webinar

- On March 12, CMH hosted a 'Treat and Takeaway' session, where staff were invited to participate in an engaging Waterloo Wellington Delirium Collaborative webinar that started with keynote speaker Dr. Elizabeth Whitlock, an anesthesiologist and researcher in this field.
- A huge shout out to our Elder Life Specialist, Hilary Ferguson, who participated in the event. Hilary was part of a regional panel, providing expert tips for preventing delirium and sharing the work of the well-established Hospital Elder Life Program (HELP) at our hospital.

Making our Operating Rooms greener by removing desflurane

- We are taking an important step toward environmental sustainability by removing desflurane from our operating rooms (OR). Effective April 1, 2025, sevoflurane will be the primary anesthetic gas for surgeries requiring general anesthesia. OR personnel are familiar with sevoflurane as this gas is currently used for surgeries at CMH.
- The reasons for this change are compelling. Desflurane is 2,500 times more potent as a greenhouse gas than carbon dioxide and contributes 80% of anesthetic gas-related emissions. One hour of use has the same carbon footprint as driving 370 km, compared to just 6.5 km for sevoflurane. Additionally, desflurane lingers in the atmosphere for 14 years, while sevoflurane breaks down after one year.
- Removing desflurane from the formulary is part of priority theme #1 of the CMH 2024-27 Environmental Sustainability Plan, which was approved by the Board of Directors in December 2024. This priority's objective is to reduce waste through management, reduction, and diversion.
- Hospitals across Ontario and beyond are making this change, aligning with global efforts to reduce health care's environmental impact. This shift is one of the most effective ways we can reduce our carbon footprint while maintaining the highest standard of patient care.
- Together, we are building a healthier future—for patients, the community, and our planet.

CMH Accessibility Committee Update 2025

Liane Barefoot

Director Patient Experience, Quality, Risk, Privacy; Chief Privacy Officer



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Leadership Structure

- Year 2 of Accessibility Committee being aligned under Patient Experience, Risk & Quality portfolio
 - Since opening B-Wing in January 2025 almost all patient care areas are in new, or newly renovated spaces – less focus on construction/physical space → more conscious move to how patient use and experience the spaces with a direct link to/from Patient Experience & DEI



Update on 2024 Commitments:

- 1. Enhance accessibility awareness through direct/indirect education and training opportunities for staff and leaders of CMH
 - Accessibility Week Lunch & Learn for staff on Project SEARCH and Medically Required Patient Belongings Innovation Project
 - ✓ Leadership Webinar on benefits of hiring staff with disabilities
 - In partnership with Human Resources, an Accessibility Committee member attended a regional workshop on hiring staff with disabilities as a potential untapped recruitment strategy



CMH

Update on 2024 Commitments:

2. Conduct structured tours of newly constructed and/or renovated areas from an accessibility lens





- ✓ 2-hour tour of newly renovated B-Wing programs & services conducted on March 10th in partnership with two community members with disabilities
- ✓ General Comments "Just WOW!"
- Accessibility Committee working through prioritizing & implementing recommendations (see slide 9)

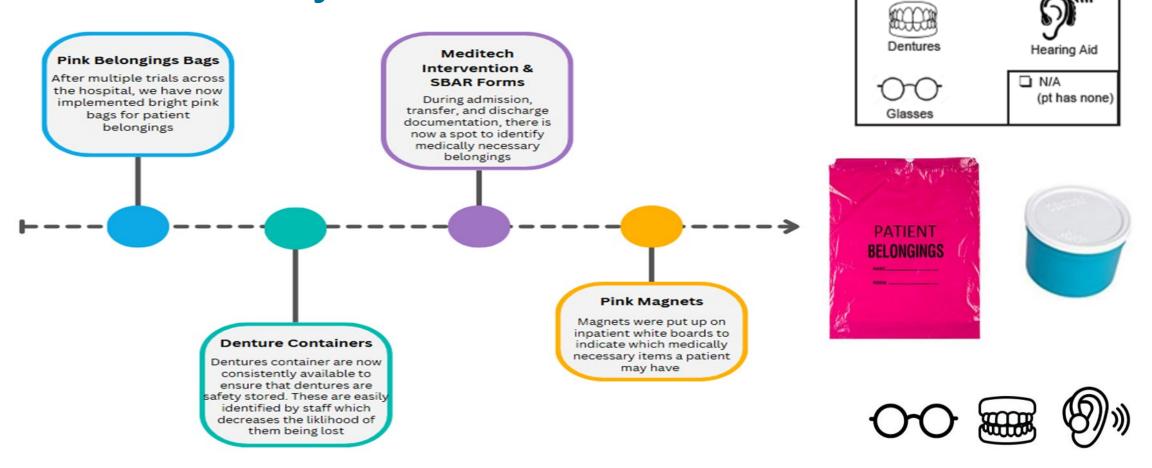


Update on 2024 Commitments:

- 3. Establish partnerships with local service providers dedicated to supporting individuals with disabilities
 - Early days of working with Cambridge Community Living on how to optimize the support workers when clients are admitted to hospital
- 4. Call for Community Members to join the Accessibility Committee
 - Second community member to join Accessibility Committee starting in June 2025.



2024 Highlight – Medically Necessary Belongings Innovation Project



Consistent colours & icons; multiple locations; work in progress to add to Meditech

2024 Highlight – Mobility Plus Pick up Location

- Staff feedback to Patient Experience office that single drop-off point at Main Entrance (A-Wing) was too far for patients attending appointments in D-Wing
- Worked with GRT to add a 2nd drop-off point at C-Wing/Switchboard

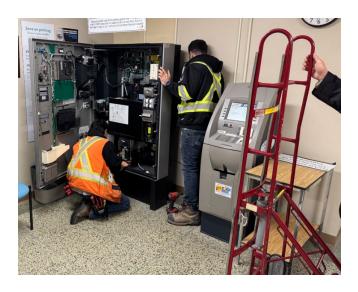
MobilityPLUS Drop-Off Points





2024 Highlight – Parking Kiosk Location

- Feedback to Patient Experience office that C-Wing parking kiosk location was challenging for frail Medical Daycare patients, many of whom use mobility aids
- After patients moved out of C3 and C4 back to B-Wing the parking kiosk was moved to D-Wing









2025 – Accessibility Committee – Areas of Focus

- Prioritize, evaluate, and if appropriate, implement list of recommendations from the 2 community members with disabilities who toured B-Wing
 - Create inventories of assistive devices available at CMH (e.g. VOYCE tablet locations, lifts, bariatric devices)
 - Standardize grab bar types in accessible washrooms (L vs. angle vs. straight)
 - Ensure functionality of soap dispenser location in accessible washrooms
 - Conduct an evaluation of installing an adult change table
- Decision on Service and Emotional Support animals where/if/what types
- Staff education CMH specific accommodations and duty to accommodate



CAMBRIDGE Annual Accessibility Plan Update 2024

Location / Area	Barrier	Solution	Responsibility	Target	2024 Update
Employment	Community Partners	Develop partnerships with community organizations to share ideas, resources, and knowledge.	Accessibility Committee	September 2023 New estimated target date: September 2024	 Completed DEI Council approved job posting statement. Inclusive interview questions incorporated for staff, leaders and volunteers.
Employment	Community Partners	Develop partnerships with community organizations who support people with disabilities in job searches.	Human Resources	January 2024	Completed - Attended a regional workshop with a focus on hiring staff with disabilities as a recruitment strategy.
Employment	Community Partners	Provide Mentorship support for job seekers, e.g., coaching events.	Human Resources	January 2024	Completed - Participation in Project SEARCH
Employment	Recruitment	Increase knowledge of leaders regarding the hiring of persons with disabilities.	Human Resources	January 2024	 Completed Leadership webinar offered outlining the benefits of hiring staff with disabilities. Unconscious Bias training for all CMH Leaders and DEI Council members
Employment	Accessibility Committee Terms of Reference	Review the current accessibility committee structure and include more community and staff members who have disabilities.	Accessibility Committee	Every year, by May each year	Completed
Information and Communication	Visibility of persons with disabilities	Increase the participation of persons with disabilities when creating CMH or program promotional opportunities.	Corporate Communications	July 2023 New target date: December 31, 2024	Completed
Information and Communication	General	 Develop an information and communications campaign to share CMH's new multi-year Plan, including: Communications broadcast reiterating the need and reason for CMH Accessibility Plan. Email broadcast to reference Plan and link the 	Corporate Communications	April 2023	Completed

	2025-28 Priorities
	CMH will continue to work with community
	organizations as it relates to the expanded
	work of the accessibility committee.
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	2025 Update – New member of the community
	with lived experiences will join the CMH
	accessibility committee in June 2025.
	Ongoing internal process for conscious
	attention to diversity within internal and
	external communications.

CAMBRIDGE Annual Accessibility Plan Update 2024

Location / Area	Barrier	Solution	Responsibility	Target	2024 Update
		current Plan on the CMH website.			
Information and Communication	Policy Review	Review and update current CMH accessibility policies regarding current or changing regulations. Confirm the current policies still meet the requirements for accessibility and are aligned to our organizational goals.	Accessibility Committee	September 2024 New target: December 2025	In Progress
Information and Communication	Internal Signage and Wayfinding	Carry out a full review of the current wayfinding and Signage around the hospital paying special attention to the inclusion of Braille	Accessibility Committee	March 2024	Completed - New process has been put in place for all newly renovated spaces to conduct an accessibility walkthrough.
Information and Communication	Internet web site	Update the Cambridge Memorial Hospital customer websites with additional content and clarity.	Corporate Communications	August 2023 New target: March 2024	Completed
Customer Service	AODA Training	As part of the initiation of the new multi-year Plan due to roll out in Jan 2023, undertake updated CMH Accessibility LMS learning module with staff.	Professional Practice	January 2023	Completed
Customer Service	AODA Training	Undertake a review of the AODA training provided as part of the CMH LMS system and confirm it addresses the current AODA requirements.	Accessibility Committee	June 2024 New target: June 2024	 Completed Instructional Video completed for accessing Voyce. Current B2L training meets legislative standards
Built Environment	Capital Redevelopment Phase III	Review accessibility features / design of the inpatient wing with the involvement of community partners and AODA specialist Consultants considering best practice and AODA standards and guidelines.	CRP Planning	March 2025	Not Started

	2025-28 Priorities
	Consulting internal & external resources for input on service / emotional support animal legislation and policy.
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e	2026 – Educational Training to be developed specific to CMH to support staff and offer better patient experience.
	2025 Update – CMH welcomed two members of the Community with lived experiences for an accessibility audit of the newly renovated wing B.

CAMBRIDGE Annual Accessibility Plan Update 2024

Location / Area	Barrier	Solution	Responsibility	Target	2024 Update
Built Environment	Accessible Washrooms	Carry out review of the current designated accessible washrooms focusing on those identified in the 2021 review and correct, if possible, any noted issues in respect to the current ADOA regulations.	Corporate Planning	April 2024	Completed - Washrooms are in compliance with current AODA standards.
Built Environment	Alarms, Alerts and Codes	Carry out a review of the current practice for alerts / alarms and codes to ensure that individuals who are hard of hearing are made aware using visual means. Implement findings of the review.	Facilities Management	April 2024	 Completed Staff have gone through mock codes and have been trained in how to aid persons who may need assistance during various codes.
Built Environment	Unknown Accessibility Barriers	Undertake an accessibility audit as has been undertaken in the past to identify any new or emerging issues; particularly as it relates to the completion of Phase 3 of the major Capital Redevelopment Renovation Project.	Facilities Management	Annually by March each year	Completed
Built Environment	Tactile Walking Surface Indicators (TWSI)	Carry out review of all means of egress, access, and paths of travel through the Hospital to identify where any areas require TWSI to be installed.	Facilities Management	December 2026	Not Started

2025-28 Priorities

Additionally, identified through our community member audit, the Accessibility Committee will undertake initiatives related to suggestions provided for better patient experience.

Process implemented to have an accessibility audit completed of newly renovated spaces as part of the handover process.

To be completed post completion of the Phase 3 renovation project.

Board Chair's Report – March 2025 & April 2025



Message From the Chair

I write this having just returned from the OHA Health Care Leadership Summit. Over three days, hospital CEO's, Board Chairs and OHA Directors listened to, and participated in, numerous informative, thought-provoking and inspiring sessions. Topics included (1) Hospitals as Anchor Institutions, (2) The Role & Function of the Health Sector Governance and Oversight Office, (3) The Adaptability Challenge, (4) Building Ontario's Innovation Ecosystem, (5) Accelerating Proven Innovations to Address Big Health Care Challenges, (6) Aspiring to Create Culturally Safe Hospitals and Health Systems and (7) Reflections on Effective CEO Leadership. One area of focus was on hospitals as anchor institutions, where Community Care means "system of care" (throughout the community) not just "node of care" (within the hospital's four walls). Patrick, Julia & I left the conference excited about the opportunities and challenges that lay ahead, but also recognizing the importance of prioritizing initiatives and being deliberate about where we ask our leaders to focus their time and energy. I look forward to continuing our work together as a Board and leadership team to further enhance the patient experience at CMH and throughout our community.

Board Chair's Report – March & April 2025

CCDI UnConference

Nicola Melchers participated in the CCDI Unconference 2025 over two half days, on March 5th and 6th. The conference emphasized integrating intersectionality and a sense of belonging into DEIA (Diversity, Equity, Inclusion, and Accessibility) efforts. In today's world, where individual identities are complexly intertwined, it is imperative to adopt thorough DEIA strategies that acknowledge these nuances. However, many organizations still implement generalized approaches that fail to capture the rich diversity of personal experiences. Employees often find themselves categorized by singular attributes—such as race or gender—rather than being recognized for their multifaceted selves.

Embedding intersectionality into an organization's culture ensures that each individual is acknowledged for their unique identities, experiences, and contributions, thereby fostering a thriving environment. By prioritizing intersectional frameworks to cultivate belonging within DEIA initiatives across Canadian workplaces, organizations can enhance the effectiveness of these programs by focusing on human-centered approaches that lead to genuine and equitable outcomes for everyone involved.

CMH Huddles

Diane Wilkinson has participated in multiple huddles at CMH over the past few months. On March 7, while conducting interviews for the staff member position on the Board's Quality Committee, Diane attended the Medicine and ICU huddles. Additionally, on April 10, she toured the Emergency Department, focusing on flow optimization, patient experience, violence prevention in the ED, and staff safety.

International Women's Day

On March 7, Sara Alvarado, Tom Dean, Nicola Melchers, Lynn Woeller, and Bill Conway attended the International Women's Day event sponsored by the Cambridge Chamber of Commerce for a conversation with Jennifer Hutton, CEO Women's Crisis Services of Waterloo Region. The event highlighted the urgency to address systemic barriers to gender equality and calls on communities to come together in solidarity to drive meaningful change. As a leading voice in the advocacy for women's rights and safety, Jennifer, shared her insights and experiences in the critical work of organizations like Women's Crisis Services of Waterloo Region.







Board Chair's Report – March & April 2025



EY Innovation Workshop

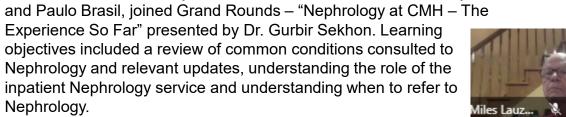
On March 19, Sara Alvarado joined CMH leadership for a full-day Innovation Workshop hosted by Ernst & Young. The workshop was designed to evaluate CMH's current innovation capabilities and assist in developing the hospital's Research and Innovation Plan. This initiative aims to foster an innovative culture that will ultimately enhance patient care and operational efficiency at CMH.

March 5, 2025 Board of Directors - OPEN Meeting Stats

- Published March 6, deleted April 14
- 52 views 45 unique viewers (this is good)
- 10.3 hours watch time (+6.3 more hours than usual)
 - 11:51, average viewing duration, by 30% of viewers 0
 - Most engagements occurred over the weekend 0
- 84% viewers linked from CMHnet (intranet)
- Advertised through CMHnet, media release and social media
- Top moments (in order of popularity)
 - **Quality Improvement Plan** 0
 - **Quality Committee** 0
 - **Financial Report** 0



Grand Rounds - March



Grand Rounds - April

Nephrology.

On April 24, Miles Lauzon, Tom Dean, Bill Conway, Julia Goyal and Diane Wilkinson joined the 8am session of Grand Rounds -Choosing Wisely at CMH presented by the Choosing Wisely Team (led by a cross-functional group of clinical and operational leaders). Learning objectives included:

On March 27, Bill Conway, Nicola Melchers, Tom Dean, Julia Goyal

- Updates on the ongoing Choosing Wislely Hospital Designation Project, with a focus on the QI work stream
- Current successes and future opportunities related to Choosing Wisely initiatives at CMH
- Collaboration between leadership, physicians, and staff advancing the goals of the Choosing Wisely movement at CMH

CMH Branding Engagement Session

On April 1, Jay Tulsani and Diane Wilkinson attended a preliminary HOSPITAL branding engagement session with CMH to offer consultations on the hospital's upcoming branding and identity refresh. Attendance at this session was limited to just 2 Board members; many Board members expressed their willingness to participate!





BRIEFING NO	ТΕ
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April 22, 2025
Quality Committee Report to the Board of Directors, April 16,
2025 OPEN
Board of Directors
□ Approval □ Discussion ⊠ Information □ Seeking Direction
Iris Anderson, Administrative Assistant to Clinical Programs
Diane Wilkinson, Quality Committee Chair

Attachments/Related Documents: None

A meeting of the Quality Committee took place on Wednesday, April 16, 2025 at 0700h

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

Staff Present: L. Barefoot, M. Iromoto

Guests: K. Leslie, W. Muhammad, D. Didimos, Dr. M. Runnalls, L. Costa, K. Baldock

Observers: S. Beckhoff

Regrets: None

Committee Matters – For information only

- 1. **Program Presentation: Emergency Department:** The Director of Emergency & Mental Health provided key highlights of the Emergency Department:
 - Left without being seen; average rate around 4%.
 - CDU utilization remained approximately 7.2.
 - Last two months showed a utilization close to 8%, indicating improvement. By the start of May, all Registered Nurse positions in the ED will be filled.
 - There will be a few Registered Practical Nurse vacancies due to maternity leave; HR is being consulted on addressing the RPN vacancies. The strategy used for RNs, which involves over-hiring and having floating positions during maternity leaves, may be applied to RPNs.
 - ED Management has completed an additional 22 VBCs.
 - EMS offload time decreased from January 2025 to February 2025 to 47 minutes, showing a significant improvement.
 - Further work is needed for continuous enhancement in EMS offload processes.
 - Changes in ED workflows related to the HIS system require collaboration with clinical informatics partners to ensure alignment with current practices.

 A re-evaluation of the team's approach is planned due to the introduction of phase two of the sub-acute process.

ED workflow map – currently being updated based on flow changes implemented. One Committee member asked about over-staffing and the method or formula used to decide how many extra people to employ, and what factors influence this decision. In response, Management views historical data from the past five years which helps estimate the number of employees on maternity leave. This information guides the over-hiring process to ensure coverage. However, due to an unexpected increase in leaves this fiscal year, more part-time workers have been brought in as a flexible solution. The same strategy will be applied next year by reviewing previous years' data for similar patterns. Another question was posed about Code White Training. The reduction in incidents related to Code Whites was discussed in detail. There was a drop from 133 incidents last year to 118 this fiscal. The nature of security-related issues was shared. The Chief of Emergency has been working with the Decision Support Team on a project for PIA, involving the development of a tracker and physician tool, which ties into discussions about AI and other technological advancements. Despite this progress, their department remains predominantly paper-based, presenting challenges due to its large size. A discussion ensued, highlighting the key ED pillars of ongoing work: internal processes, enhanced with AI; doctor staffing improvements; and broader team support initiatives. Physician staffing remains to be a challenge; however, there has been an increase in shift-fill rates from about 90% to approximately 93%. A successful mentorship program for new Emergency medicine doctors has also been initiated, aiming to improve patient care by providing a supportive environment for inexperienced practitioners. This program is particularly noteworthy as it supports local graduates who are more likely to remain in the area after their training. The Chief of Emergency expressed gratitude towards the wider CMH Team and Hospital Board for addressing flow challenges as an organizational issue. In turn, the Chief of Staff gave thanks to the Emergency Department's leads and staff in finding way to further support ED and flow throughout the hospital.

- 2. Annual Review of ED Return Visit Quality Program Report Quality Improvement Plan (QIP) Metrics and Narrative – Final/Approved by Board: Management reported that the Board of Directors approved QIP Metrics and QIP Narrative at the March 5th meeting. The reports were loaded into the OH Navigator prior to the deadline of March 31st. See package 2.
- 3. Quality Monitoring Scorecard: As previously circulated. No discussion took place.
- **4. CNE Report:** A copy of the CNE report was pre-circulated to the Committee members. The key portfolio/program updates continue to focus on the organizational priorities:
 - DI is exploring the implementation of a radiology reporting system; the MRI project team has successfully negotiated with the preferred equipment vendor; construction expected to begin this summer.
 - DI initiating "Choosing Wisely" campaign to optimize diagnostic exams usage.
 - New orthopedic NP vacancy has been filled.
 - ICU staffing is stabilizing.
 - Lab is piloting digital pathology scanners and imaging systems.
 - Andrea Brissette (Manager of Medicine) has accepted the Director role in Medicine program.
 - Inpatient Surgery Manager position has been filled.
 - "Kindness Cupboard" initiative launched for staff support (donations-based).
 - As of March 31, 2025, the CMH@Home program has discharged 62 patients, slightly below the target of 67 discharges.
 - Mental Health occupancy remains low consistent regionally; PCOP volumes being reviewed.

- Pharmacy will be extending hours to support patient discharges.
- Nursing Student Career Fair and Fast Pass Certificate implemented.
- Surgical Daycare, PACU, and Ambulatory services facing staffing challenges.
- Electronic huddle boards introduced in the Obstetrics program for better workflow management.
- Obstetric trauma rates decreasing.